

U.S. Army EMS Programs

91W

TRANSITION TRAINING

SITE SOP

22 November 2005

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Section I

Obtaining 91W Transition Training Site Certification

- A. The list of documents below is required for your application and subsequent course / site files. In order to achieve EMT or Trauma AIMS site certification at your facility or unit, you must forward a copy of the following documents:
1. A written request from the Commander (BN Level, LTC/O-5) for the establishment of an EMT-B, EMT-B Bridge, EMT-B Refresher, Trauma AIMS, and/or Tactical Combat Casualty Care (TC3) course. This request should also include the location at which all training is to be conducted. If multiple locations are requested, that request will be evaluated for the possibility of needing to certify multiple 91W Transition Training Site Codes for the same organization.
 2. ___ Appointment letters from Battalion level (LTC/O-5) commander for the following:
 - ___ Proposed Medical Director with submission of Curriculum Vitae/Resume (*must be a licensed Physician*)
 - ___ Proposed Course Coordinator with submission of Curriculum Vitae/Resume.
 - ___ Proposed Primary Instructor with submission of Curriculum Vitae/Resume.Appointment orders must specifically state what position and which Program of Instruction the individual is appointed. Please see the Course Management Plans for all EMT-Basic related courses and Trauma AIMS in Appendixes B & C.
Example: SSG John Smith may be appointed as Course Coordinator for EMT-B, but SSG Jane Doe may be appointed as Course Coordinator for Trauma AIMS.
 3. ___ Instructor roster identifying credentials. (Verifiable credentials must be maintained by course coordinator).
 4. ___ Lesson plans broken down into hours of instruction (i.e. a course syllabus indicating hours/days/module of instruction)
 5. ___ Verification of medical material, equipment and resources.
 - ___ Title, edition, publication date of current text(s) being used locally. (include student workbooks, instructor resource manuals, test banks/generator, and visual aids as applicable) A photocopy of the front cover of each of these is acceptable.
 - ___ Equipment list used to run proposed training program
 - ___ A photocopy of the title page from US DOT 1994 EMT-B National Standard Curriculum ***EMT-B, EMT-B Bridge ONLY***
 - ___ A photocopy of the title page from US DOT 1994 EMT-B Refresher National Standard Curriculum ***EMT-B Refresher ONLY***
 - ___ A photocopy of the title page of the NREMT EMT-B Practical Examination Users Guide ***All EMT-B Training Programs***

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6. ____ A signed memorandum of agreement authorizing the rotation of students through a EMS System/Emergency Department/Clinic/Hospital. Please follow US DOT 1994 EMT-B Curriculum, Sect II1. **EMT-B ONLY**
7. ____ A signed memorandum of agreement with the Post Education Center designating a DANTES test proctor responsible for the administration and safeguarding of the NREMT Exams. Give the assigned proctor's name, position/title, and phone number. Also provide methodology for securing the exams.
8. ____ Provide your unit's complete phone numbers DSN/COMM, fax number, and all applicable e-mail addresses if available.

Upon completion of the checklist please forward completed package to:

U.S. Army EMT Program Manager
Department of Combat Medic Training
ATTN: MCCS-AC
3151 W.W. White Road
Bldg 1375, Rm 118-E
Fort Sam Houston, Texas 78234-6125

B. Approval of 91W Transition Training Site Request

Once a Training Site Code Request has been approved, the organization will receive a Memorandum For Record informing the Commander of that approval. From that point forward, all individual course requests will be processed IAW Course Approval Request policies. A Memorandum for Record will also be forwarded to the NREMT verifying approval of any EMT related programs. This memorandum will provide the names of those who are assigned as Program Director, Course Coordinators, Primary Instructors, and Medical Directors. *See examples in Appendix A.*

At no time will "loaning of site codes" to other units or locations be allowed / approved. Site Codes are approved based on the resources at the physical location of the unit for which a site code is approved.

There are some instances in which a site may be authorized to send a Mobile Training Teams (MTT) to a satellite site. For Site Administrators who wish to conduct any training via MTTs, please contact the US Army EMS Program Manager. For MTT to be approved the training will need to be conducted with the complete involvement of the personnel at the approved training site. Depending on the type of training to be conducted, it may be more feasible to complete this training using the AMEDDC&S Video Tele-Training resources.

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D. Management of Established Training Site

Management of 91W Transition Training Sites will be the responsibility of four individuals, however the Medical Director will be the individual ultimately responsible for the complete oversight of all approved training programs at each site.

- i. **Medical Director:** The Course Medical Director of the EMS Training program should be a local physician with emergency medical experience who will act as the ultimate medical authority regarding course content, procedures, and protocols. The Course Medical Director, Course Coordinator and the Primary Instructor should work closely together in the preparation and presentation of the program. The Course Medical Director can assist in recruiting physicians to present materials in class, settling questions of medical protocol and acting as a liaison between the course and the medical community. During the program the Medical Director will be responsible for reviewing the quality of care rendered by the EMS personnel in the clinical and field setting. This Course Medical Director or a designee is responsible to verify student competence in the cognitive, affective and psychomotor domains. The Course Medical Director should review all examinations. The Course Medical Director may also serve as the Primary Instructor and/or Course Coordinator. Typically, the MD is the battalion or brigade surgeon. Physician Assistants play an important role in extending the reach of the MD and their participation is encouraged. However, national guidelines require a physician remain ultimately responsible. Note: For Tactical Combat Casualty Care, there are exceptions to the “licensed physician rule” for medical directors. Please see Section IV for MD qualifications.
- ii. **Program Director:** Each training site will have a Program Director appointed; this individual will provide oversight to all approved training programs similar to that of the Medical Director. The Program Director could be referred to as the “second set of eyes” for the M.D. If at anytime the PD notes a deficiency in preparation, equipment, text resources, administrative actions, delivery of didactic content, or irregularities in skills evaluations, he/she should immediately consult with the CC and PI; however this should never be addressed in the presence of students. The PD may be an officer (preferred) or enlisted soldier. For TOE units, the PD would normally be the Physician’s Assistant assigned to that battalion. In TDA or MEDDACC facilities, the PD would normally be the Chief of the Education Department. Understanding the USAR and the ARNG are limited in

resources, the PD at these locations may be an individual who is not medically trained. This should however be the exception and not the rule due to unfamiliarity with medical training requirements.

iii. Course Coordinator: The Course Coordinator is the individual responsible for coordinating and conducting the EMS Training program. The Course Coordinator acts as the liaison between the students, the sponsoring agency and the local medical community. He or she is responsible for assuring that the course goals and objectives set forth by the USDOT, U.S. Army EMT Program Administrator & appropriate civilian agencies (if applicable) are met. The Course Coordinator may also serve as the Primary Instructor. The Course Coordinator is typically an NCO or officer in the unit. The course coordinator is responsible for ensuring training is presented as designed. Course Coordinators must be at the location or readily available to the training location to carry out their duties. Specifically, course coordinators must--

- a) Ensure required training resources are available for presenting the training as scheduled.
- b) Ensure instructors receive support, materials, and equipment required for presenting this training.
- c) Ensure staff and faculty are qualified and trained to present and manage this training.
- d) Continuously evaluate course effectiveness and efficiency and provide appropriate feedback to training/training development (task) proponent.
- e) Ensure staff, faculty, and students comply with safety and environmental protection rules and regulations, law, and course requirements.
- f) Ensure facilities, material, equipment, and systems required for presenting this instruction are properly maintained.
- g) Obtain required reference material.

iv. Primary Instructor: This individual is expected to be knowledgeable in all aspects of pre-hospital emergency care, in the techniques and methods of adult education, and managing resources and personnel. This individual should have attended and successfully completed a program in adult instruction methodology and an update on this curriculum (Army "H" 5K Course). This individual should be present at most, if not all, class sessions to assure program continuity and to be able to identify that the students have the cognitive, affective and psychomotor skills necessary to function as an Emergency Medical Technician or medic competent in the skills being trained. This individual should have attended a workshop, which reviews the format, philosophy and skills of the new curriculum. The Primary Instructor may also serve as the Course Coordinator. Typically, a unit NCO or Officer serves as Primary Instructor.

1) Primary Instructor Guidance:

- a) The Primary Instructor is directly and regularly in contact with the students and represent the command in the presentation of the instruction. They serve as the role model for the students. They must be technically competent and professional in demeanor.

E. Reporting Requirements:

- i. **Quarterly Reports:** Qtrly Reports (Appendix G) will be due NLT the last day of each Qtr except for the 4th Qtr. If Qtrly Reports are not received by this deadline, no further training will be approved until the requirement is met.
- ii. **Annual Reports:** Each Fiscal Year, an Annual Report (Appendix G) will be completed and submitted to US Army EMS no later than 15 Oct 05. If Annual Reports are not received by this deadline, no further training will be approved until the requirement is met.

F. Record Keeping Requirements: All course records must be maintained for a period of no less than 2yrs for all training programs completed at an approved site. This information should be readily available to produce for anyone who visits a training site and requests that information. Specific information to be kept on file for each course is listed below. The information listed is for each course conducted. During any audit / inspection, a specific course may be referenced and that information may be the only evaluation conducted. It is imperative for this reason that all courses are handled in the same manner. Appendix H contains the End of Course Checklist required at the end of each course.

These documents not only satisfy record requirements of Army EMS & civilian agencies, but also will be invaluable to site staff for the purpose of QA/QI reviews.

i. Course Files:

- 1) Copy of Course approval Request form with signatures, should have the assigned course number on the form upon receipt.
- 2) Copy of all student rosters with daily sign-in and sign-out sheets.
- 3) Copy of course training schedule.
- 4) End of Course Summary Report with site code and course number if applicable.
- 5) Copy of the OTSG Funding Fee Request for all courses requiring payment of fees.
- 6) Copies of all credentials and curriculum vitae for all personnel listed as CC, PI, & MD. (These may be kept on file in one location as long as they are available for viewing.)
- 7) Verification of Skill evaluations during the course for each student.
- 8) A copy of course critiques, for all courses over 24 hrs in length - should have mid and end of course files. Upon course completion and review by CC and PD, a record of any necessary corrective action should be recorded and kept on file.

- 9) Copy of Instructor Roster (listing all instructors who delivered didactic and/or skill instruction with level of certification and expiration dates.)
- 10) EMT-Basic Full or 80hr Bridge Courses (In addition to those above.):
 - a) For 80hr Bridge – copy of training certificate or ATRRS training record which shows eligibility to attend 80hr Course.
 - b) Copies of all patient contact run forms.
 - c) Copies of all examination score results to include Practical NREMT results
 - d) Copy of Criminal Background questionnaire
 - e) Copy of NREMT Examination Request to NREMT
 - f) Copy of NREMT Exam results
 - g) Copy of CPR card for every student as proof of eligibility

G. Timely Submission of Course Approval Requests

Course Approval Requests must be submitted in a timely manner to provide ample time to process the request. Book orders are submitted to OTSG for order processing and shipping on the 1st of each month. The individuals in that office have many more responsibilities aside from processing these book orders. By submitting orders monthly it allows those personnel to complete their complete mission more efficiently.

- i. Training Sites located CONUS (in the lower 48 states.) will submit course requests IAW the following:
 - 1) Course Requests will be submitted No Later Than (NLT) 30 days from the first day of the month in which the training is to be conducted. Example: A course scheduled for 29 Aug would need to be submitted NLT 1 Jul. For a course scheduled for 3 Aug, the request would be submitted NLT 1 Jul.
- ii. Training Sites located OCONUS (to include Hawaii & Alaska) will submit course requests IAW the following:
 - 1) Course Requests will be submitted NLT 60 days from the 1st day of the month in which the training is to be conducted. Book orders and shipping times often take up to 45 days to arrive. Example: A course scheduled for 29 Aug would need to be submitted NLT 1 Jun. For a course scheduled for 3 Aug, the request would be submitted NLT 1 Jun.
- iii. Accuracy of Course Approval Requests
 - 1) Course Approval Requests must be completed correctly upon receipt by US Army EMS.
 - 2) Course Approval Requests that contain personnel in leadership positions who have not been submitted previously or with the request on arrival will be disapproved.

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NOTE: Exceptions to this requirement will be evaluated on a case by case basis.

This is not meant to make the process more difficult for training sites; it is the intent to keep the request process as streamlined as possible with current available resources. Long-term training calendars provide the capability to plan for training events well in advance most of the time. However, it is understood that there will always be exceptions.

To request an exception to policy for late course request submission, the following is required:

A memorandum for record from the commander on file for the training site requesting exception should be provided. The reasons for the late submission should be included in this memorandum.

H. Clinical Patient Contact Requirements

- i.** In addition to the minimum hourly requirement for EMT-B and EMT-B Bridge courses, each of these courses requires that the student have patient interactions in a clinical setting. Ideally, areas that have access to an Emergency Medical Services system should send students into the field with experienced preceptors. However, in low volume systems or systems with legal considerations, the training program may utilize emergency departments, clinics, or physician offices. The program director or medical director must establish appropriate relationships with various clinical sites to assure adequate contact with patients. The student should interview and assess a minimum of five patients. The student should record the patient history and assessment on a prehospital care report just as he would if he were interacting with this patient in a field setting. The prehospital care report should then be reviewed by the Primary Instructor to assure competent documentation practices in accordance with the minimum data set. Regardless of the clinical educational system, the program must establish a feedback system to assure that students have acted safely and professionally during their training. Students should be graded on this experience. Students who have been reported to have difficulty in the clinical or field setting must receive remediation and redirection. Students should be required to repeat clinical or field setting experiences until they are deemed competent within the goals established by the Program Director.
- ii.** In extreme cases, when students are not able to obtain experiences in a clinical or field setting, it may be necessary to utilize programmed patients. Programmed / simulation patient contacts are a very rare exception and all requests to conduct contacts in this manner will be verified with surrounding communities and treatment facilities prior to any decision being made by the U.S. Army EMS Program Manager or the U.S. Army EMS Medical Director.
- iii.** Regardless of the type of facility in which contacts are conducted, all training programs must submit a Memorandum of Agreement to the US Army EMS Program Manager. This MOA must be signed by training site staff and the clinic staff at the concerned facility. Upon review of the MOA, the US Army EMS Program Manager will approve or disapprove the proposed plan. Once an MOA is on file with US Army EMS Programs, no other means of clinical contacts are

authorized unless an updated or additional MOA is submitted and approved.

I. Misconduct at 91W Transition Training Site

- i. The staff members of the US Army EMS Program Management office may at any time initiate an investigation if there are reports of or reason for suspicion of any wrong doing at a certified training site. Some of the reasons a site may be investigated are listed below:
 - 1) Conducting training with improperly credentialed personnel
 - 2) Conducting training that has not been approved by US Army EMS Programs Management Office with a valid Course Number
 - 3) Conducting training without the Medical Director's knowledge
 - 4) Forging any signatures or documentation submitted to our office
 - 5) Conducting training at an alternate site from your established training site without prior approval from our office.
 - 6) Conducting any civilian certification based training that does not meet the standards or is not IAW the policies of the specific civilian agency, curriculum, or Army EMS for that particular course.
 - 7) A staff member of the training site allowing any student to sit for a NREMT-B Written Exam known to be ineligible. Any questions of student eligibility should be directed to our office prior to the student testing. *See Section III, NREMT Testing Procedures*
 - 8) Failure to submit the OTSG Funding Fee Request Form to the appropriate agencies for courses which require it.
 - 9) Failure to submit the End of Course Summary for any course requiring it.
 - 10) Refusal to allow US Army EMS Program Staff members from conducting a site visit with 30 days notice having been provided to the training site.
 - 11) This list is not all inclusive. It is meant only to describe some of the reasons for an investigation.
- ii. If a site is found to be conducting training which does not meet the standards set forth by our office or the other involved civilian based agency, the following may occur:
 - 1) **Temporary suspension:** Certification of training site will be suspended until the organization's higher command conducts an inquiry and implements measures deemed appropriate by our office. During this period, the site in question will not be allowed to do the following:
 - a) Request Course approval.
 - b) Conduct any formal training at that training site. If a course is in progress at the time of certification suspension, it may or may not be allowed to continue.
 - c) Sign any NREMT-B applications for Initial Entry or Re-entry to the NREMT, which is required for a soldier to sit for the NREMT-Basic written examination.

- 2) **Probationary Status:** Upon completion of any inquiry conducted by a unit command or members of the US Army EMS Programs Management Team, a training site may be placed on Probation for a time to be determined by Army EMS.
 - a) If a probationary status is imposed there will be very strict guidelines in how a training site must conduct business.
 - b) The probationary period and probationary guidelines will be determined on a case by case basis.
 - c) Any failure to abide by the probationary guidelines will result in a complete revocation of training site certification.

- 3) **Complete revocation of site certification:** Permanent revocation of a training site's certification will always be the last avenue of resolution for site misconduct. This option will only be used in certain circumstances. If the actions at a training site are so irresponsible that the US Army's reputation and ability to conduct training under the auspices of NAEMT, BTLS, or NREMT are strained to the point of possible complete shutdown of Army wide operations this will be the resulting action.
 - 1) To restore site certification after revocation, the following must be completed:
 - a) A memorandum must be submitted by Division Level Command, requesting certification of a 91W Transition Training Site. This memorandum should assure the US Army EMS Programs Management office that no members of the previous staff and faculty are to be involved in the operation of the new site.
 - b) All parts of a normal 91W Transition Training Site Certification Packet will be required to be submitted for evaluation of approval.

 - 4) In all situations where disciplinary actions are to be imposed, the Army EMT Program Manager will make recommendations to the US Army EMS Medical Director. The final decision will then be made by the US Army EMS Medical Director.

iii. Inappropriate conduct by training site staff members:

- 1) There are some instances when a training site staff member may make an uninformed decision which violates policies set forth by licensing / certification agencies or the US Army EMS Programs Management office. In these instances official notification from the US Army EMS Programs Management office of the deficiencies and the suggested solutions to prevent further incidents of that nature will be provided to training site staff members as well as the commander of that unit.

- 2) The US Army EMS Medical Director may recommend the following action(s) to any licensing / certifying agency if: At any time during the course of an investigation it is found that a member(s) of a training site staff has knowingly conducted themselves in any manner that violates ethics policies or other legal policies which a licensing / certifying agency may deem punishable:
- a) Recommendation of denying all instructor related capacities.
 - b) Recommendation of placing the individual's license or certification on a probationary status due to misconduct related to their license / certification.
 - c) Recommend a specific length of license / certification revocation.
 - d) Recommend a "life-time" revocation and ban from practicing in the licensed / certified field.
 - e) These recommendations are only made upon completion of a full investigation by the command of the individual(s) involved. These recommendations may be accepted, modified, or dismissed by the licensing / certifying agency.
 - f) Upon the recommendation by the US Army EMS Medical Director being decided upon, a copy will be forwarded to the appropriate personnel to include the individual and the commander. There will also be a distribution list to show what other agencies have been provided with a memorandum for record regarding this decision. Examples of those other agencies may include but not be limited to the NREMT and any other state licensing boards.

Note: The authority with which the US Army EMS Medical Director has in these instances is derived from the NREMT Disciplinary Policy, paragraph H. The US Army EMS Medical Director is not required to have administrative authority under military rule since the policy violated is that of a civilian certifying agency. Army Legal has assessed this matter and has approved this discretion.

J. Criminal Background History

- i. All soldiers testing the NREMT Examination will complete the Criminal Background Questionnaire, Appendix E, prior to being allowed to take the exam. If there are "yes" answers, that questionnaire must be submitted to the US Army EMS Criminal Background NCO for clearance prior to testing. See Appendix C for NREMT policies regarding criminal background.

K. Courses Requiring Payment for Certification Examination or Certification Cards

- i. There are several courses which require payment by the individual or by OTSG if the soldier is eligible for payment through OTSG. The OTSG Fee Funding Form is the only means in which an outside agency has to prepare an invoice for
- ii. payment by OTSG. It is imperative that this be completed properly to ensure payment for services.

Note: Failure to submit the required documents to the outside agency concerned and a courtesy copy to US Army EMS within 48hrs of completion will be grounds for suspension of the responsible training site's Site Code.

1) EMT-B Full and EMT-B Bridge Courses

- a) These courses require the OTSG Fee Funding Form to be completed in its entirety and be submitted with the examination packet returned to the NREMT. The NREMT will not process any examinations without the proper payment or OTSG Funding Fee Form included and completed properly.

2) PHTLS-Advanced Provider's / Instructor / Refresher Course

- a) The OTSG Funding Fee Form is required to be completed and returned to the NAEMT with the End of Course packet by the Course Coordinator.

L. Quality Assurance / Quality Improvement

i. Staff Assisted Visits by US Army EMS Programs Staff

- 1) US Army EMS Programs Staff will conduct Staff Assisted Visits to each training site at a minimum of once every 24mths. (Appendix G)
- 2) Access to training sites will not be denied by command groups provided a 30 day notice has been properly provided.
- 3) If proper notice is provided and access is denied, the training site will have all training program site codes suspended until the visit is allowed to occur. All civilian related agencies will be notified that any training during the suspension period will be considered as invalid.

ii. Investigative Site Visits due to suspected site misconduct.

- 1) In the event of suspected site misconduct, a 30 day notice will not be required.
- 2) The lack of a 30 day notice will not prevent US Army EMS Staff from conducting a specific investigative site visit on very short notice (i.e. 1-3 days).
- 3) These are rare in nature and every effort will be made to notify the command group of the affected site as soon as reasonably possible.
- 4) If contact is not made prior to arrival, the US Army EMS Programs Staff members present will report to the command group upon arrival and inform them of the purpose of the visit.

iii. Each training site is required to have an internal QA/QI program in place. This program should have the capability to assess both staff and student performance.

- 1) Training Staff / Site Assessments: There are numerous methods of obtaining the needed information to properly assess instructors. A combination of several of these is the most effective.
 - a) Instructor Evaluations conducted by the Program Director and/or the Medical Director. (See Appendix I for Evaluation Forms.)
 - b) Peer evaluations conducted by other instructors / staff members. (See Appendix I for Evaluation Forms.)
 - c) Student completed critique sheets for each course involved in. Student critiques should include the individual name of each instructor that presented any material for that particular course and request responses for organization, preparation, delivery, knowledge, ability to elaborate if requested (willing & able to answer questions), effectiveness in both didactic and practical lessons. In addition, input should be solicited regarding: course organization, homework load (too much, not enough), exams (challenging, not challenging enough), preparation for the NREMT exam (adequate, not adequate). (See Appendix I for Evaluation Forms.)

- 2) Student Learning Assessments: Course Coordinators and Primary Instructors should assess student learning by tracking strong and weak areas in both written evaluations and practical evaluations. This can be done by using a “spreadsheet” tracking system and by conducting examination analyses, noting high miss questions on written examinations. This data can be used to identify areas in which more time may need to be spent during lesson delivery. Corrective action may be the addition of more homework in these areas. In some cases there may be a trend of students doing poorly when a specific instructor delivers the lesson identified as a possible weak area. In these cases, increased preparation time may be beneficial to assist the instructor in more effective presentation. This will be determined by the Course Coordinator after assessing the information.

SECTION II

EMT-Basic – All EMT-B Training will adhere to the Department of Transportation 1994 EMT-Basic Curriculum, and the Course Management Plan in Appendix B of this SOP.

A. Required Credentials for Course Management of EMT-Basic Related Courses

- a. **Course Coordinator:** NREMT-Basic Certification or Higher
- b. **Primary Instructor:** NREMT-Basic Certification or Higher
- c. **Medical Director:** Licensed Physician

B. Course Approval - Submission and Processing of EMT-Basic Full Course, Requests

- a. EMT-Basic Course requests must include the following information on each request to be considered for approval.
 - i. All blocks on Sect I of the Course Approval Request **must** be complete. This included working telephone numbers and email addresses for course coordinator, primary instructor, and medical director.
 - ii. All personnel listed as Course Coordinator, Primary Instructor, or Course Medical Director must be on appointment orders signed by the Commander (BN Level, LTC/O-5). If the same personnel are assigned to that same position for all EMT-Basic related courses, only one set of appointment orders for each position are required. Examples of appointment orders are provided in Appendix A.
 - iii. Book Orders: Please see the Book Support section of the SOP.
 - iv. A copy of all credentials and Curriculum Vitae must be on file with our office for the Medical Director, Course Coordinator, and the Primary Instructor prior to course request submission, **or** accompany the course request at submission.
 - v. A Memorandum for Record must be on file that lists all Assistant Instructors and their level of certification. Course Coordinators will be responsible for maintaining proof of credentials on file at the training site.
 - vi. Sect II must have the DANTES TCO name and contact information filled in, as well as the test dates for the NREMT written and practical exam. Only the Course Coordinator and the Medical Director may sign the NREMT application certifying the eligibility of a student to be tested. There will be no exceptions to this requirement. All TCO's on file will be notified to deny admittance to any student for the NREMT Written Exam without the proper signatures. **(Please see DANTES TCO under site certification for new requirements on Memorandum of Agreement.)**
 - vii. If there are any special circumstances for the particular course being requested, include that information in the remarks area.
 - viii. A copy of the course schedule will be required to accompany each request. Time requirements for curriculum content will be verified prior to approval of request.

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ix. Additional Required Document Submissions:

1. OTSG Funding Fee Request Form within 48hrs of the scheduled NREMT Written Examination date.
2. End of Course Summary No More Than 45 days after scheduled NREMT Written Examination date.

Failure to submit the above documents on time will result in site suspension.

C. Course Approval - Submission and Processing of EMT-Basic Refresher, Course Requests

- a.** EMT-Basic Refresher Course requests must include the following information on each request to be considered for approval.
 - i.** All blocks on Sect I of the Course Approval Request **must** be complete. This included working telephone numbers and email addresses for course coordinator, primary instructor, and medical director.
 - ii.** All personnel listed as Course Coordinator, Primary Instructor, or Course Medical Director must be on appointment orders signed by the Commander (BN Level, LTC/O-5). If the same personnel are assigned to that same position for all EMT-Basic related courses, only one set of appointment orders for each position are required. Examples of appointment orders are provided in Appendix A.
 - iii.** A copy of all credentials and Curriculum Vitae must be on file with our office for the Medical Director, Course Coordinator, and the Primary Instructor prior to course request submission, **or** accompany the course request at submission.
 - iv.** A Memorandum for Record must be on file that lists all Assistant Instructors and their level of certification. Course Coordinators will be responsible for maintaining proof of credentials on file at the training site.
 - v.** Book Orders: Units are free to purchase their own supply of EMT-Basic Refresher books; however OTSG is not funded to provide this support.
 - vi.** If there are any special circumstances for the particular course being requested, include that information in the remarks area.
 - vii.** Each request **must** have the signature of the Course Coordinator and Medical Director. There will be **no** exceptions for the signature requirement. It is suggested that sites have an Alternate Medical Director on stand-by in the event the Primary Director is unavailable for any reason. If using an Alternate Medical Director, the Course Coordinator must submit a Curriculum Vitae and copies of credentials either prior to or with the Course Request. Requests may be sent via fax, scanned originals sent through email or delivery by regular mail service. Electronic signatures are acceptable, random calls will be made to Medical Directors in this situation to ensure knowledge of training.
 - viii.** A copy of the course schedule will be required to accompany each request. Time requirements for curriculum content will be verified prior to approval of request. The schedule provided should have the time listed in a separate column for each block of instruction to aid in processing the request.

D. Course Approval - Submission and Processing of EMT-Basic 80-Hour Bridge

- a. EMT-Basic 80-Hour Bridge Course requests must include the following information on each request to be considered for approval.
 - i. All blocks on Sect I of the Course Approval Request **must** be complete. This included working telephone numbers and email addresses for course coordinator, primary instructor, and medical director.
 - ii. All personnel listed as Course Coordinator, Primary Instructor, or Course Medical Director must be on appointment orders signed by the Commander (BN Level, LTC/O-5). If the same personnel are assigned to that same position for all EMT-Basic related courses, only one set of appointment orders for each position are required. Examples of appointment orders are provided in Appendix A.
 - iii. A copy of all credentials and Curriculum Vitae must be on file with our office for the Medical Director, Course Coordinator, and the Primary Instructor prior to course request submission, **or** accompany the course request at submission.
 - iv. A Memorandum for Record must be on file that lists all Assistant Instructors and their level of certification. Course Coordinators will be responsible for maintaining proof of credentials on file at the training site.
 - v. Book Orders: Please see the Book Support section of the SOP.
 - vi. Sect II must have the DANTES TCO name and contact information filled in, as well as the test dates for the NREMT written and practical exam. Only the Course Coordinator and the Medical Director may sign the NREMT application certifying the eligibility of a student to be tested. There will be no exceptions to this requirement. All TCO's on file will be notified to deny admittance to any student for the NREMT Written Exam without the proper signatures. **(Please see DANTES TCO under site certification for new requirements on Memorandum of Agreement.)**
 - vii. If there are any special circumstances for the particular course being requested, include that information in the remarks area.
 - viii. Each request **must** have the signature of the Course Coordinator and Medical Director. There will be **no** exceptions for the signature requirement. It is suggested that sites have an Alternate Medical Director on stand-by in the event the Primary Director is unavailable for any reason. If using an Alternate Medical Director, the Course Coordinator must submit a Curriculum Vitae and copies of credentials either prior to or with the Course Request. Requests may be sent via fax, scanned originals sent through email or delivery by regular mail service. Electronic signatures are acceptable, random calls will be made to Medical Directors in this situation to ensure knowledge of training.
 - ix. A copy of the course schedule will be required to accompany each request. Time requirements for curriculum content will be verified prior to approval of request. The schedule provided should have the time listed in a separate column for each block of instruction to aid in processing the request.

x. Additional Required Document Submissions:

1. OTSG Funding Fee Request Form within 48hrs of the scheduled NREMT Written Examination date.
2. End of Course Summary No More Than 45 days after scheduled NREMT Written Examination date.

Failure to submit the above documents on time will result in site suspension.

SECTION III

Trauma AIMS

A. Required Credentials for Course Management of Trauma AIMS

- a. **Course Coordinator / Primary Instructor:** NREMT-Intermediate / Paramedic, Registered Nurse, Physician's Assistant, Licensed Physician **Or** SSG's and above who have completed Active Duty 91W30 BNCOC.
- b. **Medical Director:** Licensed Physician

B. Course Approval - Submission and Processing of Trauma AIMS Course, Requests

- a. Trauma AIMS Course requests must include the following information on each request to be considered for approval.
 - I. All blocks on Sect I of the Course Approval Request **must** be complete. This included working telephone numbers and email addresses for course coordinator, primary instructor, and medical director.
 - II. All personnel listed as Course Coordinator, Primary Instructor, or Course Medical Director must be on appointment orders signed by the Commander (BN Level, LTC/O-5). Examples of appointment orders are provided in Appendix A.
 - III. Book Orders: Please see the Book Support section of the SOP.
 - IV. A copy of all credentials and Curriculum Vitae must be on file with our office for the Medical Director, Course Coordinator, and the Primary Instructor prior to course request submission, **or** accompany the course request at submission.
 - V. A Memorandum for Record must be on file that lists all Assistant Instructors and their level of certification. Course Coordinators will be responsible for maintaining proof of credentials on file at the training site.
 - VI. A copy of the course schedule will be required to accompany each request. Time requirements for curriculum content will be verified prior to approval of request. The schedule provided should have the time listed in a separate column for each block of instruction to aid in processing the request.
 - VII. All other Training Site Code requirements for Trauma AIMS must be current and on file prior to processing and approval of request. (See Site Code Certification.)

SECTION IV

PHTLS-A, Prehospital Trauma Life Support – Advanced, All PHTLS related forms may be found in the PHTLS Policy Manual 5th Edition

A. Required Credentials for Course Management of PHTLS-A Related Courses

- a. **Course Coordinator / Primary Instructor:** PHTLS-A 5th Edition Instructor Coordinator Certified, or Licensed Physician with an active Advanced Trauma Life Support Certification.
- b. **Medical Director:** Licensed Physician with an active Advanced Trauma Life Support Certification.

B. Paperwork Requirements for All PHTLS Courses

- a. **Post Course Paperwork Requirements:** Within 48hrs of each PHTLS Course concluding the following documents should be mailed or faxed to both the NAEMT and US Army EMS (unless otherwise noted). All forms are located in the PHTLS 5th Edition Instructor Guide and the Army PHTLS Instructor's Guide 5th Edition for reference. Sites not meeting the 48hr requirement will face temporary suspension of all assigned site codes by US Army EMS.
 - i. OTSG Funding Fee Request Form
 - ii. PHTLS Instructor Roster
 - iii. PHTLS Course Roster
 - iv. Student Registration Forms (To NAEMT only)
 - v. Instructor Evaluation Forms
 - vi. End of Course Summary Report
 - vii. All unused cards should be returned to the NAEMT. (Coordinators planning their training IAW Course Approval Request procedures Sect I (G) of this SOP, will not have a need to maintain unused cards on hand).

C. Course Approval - Submission and Processing of PHTLS, Pre-Hospital Trauma Life Support, Advanced Provider Course, Requests

- a. PHTLS Advanced Provider Course requests are evaluated for approval on a case by case basis. PHTLS Courses, regardless of type, do not require a 91W Transition Training Site Code.
 - i. All blocks on Sect I of the Course Approval Request **must** be complete. This includes working telephone numbers and email addresses for course coordinator, primary instructor, and medical director. Incomplete contact information will be cause for disapproval of Course Request.
 - ii. The following documentation must be submitted with each individual request submitted:
 1. Course Coordinator – Copy of 5th Edition PHTLS Advanced Provider Instructor card
 2. Primary Instructor - Copy of 5th Edition PHTLS Advanced Provider Instructor card
 3. Medical Director – Copy of Advanced Trauma Life Support card
 4. Course schedule – must date specific for each individual course
 5. Instructor Roster – Assistant Instructors may be Provider Level only, 4th Edition is acceptable.

Any further questions regarding requirements may be answered by reading the US Army PHTLS Program User's Guide.
 - iii. Book Orders: Please see the Book Support section of the SOP.
 - iv. Upon a PHTLS Advanced Provider Course being approved, the NAEMT organization will ship a course packet to the Course Coordinator with all materials to properly complete the administrative aspects of the course. This includes student and instructor roster sheets, cards, etc.
 - v. Upon completion of the course, all End of Course paperwork should be returned to the NAEMT.
 - vi. Additional Required Document Submissions:
 1. See Sect IV (B)

D. Course Approval - Submission and Processing of PHTLS, Pre-Hospital Trauma Life Support, Advanced Instructor Course, Requests

- a. PHTLS Advanced Instructor Course requests are evaluated for approval on a case by case basis. PHTLS Courses, regardless of type, do not require a 91W Transition Training Site Code.
 - i. All blocks on Sect I of the Course Approval Request **must** be complete. This includes working telephone numbers and email addresses for course coordinator, primary instructor, and medical director. Incomplete contact information will be cause for disapproval of Course Request.
 - ii. The following documentation must be submitted with each individual request submitted:
 1. Course Coordinator – Copy of 5th Edition PHTLS Advanced Provider Instructor card
 2. Primary Instructor - Copy of 5th Edition PHTLS Advanced Provider Instructor card
 3. Medical Director – Copy of Advanced Trauma Life Support card
 4. Course schedule – must date specific for each individual course
 5. Instructor Roster – Assistant Instructors may be Provider Level only, 4th Edition is acceptable.

Any further questions regarding requirements may be answered by reading the US Army PHTLS Program User's Guide.
 - iii. Book Orders: Please see the Book Support section of the SOP.
 - iv. If there are any special circumstances for the particular course being requested, include that information in the remarks area.
 - v. Each request **must** have the signature of the Course Coordinator and Medical Director. There will be **no** exceptions for the signature requirement. It is suggested that sites have an Alternate Medical Director on stand-by in the event the Primary Director is unavailable for any reason. If using an Alternate Medical Director, the Course Coordinator must submit a Curriculum Vitae and copies of credentials either prior to or with the Course Request. Requests may be sent via fax, scanned originals sent through email, or delivery by regular mail service. Electronic signatures are not acceptable as this does not show the Medical Director's knowledge of training being conducted.
 - vi. Upon a PHTLS Advanced Instructor Course being approved, the NAEMT organization will ship a course packet to the Course Coordinator with all materials to properly complete the administrative aspects of the course. This includes student and instructor roster sheets, cards, etc.
 - vii. Additional Required Document Submissions:
 1. See Sect IV (B)

E. Course Approval - Submission and Processing of PHTLS, Pre-Hospital Trauma Life Support, Advanced Refresher Course, Requests

- a. PHTLS Advanced Refresher Course requests are evaluated for approval on a case by case basis. PHTLS Courses, regardless of type, do not require a 91W Transition Training Site Code.
 - i. All blocks on Sect I of the Course Approval Request **must** be complete. This includes working telephone numbers and email addresses for course coordinator, primary instructor, and medical director. Incomplete contact information will be cause for disapproval of Course Request.
 - ii. The following documentation must be submitted with each individual request submitted:
 1. Course Coordinator – Copy of 5th Edition PHTLS Advanced Provider Instructor card
 2. Primary Instructor - Copy of 5th Edition PHTLS Advanced Provider Instructor card
 3. Medical Director – Copy of Advanced Trauma Life Support card
 4. Course schedule – must date specific for each individual course
 5. Instructor Roster – Assistant Instructors may be Provider Level only, 4th Edition is acceptable.Any further questions regarding requirements may be answered by reading the US Army PHTLS Program User’s Guide.
 - iii. Book Orders: PHTLS certification is not required to be maintained after initial certification. Due to this, OTSG will not fund PHTLS-A Refresher Course materials.
 - iv. If there are any special circumstances for the particular course being requested, include that information in the remarks area.
 - v. Each request **must** have the signature of the Course Coordinator and Medical Director. There will be **no** exceptions for the signature requirement. It is suggested that sites have an Alternate Medical Director on stand-by in the event the Primary Director is unavailable for any reason. If using an Alternate Medical Director, the Course Coordinator must submit a Curriculum Vitae and copies of credentials either prior to or with the Course Request. Requests may be sent via fax, scanned originals sent through email or delivery by regular mail service. Electronic signatures are not acceptable as this does not show the Medical Director’s knowledge of training being conducted.
 - vi. Upon a PHTLS Advanced Refresher Course being approved, the NAEMT organization will ship a course packet to the Course Coordinator with all materials to properly complete the administrative aspects of the course. This includes student and instructor roster sheets, cards, etc.
 - vii. Additional Required Document Submissions:
 1. See Sect IV (B)

SECTION V

BTLS-A, Basic Trauma Life Support - Advanced

A. Required Credentials for Course Management of BTLS-A Related Courses

- a. **Course Coordinator / Primary Instructor:** BTLS-A Instructor Coordinator Certified and affiliated with the AMEDD Center & School Chapter
- b. **Medical Director:** Licensed Physician

B. Course Approval - Submission and Processing of BTLS-A, Basic Trauma Life Support-Advanced, Provider Course, Requests

- a. BTLS Advanced Provider Course requests are evaluated for approval on a case by case basis. BTLS Courses, regardless of type, do not require a 91W Transition Training Site Code.
 - i. All blocks on Sect I of the Course Approval Request **must** be complete. This includes working telephone numbers and email addresses for course coordinator, primary instructor, and medical director. Incomplete contact information will be cause for disapproval of Course Request.
 - ii. The following documentation must be submitted with each individual request submitted:
 1. Course Coordinator – Copy of BTLS Advanced Provider Instructor card
 2. Primary Instructor - Copy of BTLS Advanced Provider Instructor card
 3. Course schedule – must date specific for each individual course
 4. Instructor Roster – Assistant Instructors may be Provider Level only.
 - iii. Book Orders: Please see the Book Support section of the SOP.
 - iv. Upon a BTLS Advanced Provider Course being approved and completed, the certification cards will be issued by the US Army EMS Programs Management Office.
 - viii. Additional Required Document Submissions:
 1. OTSG Funding Fee Request Form within 48hrs of course completion to US Army EMS Programs.
 2. End of Course Summary within 48hrs of course completion to US Army EMS Programs.

Failure to submit the above documents on time will result in site suspension

C. Course Approval - Submission and Processing of BTLS-A, Basic Trauma Life Support-Advanced, Instructor Course, Requests

- a. BTLS-Advanced Instructor Course requests are evaluated for approval on a case by case basis. BTLS Courses, regardless of type, do not require a 91W Transition Training Site Code.
 - i. All blocks on Sect I of the Course Approval Request **must** be complete. This includes working telephone numbers and email addresses for course coordinator, primary instructor, and medical director. Incomplete contact information will be cause for disapproval of Course Request.
 - ii. The following documentation must be submitted with each individual request submitted:
 - 1. Course Coordinator – Copy of BTLS Advanced Provider Instructor card
 - 2. Primary Instructor - Copy of BTLS Advanced Provider Instructor card
 - 3. Course schedule – must date specific for each individual course
 - 4. Instructor Roster – Assistant Instructors may be Provider Level only.
 - iii. Upon a BTLS Advanced Provider Course being approved and completed, the certification cards will be issued by the US Army EMS Programs Management Office.
 - ix. Additional Required Document Submissions:
 - 1. OTSG Funding Fee Request Form within 48hrs of course completion to both NAEMT and US Army EMS Programs.
 - 2. End of Course Summary within 48hrs of course completion to US Army EMS Programs.

Failure to submit the above documents on time will result in site suspension

SECTION VI

Tactical Combat Casualty Care (TC3)

F. Required Credentials for Course Management of TC3

- a. **Course Coordinator / Primary Instructor:** NREMT-Intermediate / Paramedic, Registered Nurse, Physician's Assistant, Licensed Physician, SSG's and above who have completed 91W30 or 91B30 BNCOC (after 1 Oct 1996 for USAR BNCOC), OR SGT's and above who were fully transitioned 91W's prior to 1 Jan 2005. Regardless of the level of certification held, Trainers must have completed an approved Train the Trainer course. **(Physician's, PA's, and RN's upon prior approval are not required to complete the TTT).**

NOTE: All soldiers who attend a TC3 Train the Trainer course will be assigned a certification number by the US Army EMS Programs office. All instructors for TC3 will be tracked using this number.

- a. **Medical Director:** Licensed Physician w/ ATLS or PHTLS, Physician's Assistant w/ ATLS, PHTLS, TCMC, or EM fellowship, or Nurse Practitioner w/ TNCC, TCMC, or PHTLS.

G. Course Approval - Submission and Processing of TC3 Train the Trainer (TTT) Course Requests

- a. TC3 TTT Course requests must include the following information on each request to be considered for approval.
 - i All blocks on Sect I of the Course Approval Request **must** be complete. This included working telephone numbers and email addresses for course coordinator, primary instructor, and medical director.
 - ii All personnel listed as Course Coordinator, Primary Instructor, or Course Medical Director must be on appointment orders signed by the Commander (BN Level, LTC/O-5). Examples of appointment orders are provided in Appendix A.
 - iii A copy of all credentials and Curriculum Vitae must be on file with our office for the Medical Director, Course Coordinator, and the Primary Instructor prior to course request submission, **or** accompany the course request at submission.
 - iv A Memorandum for Record must be on file that lists all Assistant Instructors and their level of certification. Copies of all instructor qualifications are required to be submitted and must be maintained by the Course Coordinator with US Army EMS.
 - v All other Training Site Code requirements for TC3 must be current and on file prior to processing and approval of request. (See Site Code Certification.)

Sect VI-1

- vi On Day 1 of the course a student roster will be submitted to US Army EMS Programs.
- vii Within 24hrs of the conclusion of the course, a completed Course Summary Form will be submitted to US Army EMS Programs. Training certificates and certification cards will then be mailed to the Course Coordinator within 3 business days.

NOTE: If Item VI & VII are not met, the course will be considered INVALID. If this occurs, training certificates and certification cards will not be issued.

H. Course Approval - Submission and Processing of TC3 Course, Requests

- b.** TC3 Course requests must include the following information on each request to be considered for approval.
 - i** All blocks on Sect I of the Course Approval Request **must** be complete. This included working telephone numbers and email addresses for course coordinator, primary instructor, and medical director.
 - ii** All personnel listed as Course Coordinator, Primary Instructor, or Course Medical Director must be on appointment orders signed by the Commander (BN Level, LTC/O-5). Examples of appointment orders are provided in Appendix A.
 - iii** A copy of all credentials and Curriculum Vitae must be on file with our office for the Medical Director, Course Coordinator, and the Primary Instructor prior to course request submission, **or** accompany the course request at submission.
 - iv** A Memorandum for Record must be on file that lists all Assistant Instructors and their level of certification. Copies of all instructor qualifications are required to be submitted and must be maintained by the Course Coordinator with US Army EMS.
 - v** All other Training Site Code requirements for TC3 must be current and on file prior to processing and approval of request. (See Site Code Certification.)
 - vi** For those training sites who wish to conduct a PHTLS-A Provider certification course in conjunction with the TC3, a separate Course Approval Request must be submitted IAW Section IV above.
 - vii** A copy of the course schedule will be required to accompany each request. Time requirements for curriculum content will be verified prior to approval of request. The schedule provided should have the time listed in a separate column for each block of instruction to aid in processing the request.
 - viii** Within 48hrs of the conclusion of the course, a completed Course Summary Form will be submitted to US Army EMS Programs.

NOTE: If Item VIII is not met, the all training site codes will be temporarily suspended for that training site.

SECTION VII

OTSG Funding Support

A. Eligibility for OTSG Book / Certification Support

- a. 91W Transition Training Courses are the only courses which are eligible for OTSG course resource support. Those courses include:
 - i. EMT-Basic 110hr and EMT-Basic 80hr Courses
 - ii. PHTLS-A Provider and Instructor (Instructor courses support transition and are therefore supported.)
 - iii. BTLS-A Provider and Instructor (Instructor courses support transition and are therefore supported.) Courses conducted after 1 Jan 06 will no longer be supported by OTSG.
 - iv. Trauma AIMS - Courses conducted after 1 Jan 06 will no longer be supported by OTSG.
 - v. Tactical Combat Casualty Care (TC3)

B. NREMT Certification Support

- a. OTSG will fund payment for one attempt on the NREMT-B Written Exam. If a soldier fails the exam, that soldier will be responsible for any additional examination fees.
- b. The only exceptions to the rule above is:
 - i. For soldiers attending Medical Pre-Deployment Training (PDT), OTSG will pay for the initial and retest exams at these locations only.
- c. OTSG will NOT fund the fees associated with levels of NREMT certification other than NREMT-Basic. This includes NREMT-I and NREMT-P. OTSG can only justify funding the Army requirement.
- d. OTSG will not fund or reimburse recertification fees associated with NREMT-B certifications. After the initial registration, certification maintenance responsibility is that of the individual.

Memorandum for Course Coordinator

- A. The list of documents below is required for your application and subsequent course / site files. In order to achieve EMT or Trauma AIMS site certification at your facility or unit, you must forward a copy of the following documents:
1. A written request from the Commander (BN Level, LTC/O-5) for the establishment of an EMT-B, EMT-B Bridge, EMT-B Refresher, and/or Trauma AIMS course. This request should also include the location at which all training is to be conducted. If multiple locations are requested, that request will be evaluated for the possibility of needing to certify multiple 91W Transition Training Site Codes for the same organization.
 2. ___ Appointment letters from Battalion level (LTC/O-5) commander for the following:
___ Proposed Medical Director with submission of Curriculum Vitae/Resume (*must be a licensed Physician*)
___ Proposed Course Coordinator with submission of Curriculum Vitae/Resume.
___ Proposed Primary Instructor with submission of Curriculum Vitae/Resume.
Appointment orders must specifically state what position and which Program of Instruction the individual is appointed. Please see the Course Management Plans for all courses in Appendix B.
Example: SSG John Smith may be appointed as Course Coordinator for EMT-B, but SSG Jane Doe may be appointed as Course Coordinator for Trauma AIMS.
 3. ___ Instructor roster identifying credentials. (Verifiable credentials must be maintained by course coordinator with the exception of TC3.)
 4. ___ Lesson plans broken down into hours of instruction (i.e. a course syllabus indicating hours/days/module of instruction)
 5. ___ Verification of medical material, equipment and resources.
___ Title, edition, publication date of current text(s) being used locally. (include student workbooks, instructor resource manuals, test banks/generator, and visual aids as applicable) A photocopy of the front cover of each of these is acceptable.
___ Equipment list used to run proposed training program
___ A photocopy of the title page from US DOT 1994 EMT-B National Standard Curriculum ***EMT-B, EMT-B Bridge ONLY***
___ A photocopy of the title page from US DOT 1994 EMT-B Refresher National Standard Curriculum ***EMT-B Refresher ONLY***
___ A photocopy of the title page of the NREMT EMT-B Practical Examination Users Guide ***All EMT-B Training Programs***
 6. ___ A signed memorandum of agreement authorizing the rotation of students through a EMS System/Emergency Department/Clinic/Hospital. Please follow US DOT 1994 EMT-B Curriculum, Sect II1. ***EMT-B ONLY***

7. ____ A signed memorandum of agreement with the Post Education Center designating a DANTES test proctor responsible for the administration and safeguarding of the NREMT Exams. Give the assigned proctor's name, position/title, and phone number. Also provide methodology for securing the exams.
8. ____ Provide your unit's complete phone numbers DSN/COMM, fax number, and all applicable e-mail addresses if available.

Upon completion of the checklist please forward completed package to:

U.S. Army EMT Program Manager
Department of Combat Medic Training
ATTN: MCCS-AC
3151 W.W. White Road
Bldg 1375, Rm 118-E
Fort Sam Houston, Texas 78234-6125

NREMT NOTIFICATION OF TRAINING SITE APPROVAL

DATE

William E. Brown, Jr., Executive Director,
National Registry of Emergency Medical Technicians
6610 Busch Blvd.
Columbus, OH 43229

Dear Mr. Brown:

The **Unit Name, City, State** is approved to conduct the following EMT Basic related courses: EMT-Basic 110hr Full Course, 80hr Bridge Course, and EMT B Refresher Course. Their EMT-Basic Site Number is “**AM-000**”, their EMT-Basic Bridge Site Number is “**AM-000**”. COL John Doe, MD, is the Course Medical Director, and MSG John Boy, NREMT-B, is the Course Coordinator. This action is based on a review of the program application and the required documentation. All aspects of the approval criteria to establish a training site have been met.

This approval includes the future requirement to provide the U.S. Army Medical Department Center and School (AMEDDC&S) with annual updates, information regarding any changes in Course Medical Director, Course Coordinator or curriculum. It requires immediate notification of the inability to continue to meet the guidelines mandated by the Department of Transportation or this office.

Please forward copies of the NREMT-Basic Exam test results to the AMEDDC&S EMT Program Administrator.

The AMEDDC&S remains committed to excellence and meeting the needs of our EMT Training sites. You can receive information regarding this site or any of the U.S. Army EMT Training sites by contacting the undersigned at (210) 221-5214 or E-Mail at brett.humphus@amedd.army.mil.

Sincerely,

PATRICIA R. HASTINGS, COL, MC
US Army EMT Program Medical Director
US Army Academy of Health Sciences

BRETT D. HUMPHUS, NREMT-P
US Army EMT Program Manager
US Army Academy of Health Sciences

Enclosure
CF: Course Coordinator

COMMAND SITE APPROVAL MEMORANDUM

DATE

MEMORANDUM FOR Commander, Unit Name, City, State

SUBJECT: Training Site Approval for National Registry of Emergency Technicians Basic Course and Refresher Course

Thank you for your recent submission of a request for approval as an EMT-Basic and EMT-Basic Refresher Training Program Site. The U.S. Army Medical Department Center and School (AMEDDC&S) conducted a review of your application and the associated material, and found that your proposed program is in compliance with all the pertinent standards.

Based on this review **Unit Name, City, State** is approved to conduct the EMT-Basic and EMT-Basic Refresher training programs through the U.S. Army Medical Department Center and School.

A copy of our letter notifying the National Registry of your approval is enclosed for your records (enclosure 1). The EMT-Basic and Refresher program site code is "AM-000". Please refer to this site code on any future correspondence regarding EMT-B or EMT-B Refresher Training.

You are required to conduct an internal quarterly program audit (enclosure) and submit an annual report to the AMEDDC&S due no later than September 30 of each year (enclosure). You are required to provide to the AMEDDC&S with information regarding any changes in Course Director, Course Coordinator or curriculum. Notify the AMEDDC&S immediately if you are unable to continue to meet the guidelines mandated by the Department of Transportation or this office. Your prompt response will help us support the training objectives of your command and the administrative management of your program. Failure to comply with NREMT-B standards of instruction, record management, or reporting procedures will result in suspension of your program approval and NREMT-B testing authorization.

We appreciate your cooperation and commitment to quality emergency medical training. Please feel free to contact our office if you have any questions, comments, or concerns. I can be reached at (COM) 210-221-5214 or DSN 471-5214. Please visit our web site periodically for updated information at www.cs.amedd.army.mil/91W/.

PATRICIA HASTINGS, COL, MC
US Army EMT Program Medical Director
US Army Academy of Health Sciences

BRETT D. HUMPHUS, NREMT-P
US Army EMT Program Manager
US Army Academy of Health Sciences

ENCLOSURES

TRAINING SITE REQUEST MEMORANDUM

OFFICIAL UNIT LETTERHEAD

MEMORANDUM FOR: U.S. Army EMT Program Manager, U.S. Army Academy of Health Sciences (MCCS-AW), 3151 WW White Road, Building 1375, Room 118-E, Fort Sam Houston, Texas 78234-6125

SUBJECT: Request for U.S. Army Approved EMT Transition and Sustainment Training

1. UNIT request site certification for conducting the EMT-B, EMT-B Refresher, EMT-B Bridge, and Trauma AIMS for the purpose of 91W transition and sustainment training for **Unit Name**. Attached are all documents required for program certification per the U.S. Army approved EMT Training Program Checklist.

2. Point of Contact for this memorandum is **Program Director / Course Coordinator**. Official title, at **Commercial; DSN** or by email at **email address**.

JOHN D. WAYNE
LTC, QM
Commanding

Encls

1. List of all included documents with request.

APPOINTED PERSONNEL

OFFICIAL UNIT LETTERHEAD

MEMORANDUM FOR: U.S. Army EMT Program Manager, U.S. Army Academy of Health Sciences (MCCS-AW), 3151 WW White Road, Building 1375, Room 118-E, Fort Sam Houston, Texas 78234-6125

SUBJECT: Additional Duty Appointment

1. Effective 1 May 05, CPT John Smith, 1st BDE, 4th ID Mech, Ft Hood, TX 76544, is assigned the following duty:

Emergency Medical Technician (EMT) Medical Director
Trauma AIMS Medical Director

2. Purpose: For training and ensuring proficiency of all 91W personnel. Preparing them for transition into 91W Medical Occupational Specialty with removal of the ASI "Y2".

3. Period: Until officially relieved or released from appointment.

4. Special Instructions: Any **official EMT** related training in the 1st BDE, 4th ID for the **National Registry**, **MUST** be approved locally by the Medical Director, Course Coordinator, and Program Director. Those requests must be then submitted to the US Army EMS Programs office for approval / disapproval. At no time will any training be conducted without an Army issued Course Number from US Army EMS Programs Management office.

FOR THE COMMANDER:

Signature Block
(Must be O-5 or above Commander)

DISTRIBUTION:

1-Soldier
1-US Army EMT Program Manager
1-Education Center / Test Control Officer

OFFICIAL UNIT LETTERHEAD

MEMORANDUM FOR: U.S. Army EMT Program Manager, U.S. Army Academy of Health Sciences (MCCS-AW), 3151 WW White Road, Building 1375, Room 118-E, Fort Sam Houston, Texas 78234-6125

SUBJECT: Additional Duty Appointment

1. Effective 1 May 05, MAJ John Smith, 1st BDE, 4th ID Mech, Ft Hood, TX 76544, is assigned the following duty:

Emergency Medical Technician (EMT) Program Director
Trauma AIMS Program Director

2. Purpose: For training and ensuring proficiency of all 91W personnel. Preparing them for transition into 91W Medical Occupational Specialty with removal of the ASI "Y2".

3. Period: Until officially relieved or released from appointment.

4. Special Instructions: Any **official EMT** related training in the 1st BDE, 4th ID for the **National Registry**, **MUST** be approved locally by the Medical Director, Course Coordinator, and Program Director. Those requests must be then submitted to the US Army EMS Programs office for approval / disapproval. At no time will any training be conducted without an Army issued Course Number from US Army EMS Programs Management office.

FOR THE COMMANDER:

Signature Block
(Must be O-5 or above Commander)

DISTRIBUTION:

1-Soldier
1-US Army EMT Program Manager
1-Education Center / Test Control Officer

OFFICIAL UNIT LETTERHEAD

MEMORANDUM FOR: U.S. Army EMT Program Manager, U.S. Army Academy of Health Sciences (MCCS-AW), 3151 WW White Road, Building 1375, Room 118-E, Fort Sam Houston, Texas 78234-6125

SUBJECT: Additional Duty Appointment

1. Effective 1 May 05, SSG John Smith, 1st BDE, 4th ID Mech, Ft Hood, TX 76544, is assigned the following duty:

Emergency Medical Technician (EMT) Course Coordinator
Trauma AIMS Course Coordinator

2. Purpose: For training and ensuring proficiency of all 91W personnel. Preparing them for transition into 91W Medical Occupational Specialty with removal of the ASI "Y2".

3. Period: Until officially relieved or released from appointment.

4. Special Instructions: Any **official EMT** related training in the 1st BDE, 4th ID for the **National Registry**, **MUST** be approved locally by the Medical Director, Course Coordinator, and Program Director. Those requests must be then submitted to the US Army EMS Programs office for approval / disapproval. At no time will any training be conducted without an Army issued Course Number from US Army EMS Programs Management office.

FOR THE COMMANDER:

Signature Block
(Must be O-5 or above Commander)

DISTRIBUTION:

1-Soldier
1-US Army EMT Program Manager
1-Education Center / Test Control Officer

OFFICIAL UNIT LETTERHEAD

MEMORANDUM FOR: U.S. Army EMT Program Manager, U.S. Army Academy of Health Sciences (MCCS-AW), 3151 WW White Road, Building 1375, Room 118-E, Fort Sam Houston, Texas 78234-6125

SUBJECT: Additional Duty Appointment

1. Effective 1 May 05, CPT John Smith, 1st BDE, 4th ID Mech, Ft Hood, TX 76544, is assigned the following duty:

Emergency Medical Technician (EMT) Primary Instructor
Trauma AIMS Primary Instructor

2. Purpose: For training and ensuring proficiency of all 91W personnel. Preparing them for transition into 91W Medical Occupational Specialty with removal of the ASI "Y2".

3. Period: Until officially relieved or released from appointment.

4. Special Instructions: Any **official EMT** related training in the 1st BDE, 4th ID for the **National Registry**, **MUST** be approved locally by the Medical Director, Course Coordinator, and Program Director. Those requests must be then submitted to the US Army EMS Programs office for approval / disapproval. At no time will any training be conducted without an Army issued Course Number from US Army EMS Programs Management office.

FOR THE COMMANDER:

Signature Block
(Must be O-5 or above Commander)

DISTRIBUTION:

1-Soldier
1-US Army EMT Program Manager
1-Education Center / Test Control Officer

Emergency Medical Technician-Basic: National Standard Curriculum

Emergency Medical Technician: Basic Refresher Curriculum Instructor Course Guide

Assistant Instructor Roster

OFFICIAL UNIT LETTERHEAD

MEMORANDUM FOR: U.S. Army EMT Program Manager, U.S. Army Academy of Health Sciences (MCCS-AW), 3151 WW White Road, Building 1375, Room 118-E, Fort Sam Houston, Texas 78234-6125

SUBJECT: Assistant Instructor Roster

1. Effective 1 May 05, the personnel listed below will be assistant instructors for 1st BDE, 4th ID Mech, Ft Hood, TX 76544:

EMT INSTRUCTOR ROSTER

NAME	CREDENTIALS	Expiration
[REDACTED]	RN	Date
[REDACTED]	PA	Date
[REDACTED]	LVN	Date
[REDACTED]	EMT-B	ANCOC Date
[REDACTED]	EMT-B	BNCOC Date
[REDACTED]	EMT-B	BNCOC Date
[REDACTED]	EMT-B	BNCOC Date
[REDACTED]	LVN	BNCOC Date
[REDACTED]	EMT-B	BNCOC Date
[REDACTED]	EMT-B	BNCOC Date

Signature Block
(Course Coordinator may generate this memo)

DISTRIBUTION:
1-Soldier

1-US Army EMT Program Manager

U.S. DOT EMT-B National Standard Curricula, Sample Course Outline

Lesson	Title	Required Hrs	Scheduled Hrs	Scheduled Date	
1-1	Introduction to Emergency Care	1.5			
1-2	Well-Being of the EMT-Basic	1.5			
1-3	Medical/Legal-Ethical Issues	1.5			
1-4	The Human Body	2.5			
1-5	Baseline Vital Signs/SAMPLE History	2.0			
1-6	Lifting and Moving Patients	3.0			
1-7	Evaluation	1.0			
2-1	Airway	4.0			
2-2	Airway LAB	2.0			
2-3	Evaluation	1.0			
3-1	Scene Size-Up	0.5			
3-2	Initial Assessment	1.0			
3-3	Focused History and Physical: Trauma	4.0			
3-4	Focused History and Physical: Medical	2.0			
3-5	Detailed Physical Exam	1.0			
3-6	On-Going Assessment	1.0			
3-7	Communications	1.0			
3-8	Documentation	1.5			
3-9	Patient Assessment LAB	8.0			
3-10	Evaluation	1.0			
4-1	General Pharmacology	1.0			
4-2	Respiratory emergencies	2.5			
4-3	Cardiovascular Emergencies	7.0			
4-4	Diabetic Emergencies/Altered Mental Status	2.0			
4-5	Allergies	2.0			
4-6	Poisoning/Overdose	2.0			
4-7	Environmental Emergencies	2.0			
4-8	Behavioral Emergencies	1.5			
4-9	Obstetrics	2.0			
4-10	Medical/Behavioral/Obstetrics LAB	8.0			
4-11	Evaluation	1.0			
5-1	Bleeding and Shock	2.0			
5-2	Soft Tissue Injuries	2.0			
5-3	Musculoskeletal Care	4.0			
5-4	Injuries to the Head and Spine	4.0			
5-5	Trauma LAB	6.0			
5-8	Evaluation	1.0			
6-1	Infants and Children	3.0			
6-2	Infants and Children LAB	3.0			
6-3	Evaluation	1.0			
7-1	Ambulance Operations	1.0			
7-2	Gaining Access	1.0			
7-3	Overviews	2.0			
7-4	Evaluation	1.0			
	Final Written Evaluation	2.0			

	Final Practical Evaluation	5.0			
	TOTAL	110			

**U.S. DOT EMT-B Refresher National Standard Curricula
Sample Course Outline**

Module	Title	Required Hrs	Scheduled Hrs	Scheduled Date	Scheduled Hours
1	Preparatory	1			
2	Airway	2			
3	Patient Assessment	3			
4	Medical / Behavioral	4			
5	Trauma	4			
6	Obstetrics, Infants, and Children	2			
	Elective Hours	8			
	TOTAL	24			
	Other Hours				

**Trauma AIMS Hour Requirements
Sample Course Outline**

Lesson	Didactic	Practical Exercise
Administrative	1	0
Patient Assessment and Initial Management	4	5
Emergency Pharmacology	2	4
Advanced Airway Management and Ventilation	9	9
Fluids and Shock	15	8
Written Exam	1	0
Written Exam Review	2	0
Written Exam Re-Test	1	0
Graded Practical Skills	0	8
Sub Totals	35	34
Course Total	69 Hours	

Textbooks, Instructor Guide, Test Generator, and all other printed resources:
(Photocopies of all textbook resources are required, or a MFR which lists all resources.
If resource materials are listed using this method, it must be in memorandum format.)

Blesdoe, B. E., Cherry, R. A., & Porter, R. S. (1998). *Brady: Intermediate emergency care* (2nd ed.). Upper Saddle River, NJ: Prentice Hall

Blesdoe, B. E., Cherry, R. A., & Porter, R. S. (1998). *Brady: Workbook intermediate emergency care* (2nd ed). Upper Saddle River, NJ: Prentice Hall

Blesdoe, B. E., Cherry, R. A., & Porter, R. S. (1998). *Brady: Instructor's resource manual intermediate emergency care* (2nd ed). Upper Saddle River, NJ: Prentice Hall

Limmer, D., Elling, B., & O'Keefe, M. F. (2001). *Essentials of emergency care refresher for EMT-B* (3rd ed.). Upper Saddle River, NJ: Prentice Hall

Limmer, D., Elling, B., & O'Keefe, M. F.(2002). *Brady: Instructor's resource manual essentials of emergency care refresher for EMT-B* (3rd ed.). Upper Saddle River, NJ: Prentice Hall

Browner, B., Jacobs, L, & Pollack, A. (1998) *AAOS: Emergency Care and Transportation of the Sick and Injured* (8th ed.). Sudbury, MA: Jones and Bartlett Publisher

Browner, B., Jacobs, L, & Pollack, A. (1998) *AAOS: Emergency Care and Transportation of the Sick and Injured, student workbook* (8th ed.). Sudbury, MA: Jones and Bartlett Publisher

Browner, B., Jacobs, L, & Pollack, A. (1998) *AAOS: Emergency Care and Transportation of the Sick and Injured* (8th ed.) *Power Point CD-ROM*. Sudbury, MA: Jones and Bartlett Publisher

McSwain, N., Frame, S., & Salomone, J. (2005) *PHTLS: Basic and Advanced Prehospital Trauma Life Support Military Edition* (5th ed.). St. Louis, MO: Mosby, Inc

EMT-Basic

Practical Examination Users Guide

Item Description		Quantity	Verified	Location
RESUSCITATOR HAND OPR	BAG VALVE MASK	6 EA		Forward Support Battalion
SCISSORS BANDAGE 7.25"		6 EA		
SPHYGMOMANOMETER		6 EA		
SPINBRD LNG 18X72/3/4"		6 EA		
SPLINT FNGR 18X.75"		12 EA		
SPLINT TRACTION-EXTRI	REEL/HARE TRACTION	6 EA		
SPLINT UNIV 36X4.5"		12 EA		
SPONGE SURG 4X4		1 BOX		
STERILE WATER		1 BOX		
STETHOSCOPE ADULT SZ		6 EA		
STRAP WEB SEC LOCK OD	LITTER STRAPS	24 EA		
SUCTION APPAR TRACH		6 EA		
SUPPORT CERVICAL COLLAR ASSORTED SIZE	CERVICAL COLLARS	6 EA		
TOURNIQUET ADULT 14X1"		12 EA		
TROUSERS ANTI-SHOCK	PASG	6 EA		
YOKE-ADAPTER FLUSH		6 EA		
FLEXIBLE STRETCHER		2 EA		
HELMET		1 EA		
INFANT CPR MANNIQUIN		2 EA		
ADULT CPR MANNIQUIN		2 EA		
CHILD CPR MANNIQUIN		2 EA		
CHILDBIRTH MANNIQUIN		2 EA		
AED		2 EA		
WHEELED STRETCHER		2 EA		
EXAMINATION GLOVES S,M,LG		3 BOXES		
CHILDBIRTH KITS		6 EA		
TRIAGE TAGS		1 BOX		
PENLIGHTS		6 EA		
THERMOMETERS		6EA		
STETHOSCOPE DUAL HEAD		2 EA		
STAIR CHAIR		2 EA		
SCOOP STRETCHER		2 EA		
TUBE TRACH ASSORTED SIZE	ENDOTRACHEAL TUBE	6 EA		
BASIN WASH STEEL 9QT		6 EA		
FORCEPS TRACH TU ADL	MAGILLS FORCEP	6 EA		

Item Description		Quantity	Verified	
CATHETER & NDL ASSORTED SIZES		72 EA		
INTRAVENOUS INJ SE48S	IV TUBING	6 EA		
LARYNGOSCOPE ASSORTED SIZE		6 EA		
RINGER'S INJ	IV FLUID	72 EA		
SODIUM CHL INJ	IV FLUID	72 EA		
STYLET TRACHEAL TUBE		6 EA		
POVIDONE CLN 4OZ		4CAN		
LUBRICANT SURG 4OZ		6 EA		
NEEDLE HYPO 22GA		1 BOX		
NEEDLE HYPO 18GA		1 BOX		
NEEDLE HYPO 25GA		1 BOX		
SYRINGE HYPO 1CC		1 BOX		
SYRINGE HYPO 3CC		1 BOX		
SYRINGE HYPO 5CC		1 BOX		
SYRINGE HYPO 10CC		1BOX		
INTUBATION MANQ, ADULT		2 EA		
INTUBATION MANQ, CHILD		2 EA		
MOULAGE KIT		3 EA		
IV ARMS KIT		2 EA		
PHYSICIANS DESK REFERENCE		1 EA		
SODIUM CHL INJ 0.95 10ML		1 BOX		
V-VAC CATHETERS		12 EA		
V-VAC ADAPTERTIPS		12 EA		
TAPE		BOX		
COMBITUBE DOUBLE LUMEN	OPTIONAL	1		
COMBITUBE TRAINER	OPTIONAL	2		
NITROGLYCERIN		6 EA		
ALBUTEROL		6 EA		
ASPIRIN		6 EA		
ATROPINE SULFATE		6 EA		
EPINEPHRINE		6 EA		
D50		6 EA		
GLUCAGON		6 EA		
NARCAN		6 EA		

Item Description		Quantity	Verified	
SODIUM BICARBONATE		6 EA		
SYRUP OF IPECAC		6 EA		
ACTIVATED CHARCOAL		6 EA		
GLUCOSE TUBES		6 EA		
HAND HEL INHALER FOR TRNG PURPOSES		6 EA		
EPINEPHRINE AUTO INJECTOR TRAINER		6 EA		
THIAMINE		6 EA		
BLANKETS		6 EA		
WATCH		6 EA		
STERILE DRESSINGS		BOX		
STERILE BANDAGES		BOX		
TRIANGULAR BANDAGES	CRAVATS	BOX		
OCCLUSIVE DRESSINGS		BOX		
ROLLER BANDAGES	ACE WRAPS	BOX		
BURN SHEETS		6 EA		
AIR SPLINTS	OPTIONAL			
SHARPS CONTAINERS		6 EA		
02 TANK WITH REGULATOR		6 EA		
ORAL AIRWAYS	ASSORTED SIZES	6 OF EA		
NASAL AIRWAYS	ASSORTED SIZES	6 OF EA		
POCKET MASKS		6 EA		
NASAL CANNULAS		6 EA		
NON-REBREATHER MASK		6 EA		
PORTABLE SUCTION WITH TONSIL TIP		6 EA		
JET VENTILATOR		1 EA		
NEEDLE CRICOTHYROTOMY TRAY				
END TITLE CO2 DECTECTOR				
ESOPHAGEAL DETECTOR DEVICE				
EOA		6 EA		
EGTA		6 EA		
PTL AIRWAY		6 EA		
ETC AIRWAY		6 EA		
ESOPHAGEAL DETECTOR DEVICE		6 EA		

Item Description		Quantity	Verified	
INTERMEDIATE EMERGENCY CARE	TRAUMA AIMS	6		
INTERMEDIATE EMERGENCY CARE WK BOOK	TRAUMA AIMS	6		
INTERMEDIATE CARE INSTRUCTORS REF	TRAUMA AIMS	1		
INTERMEDIATE CARE TEST MANAGER	TRAUMA AIMS	0		
AAOS CARE AND TRANSPORTATION OF THE SICK AND INJURED (8TH ED.)	EMT	5		
AAOS CARE AND TRANSPORTATION OF THE SICK AND INJURED (8TH ED.) WK BOOK	EMT	5		
AAOS CARE AND TRANSPORTATION OF THE SICK AND INJURED (8TH ED.) INST RES MAN	EMT	1		
AAOS CARE AND TRANSPORTATION OF THE SICK AND INJURED (8TH ED.) PP SLIDES	EMT	1		
AAOS CARE AND TRANSPORTATION OF THE SICK AND INJURED (8TH ED.) TEST KIT	EMT	1		
PHTLS 5 th ED	PHTLS	4		
OVERHEAD PROJECTOR				
COMPUTER WITH PROJECTOR		1 EA		
PROJECTOR SCREEN		1 EA		
TV/VCR/DVD		2 EA		
DRY ERASE BOARD		2 EA		
BRADY EMERGENCY CARE 9 TH ED	EMT REFRESEHR	0		
BRADY EMER CARE 9 TH ED WK BOOK	EMT REFRESEHR	0		
BRADY EMER CARE 9 TH ED INST RES MAN	EMT REFRESEHR	0		
BRADY EMER CARE 9 TH ED PP SLIDES	EMT REFRESEHR	0		
BRADY EMER CARE 9 TH ED TEST MANAGER	EMT REFRESEHR	0		

Memorandum of Agreement for Clinical Rotations of EMT-B Students

Due to the complexity of these MOA's depending on the location of the facility, military vs civilian facility, there will not be an example provided. All MOA's for clinical rotations must include the involvement of your responsible Army JAG office to ensure the legalities of the document / agreement.

Please contact the US Army EMS office if you require assistance in this area.

DANTES Test Control Officer Memorandum of Agreement (This is the only authorized format.)

2 February 2005

MEMORANDUM FOR US Army EMT Program Manager

SUBJECT: DANTES Test Control Officer, Memorandum of Agreement for NREMT-Basic Written Exam

1. It has been agreed upon between **SFC Joe Davis, Course Coordinator** for EMT-Basic at Site **Am-000**, and **Mr JOHN DOE, Ft Stewart, Georgia DANTES Test Control Officer** (TCO) that Mr DOE will administer the NREMT-Basic Written Exam for the above mentioned 91W Transition Training sites.
2. Mr DOE will be contacted by the Course Coordinator no later than 30 days prior to the requested exam date to schedule the exam time and location. It is understood that only a qualified Examination Officer is eligible to administer this exam. At no time will any instructor of any training program be allowed to handle, review, or transport NREMT exams. Assistant proctors if needed will be coordinated by the Course Coordinator with Mr DOE prior to the scheduled exam date.
3. Mr DOE has agreed to administer the NREMT-Basic Written Exam at the classroom location. Due to the numbers of soldiers testing each class it is not always feasible to transport the soldiers to the Education Center. If an alternate location is to be used this information must be declared in the remarks section of the Course Approval Request. (Need the actual location of written exam.)
4. The NREMT Written Exams will be handled with strict security at all times. Prior to, during, and anytime after the administration of this exam that Mr DOE or any member of his testing staff have reason to believe that any compromise of the NREMT examination booklet(s) has occurred, he will notify the Course Coordinator and the Medical Director immediately. The US Army EMS Programs Management office **MUST** be contacted as well. After these notifications have been made, the NREMT will then be notified. Upon completion of a full investigation, a final report will be provided to the NREMT.
5. At all times while in possession of and during administration of the exam, Mr DOE and any assistant staff members will strictly adhere to the rules and policies of the NREMT regarding testing of personnel for the NREMT. Signing this agreement verifies that the TCO, Exam Coordinator, and proctors have been provided the NREMT Examination Coordinator's Manual and have read and understand all requirements.

6. Examination booklets will be shipped to the following address:

Exam Location: (Shipping Address)
Army Education Center
ATTN: JOHN DOE
472 Cramer Avenue, Suite 101
Fort Stewart, Georgia 31314-5056

Mr DOE may be contacted at:
(912)767-8331
JOHN.DOE@stewart.army.mil

7. The examination booklets, applications, exam answer sheets, check/money orders or OTSG Funding Fee Request form will be returned to the NREMT in one bulk package by the TCO.
8. The TCO will complete the following checks prior to allowing a student to begin the written exam:
 - a. Check picture ID against the name appearing on the application.
 - b. Check the application to ensure all blocks are completed as required.
 - c. Verify that all required signatures are present. **Only the appointed Course Coordinator and Medical Director are authorized to sign any of the verification blocks on the NREMT application. Applications not meeting this requirement will be denied the opportunity to take the exam until the corrections are made. If exceptions are made by the TCO and the candidate is in fact not eligible, the TCO will be held responsible for allowing an ineligible candidate to sit for the exam.**
 - d. Verify CPR card is valid. (not expired)
 - e. Ensure if payment is required by the individual, it is presented prior to testing beginning.
9. If you have any questions or comments, please contact either of the undersigned. Any discrepancies will be reported promptly to the US Army EMT Program Manager at (210) 221-5214 or DSN 417-5214

JOHN DOE
DANTES TCO
Ft Stewart Ed Center
Phone Number

JOE DAVIS
COURSE COORDINATOR
UNIT
Phone Number

JERRY RICE
MEDICAL DIRECTOR
UNIT
Phone Number

Appendix B

Course Management Plans

Appendix B-1 – EMT-Basic 110hr Course

Appendix B-2 – EMT-Basic 80hr Bridge Course

Appendix B-3 – Trauma AIMS

Appendix B-4 – Tactical Combat Casualty Care (TC3)

Note:

EMT-B Refresher Course – there is no example for EMT-B Refresher due to the fact that there are numerous ways to plan a refresher course. With an 8 Elective hr requirement and the vast subjects that could be chosen due to unit requirements for the medics attending, it will be the responsibility of each site. US Army EMS will assess the schedule to ensure all requirements are met IAW the 1994 DOT EMT-B Refresher Standards.

Appendix B – 1

COURSE PLANS

EMT-B

Obtaining site Certification

Prior to conducting the EMT_B course a US Army EMT Training Site approval **MUST** first be obtained through the US Army EMS Program Management Office:

Army Medical Department Center & School
Department of Combat Medic training
ATTN: MCCS-AW (US Army EMT Program Manager)
3151 WW White Rd, Bldg 1375, Rm 134
Fort Sam Houston, Texas 78234
COMM 210-221-5214
DSN 471-5214
Fax 210-221-3142

Accessing Lesson Plans

With approval to conduct the EMT-B, the US Army EMT Program Manager will issue a specific site code, and ship course management materials to the requesting site's Course Coordinator. These materials will include course administrative and testing materials.

Class Structure

Didactic Instruction – Instructor / Student Ratio = 1:25 (minimum)

Practical Labs - Instructor / Student Ratio = 1:6 (minimum)

Practical Labs Medical Equipment – Equipment / Student Ratio = 1:6 (minimum)

Course Schedule

The EMT-B Course is designed as an 110-hour course. This is the minimum number of hours that will be presented. The inclusion of additional hours is solely the discretion of the unit / organization presenting the course.

Student Eligibility

The following are the eligibility requirements for the US Army EMT-B Bridge course:

- Must hold current AHA or ARC health care provider CPR card or equivalent

Soldiers not meeting the requirements for the US Army EMT-B Bridge course must complete a full EMT-B training program.

Other Information

All course records identified in the US Army EMS Training Site SOP, Sect I.

A US Army EMT-B Course Summary must be completed within 5 business days of receipt of National Registry EMT-B examination results and forwarded to US Army EMT Program Manager.

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Errors in materials, problems with instruction or other complaints or suggestions must be forwarded to the US Army EMT Program Manger for review and action.

Course Coordinator Qualifications:

Course managers must have the following qualifications:

Must be NREMT-B certified or higher and meet all requirements as outlined by the National Registry of Emergency Medical Technicians US Department of Transportation EMT-B National Standard Curriculum, and the US Army EMS Program. ("Higher" includes EMT-I, EMT-P, RN, PA, MD)

Course Coordinator Guidance:

The Course Coordinator is responsible for ensuring training is presented as designed. Specifically, Course Coordinator (s) must--

- (1) Ensure required training resources (Appendix A) are available for presenting the training as scheduled.
- (2) Ensure instructors receive support, materials, and equipment required for presenting this training.
- (3) Ensure staff and faculty are qualified and trained to present and manage this training.
- (4) Continuously evaluate course effectiveness and efficiency and provide appropriate feedback to training/training development (task) proponent.
- (5) Ensure staff, faculty, and students comply with safety and environmental protection rules and regulations, law, and course requirements.
- (6) Ensure facilities, material, equipment, and systems required for presenting this instruction are properly maintained.
- (7) Obtain required reference material.

Primary & Assistant Instructor Certification Requirements:

Assistant Instructors presenting this training must meet the following certification requirements:

Enlisted:

1. Current EMT-B or higher licensure/certification* and/or
2. Approval of the Course Medical Director as Subject Matter Expert

Officer:

1. Professional credentials or certifiable training in the area of instruction* and/or
2. Approval of Course Medical Director as Subject Matter Expert

- A roster identifying all assistant instructors by name, rank, and level of credentials shall be forwarded to the US Army EMS Program Manager. The Course Coordinator shall maintain on file photocopies of credentials (Current CV or Resume and copy of licensure/certification) for all Assistant Instructors. It is the responsibility of the Course Coordinator to insure that the Assistant Instructor roster on file with involved with this training.

Primary Instructor / Assistant Instructor Facilitator Guidance

Instructors are directly in contact with the students and represent the command in the presentation of the instruction. They serve as the role model for the students. They must be technically competent and professional in demeanor.

Each Primary & Assistant Instructor must:

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- (1) Thoroughly study and be well versed in the material prior to presenting the lessons.
- (2) Manage the training and maintain an environment conducive to student learning.
- (3) Supervise and guide the learning process.
- (4) Provide immediate feedback on student performance.
- (5) Be alert to students having difficulty and intercede as appropriate.
- (6) Ensure students comply with safety and environmental protection rules, regulations, laws, and course requirements.
- (7) Provide appropriate remedial training.
- (8) Continuously evaluate course effectiveness and efficiency and provide appropriate feedback to the training/training development (task) proponent.

Test Administration Guidance:

Administer tests IAW TRADOC 350-70.

Required References:

Emergency Care & Transportation of the Sick & Wounded, 8th Edition
 Emergency Care & Transportation of the Sick & Wounded, 8th Edition,
 Instructor Resource Manual
 Emergency Care & Transportation of the Sick & Wounded, 8th Edition,
 PowerPoint Slides
 NREMT-B Practical Skills Examination Guide

Course Outline

<i>MODULE OF INSTRUCTION</i>	<i>Didactic Hrs</i>	<i>Lab Hrs</i>
-------------------------------------	----------------------------	-----------------------

	Didactic Hours	Lab Hours
COURSE TITLE: Preparatory	11	2

PURPOSE: To learn EMT-Basic level knowledge, skills, and attitudes

Lesson 1-1 INTRODUCTION TO EMERGENCY MEDICAL CARE

OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 1-1.1 Define Emergency Medical Services (EMS) systems. (C-1)
- 1-1.2 Differentiate the roles and responsibilities of the EMT-Basic from other prehospital care providers.(C-3)
- 1-1.3 Describe the roles and responsibilities related to personal safety.(C-1)
- 1-1.4 Discuss the roles and responsibilities of the EMT-Basic towards the safety of the crew, the patient and bystanders.(C-1)
- 1-1.5 Define quality improvement and discuss the EMT-Basic's role in the process.(C-1)
- 1-1.6 Define medical direction and discuss the EMT-Basic's role in the process.(C-1)

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1-1.7 State the specific statutes and regulations in your state regarding the EMS system.(C-1)

WELL-BEING OF THE EMT-BASIC

OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

1-2.1 List possible emotional reactions that the EMT-Basic may experience when faced with trauma, illness, death and dying. (C-1)

1-2.2 Discuss the possible reactions that a family member may exhibit when confronted with death and dying.(C-1)

1-2.3 State the steps in the EMT-Basic's approach to the family confronted with death and dying.(C-1)

1-2.4 State the possible reactions that the family of the EMT-Basic may exhibit due to their outside involvement in EMS.(C-1)

1-2.5 Recognize the signs and symptoms of critical incident stress.(C-1)

1-2.6 State possible steps that the EMT-Basic may take to help reduce/alleviate stress.(C-1)

1-2.7 Explain the need to determine scene safety. (C-2)

1-2.8 Discuss the importance of body substance isolation (BSI).(C-1)

1-2.9 Describe the steps the EMT-Basic should take for personal protection from airborne and bloodborne pathogens.(C-1)

1-2.10 List the personal protective equipment necessary for each of the following situations:(C-1)

- Hazardous materials
- Rescue operations
- Violent scenes
- Crime scenes
- Exposure to bloodborne pathogens
- Exposure to airborne pathogens

Lesson 1-3 MEDICAL/LEGAL AND ETHICAL ISSUES

OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

1-3.1 Define the EMT-Basic scope of practice. (C-1)

1-3.2 Discuss the importance of Do Not Resuscitate [DNR] (advance directives) and local or state provisions regarding EMS application.(C-1)

1-3.3 Define consent and discuss the methods of obtaining consent.(C-1) (C-1)

1-3.4 Differentiate between expressed and implied consent. (C-3)

1-3.5 Explain the role of consent of minors in providing care.(C-1)

1-3.6 Discuss the implications for the EMT-Basic in patient refusal of transport.(C-1)

1-3.7 Discuss the issues of abandonment, negligence, and battery and their implications to the EMT-Basic.(C-1)

1-3.8 State the conditions necessary for the EMT-Basic to have a duty to act.(C-1)

1-3.9 Explain the importance, necessity and legality of patient confidentiality.(C-1)

1-3.10 Discuss the considerations of the EMT-Basic in issues of organ retrieval.(C-1)

1-3.11 Differentiate the actions that an EMT-Basic should take to assist in the preservation of a crime scene. (C-3)

1-3.12 State the conditions that require an EMT-Basic to notify local law enforcement officials.(C-1)

Lesson 1-4 *THE HUMAN BODY*

OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

1-4.1 Identify the following topographic terms: medial, lateral, proximal, distal, superior, inferior, anterior, posterior, midline, right and left, mid-clavicular, bilateral, mid-axillary. (C-1)

1-4.2 Describe the anatomy and function of the following major body systems: Respiratory, circulatory, musculoskeletal, nervous and endocrine. (C-1)

Lesson 1-5 *BASELINE VITAL SIGNS AND SAMPLE HISTORY*

OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

1-5.1 Identify the components of the extended vital signs.(C-1)

1-5.2 Describe the methods to obtain a breathing rate.(C-1)

1-5.3 Identify the attributes that should be obtained when assessing breathing.(C-1)

1-5.4 Differentiate between shallow, labored and noisy breathing. (C-3)

1-5.5 Describe the methods to obtain a pulse rate.(C-1)

1-5.6 Identify the information obtained when assessing a patient's pulse.(C-1)

1-5.7 Differentiate between a strong, weak, regular and irregular pulse.(C-3)

1-5.8 Describe the methods to assess the skin color, temperature, condition (capillary refill in infants and children).(C-1)

1-5.9 Identify the normal and abnormal skin colors.(C-1)

1-5.10 Differentiate between pale, blue, red and yellow skin color. (C-3)

1-5.11 Identify the normal and abnormal skin temperature.(C-1)

1-5.12 Differentiate between hot, cool and cold skin temperature. (C-3)

1-5.13 Identify normal and abnormal skin conditions.(C-1)

1-5.14 Identify normal and abnormal capillary refill in infants and children.(C-1)

1-5.15 Describe the methods to assess the pupils.(C-1)

1-5.16 Identify normal and abnormal pupil size.(C-1)

1-5.17 Differentiate between dilated (big) and constricted (small) pupil size.(C-3)

1-5.18 Differentiate between reactive and non-reactive pupils and equal and unequal pupils. (C-3)

1-5.19 Describe the methods to assess blood pressure.(C-1)

1-5.20 Define systolic pressure.(C-1)

1-5.21 Define diastolic pressure.(C-1)

1-5.22 Explain the difference between auscultation and palpation for obtaining a blood pressure.(C-1)

1-5.23 Identify the components of the SAMPLE history.(C-1)

1-5.24 Differentiate between a sign and a symptom. (C-3)

1-5.25 State the importance of accurately reporting and recording the baseline vital signs.(C-1)

1-5.26 Discuss the need to search for additional medical identification.(C-1)

Lesson 1-6 *LIFTING AND MOVING PATIENTS*

OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 1-6.1 Define body mechanics. (C-1)
- 1-6.2 Discuss the guidelines and safety precautions that need to be followed when lifting a patient.(C-1)
- 1-6.3 Describe the safe lifting of cots and stretchers.(C-1)
- 1-6.4 Describe the guidelines and safety precautions for carrying patients and/or equipment.(C-1)
- 1-6.5 Discuss one-handed carrying techniques.(C-1)
- 1-6.6 Describe correct and safe carrying procedures on stairs.(C-1)
- 1-6.7 State the guidelines for reaching and their application. (C-1)
- 1-6.8 Describe correct reaching for log rolls.(C-1)
- 1-6.9 State the guidelines for pushing and pulling.(C-1)
- 1-6.10 Discuss the general considerations of moving patients.(C-1)
- 1-6.11 State three situations that may require the use of an emergency move.(C-1)
- 1-6.12 Identify the following patient carrying devices:
 - ! Wheeled ambulance stretcher
 - ! Portable ambulance stretcher
 - ! Stair chair
 - ! Scoop stretcher
 - ! Long spine board
 - ! Basket stretcher
 - ! Flexible stretcher (C-1)

MEDICAL EQUIPMENT

MODULE 1 Preparatory

Lesson 1-1 *Introduction to Emergency Medical Care*

None required.

Lesson 1-2 *Well-Being of the EMT-Basic*

Eye protection, gowns, gloves, masks, forms for reporting exposures.

Lesson 1-3 *Medical/Legal and Ethical Issues*

None required.

Lesson 1-4 *The Human Body*

Anatomy models

Lesson 1-5 *Baseline Vital Signs and SAMPLE History*

Exam gloves, stethoscope (dual and single head)(1:6), blood pressure cuffs (adult, infant and child)(1:6), penlights (1:6).

Lesson 1-6 *Lifting and Moving Patients*

Wheeled stretcher, stair chair, scoop stretcher, flexible stretcher, ambulance, long and short backboards, bed.

Lesson 1-7 *Evaluation: Preparatory Module*

Equipment required to evaluate the students proficiency in the psychomotor skills of this module.

COURSE TITLE:– Airway

PURPOSE: To learn knowledge of proper airway management

Didactic Hours	Lab Hours
4	2

MODULE 2 Airway

Lesson 2-1 AIRWAY

OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 2-1.1 Name and label the major structures of the respiratory system on a diagram. (C-1)
- 2-1.2 List the signs of adequate breathing.(C-1)
- 2-1.3 List the signs of inadequate breathing.(C-1)
- 2-1.4 Describe the steps in performing the head-tilt chin-lift.(C-1)
- 2-1.5 Relate mechanism of injury to opening the airway. (C-3)
- 2-1.6 Describe the steps in performing the jaw thrust.(C-1)
- 2-1.7 State the importance of having a suction unit ready for immediate use when providing emergency care.(C-1)
- 2-1.8 Describe the techniques of suctioning.(C-1)
- 2-1.9 Describe how to artificially ventilate a patient with a pocket mask.(C-1)
- 2-1.10 Describe the steps in performing the skill of artificially ventilating a patient with a bag-valve-mask while using the jaw thrust.(C-1)
- 2-1.11 List the parts of a bag-valve-mask system.(C-1)
- 2-1.12 Describe the steps in performing the skill of artificially ventilating a patient with a bag-valve-mask for one and two rescuers.(C-1)
- 2-1.13 Describe the signs of adequate artificial ventilation using the bag-valve-mask.(C-1)
- 2-1.14 Describe the signs of inadequate artificial ventilation using the bag-valve-mask.(C-1)
- 2-1.15 Describe the steps in artificially ventilating a patient with a flow restricted, oxygen-powered ventilation device.(C-1)
- 2-1.16 List the steps in performing the actions taken when providing mouth-to-mouth and mouth-to-stoma artificial ventilation.(C-1)
- 2-1.17 Describe how to measure and insert an oropharyngeal (oral) airway.(C-1)
- 2-1.18 Describe how to measure and insert a nasopharyngeal (nasal) airway.(C-1)
- 2-1.19 Define the components of an oxygen delivery system.(C-1)
- 2-1.20 Identify a nonrebreather face mask and state the oxygen flow requirements needed for its use.(C-1)
- 2-1.21 Describe the indications for using a nasal cannula versus a nonrebreather face mask. (C-1)
- 2-1.22 Identify a nasal cannula and state the flow requirements needed for its use.(C-1)

MEDICAL EQUIPMENT

MODULE 2 Airway

Lesson 2-1 Airway

Pocket mask, bag-valve-mask, flow restricted, oxygen-powered ventilation device, oral airways, nasal airways, suction units, suction catheters, oxygen tank, regulator, nonrebreather mask, nasal cannula, tongue blade, and lubricant.

Lesson 2-2 Practical Skills Lab: Airway

Equipment from the list in Lesson 2-1: Airway.

Lesson 2-3 Evaluation: Airway Module

Equipment required to evaluate the student's proficiency in the psychomotor skills of this module.

Didactic Hours	Lab Hours
13	8

COURSE TITLE: - Patient Assessment

PURPOSE: To learn knowledge of how to assess a patient

MODULE 3 Patient Assessment

Lesson 3-1 SCENE SIZE-UP

OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 3-1.1 Recognize hazards/potential hazards.(C-1)
- 3-1.2 Describe common hazards found at the scene of a trauma and a medical patient. (C-1)
- 3-1.3 Determine if the scene is safe to enter.(C-2)
- 3-1.4 Discuss common mechanisms of injury/nature of illness.(C-1)
- 3-1.5 Discuss the reason for identifying the total number of patients at the scene.(C-1)
- 3-1.6 Explain the reason for identifying the need for additional help or assistance.(C-1)

Lesson 3-2 INITIAL ASSESSMENT

OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 3-2.1 Summarize the reasons for forming a general impression of the patient.(C-1)
- 3-2.2 Discuss methods of assessing altered mental status.(C-1)
- 3-2.3 Differentiate between assessing the altered mental status in the adult, child and infant patient.(C-3)
- 3-2.4 Discuss methods of assessing the airway in the adult, child and infant patient.(C-1)
- 3-2.5 State reasons for management of the cervical spine once the patient has been determined to be a trauma patient.(C-1)
- 3-2.6 Describe methods used for assessing if a patient is breathing.(C-1)
- 3-2.7 State what care should be provided to the adult, child and infant patient with adequate breathing.(C-1)
- 3-2.8 State what care should be provided to the adult, child and infant patient without adequate breathing.(C-1)
- 3-2.9 Differentiate between a patient with adequate and inadequate breathing.(C-3)
- 3-2.10 Distinguish between methods of assessing breathing in the adult, child and infant patient.(C-3)
- 3-2.11 Compare the methods of providing airway care to the adult, child and infant patient.(C-3)
- 3-2.12 Describe the methods used to obtain a pulse.(C-1)
- 3-2.13 Differentiate between obtaining a pulse in an adult, child and infant patient.(C-3)
- 3-2.14 Discuss the need for assessing the patient for external bleeding.(C-1)
- 3-2.15 Describe normal and abnormal findings when assessing skin color.(C-1)
- 3-2.16 Describe normal and abnormal findings when assessing skin temperature.(C-1)
- 3-2.17 Describe normal and abnormal findings when assessing skin condition.(C-1)
- 3-2.18 Describe normal and abnormal findings when assessing skin capillary refill in the infant and child patient.(C-1)
- 3-2.19 Explain the reason for prioritizing a patient for care and transport.(C-1)

Lesson 3-3 FOCUSED HISTORY AND PHYSICAL EXAM - TRAUMA PATIENTS

OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 3-3.1 Discuss the reasons for reconsideration concerning the mechanism of injury.(C-1)
- 3-3.2 State the reasons for performing a rapid trauma assessment.(C-1)
- 3-3.3 Recite examples and explain why patients should receive a rapid trauma assessment.(C-1)
- 3-3.4 Describe the areas included in the rapid trauma assessment and discuss what should be evaluated.(C-1)
- 3-3.5 Differentiate when the rapid assessment may be altered in order to provide patient care.(C-3)
- 3-3.6 Discuss the reason for performing a focused history and physical exam.(C-1)

Lesson 3-4 FOCUSED HISTORY AND PHYSICAL EXAM - MEDICAL PATIENTS

OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 3-4.1 Describe the unique needs for assessing an individual with a specific chief complaint with no known prior history.(C-1)
- 3-4.2 Differentiate between the history and physical exam that is performed for responsive patients with no known prior history and patients responsive with a known prior history.(C-3)
- 3-4.3 Describe the unique needs for assessing an individual who is unresponsive or has an altered mental status.(C-1)

Lesson 3-5 DETAILED PHYSICAL EXAM

OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 3-5.1 Discuss the components of the detailed physical exam.(C-1)
- 3-5.2 State the areas of the body that are evaluated during the detailed physical exam.(C-1)
- 3-5.3 Explain what additional care should be provided while performing the detailed physical exam.(C-1)
- 3-5.4 Distinguish between the detailed physical exam that is performed on a trauma patient and that of the medical patient.(C-3)

Lesson 3-6 ON-GOING ASSESSMENT

OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 3-6.1 Discuss the reasons for repeating the initial assessment as part of the on-going assessment.(C-1)
- 3-6.2 Describe the components of the on-going assessment.(C-1)
- 3-6.3 Describe trending of assessment components.(C-1)

Lesson 3-7 COMMUNICATIONS

OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 3-7.1 List the proper methods of initiating and terminating a radio call.(C-1)

- 3-7.2 State the proper sequence for delivery of patient information.(C-1)
- 3-7.3 Explain the importance of effective communication of patient information in the verbal report.(C-1)
- 3-7.4 Identify the essential components of the verbal report.(C-1)
- 3-7.5 Describe the attributes for increasing effectiveness and efficiency of verbal communications.(C-1)
- 3-7.6 State legal aspects to consider in verbal communication.(C-1)
- 3-7.7 Discuss the communication skills that should be used to interact with the patient.(C-1)
- 3-7.8 Discuss the communication skills that should be used to interact with the family, bystanders, individuals from other agencies while providing patient care and the difference between skills used to interact with the patient and those used to interact with others.(C-1)
- 3-7.9 List the correct radio procedures in the following phases of a typical call:(C-1)
 - ! To the scene.
 - ! At the scene.
 - ! To the facility.
 - ! At the facility.
 - ! To the station.
 - ! At the station.

Lesson 3-8 DOCUMENTATION

OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 3-8.1 Explain the components of the written report and list the information that should be included on the written report.(C-1)
- 3-8.2 Identify the various sections of the written report.(C-1)
- 3-8.3 Describe what information is required in each section of the prehospital care report and how it should be entered.(C-1)
- 3-8.4 Define the special considerations concerning patient refusal.C-1)
- 3-8.5 Describe the legal implications associated with the written report.(C-1)
- 3-8.6 Discuss all state and/or local record and reporting requirements.(C-1)

MEDICAL EQUIPMENT

MODULE 3 Patient Assessment

Lesson 3-1 Scene Size-Up

None required.

Lesson 3-2 Initial Assessment

Exam gloves, airway management and cardiac equipment.

Lesson 3-3 Focused History and Physical Exam - Trauma Patients

Exam gloves, stethoscope (dual and single head)(1:6), blood pressure cuffs (adult, child and infant)(1:6), penlight (1:6).

Lesson 3-4 Focused History and Physical Exam - Medical Patients

Exam gloves, stethoscope (dual and single head)(1:6), blood pressure cuffs (adult, child and infant)(1:6), penlight (1:6).

Lesson 3-5 Detailed Physical Exam

Exam gloves, stethoscope (dual and single head)(1:6), blood pressure cuffs (adult, child and infant)(1:6), penlight (1:6).

Lesson 3-6 *On-Going Assessment*

Exam gloves, stethoscope (dual and single head)(1:6), blood pressure cuffs (adult, child and infant)(1:6), penlight.

Lesson 3-7 *Communications*

None required.

Lesson 3-8 *Documentation*

Copies of a prehospital care report and a vital sign trended report.

Lesson 3-9 *Practical Skills Lab: Patient Assessment*

Equipment from the lists in Lessons 3-1 through 3-8.

Lesson 3-10 *Evaluation: Patient Assessment Module*

Equipment required to evaluate the students proficiency in the psychomotor skills of this module.

	Didactic Hours	Lab Hours
COURSE TITLE: - Medical/Behavioral Emergencies	23	8

PURPOSE: To learn knowledge of the most common types of emergencies

TLO:

MODULE 4 Medical

Lesson 4-1 GENERAL PHARMACOLOGY

OBJECTIVES

At the completion of this lesson, the EMT-B student will be able to:

4-1.1 Identify which medications will be carried on the unit.(C-1)

4-1.2 State the medications carried on the unit by the generic name. (C-1)

4-1.3 Identify the medications with which the EMT-B may assist the patient with administering.
(C-1)

Lesson 4-2 RESPIRATORY EMERGENCIES

OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

4-2.1 List the structure and function of the respiratory system.(C-1)

4-2.2 State the signs and symptoms of a patient with breathing difficulty.(C-1)

4-2.3 Describe the emergency medical care of the patient with breathing difficulty.(C-1)

4-2.4 Recognize the need for medical direction to assist in the emergency medical care of the patient with breathing difficulty.(C-3)

4-2.5 Describe the emergency medical care of the patient with breathing distress.(C-1)

4-2.6 Establish the relationship between airway management and the patient with breathing difficulty.(C-3)

4-2.7 List signs of adequate air exchange.(C-1)

4-2.8 State the generic name, medication forms, dose, administration, action, indications and contraindications for the prescribed inhaler.(C-1)

4-2.9 Distinguish between the emergency medical care of the infant, child and adult patient with breathing difficulty.(C-3)

4-2.10 Differentiate between upper airway obstruction and lower airway disease in the infant and child patient.(C-3)

Lesson 4-3 *CARDIOVASCULAR EMERGENCIES*

OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 4-3.1 Describe the structure and function of the cardiovascular system.(C-1)
- 4-3.2 Describe the emergency medical care of the patient experiencing chest pain/discomfort.(C-1)
- 4-3.3 List the indications for automated external defibrillation (AED).(C-1)
- 4-3.4 List the contraindications for automated external defibrillation.(C-1)
- 4-3.5 Define the role of EMT-B in the emergency cardiac care system.(C-1)
- 4-3.6 Explain the impact of age and weight on defibrillation.(C-1)
- 4-3.7 Discuss the position of comfort for patients with various cardiac emergencies.(C-1)
- 4-3.8 Establish the relationship between airway management and the patient with cardiovascular compromise.(C-3)
- 4-3.9 Predict the relationship between the patient experiencing cardiovascular compromise and basic life support.(C-2)
- 4-3.10 Discuss the fundamentals of early defibrillation. (C-1)
- 4-3.11 Explain the rationale for early defibrillation.(C-1)
- 4-3.12 Explain that not all chest pain patients result in cardiac arrest and do not need to be attached to an automated external defibrillator.(C-1)
- 4-3.13 Explain the importance of prehospital ACLS intervention if it is available.(C-1)
- 4-3.14 Explain the importance of urgent transport to a facility with Advanced Cardiac Life Support if it is not available in the prehospital setting.(C-1)
- 4-3.15 Discuss the various types of automated external defibrillators.(C-1)
- 4-3.16 Differentiate between the fully automated and the semiautomated defibrillator.(C-3)
- 4-3.17 Discuss the procedures that must be taken into consideration for standard operations of the various types of automated external defibrillators.(C-1)
- 4-3.18 State the reasons for assuring that the patient is pulseless and apneic when using the automated external defibrillator.(C-1)
- 4-3.19 Discuss the circumstances which may result in inappropriate shocks.(C-1)
- 4-3.20 Explain the considerations for interruption of CPR, when using the automated external defibrillator.(C-1)
- 4-3.21 Discuss the advantages and disadvantages of automated external defibrillators.(C-1)
- 4-3.22 Summarize the speed of operation of automated external defibrillation.(C-1)
- 4-3.23 Discuss the use of remote defibrillation through adhesive pads.(C-1)
- 4-3.24 Discuss the special considerations for rhythm monitoring.(C-1)
- 4-3.25 List the steps in the operation of the automated external defibrillator.(C-1)
- 4-3.26 Discuss the standard of care that should be used to provide care to a patient with persistent ventricular fibrillation and no available ACLS.(C-1)
- 4-3.27 Discuss the standard of care that should be used to provide care to a patient with recurrent ventricular fibrillation and no available ACLS.(C-1)
- 4-3.28 Differentiate between the single rescuer and multi-rescuer care with an automated external defibrillator.(C-3)
- 4-3.29 Explain the reason for pulses not being checked between shocks with an automated external defibrillator.(C-1)

- 4-3.30 Discuss the importance of coordinating ACLS trained providers with personnel using automated external defibrillators.(C-1)
- 4-3.31 Discuss the importance of post-resuscitation care.(C-1)
- 4-3.32 List the components of post-resuscitation care.(C-1)
- 4-3.33 Explain the importance of frequent practice with the automated external defibrillator.(C-1)
- 4-3.34 Discuss the need to complete the Automated Defibrillator: Operator's Shift Checklist.(C-1)
- 4-3.35 Discuss the role of the American Heart Association (AHA) in the use of automated external defibrillation.(C-1)
- 4-3.36 Explain the role medical direction plays in the use of automated external defibrillation.(C-1)
- 4-3.37 State the reasons why a case review should be completed following the use of the automated external defibrillator.(C-1)
- 4-3.38 Discuss the components that should be included in a case review.(C-1)
- 4-3.39 Discuss the goal of quality improvement in automated external defibrillation.(C-1)
- 4-3.40 Recognize the need for medical direction of protocols to assist in the emergency medical care of the patient with chest pain.(C-3)
- 4-3.41 List the indications for the use of nitroglycerin.(C-1)
- 4-3.42 State the contraindications and side effects for the use of nitroglycerin.(C-1)
- 4-3.43 Define the function of all controls on an automated external defibrillator, and describe event documentation and battery defibrillator maintenance.(C-1)

Lesson 4-4 *DIABETES/ALTERED MENTAL STATUS*

OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 4-4.1 Identify the patient taking diabetic medications with altered mental status and the implications of a diabetes history.(C-1)
- 4-4.2 State the steps in the emergency medical care of the patient taking diabetic medicine with an altered mental status and a history of diabetes.(C-1)
- 4-4.3 Establish the relationship between airway management and the patient with altered mental status.(C-3)
- 4-4.4 State the generic and trade names, medication forms, dose, administration, action, and contraindications for oral glucose.(C-1)
- 4-4.5 Evaluate the need for medical direction in the emergency medical care of the diabetic patient.(C-3)

Lesson 4-5 *ALLERGIES*

OBJECTIVES

- 4-5.1 Recognize the patient experiencing an allergic reaction.(C-1)
- 4-5.2 Describe the emergency medical care of the patient with an allergic reaction.(C-1)
- 4-5.3 Establish the relationship between the patient with an allergic reaction and airway management.(C-3)
- 4-5.4 Describe the mechanisms of allergic response and the implications for airway management.(C-1)
- 4-5.5 State the generic and trade names, medication forms, dose,

- administration, action, and contraindications for the epinephrine auto-injector.(C-1)
- 4-5.6 Evaluate the need for medical direction in the emergency medical care of the patient with an allergic reaction.(C-3)
- 4-5.7 Differentiate between the general category of those patients having an allergic reaction and those patients having an allergic reaction and requiring immediate medical care, including immediate use of Epinephrine auto-injector.(C-3)

Lesson 4-6 POISONING/OVERDOSE

OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 4-6.1 List various ways that poisons enter the body.(C-1)
- 4-6.2 List signs/symptoms associated with poisoning.(C-1)
- 4-6.3 Discuss the emergency medical care for the patient with possible overdose.(C-1)
- 4-6.4 Describe the steps in the emergency medical care for the patient with suspected poisoning.(C-1)
- 4-6.5 Establish the relationship between the patient suffering from poisoning or overdose and airway management.(C-3)
- 4-6.6 State the generic and trade names, indications, ontraindications, medication form, dose, administration, actions, side effects and re-assessment strategies for activated charcoal.(C-1)
- 4-6.7 Recognize the need for medical direction in caring for the patient with poisoning or overdose.(C-3)

Lesson 4-7 ENVIRONMENTAL EMERGENCIES

OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 4-7.1 Describe the various ways that the body loses heat.(C-1)
- 4-7.2 List the signs and symptoms of exposure to cold.(C-1)
- 4-7.3 Explain the steps in providing emergency medical care to a patient exposed to cold.(C-1)
- 4-7.4 List the signs and symptoms of exposure to heat.(C-1)
- 4-7.5 Explain the steps in providing emergency care to a patient exposed to heat.(C-1)
- 4-7.6 Recognize the signs and symptoms of water-related emergencies.(C-1)
- 4-7.7 Describe the complications of near drowning.(C-1)
- 4-7.8 Discuss the emergency medical care of bites and stings.(C-1)

Lesson 4-8 BEHAVIORAL EMERGENCIES

OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 4-8.1 Define behavioral emergencies.(C-1)
- 4-8.2 Discuss the general factors that may cause an alteration in a patient's behavior.(C-1)
- 4-8.3 State the various reasons for psychological crises.(C-1)
- 4-8.4 Discuss the characteristics of an individual's behavior which suggests that the patient is at risk for suicide.(C-1)
- 4-8.5 Discuss special medical/legal considerations for managing behavioral emergencies.(C-1)
- 4-8.6 Discuss the special considerations for assessing a patient with behavioral problems. (C-1)

4-8.7 Discuss the general principles of an individual's behavior which suggests that he is at risk for violence.(C-1)

4-8.8 Discuss methods to calm behavioral emergency patients.(C-1)

Lesson 4-9 OBSTETRICS/GYNECOLOGY

OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

4-9.1 Identify the following structures: Uterus, vagina, fetus, placenta, umbilical cord, amniotic sac, perineum.(C-1)

4-9.2 Identify and explain the use of the contents of an obstetrics kit.(C-1)

4-9.3 Identify predelivery emergencies.(C-1)

4-9.4 State indications of an imminent delivery.(C-1)

4-9.5 Differentiate the emergency medical care provided to a patient with predelivery emergencies from a normal delivery.(C-3)

4-9.6 State the steps in the predelivery preparation of the mother.(C-1)

4-9.7 Establish the relationship between body substance isolation and childbirth.(C-3)

4-9.8 State the steps to assist in the delivery.(C-1)

4-9.9 Describe care of the baby as the head appears.(C-1)

4-9.10 Describe how and when to cut the umbilical cord.(C-1)

4-9.11 Discuss the steps in the delivery of the placenta.(C-1)

4-9.12 List the steps in the emergency medical care of the mother post-delivery.(C-3)

4-9.13 Summarize neonatal resuscitation procedures.(C-1)

4-9.14 Describe the procedures for the following abnormal deliveries: Breech birth, prolapsed cord, limb presentation.(C-1)

4-9.15 Differentiate the special considerations for multiple births.(C-3)

4-9.16 Describe special considerations of meconium.(C-1)

4-9.17 Describe special considerations of a premature baby.(C-1)

4-9.18 Discuss the emergency medical care of a patient with a gynecological emergency.(C-1)

MEDICAL EQUIPMENT

MODULE 4 Medical

Lesson 4-1 *General Pharmacology*

None required.

Lesson 4-2 *Respiratory Emergencies*

Handheld inhaler suitable for training purposes and various spacer devices.

Lesson 4-3 *Cardiovascular Emergencies*

CPR manikins, artificial ventilation manikins, automated external defibrillator, NTG training bottle, defibrillation manikin.

Lesson 4-4 *Diabetes/Altered Mental Status*

Exam gloves, stethoscope (6:1), blood pressure cuff (6:1), penlight, tube of glucose, suitable glucose substitute.

Lesson 4-5 *Allergies*

Epinephrine auto-injector, epinephrine auto-injector trainer, synthetic skin mannequin for injection.

Lesson 4-6 *Poisoning/Overdose*

Activated charcoal, suction equipment.

Lesson 4-7 *Environmental Emergencies*

Exam gloves, stethoscopes, blood pressure cuffs, penlight.

Lesson 4-8 *Behavioral Emergencies*

Stretcher, restraints.

Lesson 4-9 *Obstetrics/Gynecology*

Childbirth kit, airway management equipment, eye protection, gloves.

Lesson 4-10 *Practical Skills Lab: Medical/Behavioral Emergencies and Obstetrics/Gynecology*

Equipment from lists in Lessons 4-1 through 4-9.

Lesson 4-11 *Evaluation: Medical Behavioral Emergencies and Obstetrics/Gynecology*

Equipment required to evaluate the students proficiency in the psychomotor skills of this module.

Didactic Hours	Lab Hours
13	6

COURSE TITLE: – Trauma

PURPOSE: To learn methods of integrating patient assessment and emergency care of trauma patients

MODULE 5 Trauma

Lesson 5-1 BLEEDING AND SHOCK

OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

5-1.1 List the structure and function of the circulatory system.(C-1)

5-1.2 Differentiate between arterial, venous and capillary bleeding.(C-3)

5-1.3 State methods of emergency medical care of external bleeding.(C-1)

5-1.4 Establish the relationship between body substance isolation and bleeding.(C-3)

5-1.5 Establish the relationship between airway management and the trauma patient.(C-3)

5-1.6 Establish the relationship between mechanism of injury and internal bleeding.(C-3)

5-1.7 List the signs of internal bleeding.(C-1)

5-1.8 List the steps in the emergency medical care of the patient with signs and symptoms of internal bleeding.(C-1)

5-1.9 List signs and symptoms of shock (hypoperfusion).(C-1)

5-1.10 State the steps in the emergency medical care of the patient with signs and symptoms of shock (hypoperfusion).(C-1)

Lesson 5-2 SOFT TISSUE INJURIES

OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 5-2.1 State the major functions of the skin.(C-1)
- 5-2.2 List the layers of the skin. (C-1)
- 5-2.3 Establish the relationship between body substance isolation (BSI) and soft tissue injuries.(C-3)
- 5-2.4 List the types of closed soft tissue injuries.(C-1)
- 5-2.5 Describe the emergency medical care of the patient with a closed soft tissue injury.(C-1)
- 5-2.6 State the types of open soft tissue injuries.(C-1)
- 5-2.7 Describe the emergency medical care of the patient with an open soft tissue injury.(C-1)
- 5-2.8 Discuss the emergency medical care considerations for a patient with a penetrating chest injury.(C-1)
- 5-2.9 State the emergency medical care considerations for a patient with an open wound to the abdomen.(C-1)
- 5-2.10 Differentiate the care of an open wound to the chest from an open wound to the abdomen.(C-3)
- 5-2.11 List the classifications of burns.(C-1)
- 5-2.12 Define superficial burn.(C-1)
- 5-2.13 List the characteristics of a superficial burn.(C-1)
- 5-2.14 Define partial thickness burn. (C-1)
- 5-2.15 List the characteristics of a partial thickness burn.(C-1)
- 5-2.16 Define full thickness burn. (C-1)
- 5-2.17 List the characteristics of a full thickness burn.(C-1)
- 5-2.18 Describe the emergency medical care of the patient with a superficial burn.(C-1)
- 5-2.19 Describe the emergency medical care of the patient with a partial thickness burn.(C-1)
- 5-2.20 Describe the emergency medical care of the patient with a full thickness burn.(C-1)
- 5-2.21 List the functions of dressing and bandaging.(C-1)
- 5-2.22 Describe the purpose of a bandage.(C-1)
- 5-2.23 Describe the steps in applying a pressure dressing.(C-1)
- 5-2.24 Establish the relationship between airway management and the patient with chest injury, burns, blunt and penetrating injuries.(C-1)
- 5-2.25 Describe the effects of improperly applied dressings, splints and tourniquets.(C-1)
- 5-2.26 Describe the emergency medical care of a patient with an impaled object.(C-1)
- 5-2.27 Describe the emergency medical care of a patient with an amputation.
- 5-2.28 Describe the emergency care for a chemical burn.(C-1)
- 5-2.29 Describe the emergency care for an electrical burn.(C-1)

Lesson 5-3 MUSCULOSKELETAL CARE

OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 5-3.1 Describe the function of the muscular system.(C-1)
- 5-3.2 Describe the function of the skeletal system.(C-1)
- 5-3.3 List the major bones or bone groupings of the spinal column; the thorax; the upper extremities; the lower extremities.(C-1)
- 5-3.4 Differentiate between an open and a closed painful, swollen, deformed extremity.(C-1)
- 5-3.5 State the reasons for splinting.(C-1)

- 5-3.6 List the general rules of splinting.(C-1)
- 5-3.7 List the complications of splinting.(C-1)
- 5-3.8 List the emergency medical care for a patient with a painful, swollen, deformed extremity.(C-1)

Lesson 5-4 INJURIES TO THE HEAD AND SPINE

OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 5-4.1 State the components of the nervous system.(C-1)
- 5-4.2 List the functions of the central nervous system.(C-1)
- 5-4.3 Define the structure of the skeletal system as it relates to the nervous system.(C-1)
- 5-4.4 Relate mechanism of injury to potential injuries of the head and spine.(C-3)
- 5-4.5 Describe the implications of not properly caring for potential spine injuries.(C-1)
- 5-4.6 State the signs and symptoms of a potential spine injury.(C-1)
- 5-4.7 Describe the method of determining if a responsive patient may have a spine injury.(C-1)
- 5-4.8 Relate the airway emergency medical care techniques to the patient with a suspected spine injury.(C-3)
- 5-4.9 Describe how to stabilize the cervical spine.(C-1)
- 5-4.10 Discuss indications for sizing and using a cervical spine immobilization device.(C-1)
- 5-4.11 Establish the relationship between airway management and the patient with head and spine injuries.(C-1)
- 5-4.12 Describe a method for sizing a cervical spine immobilization device.(C-1)
- 5-4.13 Describe how to log roll a patient with a suspected spine injury.(C-1)
- 5-4.14 Describe how to secure a patient to a long spine board.(C-1)
- 5-4.15 List instances when a short spine board should be used.(C-1)
- 5-4.16 Describe how to immobilize a patient using a short spine board.(C-1)
- 5-4.17 Describe the indications for the use of rapid extrication.(C-1)
- 5-4.18 List steps in performing rapid extrication.(C-1)
- 5-4.19 State the circumstances when a helmet should be left on the patient.(C-1)
- 5-4.20 Discuss the circumstances when a helmet should be removed. (C-1)
- 5-4.21 Identify different types of helmets. (C-1)
- 5-4.22 Describe the unique characteristics of sports helmets. (C-1)
- 5-4.23 Explain the preferred methods to remove a helmet. (C-1)
- 5-4.24 Discuss alternative methods for removal of a helmet. (C-1)
- 5-4.25 Describe how the patient's head is stabilized to remove the helmet.(C-1)
- 5-4.26 Differentiate how the head is stabilized with a helmet compared to without a helmet. (C-3)

MEDICAL EQUIPMENT

MODULE 5 Trauma

Lesson 5-1 Bleeding and Shock

Sterile dressings, bandages, splints, pneumatic antishock garment, triangular bandage, stick or rod, air splints, gloves, eye protection, blanket.

Lesson 5-2 Soft Tissue Injuries

Universal dressing, occlusive dressing, 4 x 4 gauze pads, self adherent bandages, roller bandages, triangular bandage, burn sheets, sterile water or saline.

Lesson 5-3 *Musculoskeletal Care*

Splints: Padded arm and leg, air, traction, cardboard, ladder, blanket, pillow, pneumatic antishock garment, improvised splinting material, e.g., magazines, etc.

Lesson 5-4 *Injuries to the Head and Spine*

Long spine board, short spine immobilization device, cervical immobilization devices, helmet, head immobilization device, blanket roll, two inch tape.

Lesson 5-5 *Practical Skills Lab: Trauma*

Equipment from the lists in Lessons 5-1 through 5-4.

Lesson 5-6 *Evaluation: Trauma Module*

Equipment required to evaluate the students proficiency in the psychomotor skills of this module.

	Didactic Hours	Lab Hours
COURSE TITLE: – Infants and children	4	3
PURPOSE: To learn anatomy related to infants and children medical complications, trauma and special considerations		
MODULE 6 Infants and Children		
OBJECTIVES		
6-1.1 Identify the developmental considerations for the following age groups:(C-1) ! infants ! toddlers ! pre-school ! school age ! adolescent		
6-1.2 Describe differences in anatomy and physiology of the infant, child and adult patient.(C-1)		
6-1.3 Differentiate the response of the ill or injured infant or child (age specific) from that of an adult.(C-3)		
6-1.4 Indicate various causes of respiratory emergencies.(C-1)		
6-1.5 Differentiate between respiratory distress and respiratory failure.(C-3)		
6-1.6 List the steps in the management of foreign body airway obstruction.(C-1)		
6-1.7 Summarize emergency medical care strategies for respiratory distress and respiratory failure.(C-1)		
6-1.8 Identify the signs and symptoms of shock (hypoperfusion) in the infant and child patient.(C-1)		
6-1.9 Describe the methods of determining end organ perfusion in the infant and child patient.(C-1)		
6-1.10 State the usual cause of cardiac arrest in infants and children versus adults.(C-1)		
6-1.11 List the common causes of seizures in the infant and child patient.(C-1)		
6-1.12 Describe the management of seizures in the infant and child patient.(C-1)		
6-1.13 Differentiate between the injury patterns in adults, infants, and children.(C-3)		

- 6-1.14 Discuss the field management of the infant and child trauma patient.(C-1)
- 6-1.15 Summarize the indicators of possible child abuse and neglect.(C-1)
- 6-1.16 Describe the medical legal responsibilities in suspected child abuse.(C-1)
- 6-1.17 Recognize need for EMT-Basic debriefing following a difficult infant or child transport.(C-1)

MEDICAL EQUIPMENT

MODULE 6 Infants and Children

Lesson 6-1 *Infants and Children*

Exam gloves, stethoscope, blood pressure cuff, penlight.

Lesson 6-2 *Practical Skills Lab: Infants and Children*

Equipment from the list in Lesson 6-1.

Lesson 6-3 *Evaluation: Infants and Children*

Equipment required to evaluate the students' proficiency in the psychomotor skills of this module.

Didactic Hours	Lab Hours
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COURSE TITLE:– Operations

5

PURPOSE: To learn knowledge of ambulance and special operations

TLO:

MODULE 7 Operations

Lesson 7-1 AMBULANCE OPERATIONS

COGNITIVE OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 7-1.1 Discuss the medical and non-medical equipment needed to respond to a call.(C-1)
- 7-1.2 List the phases of an ambulance call.(C-1)
- 7-1.3 Describe the general provisions of state laws relating to the operation of the ambulance and privileges in any or all of the following categories:(C-1)
 - ! Speed
 - ! Warning lights
 - ! Sirens
 - ! Right-of-way
 - ! Parking
 - ! Turning
- 7-1.4 List contributing factors to unsafe driving conditions.(C-1)
- 7-1.5 Describe the considerations that should be given to:
 - ! Request for escorts.
 - ! Following an escort vehicle.
 - ! Intersections.(C-1)
- 7-1.6 Discuss "Due Regard For Safety of All Others" while operating an emergency vehicle.(C-1)
- 7-1.7 State what information is essential in order to respond to a call. (C-1)
- 7-1.8 Discuss various situations that may affect response to a call.(C-1)

- 7-1.9 Differentiate between the various methods of moving a patient to the unit based upon injury or illness.(C-3)
- 7-1.10 Apply the components of the essential patient information in a written report.(C-2)
- 7-1.11 Summarize the importance of preparing the unit for the next response.(C-1)
- 7-1.12 Identify what is essential for completion of a call.(C-1)
- 7-1.13 Distinguish among the terms cleaning, disinfection, high-level disinfection, and sterilization.(C-3)
- 7-1.14 Describe how to clean or disinfect items following patient care.(C-1)

Lesson 7-2 GAINING ACCESS

COGNITIVE OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 7-2.1 Describe the purpose of extrication.(C-1)
- 7-2.2 Discuss the role of the EMT-Basic in extrication.(C-1)
- 7-2.3 Identify what equipment for personal safety is required for the EMT-Basic.(C-1)
- 7-2.4 Define the fundamental components of extrication.(C-1)
- 7-2.5 State the steps that should be taken to protect the patient during extrication.(C-1)
- 7-2.6 Evaluate various methods of gaining access to the patient.(C-3)
- 7-2.7 Distinguish between simple and complex access.(C-3)

MEDICAL EQUIPMENT

MODULE 7 Operations

Lesson 7-1 *Ambulance Operations*

An ambulance, properly stocked.

Lesson 7-2 *Gaining Access*

Exam gloves, stethoscopes, blood pressure cuffs, penlight.

Lesson 7-3 *Overviews* Triage tags.

Lesson 7-4 *Evaluation: Operations* Equipment required to evaluate the students proficiency in the psychomotor skills of this module

Written Exam	2	N/A
Written Exam Review	2.0	N/A
Written Exam Re-test	1	N/A
Graded Practical Skills	N/A	5
TOTAL		110

NOTE: All students must successfully pass the Comprehensive Final Examination with a 70% or higher, prior to taking the NREMT Written and/or Practical Examinations.

Training Sequence:

Week	Day	Module	Module Hours
1	1	Administrative	1
1	1-2	Module One – Preparatory (Didactic)	11
1	2	Module One – Preparatory (Lab)	2
1	3-4	Module Two – Airway (Didactic)	4
1	4	Module Two – Airway (Lab)	2
1	4	Module Three – Patient Assessment (Didactic)	13
1	6	Module Three – Patient Assessment (Lab)	8
2	7	Mid-Course Exam	1.5
2	7	Mid-Course Exam Review	.5
2	7-10	Module Four – Medical/Behavioral Emergencies (Didactic)	23
2	9-10	Module Four – Medical/Behavioral Emergencies (Lab)	8
3	11-12	Module Five – Trauma (Didactic)	13
3	11	Module Five – Trauma (Lab)	6
3	12	Module Six –Infants, and Children (Didactic)	7
3	13	Module Seven - Operations	5
3	13	NREMT Skills – Practice	4
3	14	Final Written Exam	2.5
TOTAL			110
		Clinical Rotation (There is no hr requirement, 5 pt minimum.)	12
3	14	NREMT Practical Exam	5
3	15	Final Written Exam Review	2
3	15	Administrative	1
3	15	NREMT Written Exam	2.5
TOTAL			131

EMT-B (Clinical/Field Rotations)

In addition to the required 110 hours of instruction, this course requires that the student have patient interactions in a clinical setting. Ideally, areas that have access to an Emergency Medical Services system should send students into the field with experienced preceptors. However, in low volume systems or systems with legal considerations, the training program may utilize emergency departments, clinics, or physician offices. The program director or medical director must establish appropriate relationships with various clinical sites to assure adequate contact with patients. The student should interview and assess a minimum of five patients. The student should record the patient history and assessment on a prehospital care report just as he would if he were interacting with this patient in a field setting. The prehospital care report should then be reviewed by the Primary

Instructor to assure competent documentation practices in accordance with the minimum data set. Regardless of the clinical educational system, the program must establish a feedback system to assure that students have acted safely and professionally during their training. Students should be graded on this experience. Students who have been reported to have difficulty in the clinical or field setting must receive remediation and redirection. Students should be required to repeat clinical or field setting experiences until they are deemed competent within the goals established by the Program Director.

In extreme cases, when students are not able to obtain experiences in a clinical or field setting, it may be necessary to utilize programmed patients. All variances must be approved by the 91W Branch EMT Coordinator.

Appendix A

Course Equipment List by Category:

Patient Assessment/Management (Trauma and Medical)

- Examination gloves
- Pen Light
- Blood pressure cuff
- Stethoscope
- Moulage kit

Cardiac Arrest Management/AED

- Examination gloves
- Full body CPR mannequin
- Automated external defibrillator
- Bag-valve-mask device
- Pocket mask or demand valve
- Oropharyngeal airway
- Oxygen tank, regulator and flow-meter
- Oxygen connecting tubing
- Portable suction
- Rigid tip suction catheter
- Backboard or CPR board
- Ambulance cot
- Patient securing straps

Bag-Valve-Mask Apneic Patient with Pulse

- Examination gloves
- Oropharyngeal airways (various sizes)
- Bag-Valve-Mask device
- Oxygen tank, regulator and flow meter
- Oxygen connecting tubing
- Ventilation mannequin (capable of recording,
By light or graph, 800 ml ventilation volumes)

Spinal Immobilization Skills

(Seated and Supine Patient)

- Examination gloves
- Short spine immobilization device (short spine board, KED, etc.)
- Long spine immobilization device (i.e., long spine board)
- Cervical collar
- Head immobilizer (commercial or improvised)
- Padding (i.e. towel, cloths)
- Patient securing straps
- Roller gauze or cravats
- Tape

Random Skill Station

- Examination gloves
- Eye goggles
- Ventilation mannequin (capable of recording, by light or graph, 800 ml ventilation volumes)
- Oxygen tank, regulator and flowmeter

Oxygen connecting tubing

Nasal Cannula

Non-rebreather mask and with reservoir

Pocket mask with one-way valve

Oropharyngeal airways (various sizes)

Nasopharyngeal airways (various sizes)

Airway lubricant

Tongue blades

Intubation mannequin (must be anatomically accurate)

Traction splint and associated equipment

Sling and swathe

Rigid splinting material (various sizes)

Field dressings and bandages

Appendix B – 2

Course Management Plan For the

US Army EMT-Basic Bridge / Mobilization Course

300-91W30

Effective 10 November 2004, Revised February 2005

This CMP Contains:		
Course Structure		1
Course Map		3
Additional Course Requirements		10
Training Sequence (Course Sequence Summary)		11
Course Coordinator Qualifications		13
Course Coordinator Guidance		13
Instructor Certification Requirements		13
Instructor /Facilitator Guidance		14
Test Administration Guidance		14
Required References		14
Required Equipment List	Appendix A	15
US Army EMT-B Bridge Summary Report	Appendix B	17

Course Structure

Obtaining site Certification

Prior to conducting the EMT_B Bridge course a US Army EMT Training Site approval **MUST** first be obtained through the US Army EMS Program Management Office:

Army Medical Department Center & School
Department of Combat Medic training
ATTN: MCCS-AW (US Army EMT Program Manager)
3151 WW White Rd, Bldg 1375, Rm 134
Fort Sam Houston, Texas 78234
COMM 210-221-5214
DSN 471-5214
Fax 210-221-3142

Accessing Lesson Plans

With approval to conduct the EMT-B Bridge, the US Army EMT Program Manager will issue a specific site code, and ship course management materials to the requesting site's Course Coordinator. These materials will include course administrative and testing materials.

Class Structure

Didactic Instruction – Instructor / Student Ratio = 1:25 (minimum)

Practical Labs - Instructor / Student Ratio = 1:6 (minimum)

Practical Labs Medical Equipment – Equipment / Student Ratio = 1:6 (minimum)

Course Schedule

The EMT-B Bridge Course is designed as an 80-hour course. This is the minimum number of hours that will be presented. The inclusion of additional hours is solely the discretion of the unit / organization presenting the course.

Student Eligibility

The following are the eligibility requirements for the US Army EMT-B Bridge course:

- Must hold the MOS 91WY2 and completed 91B AIT after 1 October 1988
 - Must hold current AHA or ARC health care provider CPR card or equivalent
- Or:**
- Be deploying 91W attending 21-Day 91W Pre-Deployment Training

Soldiers not meeting the requirements for the US Army EMT-B Bridge course must complete a full EMT-B training program.

Other Information

Record Keeping Requirements

- Copy of Course approval Request form with signatures, should have the assigned course number on the form upon receipt.
- Copy of all student rosters with daily sign-in and sign-out sheets.
- Copy of course training schedule.
- End of Course Summary Report with site code and course number applicable.
- Copy of the OTSG Funding Fee Request for all courses requiring payment of fees.
- Copies of all credentials and curriculum vitae for all personnel listed as CC, PI, & MD. (These may be kept on file in one location as long as they are available for viewing.)
- Verification of Skill evaluations during the course for each student.
- A copy of course critiques, for all courses over 24 hrs in length - should have mid and end of course files. Upon course completion and review by CC and PD, a record of any necessary corrective action should be recorded and kept on file.
- Copy of Instructor Roster (listing all instructors who delivered didactic and/or skill instruction with level of certification and expiration dates.)
- EMT-Basic Full or 80hr Bridge Courses (In addition to those above.):
- Copies of all examination score results to include Practical NREMT results
- Copy of Criminal Background questionnaire (if soldier is to take the NREMT written exam)
- Copy of NREMT Examination Request to NREMT
- Copy of NREMT Exam results
- Copy of CPR card for every student as proof of eligibility

A US Army EMT-B Refresher Course Summary (Appendix B) must be completed within 48hrs of course completion forwarded to US Army EMS Program Manager.

Errors in materials, problems with instruction or other complaints or suggestions must be forwarded to the US Army EMS Program Manger for review and action.

Course Map

	Didactic Hours	Lab Hours
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Module One

Course Title: Preparatory Module

4.0

Purpose: To refresh previously learned EMT-B level knowledge, skills, and attitudes.

TLO:

1. To provide for safety of self, patient and fellow workers
2. Identify the presence of hazardous materials
3. Participate in the quality improvement process
4. Use physician medical direction for authorization to provide care
5. Use body mechanics when lifting and moving a patient, bystanders and co-workers
6. Use methods to reduce stress in self, a patient, bystanders and co-workers
7. Obtain consent for providing care
8. Assess and provide care for patients and families involved in suspected abuse or neglect

EMS Equipment needed: None required

STUDENT TEXT BOOK REFERENCES: AAOS Emergency Care & Transportation of the Sick & Injured 8th Edition

Section 1

Ch 1 – 6 pages 2-182

INSTRUCTOR MANUAL REFERENCES: AAOS Emergency Care & Transportation of the Sick & Injured 8th Edition

Instructor Resource Tool Kit, Chapters 1-6

Instructor's Slide Set 8th Edition

	Lab Hours	Hours
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Module Two

Course Title: Airway Module

4

4

Purpose: To refresh previously learned knowledge of proper airway management.

TLO:

1. Perform techniques to assure a patent airway
2. Provide ventilatory support for a patient
3. Use oxygen delivery system components (nasal cannula, face mask, etc)

EMS Equipment Needed: Pocket mask, bag-valve mask, FROPVD, oral airways, nasal airways, suction units, suction catheters, oxygen tank, regulator, non-rebreather mask, and nasal cannula)

STUDENT TEXT BOOK REFERENCES: AAOS Emergency Care & Transportation of the Sick & Injured 8th Edition

Section 2

Ch 7 pages 184-222

INSTRUCTOR MANUAL REFERENCES: AAOS Emergency Care & Transportation of the Sick & Injured 8th Edition

Instructor Resource Tool Kit, Chapter 7

Instructor's Slide Set 8th Edition

	Didactic Hours	Lab Hours
Module Three		
Course Title: Patient Assessment Module	8	7
Purpose: To refresh previously learned knowledge of how to assess a patient.		

TLO:

1. Assess scene safety
2. Assess the need for additional resources at the scene
3. Assess mechanism of injury
4. Assess nature of illness
5. Perform an initial patient assessment and provide care based on initial assessment findings
6. Obtain a S.A.M.P.L.E. history (Signs & Symptoms of the present illness/injury, Allergy, Medications, Past medical History, Last oral Intake, Events Leading to present illness/injury)
7. Perform a rapid trauma assessment and provide care based on assessment findings
8. Perform a history and physical examination focusing on the specific injury and provide care based on assessment findings
9. Perform a history and physical examination focusing on the specific medical condition and provide care based on assessment findings
10. Perform detailed physical examination and provide care based on assessment findings
11. Perform on-going assessments and provide care based on assessment findings
12. Complete a prehospital care report
13. Communicate with the patient, bystanders, other health care provider and patient family members while providing patient care
14. Provide a report to medical direction of assessment findings and emergency care given

EMS Equipment Needed: Exam gloves, airway management equipment, stethoscope, blood pressure cuff and a penlight.

STUDENT TEXT BOOK REFERENCES: AAOS Emergency Care & Transportation of the Sick & Injured 8th Edition

Section 3

Ch 8 - 9 pages 230 - 304

INSTRUCTOR MANUAL REFERENCES: AAOS Emergency Care & Transportation of the Sick & Injured 8th Edition

Instructor Resource Tool Kit, Chapters 8 - 9

Instructor's Slide Set 8th Edition

LAB: SKILLS DEMONSTRATION AND PRACTICE

Skills Demonstration and Practice to be completed following guidelines published in the Instructor Resource Manual:

	Didactic Hours	Lab Hours
Module Four		
Course Title: Medical / Behavioral Emergencies	9	8
Purpose: To refresh previously learned knowledge of the most common types of medical emergencies.		

TLO:

1. Provide treatment for a patient in respiratory distress
2. Provide care to a patient experiencing chest pain / discomfort
3. Attempt to resuscitate a patient in cardiac arrest
4. Provide care to a patient with an altered mental status
5. Provide care to the patient experiencing an allergic reaction
6. Provide care to a suspected poison / overdose patient
7. Provide care to a patient experiencing a behavioral problem

EMS Equipment Needed: Exam gloves stethoscope, blood pressure cuff, penlight, suction equipment, tube of oral glucose epinephrine auto-injector trainer, handheld inhaler suitable for training purposes, defibrillator manikins, automated external defibrillator, nitroglycerin training bottle, activated charcoal.

STUDENT TEXT BOOK REFERENCES: AAOS Emergency Care & Transportation of the Sick & Injured 8th Edition
 Section 4
 Ch 10 – 20, pages 306 - 511

INSTRUCTOR MANUAL REFERENCES: AAOS Emergency Care & Transportation of the Sick & Injured 8th Edition
 Instructor Resource Tool Kit, Chapters 10-20

Instructor's Slide Set 8th Edition

LAB: SKILLS DEMONSTRATION AND PRACTICE

Skills Demonstration and Practice to be completed following guidelines published in the Instructor Resource Manual

Didactic Hours	Lab Hours
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Module Five

Course Title: Trauma Module

9

8

Purpose: To refresh previously learned knowledge of integrating patient assessment and emergency care of trauma patients.

TLO:

1. Provide care to a patient with shock (hypoperfusion)
2. Provide care to a patient with a suspected spinal injury
3. Provide care to a patient with suspected head injury
4. Provide care to a patient with a soft tissue injury
5. Perform rapid extrication of a trauma patient

EMS Equipment Needed: Sterile dressings, bandages, splints, pneumatic anti-shock garment, triangular bandages, stick or rod, air splints, gloves, eye protection, blanket, universal dressing, occlusive dressing, roller bandages, 4x4 gauze pads, burn sheets, sterile water or saline.

STUDENT TEXT BOOK REFERENCES: AAOS Emergency Care & Transportation of the Sick & Injured 8th Edition

Section 5

Ch 21 – 30, pages 514 - 712

INSTRUCTOR MANUAL REFERENCES: AAOS Emergency Care & Transportation of the Sick & Injured 8th Edition

Instructor Resource Tool Kit, Chapters 21 - 30

Instructor's Slide Set 8th Edition

LAB: SKILLS DEMONSTRATION AND PRACTICE

Skills Demonstration and Practice to be completed following guidelines published in the Instructor Resource Manual

	Didactic Hours	Lab Hours
Module Six		
Course Title: Special Populations	5	2
Purpose: To refresh previously learned anatomy related to childbirth, childbirth procedures, complications, and special considerations		

TLO:

1. Assess and provide care to an ill or injured infant or child with:
 - Respiratory distress
 - Shock
 - Cardiac arrest
 - Seizures
 - Trauma
2. Explain the rationale for having knowledge and skills appropriate for managing infant and child patients.
3. Understand the provider's own response (emotional) to caring for infants and children
4. Assess and provide care to the geriatric patient.
5. Understand the physiologic changes that occur with aging.
6. Recognition of signs of possible abuse in the elderly or pediatric patient..

EMS Equipment Needed: Complete jump kit with BSI equipment and assorted cervical collars, oxygen equipment, portable suction unit, and stretcher.

STUDENT TEXT BOOK REFERENCES: AAOS Emergency Care & Transportation of the Sick & Injured 8th Edition
 Section 6
 Ch 31 – 34, pages 714 - 802

INSTRUCTOR MANUAL REFERENCES: AAOS Emergency Care & Transportation of the Sick & Injured 8th Edition
 Instructor Resource Tool Kit, Chapters 31 - 34

Instructor's Slide Set 8th Edition

LAB: SKILLS DEMONSTRATION AND PRACTICE

Skills Demonstration and Practice to be completed following guidelines published in the Instructor Resource Manual

Module Seven

Course Title: Operations / Special Considerations

Didactic
Hours

4

Lab
Hours

0

Purpose: To refresh previously learned anatomy related to childbirth, childbirth procedures, complications, and special considerations

TLO:

1. These lessons are based upon the US Department of Transportation's EMT-Basic National Standard Curriculum

EMS Equipment Needed: NONE

STUDENT TEXT BOOK REFERENCES: AAOS Emergency Care & Transportation of the Sick & Injured 8th Edition

Section 7

Ch 35 - 39 pages 804 - 918

INSTRUCTOR MANUAL REFERENCES: AAOS Emergency Care & Transportation of the Sick & Injured 8th Edition

Instructor Resource Tool Kit, Chapters 35 - 39

Instructor's Slide Set 8th Edition

	Hrs not included	Hrs Included
Written Course Mid-term Exam	1.5	N/A
Written Course Final Exam	2.0	N/A
Written Course Final Exam Review	1	N/A
Written Course Final Exam Re-Test	1.5	N/A
NREMT Skills Practice Lab	N/A	3.0
NREMT Practical Skills Evaluation	N/A	5.0
NREMT Written Exam	2.5	N/A

TOTAL COURSE HOURS 80



Additional Course Requirements

All students will be required to complete 5 Clinical Patient Contacts, or 5 Simulation Patient Contacts.

The patient contacts will be completed by one of the following methods:

Hospital/EMS Rotations

A memorandum of agreement must be made with a local hospital or EMS service to allow students to complete the hours required to obtain 5 patient contacts. (Should already be done as part of site requirements). The hours required for Clinical Patient Contacts are not a part of the regularly scheduled 80hr curriculum and May Not be substituted for any portion of the required hours.

Patient Simulation Contacts

A site may use Patient Simulations to obtain the 5 patient contacts provided that the Simulation Plan has been submitted and **Approved** as part of the course request packet. Simulated Patient Contacts will only be approved in cases of undue hardship placed on the student or training staff members due to remote locations without proper facilities to accommodate students for the required contacts; or when the student population is so great that it would take an extended period for a facility to accommodate the student population. At no time will the time required for simulated / programmed patients be counted as a part of the 80hr Curriculum requirement.

Additional Information

Regardless of the method used, patient contact documentation must be maintained with all other course documents for a period no less than 2yrs from the completion date.

Training Sequence (This is only an example of how the training could be scheduled. Sites will be responsible for submitting a schedule with each Course approval Request.)			
Week	Day	Module	Module Hrs
1	1	Module 1 - Preparatory (Didactic)	4
1	1	Module 2 - Airway (Didactic)	4
1	1	Module 2 - Airway (Lab)	1.5
1	2	Module 2 - Airway (Lab)	2.5
1	2	Module 3 - Patient Assessment (Didactic)	7
1	3	Module 3 - Patient Assessment (Didactic)	1
1	3	Module 3 - Patient Assessment (Lab)	7
1	4	Mid-Course Exam	NI
1	4	Module 4 - Medical / Behavioral emergencies (Didactic)	8
1	5	Module 4 - Medical / Behavioral emergencies (Didactic)	1
1	5	Module 4 - Medical / Behavioral emergencies (Lab)	7
1	5	Module 5 – Trauma (Didactic)	1
1	6	Module 5 – Trauma (Didactic)	8
1	6	Module 5 – Trauma (Lab)	1
2	1	Module 5 – Trauma (Lab)	7
2	1	Module 6 – Obstetrics, Infants, Children (Didactic)	2
2	2	Module 6 – Obstetrics, Infants, Children (Didactic)	4
2	2	Module 6 - Obstetrics, Infants, Children (Lab)	2
2	2	Module 7 – Operations / Special Considerations (Didactic)	3
2	3	Module 7 – Operations / Special Considerations (Didactic)	1
2	3	Course Final Exam Review (Optional)	NI
2	3	NREMT Skills Practice	3
2	3	Course Final Exam (Required but not included in 80Hrs)	NI
2	4	NREMT Skills Practical Exam	5

2	4	NREMT Written Exam Review (Optional, HIGHLY Suggested)	NI
2	5	NREMT Written Exam	NI
		TOTAL HOURS	80
Course Coordinator Qualifications:			

Course managers must have the following qualifications:

Must be NREMT-B certified or higher and meet all requirements as outlined by the National Registry of Emergency Medical Technicians US Department of Transportation EMT-B National Standard Curriculum, and the US Army EMS Program. ("Higher" includes EMT-I, EMT-P, RN, PA, MD)

Course Coordinator Guidance:

The Course Coordinator is responsible for ensuring training is presented as designed. Specifically, Course Coordinator (s) must--

- *Ensure required training resources (Appendix A) are available for presenting the training as scheduled.
- *Ensure instructors receive support, materials, and equipment required for presenting this training.
- *Ensure staff and faculty are qualified and trained to present and manage this training.
- *Continuously evaluate course effectiveness and efficiency and provide appropriate feedback to training/training development (task) proponent.
- *Ensure staff, faculty, and students comply with safety and environmental protection rules and regulations, law, and course requirements.
- *Ensure facilities, material, equipment, and systems required for presenting this instruction are properly maintained.
- *Obtain required reference material.

Primary & Assistant Instructor Certification Requirements:

Assistant Instructors presenting this training must meet the following certification requirements:

Enlisted:

1. Current EMT-B or higher licensure/certification* and/or
2. Approval of the Course Medical Director as Subject Matter Expert

Officer:

1. Professional credentials or certifiable training in the area of instruction* and/or
2. Approval of Course Medical Director as Subject Matter Expert

- A roster identifying all assistant instructors by name, rank, and level of credentials with expiration dates shall be forwarded to the US Army EMT Program Manager. The Course Coordinator shall maintain on file photocopies of credentials (Current CV or Resume and copy of licensure/certification) for all Assistant Instructors. It is the responsibility of the Course Coordinator to insure that the Assistant Instructor roster on file with involved with this training.

Primary Instructor / Assistant Instructor Facilitator Guidance

Instructors are directly in contact with the students and represent the command in the presentation of the instruction. They serve as the role model for the students. They must be technically competent and professional in demeanor.

Each Primary & Assistant Instructor must:

U.S. Army EMS Programs Management
6 May 2005

Thoroughly study and be well versed in the material prior to presenting the lessons.
Manage the training and maintain an environment conducive to student learning.
Supervise and guide the learning process.
Provide immediate feedback on student performance.
Be alert to students having difficulty and intercede as appropriate.
Ensure students comply with safety and environmental protection rules, regulations, laws, and course requirements.
Provide appropriate remedial training.
Continuously evaluate course effectiveness and efficiency and provide appropriate feedback to the training/training development (task) proponent.

Test Administration Guidance:

Administer tests IAW TRADOC 350-70.

Required References:

Emergency Care & Transportation of the Sick & Wounded, 8th Edition
Emergency Care & Transportation of the Sick & Wounded, 8th Edition,
Instructor Resource Manual
Emergency Care & Transportation of the Sick & Wounded, 8th Edition,
PowerPoint Slides
NREMT-B Practical Skills Examination Guide

Appendix A

Course Equipment List by Category:

Patient Assessment/Management (Trauma and Medical)

- Examination gloves
- Pen Light
- Blood pressure cuff
- Stethoscope
- Moulage kit

Cardiac Arrest Management/AED

- Examination gloves
- Full body CPR mannequin
- Automated external defibrillator
- Bag-valve-mask device
- Pocket mask or demand valve
- Oropharyngeal airway
- Oxygen tank, regulator and flow-meter
- Oxygen connecting tubing
- Portable suction
- Rigid tip suction catheter
- Backboard or CPR board
- Ambulance cot
- Patient securing straps

Bag-Valve-Mask Apneic Patient with Pulse

- Examination gloves
- Oropharyngeal airways (various sizes)
- Bag-Valve-Mask device
- Oxygen tank, regulator and flow meter
- Oxygen connecting tubing
- Ventilation mannequin (capable of recording,
By light or graph, 800 ml ventilation volumes)

Spinal Immobilization Skills

(Seated and Supine Patient)

- Examination gloves
- Short spine immobilization device (short spine board, KED, etc.)
- Long spine immobilization device (i.e., long spine board)
- Cervical collar
- Head immobilizer (commercial or improvised)
- Padding (i.e. towel, cloths)
- Patient securing straps
- Roller gauze or cravats
- Tape

Random Skill Station

- Examination gloves
- Eye goggles
- Ventilation mannequin (capable of recording, by light or graph, 800 ml ventilation volumes)
- Oxygen tank, regulator and flowmeter

Oxygen connecting tubing

Nasal Cannula

Non-rebreather mask and with reservoir

Pocket mask with one-way valve

Oropharyngeal airways (various sizes)

Nasopharyngeal airways (various sizes)

Airway lubricant

Tongue blades

Intubation mannequin (must be anatomically accurate)

Traction splint and associated equipment

Sling and swathe

Rigid splinting material (various sizes)

Field dressings and bandages

Appendix B – 3

Trauma AIMS

RESOURCES REQUIREMENTS

Course Coordinator:

The Course Coordinator is the individual responsible for coordinating and conducting the EMS Training program. The Course Coordinator acts as the liaison between the students, the sponsoring agency; the local medical community. He or she is responsible for assuring that the course goals and objectives set forth by the USDOT, U.S. Army EMT Program Administrator & the National Registry Emergency Medical Technician are met. The Course Coordinator may also serve as the Primary Instructor. The Course Coordinator is typically an NCO or officer in the unit. This individual must have:

Trauma AIMS

Must be a licensed physician, physician assistant, registered nurse, National Registry EMT-Paramedic, or National Registry EMT-Intermediate. SSG's who have completed AC BNCOC or RC BNCOC after 1 Oct 1996..

Course Coordinator Guidance:

The course coordinator is responsible for ensuring training is presented as designed. Specifically, course coordinators must--

- (15) Ensure required training resources are available for presenting the training as scheduled.
- (16) Ensure instructors receive support, materials, and equipment required for presenting this training.
- (2) Ensure staff and faculty are qualified and trained to present and manage this training.
- (3) Continuously evaluate course effectiveness and efficiency and provide appropriate feedback to training/training development (task) proponent.
- (4) Ensure staff, faculty, and students comply with safety and environmental protection rules and regulations, law, and course requirements.
- (5) Ensure facilities, material, equipment, and systems required for presenting this instruction are properly maintained.
- (6) Obtain required reference material.

Medical Director

The Course Medical Director of the EMS Training program should be a local physician with emergency medical experience who will act as the ultimate medical authority regarding course content, procedures, and protocols. The Course Medical Director, Course Coordinator and the Primary Instructor should work closely together in the preparation and presentation of the program. The Course Medical Director can assist in recruiting physicians to present materials in class, settling questions of medical protocol and acting as a liaison between the course and the medical community. During the program the Medical Director will be responsible for reviewing the quality of care rendered by the EMS personnel in the clinical and field setting. This Course Medical Director or a designee is responsible to verify student competence in the cognitive, affective and psychomotor domains. The Course Medical Director should review all examinations. The Course Medical Director may also serve as the Primary Instructor and/or Course Coordinator. Typically, the MD is the battalion or brigade surgeon. Physician Assistants play an important role in extending the reach of the MD and their participation is encouraged. However national guideline require a physician remain ultimately responsible.

Primary Instructor

This individual is expected to be knowledgeable in all aspects of pre-hospital emergency care, in the techniques and methods of adult education, and managing resources and personnel. This individual should have attended and successfully completed a program in EMS instruction methodology and an update on this curriculum. This individual should be present at most, if not all, class sessions to assure program continuity and to be able to identify that the students have the cognitive, affective and psychomotor skills necessary to function as an Emergency Medical Technician. This individual is responsible for the teaching of a specific lesson of the EMS Training course. This individual should have attended a workshop, which reviews the format, philosophy and skills of the new curriculum. The Primary Instructor may also serve as the Course Coordinator. Typically, a unit NCO or Officer serves as Primary Instructor.

Primary Instructor Guidance:

The Primary Instructor is directly and regularly in contact with the students and represent the command in the presentation of the instruction. They serve as the role model for the students. They must be technically competent and professional in demeanor.

Trauma AIMS

Primary Instructor Certification Requirements:

Enlisted:

Current NR EMT-I higher certification or

Graduate of BNCOC medical track or Trauma AIMS course or

Professional credentials or certifiable training in the area of instruction

Assistant Instructors

This individual assists the primary instructor on any didactic lesson or in the demonstration and practice designed to develop and evaluate student skill competencies.

Assistant Instructor Certification Requirements Professional credentials or certifiable training in the area of instruction as determined by the Primary Instructor in conjunction with Course Coordinator and Medical Director. Sites must keep records of Assistant Instructor on file.

Course Outline

<i>MODULE OF INSTRUCTION</i>	<i>Didactic Hrs</i>	<i>Lab Hrs</i>
Module One	4	5
General Patient Assessment and Initial Management		
1. Understand the importance of a step-by-step approach to high-quality pre-hospital intermediate life support.		
2. Identify the information gathered in each phase of patient assessment.		
3. Describe the type of information that can be obtained from a careful evaluation of the dispatcher's information.		
4. List some of the potential scene hazards that need to be ruled out to ensure safe patient care.		
5. Describe the A, B, C, D, and E of the primary survey		
6. Identify the life-threatening conditions that can be identified and corrected during the primary assessment.		
7. Identify conditions and injuries that require immediate and rapid hospital transport.		
8. Describe the methods of conduction a pre-hospital physical examination.		
9. Identify the steps in conducting a head-to-toe physical examination.		
10. Discuss the evaluation of the four pre-hospital vital signs.		
11. Cite some of the differences in assessing the trauma patient.		
12. List the steps in conducting a patient history.		
13. Identify the questions that should be asked for a pertinent patient history.		
14. Explain reasons for compiling a family/social history.		
15. Realize the importance of effective communication to quality patient care.		
16. Explain how to prepare verbal and written patient reports according to the SOAP format.		
17. Perform a primary assessment.		
18. Perform a secondary assessment.		
19. Take a complete set of vital signs.		
20. Give a pertinent patient report.		
21. Document an assessment on an EMS run form.		

MEDICAL EQUIPMENT

BP Cuffs, stethoscopes, penlights, thermometers, gloves, mask, scissors, basic airway and ventilation adjuncts, occlusive dressings tape, dressings and bandages, watch with sweeping second hand.

<i>MODULE OF INSTRUCTION</i>	<i>Didactic Hrs</i>	<i>Lab Hrs</i>
Module Two	2	4

Emergency Pharmacology

Learning Steps:

1. Identify references pertaining to drugs and pharmacology
2. Classify a drug form into their general categories
3. List the routes of administration, onset of action for drugs used by 91W
4. List those factors that affect drug action and potential side effects on a patient
5. Calculate the proper dose of medication for a patient
6. List the general principles of medication administration
7. List the profiles of the drugs listed
8. Administers PO, SQ, IM, and IV drugs

MEDICAL EQUIPMENT

Albuterol(Provental)(Ventolin), Aspirin, Atropine Sulfate, Epinephrine, 50% Dextrose in Water (D50W)/Carbohydrate, Glucagon, Lidocaine, Naloxone (Narcan), Nitroglycerin (Nitrostat), Sodium Bicarbonate, Syrup of Ipecac, Thiamine. Assorted Examples

<i>MODULE OF INSTRUCTION</i>	<i>Didactic Hrs</i>	<i>Lab Hrs</i>
Module Three	9	9

Module Three

Advanced Airway Management and Ventilation

Learning Steps:

1. Describe the anatomy of the upper airway, including the mouth, nose, pharynx, epiglottis, and larynx.
2. Name the three regions of the pharynx.
3. Identify the relationship between the larynx and the tongue, pharynx, epiglottis, esophagus, and vocal cords.
4. Discuss the following functions of the respiratory system: mechanics of ventilation, pulmonary circulation, gas exchange in the lungs, diffusion of the respiratory gasses.
5. Describe oxygen transport in the blood, and cite factors that affect it.
6. Discuss carbon dioxide transport in the blood, and list factors that affect it.
7. Describe the neurological control of respiration.
8. Describe the various measures of respiratory function, and give the average normal values for each.
9. Describe the common causes of airway obstruction , and detail the special considerations of each.
10. Describe assessment of the airway and the respiratory system.
11. Discuss pulse oximetry and end-tidal carbon dioxide detection, and describe the pre-hospital use of both.
12. Describe the procedures used to open the airway manually.
13. Discuss indications, contraindications, and methods of insertion of the following basic mechanical airways: oropharyngeal airway, nasopharyngeal airway.
14. List the equipment used to perform endotracheal intubation.

15. Recall the indications, contraindications, and alternatives of endotracheal intubation.
16. Explain the need for rapid placement of the endotracheal tube.
17. List and demonstrate the steps in performing endotracheal intubation.
18. Describe the methods used to assure correct placement of the endotracheal tube.
19. State the precautions that should be used when intubating a trauma patient.
20. Discuss the indications, contraindications, and methods of performing suctioning.
21. Discuss the various oxygen administration devices used in pre-hospital care, and describe the advantages and disadvantages of each.
22. Discuss indications, contraindications, and methods for using the following devices: pocket mask, bag-valve device, demand valve resuscitator.
23. Perform manual airway maneuvers.
24. Insert oral and nasal airways.
25. Perform oropharyngeal and endotracheal suctioning.
26. Remove foreign body airway obstruction.
27. Perform orotracheal intubation.
28. Perform digital intubation.
29. Perform transillumination intubation.
30. Perform endotracheal intubation in the trauma patient.
31. Perform endotracheal intubation in the child.
32. Perform nasotracheal intubation.
33. Perform transtracheal jet ventilation
34. Perform ventilation with the pocket mask.
35. Perform ventilation with the bag-valve device.

MEDICAL EQUIPMENT

Adult/Child/Infant CPR Mannequins, Adult/Child/Infant ET Heads, O2 tank with regulator, oral airways, nasal airways, pocket mask, BVM with reservoir, Demand Valve, Autoventilator, Laryngoscope with assorted blades, assorted ET tubes, stylets, 10ml syringes, tape stethoscope, Magill forceps, end-tidal CO2 detector, esophageal detector device, portable suction device with tonsil tip, BSI equipment, EOA, EGTA, PtL airway, ETC airway, Medication Kit, Needle cricothyrotomy tray, Jet ventilator

MODULE OF INSTRUCTION	Didactic Hrs	Lab Hrs
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Module Four	15	8
Fluids and Shock		

Learning Steps:

1. Identify the body's major fluid compartments and the proportion of total body water they contain.
2. List the major electrolytes, and discuss the role they play in maintaining fluid balance within the human body.
3. Define diffusion, osmosis, active transport, and facilitated diffusion, and explain the roles that they play in human fluid dynamics.
4. Explain the ABO blood typing system, and discuss its significance to emergency medical care.
5. Identify the abnormal states of hydration, and describe their common causes and effects on the human system.
6. List various fluid replacement products, and describe the advantages and disadvantages of using each one in the field

7. Describe the acid-base balance system, and assess its impact on the human body as it applies during shock.
8. Name common acid-base disorders, and identify their causes.
9. Define shock from a medical standpoint.
10. Describe the structure and function of the cardiovascular system.
11. Explain the shock process, and describe the body's various compensatory mechanisms.
12. Identify the three distinct stages of shock.
13. Describe and demonstrate the assessment of the shock patient.
14. Name pertinent vital sign readings that indicate a potential shock patient.
15. Explain the indications for, and the initiation of, intravenous therapy.
16. List the equipment commonly used for intravenous therapy, and explain the purpose and use of each item.
17. Identify the common complications of intravenous therapy, and describe the process of preventing or correcting those complications.
18. Identify the indications, contraindications, and application process for the PASG.
19. Understand the need for rapid transport of a shock patient, and name the steps taken if on the scene more than 10 minutes.
20. Perform hemorrhage control.
21. Apply the PASG.
22. Insert a peripheral IV line
23. Assess and manage a patient in shock.

MEDICAL EQUIPMENT

Dressing and Bandage, Full-body mannequins, PASG, IV trainer arms, IV administration kits (solutions, tubing, catheters, antiseptic swabs, tape, sterile dressings, saline locks sharps containers, constricting bands, gloves, goggles, long spineboards, Cervical spinal immobilization devices, Airway management kits, Trauma bags

Written Exam	1	N/A
Written Exam Review	2	N/A
Written Exam Re-test	1	N/A
TOTAL		68

Training Sequence:

Week	Day	Module	Module Hours
1	1	Administrative	1
1	1	One: Patient Assessment & Initial Management	4
1	1	One: Patient Assessment & Initial Management (<i>Practical labs</i>)	3
1	2	One: Patient Assessment & Initial Management (<i>Practical labs</i>)	2
1	2	Two: Emergency Pharmacology	2
1	2	Two: Emergency Pharmacology (<i>Practical labs</i>)	4
1	3	Three: Advanced Airway Management & Ventilation	9
1	4	Three: Advanced Airway Management & Ventilation (<i>Practical labs</i>)	9
1	5	Four: Fluids and Shock	9
2	1	Four: Fluids and Shock	6
2	1	Four: Fluids and Shock (<i>Practical labs</i>)	2
2	2	Four: Fluids and Shock (<i>Practical labs</i>)	6
2	2	Written Exam	1
2	2	Written Exam Review	2
2	3	Written exam Re-test	1
2	3	Graded Practical Skills Practice	8
TOTAL			68

Skill Evaluation Sheets: Will be provided upon Trauma AIMS Site Code approval.

**Course Management Plan
For the
US Army Tactical Combat Casualty Care, TC3
300-91W30
Effective 23 MAY 2005**

This CMP Contains:	
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Course Description

The Tactical Combat Casualty Care course is a 40-hour course specifically geared for all 91W soldiers. Tactical Combat Casualty Care (TCCC) is a program designed to provide trauma management strategies for the unique tactical environment. Profound differences in managing battlefield casualties include hostile, austere environments, limited visibility, limited medical resources, widely variable evacuation times and platforms, provider experience level, and the tactical situation itself. The TCCC program is designed to achieve three simultaneous goals: treat the casualty with minimal disruption to the ongoing tactical mission, prevent further casualties, and complete the tactical mission.

Obtaining site Certification

Prior to conducting the Tactical Combat Casualty Care course a US Army 91W Transition Training Site approval **MUST** first be obtained through the US Army EMS Program Management Office:

Army Medical Department Center & School
Department of Combat Medic training
ATTN: MCCS-AW (US Army EMS Program Manager)
3151 WW White Rd, Bldg 1375, Rm 118
Fort Sam Houston, Texas 78234
COMM 210-221-5214
DSN 471-5214 Fax 210-221-3142

Accessing Lesson Plans

With approval to conduct the Tactical Combat Casualty Care, the US Army EMT Program Manager will issue a specific site code, and ship course management materials to the requesting site's Course Coordinator. These materials will include course administrative and testing materials.

Class Structure

Didactic Instruction – Instructor / Student Ratio = 1:25 (minimum)

Practical Labs - Instructor / Student Ratio = 1:6 (minimum)

Practical Labs Medical Equipment – Equipment / Student Ratio = 1:6 (minimum)

Course Completion Requirements

All students should be formally counseled at time of enrollment regarding the course requirements. This counseling, DA Form 4856, should be maintained as a part of the student files.

All students enrolled must successfully complete the end-of-course examination. If a soldier fails the written examination, he/she will be counseled, receive a minimum 60 minute re-teach and be administered the written examination re-test. A second failure of the written examination will result in relief from the course without a certificate of completion. The student may enroll at a later time and attempt to complete the course successfully.

If at the end of the course any staff member feels that a student has not demonstrated the level of proficiency required to competently perform a practical skill, they should notify the Course Coordinator immediately. If the student is not minimally competent, they may be relieved from the course without a course completion certificate. The student may enroll at a later time and attempt to complete the course successfully.

Attendance of all hours of instruction is mandatory.

Students should be made aware of this requirement and all other course requirements through a formal counseling during the enrollment briefing on day 1. See Appendix C.

If any student is relieved from the course for academics, the soldier should be counseled and advised on his/her weaknesses to assist in future course attendance.

For all students relieved under academics or for any other reason, the student's command element should be formally notified.

This course will only be available at Army training sites approved through the US Army EMS Program Management office IAW policies and procedures set forth by the 91W Proponency Division, Department of Combat Medic Training (DCMT).

Medical Director Qualifications:

Medical Directors must have the following qualifications:

Must be a licensed Physician with PHTLS or ATLS, Physician Assistant with ATLS, PHTLS, TCMC, or EM fellowship, or Nurse Practitioner with TNCC, TCMC, or PHTLS. Regardless of which level this individual holds, they must be familiar with the TC3 curriculum. Other qualifications will be considered on a case-by-case basis by the US Army EMS Programs Management office under the guidelines provided by the 91W Proponency Division, DCMT, AMEDD C&S.

Medical Director Guidance:

The Medical Director is responsible for ensuring training is presented as designed. Specifically, Medical Director (s) must--

- (17) Ensure required training resources (Appendix A) are available for presenting the training as scheduled.
- (18) Ensure staff and faculty are qualified and trained to present and manage this training.
- (19) Continuously evaluate course effectiveness and efficiency and provide appropriate feedback to training/training development (task) proponent.
- (20) Ensure staff, faculty, and students comply with safety and environmental protection rules and regulations, law, and course requirements.
- (21) Ensure facilities, material, equipment, and systems required for presenting this instruction are properly maintained.

Course Coordinator Qualifications:

Course Coordinators must have the following qualifications:

Must be a National Registry EMT-Intermediate, National Registry EMT-Paramedic, registered nurse, licensed physician, physician assistant, or 91W who has completed BNCOC (RC BNCOC after 1 October 1996) , or be a SGT (or above) who was fully transitioned holding the 91W or 91WM6 MOS prior to 1 January 2005. Regardless of which level this individual holds, they must have completed a sponsored TC3, Train the Trainer Course (Physician's, PA's, and RN's upon prior approval are not required to complete the TTT). Other qualifications will be considered on a case-by-case basis by the US Army EMS Programs Management office under the guidelines provided by the 91W Proponency Division, DCMT, AMEDD C&S.

Course Coordinator Guidance:

The Course Coordinator is responsible for ensuring training is presented as designed. Specifically, Course Coordinator (s) must--

- (1) Ensure required training resources (Appendix A) are available for presenting the training as scheduled.
- (2) Ensure instructors receive support, materials, and equipment required for presenting this training.
- (3) Ensure staff and faculty are qualified and trained to present and manage this training.
- (4) Continuously evaluate course effectiveness and efficiency and provide appropriate feedback to training/training development (task) proponent.
- (5) Ensure staff, faculty, and students comply with safety and environmental protection rules and regulations, law, and course requirements.
- (6) Ensure facilities, material, equipment, and systems required for presenting this instruction are properly maintained.
- (7) Obtain required reference material.

Primary & Assistant Instructor Qualifications:

Assistant Instructors presenting this training must meet the following certification requirements:

Must be a National Registry EMT-Intermediate, National Registry EMT-Paramedic, registered nurse, licensed physician, physician assistant, or 91W who has completed BNCOC (RC BNCOC after 1 October 1996), or be a SGT (or above) who was fully transitioned holding the 91W or 91WM6 MOS prior to 1 January 2005. Regardless of which level this individual holds, they must have completed a sponsored TC3, Train the Trainer Course (TTT). (Physician's, PA's, and RN's upon prior approval are not required to complete the TTT). Other qualifications will be considered on a case-by-case basis by the US Army EMS Programs Management office under the guidelines provided by the DCMT, AMEDDC&S.

Primary Instructor / Assistant Instructor Facilitator Guidance

Instructors are directly in contact with the students and represent the command in the presentation of the instruction. They serve as the role model for the students. They must be technically competent and professional in demeanor.

Each Primary & Assistant Instructor must:

- (17) Thoroughly study and be well versed in the material prior to presenting the lessons.
- (18) Manage the training and maintain an environment conducive to student learning.
- (19) Supervise and guide the learning process.
- (20) Provide immediate feedback on student performance.
- (21) Be alert to students having difficulty and intercede as appropriate.
- (22) Ensure students comply with safety and environmental protection rules, regulations, laws, and course requirements.
- (23) Provide appropriate remedial training.
- (24) Continuously evaluate course effectiveness and efficiency and provide appropriate feedback to the training/training development (task) proponent.

TC3 Train the Trainer Course Certification

All instructors assisting with any portion of the TC3 instruction must have successfully completed a Train the Trainer Course held by AMEDDC&S or one of the approved 91W Transition Training Sites.

If TTT's are to be conducted, a training support package will be provided to the training site if not already in possession of the materials in advance.

For training sites that do not have any personnel trained to conduct the TC3, TTT, special allowance will be provided:

- (1) TC3 TTT training will be approved for instruction if conducted by a licensed Physician with PHTLS or ATLS, Physician Assistant with ATLS, PHTLS, TCMC, or EM fellowship, or Nurse Practitioner with TNCC, TCMC, or PHTLS who has been trained and fully understands the variations in concepts and modalities of patient care provided in Tactical Combat Casualty Care.
- (2) This training will be requested as such and the Medical director providing this training will be provided the course materials to conduct this training.
- (3) Prior to approval, the statement of compliance (see appendix C) must be completed and returned with signature by the Medical Director to the US Army EMS Programs Management office. This document may be faxed or sent through the regular mail. No "electronic signatures" will be accepted in this instance.
- (4) Upon completion of this training, a TC3 Course summary will be forwarded to the US Army EMS Programs Management office within 5 days.

Student Eligibility

The Tactical Combat Casualty Care course is Phase Two of the 91W Transition pathway and a part of the standard training program for Medical Pre-Deployment Training. At some point in the future TC3 will be implemented Army wide as a requirement for all 91W's to complete. This will not affect transition of those soldiers who have previously transitioned and have had the "Y2" identifier removed. The following are the eligibility requirements for attendance of the US Army Tactical Combat Casualty Care course:

- Must hold the MOS 91WY2 or 91W
- Must hold current CPR certification for Healthcare Providers which meets AHA standards.
- Must hold current unrestricted NREMT-Basic certification.

Other Information

The following documents will be required to be maintained at the training site for no less than 2 years or IAW local policies which ever is greater:

1. Copies of Instructor Trainer Certificates with the TTT Course Number for each TC3 course conducted.
2. Copy of student / attendance rosters for each course conducted with a copy of the NREMT-B and CPR certifications for each student enrolled.
3. Copy of examinations used and answer sheets for all students enrolled.
4. Copy of each student's counseling for course requirements at time of enrollment.

A US Army Tactical Combat Casualty Care course Summary (Appendix B) must be completed within 5 business days of course completion and forwarded to US Army EMS Program Manager.

Errors in materials, problems with instruction or other complaints or suggestions must be forwarded to the US Army EMS Program Manager for review and action. (210) 221-5214 COMM, or 471-5214 DSN. brett.humphus@amedd.army.mil

Course Map

Module One may be taught as a PHTLS-Advanced Provider certification course provided the personnel listed as the MD, PI, & CC have the appropriate credentials and a formal PHTLS-A course approval request has been submitted and approved.

Module One does not require PHTLS-A certification for transition. The curriculum will be taught and the soldier will be tested regardless of whether or not certification is available as the end product.

Module One, Pre-Hospital Trauma Management Course Title: Tactical Combat Casualty Care

<u>Didactic Hours</u>	<u>Lab Hours</u>
8.5	4.0

Purpose: To provide knowledge in standard pre-hospital care modalities.

Note: The hours listed above will be assigned to specific subject areas in the “Lessons” section. For those areas which have an additional number of hours in (), the time in () will be added to the time already listed in situations where PHTLS certification is not being provided. The final assessment portion will not be utilized in this situation. Any questions regarding this should be directed to the US Army EMS Program Manager.

Lesson 1: Injury Prevention

<u>Didactic Hours</u>	<u>Lab Hours</u>
1.0	

Objectives:

- Associate risk factors with the disease triangle.
- Effectively use “teachable moments” in his or her practice as an EMS provider to provide injury prevention education.
- Relate the importance of accurate, attentive scene observation and documentation of data by EMS providers to the success of injury prevention initiatives.
- Assist in the development, implementation, and evaluation of injury prevention programs in his or her community.
- Advocate the role of EMS providers in injury prevention.

STUDENT TEXT BOOK REFERENCES: Pre-Hospital Trauma Life Support-Advanced Provider, 5th Edition, Chapter 1

INSTRUCTOR MANUAL REFERENCES: Pre-Hospital Trauma Life Support-Advanced Provider, 5th Edition, Chapter 1

AUDIO-VISUAL REFERENCES: Pre-Hospital Trauma Life Support-Advanced slide Set CD, Chapter 1

Lesson 2: Kinematics of Trauma

<u>Didactic Hours</u>	<u>Lab Hours</u>
1.0	

Objectives:

- Define energy and force as they relate to trauma.
- Relate the laws of motion energy to the kinematics of trauma.
- Relate the exponential change in kinetic energy as a result of increased speed to the potential for injury.

- d. Given the description of a motor vehicle crash, use kinematics to predict the likely injury pattern for an unrestrained occupant.
- e. Associate the principles of energy exchange involved in a given situation to the pathophysiology of the head, spine, thorax, and abdomen resulting from that exchange.
- f. Anticipate specific injuries and their causes as related to interior and exterior vehicle damage.
- g. Describe the function of vehicle occupant restraint systems.
- h. Describe the physics of penetrating injuries.
- i. Relate the laws of motion and energy to mechanisms other than motor vehicle crashes (e.g. blasts, falls)
- j. Integrate principles of the kinematics of trauma into casualty assessment.

STUDENT TEXT BOOK REFERENCES: Pre-Hospital Trauma Life Support-Advanced Provider, 5th Edition, Chapter 2

INSTRUCTOR MANUAL REFERENCES: Pre-Hospital Trauma Life Support-Advanced Provider, 5th Edition, Chapter 2

AUDIO-VISUAL REFERENCES: Pre-Hospital Trauma Life Support-Advanced slide Set CD, Chapter 2

Lesson 3: Assessment and Management
--

Didactic	Lab
<u>Hours</u>	<u>Hours</u>
1.0	

Objectives:

- a. Identify potential threats to the safety of the casualty, bystanders, and emergency personnel that are common to all emergency scenes and potential threats that are unique to a given scenario.
- b. Provide an illustration of the significance of casualty assessment in the context of overall management of the trauma casualty.
- c. Systematize the discrete steps involved in the process of assessing and managing the trauma casualty into an organized and rational process.
- d. Integrate analysis of scene safety, scene situation, kinematics into the assessment of the trauma casualty to make casualty care decisions.
- e. Given a scenario, adapt the 15-second global survey and primary survey to the particulars of the situation.
- f. Given a mass casualty incident (MCI) scenario, make trauma triage decisions based on assessment findings.
- g. Employ a process of critical questioning to associate examination and scene findings to their likely causes and consequences.

STUDENT TEXT BOOK REFERENCES: Pre-Hospital Trauma Life Support-Advanced Provider, 5th Edition, Chapter 3

INSTRUCTOR MANUAL REFERENCES: Pre-Hospital Trauma Life Support-Advanced Provider, 5th Edition, Chapter 3

AUDIO-VISUAL REFERENCES: Pre-Hospital Trauma Life Support-Advanced slide Set CD, Chapter 3

Lesson 4: Airway Management and Ventilation

<u>Didactic Hours</u>	<u>Lab Hours</u>
.75 (+ .50)	

Objectives:

- Relate the concepts of minute volume and oxygenation to the pathophysiology of trauma.
- Explain the mechanisms by which supplemental oxygen and ventilatory support are beneficial to the casualty in the context of trauma.
- Given a scenario that involves a trauma casualty, select the most effective means of providing a patent airway to suit the needs of the casualty.
- Given a scenario that involves a casualty who requires ventilatory support, select the most effective means available to the suit the needs of the trauma casualty.
- Integrate the principles of ventilation and gas exchange with the pathophysiology of trauma to identify casualties with adequate perfusion.
- Given situations that involve various trauma casualties, formulate a plan for airway management and ventilation.

STUDENT TEXT BOOK REFERENCES: Pre-Hospital Trauma Life Support-Advanced Provider, 5th Edition, Chapter 4

INSTRUCTOR MANUAL REFERENCES: Pre-Hospital Trauma Life Support-Advanced Provider, 5th Edition, Chapter 4

AUDIO-VISUAL REFERENCES: Pre-Hospital Trauma Life Support-Advanced slide Set CD, Chapter 4

Lesson 5: Thoracic trauma

<u>Didactic Hours</u>	<u>Lab Hours</u>
.50	

Objectives:

- Integrate the relationship between thoracic anatomy and the kinematics of trauma with assessment findings to develop an index of suspicion for specific thoracic injuries.
- Explain the physiology of ventilation.
- Describe the pathophysiology, signs, and symptoms, and management of the following thoracic injuries: Rib fractures, flail chest, pulmonary contusion, pneumothorax (open or closed), tension pneumothorax, hemothorax, blunt cardiac injury, pericardial tamponade, tracheal and bronchial rupture, aortic rupture, traumatic asphyxia, diaphragmatic rupture.
- Differentiate between casualties who require rapid stabilization and transport because of thoracic trauma, and those for whom further on-the-scene assessment and management is appropriate.

STUDENT TEXT BOOK REFERENCES: Pre-Hospital Trauma Life Support-Advanced Provider, 5th Edition, Chapter 5

INSTRUCTOR MANUAL REFERENCES: Pre-Hospital Trauma Life Support-Advanced Provider, 5th Edition, Chapter 5

AUDIO-VISUAL REFERENCES: Pre-Hospital Trauma Life Support-Advanced slide Set CD, Chapter 5

Lesson 6: Shock and Fluid Replacement

<u>Didactic Hours</u>	<u>Lab Hours</u>
.75	

Objectives:

- Explain the pathophysiology of shock, including progression through the phases.
- Relate signs and symptoms of shock to the underlying pathophysiology.
- Relate the effects of the severity of shock and the quality of the initial management of shock to the potential for postresuscitation complications.
- Differentiate between casualties for whom require less aggressive management.
- Discuss the limitations of the field management of shock.
- Relate the pathophysiology of shock to the need for definitive treatment.
- Integrate the principles of pathophysiology with physical examination data to formulate a treatment plan for the casualty in shock.

STUDENT TEXT BOOK REFERENCES: Pre-Hospital Trauma Life Support-Advanced Provider, 5th Edition, Chapter 6

INSTRUCTOR MANUAL REFERENCES: Pre-Hospital Trauma Life Support-Advanced Provider, 5th Edition, Chapter 6

AUDIO-VISUAL REFERENCES: Pre-Hospital Trauma Life Support-Advanced slide Set CD, Chapter 6

Lesson 7: Abdominal Trauma

<u>Didactic Hours</u>	<u>Lab Hours</u>
.50	

Objectives:

- Relate external signs of abdominal injury to the potential for specific abdominal organ injuries.
- Surmise the pathophysiologic effects of a blunt or penetrating injury to the abdomen based on assessment data obtainable by a pre-hospital care provider.
- Analyze scene assessment data to determine the level of suspicion for abdominal trauma.
- Recognize the secondary survey assessment findings indicative of intra-abdominal bleeding.
- Describe the indications, contraindications, advantages, disadvantages, and limitations of the use of a PASG for abdominal and pelvic hemorrhage.
- Identify the indications for rapid intervention and transport in the context of abdominal trauma.
- Relate the anatomic and physiologic changes associated with pregnancy to the pathophysiology and management of trauma.
- Describe the effects of maternal trauma on the fetus and priorities of its management.

STUDENT TEXT BOOK REFERENCES: Pre-Hospital Trauma Life Support-Advanced Provider, 5th Edition, Chapter 7

INSTRUCTOR MANUAL REFERENCES: Pre-Hospital Trauma Life Support-Advanced Provider, 5th Edition, Chapter 7

AUDIO-VISUAL REFERENCES: Pre-Hospital Trauma Life Support-Advanced slide Set CD, Chapter 7

Lesson 8: Head Trauma

<u>Didactic Hours</u>	<u>Lab Hours</u>
.50	

Objectives:

- Relate the kinematics of trauma to the potential for traumatic brain injury (TBI).
- Incorporate recognition of pathophysiologic manifestations and historical data significant for TBI into assessment of the trauma casualty to formulate a field impression.
- Formulate a plan of field intervention for both short and prolonged transport times for casualties with TBI.
- Compare and contrast the pathophysiology, management, and potential consequences of specific types of primary TBI.
- Identify criteria for casualty care decisions for the TBI casualty with regard to mode of transport, level of pre-hospital care, and receiving hospital resources needed for the appropriate management of the TBI casualty.

STUDENT TEXT BOOK REFERENCES: Pre-Hospital Trauma Life Support-Advanced Provider, 5th Edition, Chapter 8

INSTRUCTOR MANUAL REFERENCES: Pre-Hospital Trauma Life Support-Advanced Provider, 5th Edition, Chapter 8

AUDIO-VISUAL REFERENCES: Pre-Hospital Trauma Life Support-Advanced slide Set CD, Chapter 8

Lesson 9: Spinal Trauma

<u>Didactic Hours</u>	<u>Lab Hours</u>
.50	

Objectives:

- Describe the epidemiology of spinal injuries.
- Compare and contrast the most common mechanisms of injury that produce spinal injury in adults with those most common in children.
- Recognize casualties with the potential for spinal trauma.
- Relate the signs and symptoms of spinal injury and neurogenic shock with their underlying pathophysiology.
- Integrate principles of anatomy and physiology with assessment data and principles of trauma management to formulate a treatment plan for the casualty with obvious or potential spinal injury.
- Discuss factors associated with pre-hospital findings and interventions that may affect spinal injury morbidity and mortality rates.

STUDENT TEXT BOOK REFERENCES: Pre-Hospital Trauma Life Support-Advanced Provider, 5th Edition, Chapter 9

INSTRUCTOR MANUAL REFERENCES: Pre-Hospital Trauma Life Support-Advanced Provider, 5th Edition, Chapter 9

AUDIO-VISUAL REFERENCES: Pre-Hospital Trauma Life Support-Advanced slide Set CD, Chapter 9

Lesson 10: Musculoskeletal Trauma

<u>Didactic</u> <u>Hours</u>	<u>Lab</u> <u>Hours</u>
.50	(+ .25)

Objectives:

- List the three groups used to classify casualties with extremity injuries and relate this to priority of care.
- Describe the primary and secondary surveys as related to extremity trauma.
- Discuss the significance of hemorrhage in both open and closed fractures of long bones, pelvis, and ribs.
- List the five major pathophysiologic problems associated with extremity injuries that may require management in the pre-hospital setting.
- Explain the management of extremity trauma as an isolated injury in the presence of multi system trauma.
- Given a scenario involving an extremity injury, select an appropriate splint and splinting method.
- Describe the special considerations involved in femur fracture management.
- Describe the management of amputations.

STUDENT TEXT BOOK REFERENCES: Pre-Hospital Trauma Life Support-Advanced Provider, 5th Edition, Chapter 10

INSTRUCTOR MANUAL REFERENCES: Pre-Hospital Trauma Life Support-Advanced Provider, 5th Edition, Chapter 10

AUDIO-VISUAL REFERENCES: Pre-Hospital Trauma Life Support-Advanced slide Set CD, Chapter 10

Lesson 11: Thermal Trauma: Injuries Produced by Heat and Cold

<u>Didactic</u> <u>Hours</u>	<u>Lab</u> <u>Hours</u>
.50	(+ .25)

Objectives:

- List the two sources of body heat.
- List four mechanisms of heat transfer into and out of the body.
- List the types of energy that create local injury.
- List criteria for assessing burn severity.
- List two life threatening injuries that result from burns that require pre-hospital treatment.
- List five signs that indicate inhalation injury and possible respiratory complications after a burn injury.
- Apply the rule of nines for adult and pediatric casualties.
- List key assessment and management elements for chemical and electrical burns.
- Differentiate between critical and non-critical hyperthermia.
- List major elements of management of hyperthermia from different causes.
- Differentiate between superficial and deep frostbite.
- Formulate a management plan for casualty with local cold injury.
- Differentiate between the mechanisms of submersion and immersion hypothermia.

STUDENT TEXT BOOK REFERENCES: Pre-Hospital Trauma Life Support-Advanced Provider, 5th Edition, Chapter 11

INSTRUCTOR MANUAL REFERENCES: Pre-Hospital Trauma Life Support-Advanced Provider, 5th Edition, Chapter 11

AUDIO-VISUAL REFERENCES: Pre-Hospital Trauma Life Support-Advanced slide Set CD, Chapter 11

Lesson 12: Special Considerations in Trauma of the Child

<u>Didactic</u> <u>Hours</u>	<u>Lab</u> <u>Hours</u>
.50 (+ .25)	

Objectives:

- Identify the unique differences in injured patterns for children.
- Demonstrate an understanding of the special importance of managing the airway and restoring adequate tissue oxygenation in pediatric casualties.
- Identify the quantitative vitals signs for children.
- Demonstrate an understanding of management techniques for the various injuries found in pediatric casualties.
- Calculate the pediatric trauma score.
- Identify the signs of pediatric trauma suggestive of child abuse.

STUDENT TEXT BOOK REFERENCES: Pre-Hospital Trauma Life Support-Advanced Provider, 5th Edition, Chapter 12

INSTRUCTOR MANUAL REFERENCES: Pre-Hospital Trauma Life Support-Advanced Provider, 5th Edition, Chapter 12

AUDIO-VISUAL REFERENCES: Pre-Hospital Trauma Life Support-Advanced slide Set CD, Chapter 12

Lesson 13: Special Considerations in Trauma of the Elderly

<u>Didactic</u> <u>Hours</u>	<u>Lab</u> <u>Hours</u>
.25 (+ .25)	

Objectives:

- Discuss the epidemiology of trauma in the elderly.
- Discuss the anatomic and physiologic effects of aging as a factor in causes of trauma in the elderly and as a factor in the pathophysiology of trauma.
- Explain the interaction of various preexisting medical problems with traumatic injuries in the elderly to produce differences in the pathophysiology and manifestations of trauma.
- Explain the physiologic effects of specific common classes of medications on the pathophysiology and manifestations of trauma in the elderly.
- Compare and contrast the assessment techniques and considerations used in elderly with those used. In younger populations.
- Demonstrate modifications in spinal immobilization technique for safe and effective spinal immobilization of the elderly casualty with the highest degree of comfort possible.
- Compare and contrast the management of the elderly trauma casualty with that of the younger trauma casualty.
- Assess the scene and elderly casualty for signs and symptoms of abuse and neglect.
- Act as a role model in attending to the specific needs of the elderly trauma casualty.

STUDENT TEXT BOOK REFERENCES: Pre-Hospital Trauma Life Support-Advanced Provider, 5th Edition, Chapter 13

INSTRUCTOR MANUAL REFERENCES: Pre-Hospital Trauma Life Support-Advanced Provider, 5th Edition, Chapter 13

AUDIO-VISUAL REFERENCES: Pre-Hospital Trauma Life Support-Advanced slide Set CD, Chapter 13

Lesson 15: Golden Principles of Pre-Hospital Trauma Care

Didactic	Lab
<u>Hours</u>	<u>Hours</u>
.50	

Objectives:

- a. Ensure the safety of the Pre-hospital Care providers and the casualty.
- b. Assess the scene situation to determine the need for additional resources.
- c. Recognize the Kinematics that Produce the injuries.
- d. Use the primary survey approach to identify life threatening conditions.
- e. Provide appropriate airway management while maintaining cervical spine stabilization.
- f. Support ventilation and deliver oxygen to maintain an Sp2 greater than 95%.
- g. Control any significant external hemorrhage.
- h. Provide basic shock therapy, including restoring and maintaining normal body temperature and appropriately splinting musculoskeletal injuries.
- i. Consider the use of the Pneumatic Anti-shock Garment for casualties with decompensated shock (SBP<90mm Hg) and suspected pelvic, intraperitoneal, or retroperitoneal hemorrhage, and in casualties with profound hypotension (SBP<60mm Hg).
- j. Maintain manual spinal stabilization until the casualty is immobilized on a long backboard.
- k. For critically injured trauma casualties initiate transport to the closest appropriate facility on scene.
- l. Initiate warmed intravenous fluid replacement en route to the receiving facility.
- m. Ascertain the casualty's medical history and perform a secondary survey when life-threatening problems have been satisfactorily managed or have been ruled out.
- n. Above All, DO No Further Harm.

STUDENT TEXT BOOK REFERENCES: Pre-Hospital Trauma Life Support-Advanced Provider, 5th Edition, Chapter 15

INSTRUCTOR MANUAL REFERENCES: Pre-Hospital Trauma Life Support-Advanced Provider, 5th Edition, Chapter 15

AUDIO-VISUAL REFERENCES: Pre-Hospital Trauma Life Support-Advanced slide Set CD, Chapter 15

Additional Requirements:

	<u>Didactic</u>	<u>Lab</u>
	<u>Hours</u>	<u>Hours</u>
Practice Skills Teaching Stations		1.0 (+ 1)
Practical Skill Stations		3.0 (+ 1)
Final Assessment (Written and Practical Evaluation)	1.0 (- 1)	2.5 (- 2.5)

Medical Equipment needed: See Appendix A of this document for a complete equipment listing.

STUDENT TEXT BOOK REFERENCES: Pre-Hospital Trauma Life Support-Advanced Provider, 5th Edition

INSTRUCTOR MANUAL REFERENCES: Pre-Hospital Trauma Life Support-Advanced Provider, 5th Edition

AUDIO-VISUAL REFERENCES: Pre-Hospital Trauma Life Support-Advanced slide Set CD

Module Two**Course Title: Tactical Combat Casualty Care**

<u>Didactic Hours</u>	<u>Lab Hours</u>
12	12

Purpose: Tactical Combat Casualty Care (TCCC) is a program designed to provide trauma management strategies for the unique tactical environment. Profound differences in managing battlefield casualties include hostile, austere environments, limited visibility, limited medical resources, widely variable evacuation times and platforms, provider experience level, and the tactical situation itself. The TCCC program is designed to achieve three simultaneous goals: treat the casualty with minimal disruption to the ongoing tactical mission, prevent further casualties, and complete the tactical mission.

Note: The hours listed above will be assigned to specific subject areas in the “Lessons” section.

Lesson 1: Point of Wounding Care

<u>Didactic Hours</u>	<u>Lab Hours</u>
1	0

Objectives:

- Review the causes of death on the battlefield
- Levels of care on the battlefield
- Equipment for the Individual First Aid Kit and Vehicle Lifesaving Kits

STUDENT REFERENCES: LP C191W013

INSTRUCTOR REFERENCES: LP C191W013

AUDIO-VISUAL REFERENCES: TCCC Media Disk Provided with Training Support Package

Lesson 2: Tactical Combat Casualty Care, Ch 16 PHTLS Manual

<u>Didactic Hours</u>	<u>Lab Hours</u>
3	0

Objectives:

- Overview of battlefield medicine
- Identify different stages of care
- Provide Care under fire
- Provide Tactical Field Care
- Provide CASEVAC Care

STUDENT REFERENCES: LP C191W144, PHTLS Manual 5th Edition or later edition

INSTRUCTOR REFERENCES: LP C191W144, PHTLS Manual 5th Edition or later edition

AUDIO-VISUAL REFERENCES: TCCC Media Disk Provided with Training Support Package

Lesson 3: Advanced Airway Techniques

Didactic	Lab
Hours	Hours
1	1

Objectives:

- a. Review Anatomy and Physiology of Respiratory System
- b. Establish An Airway
- c. Advanced Airway Management
- d. Practical Exercise (1) Insert a Nasal Trumpet
- e. Identify the need for and Insert a Combitube
- f. Identify the need for and perform an Emergency Cricothyroidotomy

STUDENT REFERENCES: LP C191W002**INSTRUCTOR REFERENCES:** LP C191W002**AUDIO-VISUAL REFERENCES:** TCCC Media Disk Provided with Training Support Package**Lesson 4: Chest Trauma**

Didactic	Lab
Hours	Hours
1	1

Objectives:

- a) Review Anatomy of the Thorax, Mechanism of Injury, and General Assess of Thoracic Trauma
- b) Identify Major, Immediate Life-Threatening Thoracic Injuries
- c) Identify and treat a Sucking chest wound/flail chest
 - 1) Occlusive dressings
- d) Identify and Treat a Tension Pneumothorax
 - 1) NCD, needle chest decompression

STUDENT REFERENCES: LP C191W014**INSTRUCTOR REFERENCES:** LP C191W014**AUDIO-VISUAL REFERENCES:** TCCC Media Disk Provided with Training Support Package**Lesson 5: Circulation and Shock**

Didactic	Lab
Hours	Hours
2	7

Objectives:

- Identify Hemorrhage and Hypovolemic Shock
- a. Provide Treatment for Hemorrhage
 - 1) Emergency Trauma Bandage
 - 2) Tourniquets
 - b. Provide Treatment for Hypovolemic Shock
 - 1) Identify Commonly Used IV Solutions
 - 2) Establish a Saline Lock -Demo

- 3) Sternal Interosseous
- 4) Hypotensive resuscitation
- c. Hypothermia Management

STUDENT REFERENCES: LP C191W003, C191W055

INSTRUCTOR REFERENCES: LP C191W003, C191W055

AUDIO-VISUAL REFERENCES: TCCC Media Disk Provided with Training Support Package

Lesson 6: Triage Mass-Cal

<u>Didactic</u>	<u>Lab</u>
<u>Hours</u>	<u>Hours</u>
1	1

Objectives:

- a. Identify the Principles Which Govern the Priorities for Treatment and Evacuation
- b. Identify Triage Categories
- c. Prioritize casualties for Medevac by categories
- d. Practical Exercise, Triage Casualties on a Conventional Battlefield

STUDENT REFERENCES: LP C191W027

INSTRUCTOR REFERENCES: LP C191W027

AUDIO-VISUAL REFERENCES: TCCC Media Disk Provided with Training Support Package

Lesson 7: Package a Casualty for Transport

<u>Didactic</u>	<u>Lab</u>
<u>Hours</u>	<u>Hours</u>
1	2

Objectives:

- a. Package a Casualty on a SKED Litter
- b. Package a Casualty on a Talon Litter
- c. Package a Casualty on an Improvised Litter

STUDENT REFERENCES: Student Handouts

INSTRUCTOR REFERENCES: Instructor Handouts

AUDIO-VISUAL REFERENCES: TCCC Media Disk Provided with Training Support Package

Lesson 8: International Humanitarian Law and the Geneva Conventions

<u>Didactic</u> <u>Hours</u>	<u>Lab</u> <u>Hours</u>
2	0

Objectives:

Customary international law and lawmaking treaties such as the Geneva and Hague Conventions regulate the conduct of hostilities on land. The rights and duties set forth in the Conventions are part of the supreme law of the land. The United States is obligated to adhere to these obligations even when an opponent does not. DoD and Army policies require that we conduct operations in a manner consistent with these obligations.

STUDENT REFERENCES: **Student Handouts** LP C1918TC

INSTRUCTOR REFERENCES: **Instructor Handouts** LP C1918TC

AUDIO-VISUAL REFERENCES: TCCC Media Disk Provided with Training Support Package

Training Sequence

This is for courses where PHTLS certification will be provided.

Week	Day	Module	Module Hrs
1	1-2	<u>Pre-Hospital Trauma Management</u>	16 hrs Total
1	1	Baseline determinations & Injury Prevention	1.0
1	1	Kinematics	1.0
1	1	Patient Assessment	1.0
1	1	Airway Management	.75
1	1	Shock and Fluid Replacement	.75
1	1	Spinal Trauma	.50
1	1	Practical Skill Stations	3.0
1	2	Triage, Transport, & Trauma Systems	.25
1	2	Considerations in the Pediatric and Elderly Patient	.50
1	2	Thoracic Trauma	.50
1	2	Abdominal Trauma and Trauma in Pregnancy	.50
1	2	Head Trauma	.50
1	2	Practical Skills Teaching Stations	1.0
1	2	Musculoskeletal Trauma	.25
1	2	Thermal Trauma	.25
1	2	Essentials in Pre-hospital Care	.50
1	2	Final Written and Skills Assessment	3.5
1	3-5	<u>Tactical Combat Casualty Care</u>	24 hrs Total
1	3	Point of Wounding Care	1
1	3	Tactical Combat Casualty Care, Ch16 PHTLS	3
1	3	Advanced Airway Techniques (Didactic)	1
1	3	Chest Trauma (Didactic)	1
1	3	Circulation and Shock (Didactic)	2
1	3	Triage Mass-Cal (Didactic)	1
1	4	Package a Casualty for Transport (Didactic)	1
1	4	Humanitarian Law and the Geneva Conventions (Didactic)	2
1	4	Medical Advanced & Basic Skills for TCCC	6
1		Review for Written Final Exam	1
1	5	Medical Advanced & Basic Skills for TCCC	6
1	5	Final Written Exam (Required, not included in the hourly total.)	1
1	5	Final Skills Evaluation (Required, not included in the hourly total.)	1

This plan is for courses in which PHTLS-A certification will not be provided.

Week	Day	Module	Module Hrs
1	1-2	<u>Pre-Hospital Trauma Management</u>	16 hrs Total
1	1	Injury Prevention	1.0
1	1	Kinematics	1.0
1	1	Patient Assessment	1.0
1	1	Airway Management	1.25
1	1	Shock and Fluid Replacement	.75
1	1	Spinal Trauma	.50
1	1	Practical Skill Stations	4.0
1	2	Triage, Transport, & Trauma Systems	.25
1	2	Considerations in the Pediatric and Elderly Patient	1.0
1	2	Thoracic Trauma	.50
1	2	Abdominal Trauma and Trauma in Pregnancy	.50
1	2	Head Trauma	.50
1	2	Practical Skills Teaching Stations	2.0
1	2	Musculoskeletal Trauma	.50
1	2	Thermal Trauma	.50
1	2	Essentials in Pre-hospital Care	.50
1	3-5	<u>Tactical Combat Casualty Care</u>	24 hrs Total
2	3	Point of Wounding Care	1
2	3	Tactical Combat Casualty Care, Ch16 PHTLS	3
2	3	Advanced Airway Techniques (Didactic)	1
2	3	Chest Trauma (Didactic)	1
2	3	Circulation and Shock (Didactic)	2
2	3	Triage Mass-Cal (Didactic)	1
2	4	Package a Casualty for Transport (Didactic)	1
2	4	Humanitarian Law and the Geneva Conventions (Didactic)	2
2		Medical Advanced & Basic Skills for TCCC	6
2	5	Review for Written Final Exam (Optional, not included in hourly total.)	
2	5	Medical Advanced & Basic Skills for TCCC	6

Test Administration Guidance:

Administer tests IAW TRADOC 350-70.

Written Exam Final: For courses which include PHTLS-A certification, there will be a written exam provided by NAEMT for the Pre-Hospital Trauma Management module. There will also be a 25 question exam for the TC3 module. For courses which do not offer PHTLS-A certification there will be a fifty question written, multiple choice exam administered which covers Pre-Hospital trauma Management and TC3. The passing score is 70%. The exam and answer key will be provided as a part of the Instructor/Coordinator packet.

Skills Validation Testing: Skills validation for Tactical Combat Casualty Care is a critical component for medics transitioning into the 91W MOS.

Testing of the individual skills will be accomplished by utilizing the skill checklists in the transition course map.

Each individual must demonstrate their skill in performing one skill from each of the following categories; Hemorrhage Control, Airway, Breathing, and one skill from the miscellaneous category below:

Hemorrhage Control

Improvised tourniquet
Combat Application Tourniquet
Emergency Bandage
HemCon Chitosan Bandage
QuikClot Hemostatic powder

Airway

NPA
Combitube
Surgical Cric

Breathing

Occlusive Dressing
Needle Chest Decompression

Miscellaneous

Saline Lock
Hypotensive Resuscitation
Trauma Assessment / TCCC
Sked Litter
Talon Litter
FAST 1 Application

Each student must score a Go on one task from each category to be validated in the Skill portion of the course. Tasks should be rotated to prevent familiarization by students.

During each validation portion, written exam, individual skills validation, if the student is unsuccessful, they will be re-trained and allowed to repeat that portion of the validation process again until successful.

Appendix A: Equipment List for Pre-Hospital Trauma Management

Equipment to student ratio: 1 each of equipment per every 4 students

Airway Management and Ventilation Skills Station

14 /12ga IV catheters
20ga IV catheters
10ml syringe
Adult intubation manikin
Manikin for chest decompression
Neck manikin for PTV (optional)
BVM w/ reservoir
Curved laryngoscope blade
Straight laryngoscope blade
Extra bulbs and batteries for laryngoscope
ET tube stylet
ET tubes 7.0 & 8.0
Laryngoscope handle
Manikin lubricant
O2 tank
O2 connecting tubing
OPA
NPA
Rigid cervical collar
Disposable gloves
Scissors
Sharps container
Stethoscope

Assessment and Management Skills Station

Cervical collars
Stethoscope
Blood pressure cuff
Pen light
Long backboard

Pediatric Assessment and Management Skills Station

Pediatric cervical collar
Stethoscope
Pediatric blood pressure cuff
Pen light
Long backboard
Blankets & towels
Straps
Tape

Spinal Immobilization Skills Station

Blankets/sheets
Cervical collars
Long backboard
Motorcycle helmet
Scoop stretcher

Short backboard
Straps
Towels

Rapid Extrication Skill Station

Vehicle
Cervical Collars
Cot (optional)
Long backboard
Patient
Stethoscope
Straps

Final Evaluation Station

Equipment list is provided for each scenario authorized in the 5th Edition, PHTLS Instructor Guide. The equipment required is included in the above stations and should be consolidated among the various Evaluation stations for testing.

Appendix B

Course Equipment List by Category:

Tactical Combat Casualty Care Equipment

1. **Airway**
 - a. NPAs
 - b. Combitube
 - c. Airway manikin (NPA, Combitube, Surgical Cric application)
 - d. Surgical Cric Kit

2. **Bleeding**
 - a. Tourniquets (C-A-T)
 - b. Emergency trauma dressing
 - c. Cravats
 - d. Sticks or some type of windlass
 - e. Casualty blanket (Hypothermia)

3. **Chest Trauma**
 - a. Asherman chest seal, petroleum gauze, battle dressings
 - b. 14 gauge needle/catheter unit
 - c. Chest manikin

4. **Evacuation**
 - a. Sked, Talon litters

5. **Fluid Resuscitation:**

IV / Saline lock

 - a. 18 gauge needle/catheter units
 - b. saline locks
 - c. tegoderm dressing
 - d. Infusion sets
 - e. Ringers lactate or NS
 - f. Alcohol pads
 - g. Constricting bands (Raptor)vs penrose drains
 - h. 2x2 gauze
 - i. Tape 3 in
 - j. FAST 1 trainer

Appendix C: Quality Assurance Statement

(THIS MEMO SHOULD BE USED ONLY WHEN A TRAIN THE TRAINER COURSE IS TO BE CONDUCTED BY THE MEDICAL DIRECTOR DUE TO NOT HAVING ALREADY CERTIFIED TRAINERS.)

21 DECEMBER 2004

MEMORANDUM FOR: RECORD

SUBJECT: Tactical Combat Casualty Care, Quality Assurance Statement

1. This memorandum serves as a Quality Assurance statement that the undersigned has been provided with all course materials required for conducting Tactical Combat Casualty Care (TC3) course.
2. I have reviewed the materials provided and will ensure that all members of the training site staff understand the changing treatment modalities and methodologies contained within TC3.
3. Upon completing this TC3 Train the Trainer course, I will provide the US Army EMS Programs office with an End of Course Summary for issuance of TC3 certification cards.
4. I may be contacted at (XXX) xxx-xxxx.

Signature Block

Appendix C

NREMT-Basic Policies & Guidelines

A. NREMT Felony Conviction Policy

- a. The NREMT will deny registration or take other appropriate actions in regards to applicants for registration or re-registration when a felony conviction has occurred. Decisions effecting eligibility will be based upon the following categories. Applicants may appeal decisions made by the Registry as outlined in the National Registry of Emergency Medical Technicians Registry Disciplinary Policy.

EMT Certification – Criminal Convictions

b. Preamble

- I. EMS practitioners, by virtue of their state licensure, certification, or national registration, have unsupervised, intimate, physical and emotional contact with patients at a time of maximum physical and emotional vulnerability, as well as unsupervised access to personal property. In this capacity, they are placed in a position of the highest public trust, even above that granted to other public safety professionals and most other health care providers. While police officers require warrants to enter private property, and are subject to substantial oversight when engaging in “strip searches” or other intrusive practices, EMTs are afforded free access to the homes and intimate body parts of patients who are extremely vulnerable, and who may be unable to defend or protect themselves, voice objections to particular actions, or provide accurate accounts of events at a later time.
- II. Citizens in need of out-of-hospital medical services rely on the EMS System and the existence of state licensure/certification or national registration to assure that those who respond to their calls for aid are worthy of this extraordinary trust. It is well accepted in the United States that persons who have been convicted of criminal conduct may not serve as police officers. In light of the high degree of trust conferred upon EMTs by virtue of licensure, certification, or registration, EMTs should be held to a similar, if not higher, standard. For these reasons, the EMS certifying/licensing/registration agency has a duty to exclude individuals who pose a risk to public health and safety by virtue of conviction of certain crimes.

c. General Denial

- I. Registration of individuals convicted of certain crimes present an unreasonable risk to public health and safety. Thus, applications for certification by individuals convicted of the following crimes will be denied in all cases.
- II. Felonies involving sexual misconduct where the victim’s failure to affirmatively consent is an element of the crime, such as forcible rape.

III. Felonies involving the sexual or physical abuse of children, the elderly or the infirm, such as sexual misconduct with a child, making or distributing child pornography or using a child in a sexual display, incest involving a child, assault on an elderly or infirm person.

IV. Any crime in which the victim is an out-of-hospital patient or a patient or resident of a health care facility including abuse, neglect, theft from, or financial exploitation of a person entrusted to the care or protection of the applicant.

d. Presumptive Denial

ix Applications for registration by individuals in the following categories will be denied except in extraordinary circumstances, and then will be granted only if the applicant establishes by clear and convincing evidence that certification will not jeopardize public health and safety.

x Applications for certification by individuals who have been convicted of any crime and who are currently incarcerated, on work release, on probation or on parole.

xi Application for certification by individuals convicted of crimes in the following categories unless at least five years have passed since the conviction OR five years have passed since release from custodial confinement whichever occurs later:

a. Serious crimes of violence against persons, such as assault or battery with a dangerous weapon, aggravated assault and battery, murder or attempted murder, manslaughter except involuntary manslaughter, kidnapping, robbery of any degree; or arson.

b. Crimes involving controlled substances or synthetics, including unlawful possession or distribution, or intent to distribute unlawfully, Schedule I through V drugs as defined by the Uniform Controlled Dangerous Substances Act.

c. Serious crimes against property, such as grand larceny, burglary, embezzlement or insurance fraud.

d. Any other crime involving sexual misconduct.

b. Discretionary Denial

xii Applications for registration by individuals convicted of any crimes including DUI, but not including minor traffic violations may be denied after consideration of the following factors.

a. The seriousness of the crime.

- b. Whether the crime relates directly to the skills of prehospital care service and the delivery of patient care.
- c. How much time has elapsed since the crime was committed.
- d. Whether the crime involved violence to, or abuse of, another person.
- e. Whether the crime involved a minor or a person of diminished capacity.
- f. Whether the applicant's actions and conduct since the crime occurred are consistent with the holding of a position of public trust.

Disciplinary Policy

DISCIPLINARY PROCEDURES AND RIGHT OF APPEAL

The June, 2000 Board of Directors meeting included the task of revising the National Registry Disciplinary Procedures. The Board has worked closely with legal counsel in updating these Procedures for all present and prospective registrants. Any questions concerning this document should be addressed to the Executive Director of the NREMT.

A. Purpose of Registry

The Registry conducts a national EMS certification program in furtherance of the NREMT mission which is to certify and register Emergency Medical Service Professionals throughout their careers by a valid and uniform process which assesses the knowledge and skills for competent practice. Registry policies are established to assure the public, licensing agents, employers and other healthcare providers that Registered EMTs have demonstrated the requisite knowledge and skills to practice safely and effectively.

The Registry does not issue a permit to work or license to practice, nor does the Registry warrant job performance of applicants and registrants.

B. Terms of Registration

In applying for registration or reregistration, and as a condition for the maintenance of registration, an applicant or registrant agrees that:

1. The individual will comply with all entry requirements, continuing education requirements, rules and standards of the NREMT. The individual bears the burden of demonstrating and maintaining compliance at all times. The NREMT considers the individual to be solely responsible for his or her registration.
2. The NREMT's examinations, certificates, cards, logos, emblems, the name "National Registry of Emergency Medical Technicians," and abbreviations relating thereto are all exclusive property of the NREMT and may not be used in any way without the NREMT's express written consent.

3. The individual will immediately relinquish and refrain from using any NREMT certificate, card, logo, emblem, and the NREMT's name and related abbreviations in case of expiration, suspension, limitation, revocation or voluntary surrender of the individual's registration or as otherwise requested by the NREMT.
4. If an individual misappropriates any NREMT property or refuses to immediately relinquish, refrain from using and correct at their expense any misuse or misleading use of any of the above items when requested, the NREMT shall be entitled to obtain injunctive relief, damages, costs and attorney's fees incurred in obtaining any such or other relief.
5. The individual must notify the NREMT of any change in address, telephone number, state of employment and licensure and any other facts bearing on eligibility or registration, including, but not limited to, the initiation of any disciplinary action by any state which has resulted in suspension, revocation or expiration of state registration or license, or termination of the right to practice or voluntary surrender of state registration of license while under investigation and any felony conviction, within thirty (30) days of such occurrence.
6. The individual must notify the NREMT of any mental or physical condition which exists for more than six (6) months and that compromises the ability to practice within thirty (30) days of such occurrence.

C. Eligibility for registration or reregistration

1. No individual is eligible to apply for registration or reregistration unless compliance with all NREMT rules and standards is demonstrated. The NREMT may deny, revoke, or otherwise act upon registration or reregistration of an individual who is not in compliance with NREMT rules and standards.
2. The individual must submit a complete reregistration application and all required supporting materials post marked on or before the expiration date for submission of reregistration applications as established by NREMT.
3. The individual must truthfully complete and sign an application in the form provided by the NREMT and shall provide all additional information as requested.
4. The individual must at all times be eligible for and not barred from practice as an Emergency Medical Technician under the laws of any state authorizing agency. An individual's registration shall automatically be suspended during any period in which he or she is so barred unless the individual is so barred solely by reason of being located in a jurisdiction which does not recognize NREMT registration as a basis for licensure or certification as an emergency medical technician.
5. An individual convicted of a felony or any other crime directly related to public health or the provision of emergency medical service, including DUI, will be reviewed for eligibility for registration and reregistration under policies outlined in the NREMT's Felony Conviction Policy

D. Irregular Behavior

1. Candidates should understand that the following may be sufficient cause to bar them from future examinations, to terminate participation in the examination, to invalidate the results of an examination, to withhold or revoke scores or registrations, or to take other appropriate action:
 1. The giving or receiving of aid in the examination as evidenced either by observation or by statistical analysis of answers of one or more participants in the examination.
 2. The unauthorized access to, possession, reproduction, disclosure or use of any materials, including, but not limited to, examination questions or answers before, during or after the examination.
 3. The offering of any benefit to any agent of the NREMT in return for any aid or assistance in taking an examination.
 4. The engaging in irregular behavior in connection with the administration of the examination.
2. Irregular behavior which may be cause for invalidation of the examination or the taking of disciplinary action, includes, but is not limited to:
 1. Referring to books, notes, or other devices at any time during the examination. This prohibited material includes written information or information transferred by electronic, acoustical, or other means.
 2. Any transfer of information or signals between candidates during the examination. This prohibition includes any transfer of information between the candidate and any other person at any time during the testing period, including bathroom breaks.
 3. Any appearance of looking at the answer sheet or the examination booklet of another candidate during the examination.
 4. Allowing another candidate to view one's answer sheet or examination booklet or otherwise assisting another candidate in the examination.
 5. Taking any examination materials outside the examination room. All examination materials are the property of the NREMT and must be left in the room at the end of the examination.
3. The NREMT also may require a candidate to retake the examination if presented with sufficient evidence that the security of the examination has been compromised, notwithstanding the absence of any evidence of a candidate's personal involvement in such activities.

E. Review of Applications and Certificates

1. Standards

The NREMT may revoke an individual's registration, take appropriate disciplinary action or otherwise take action with regard to the application of a candidate or registrant in the case of:

1. Ineligibility for NREMT registration;
2. Failure to comply with any rule of the NREMT;
3. Irregular behavior in connection with any NREMT examination;
4. The intentional and material misrepresentation or withholding of any material information on any application or in any other representation or communication to the NREMT;
5. Misrepresentation of the individual's status as a registrant;
6. Gross or repeated negligence or malpractice in professional work;
7. The conviction of, plea of guilty or plea of nolo contendere to, a felony or any criminal offense which is directly related to public health or the provision of emergency medical service; or
8. Suspension, revocation or other disciplinary action by a licensing board or authorizing agency or the voluntary surrender of a licensee in connection with any such disciplinary action.

F. Procedure for Appealing Registry Determinations

1. Procedures for Disciplinary Action by Registry

1. When the NREMT makes an unfavorable ruling regarding an individual's application for registration or reregistration or any disciplinary action, including, but not limited to, the revocation of registration, the Executive Director shall send to that individual, by certified mail, return receipt requested, a statement setting forth:
 1. The action taken;
 2. The reason(s) for the action and, if applicable, a statement of facts constituting the alleged violation of any of the NREMT's rules or standards or the reasons for ineligibility;
 3. The time period in which the individual may appeal and provide any additional information.

2. A candidate or registrant who is adversely affected by a decision of the NREMT, other than with respect to the administration, scoring or reporting of the practical or written examination, may appeal such decision by mailing a notice of appeal to the office of the NREMT within forty-five (45) days of the date of such decision was mailed to him or her.
3. Upon receipt of a notice of appeal, the Credentials Committee of the NREMT shall consider any additional information submitted by the individual in support of his or her appeal and make such further investigation as it deems appropriate. If the Credentials Committee decides in a manner favorable to the individual, it shall so notify the individual. If the Credentials Committee does not so decide, it shall notify the individual and the Executive Director and the individual shall have a right to an appeal hearing in accordance with the procedures set forth in Sections B through D.
4. In the event of an unfavorable Credentials Committee decision, the Executive Director shall so notify the affected individual and inform that individual that:
 1. he or she shall have forty-five (45) days from the date such decision was mailed to him or her to appeal the decision;
 2. if an appeal is made, a hearing on the appeal shall be held before an Appeals Committee; and
 3. the individual may appear at the hearing in person, with the assistance of counsel, may examine and cross-examine any witness, and produce evidence on his/her behalf, including submission of a written statement, if desired.

2. Hearing

1. In the event of an appeal, the Chairman of the Board of Directors shall designate an Appeals Committee consisting of three (3) members of the Executive Committee.
2. A hearing shall be scheduled not less than ninety (90) days after the date of notice.
3. The Hearing Panel shall convene at a site designated by the NREMT.
4. The Executive Director shall send the individual by certified mail, return receipt requested, a Notice of Hearing. The Notice of Hearing shall include a statement of the time and place of the hearing.
5. The Appeals Committee shall determine all matters relating to the hearing by majority vote. A written record shall be made of the proceedings, and shall be available to individual at a reasonable cost following the hearing.

6. Evidence

Formal rules of evidence shall not apply. All information related to the allegations shall be admissible at the hearing, whether or not such information would be admissible in a court of law. The purpose of the hearing is to assemble as much

information as practical regarding all material aspects of the situation, and the Appeals Committee shall be entitled to take into account any such information of the type normally relied upon by individuals of reasonable prudence in the conduct of important personal matters. Disputed questions shall be determined by majority vote of the Appeals Committee.

3. Decision

1. The decision of the Appeals Committee shall be made by a majority of the Committee and shall be rendered in writing following the hearing. The decision shall contain the basis for the determination to uphold, modify or overrule the decision of the Credentials Committee and for any sanction(s) applied. It shall be transmitted to the individual by certified mail, return receipt requested.
2. The decision of the Appeals Committee shall be final and binding.

4. Release of Information

The candidate or registrant authorizes the NREMT and its agents to communicate all information relating to NREMT application, registration and review thereof, including outcome of disciplinary proceedings, to state and federal authorities and others upon request.

5. Procedure for Appealing Practical Examination

A candidate who believes that the practical examination was administered in an inaccurate or unfair manner for any reason, including, but not limited to, an equipment malfunction, discrimination or bias of an examiner, must on the day of the examination immediately register a complaint and request for re-examination. The request shall be made to the NREMT Representative on the complaint form provided.

The Quality Assurance Committee shall consist of the Physician Medical Director, the Examination Coordinator, and the NREMT Representative. When the NREMT Representative is also acting as the Examination Coordinator, a third uninvolved, unbiased person will be appointed to the Committee. The Committee may discuss the matter with the candidate and the involved skill station examiner(s), if necessary, and make such other investigation as they may deem appropriate. If a majority of the Committee determines that reasonable grounds exist for the candidate's complaint, the candidate shall be re-examined by a different skill station examiner. The first examination will be disregarded and only the candidate's performance on the re-examination shall be considered in determining his or her score on the examination.

The determination of the Quality Assurance Committee is final and binding upon the candidate. There shall be no further appeal from a failure on the practical examination.

6. Procedure for Appealing Written Examination

A candidate who fails the written examination may request in writing that his or her examination be re-scored by hand to certify the accuracy of the results reported. Such a request must be made within thirty (30) days of his or her notification of the examination results. The request must be accompanied by a check or money order for \$20.00 to cover the cost of hand scoring.

There shall be no further appeal from a failure on the written examination.

G. Reconsideration of Eligibility and Reinstatement of Registration

Eligibility will be reconsidered and registration may be conferred after revocation of an individual's registration upon new application for registration only on the following basis:

1. In the event of a felony conviction directly related to public health or the provision of emergency medical service, no earlier than one (1) year from the exhaustion of appeals, release from confinement or reinstatement of license, whichever is later.
2. In any other event, no earlier than one (1) year from the final decision of ineligibility or revocation.
3. In addition to other facts required by the NREMT, an individual seeking reinstatement must fully set forth the circumstances of the decision denying eligibility or revoking registration as well as all facts and circumstances relevant to the application occurring after the decision. Where eligibility is denied because of felony conviction, the individual bears the burden of demonstrating by clear and convincing evidence that the individual has been rehabilitated and does not pose a danger to others.

H. Submission of information to NREMT concerning possible violation of NREMT standards

Persons concerned with possible violation of NREMT standards should submit such information in writing addressed to the Executive Director. This information should identify the persons alleged to be involved and the facts concerning the alleged conduct in as much detail and specificity as possible, supplying all available supporting documentation. The statement should identify by name, address and telephone number the person making the information known to the NREMT and others who may have knowledge of the facts and circumstances concerning the alleged conduct. Supplemental information may be requested.

APPENDIX D

NREMT EXAMINATION REQUEST FORM

All NREMT Written Examination Requests are to be submitted using the format in this Appendix. A copy of this Examination Request should accompany the EMT-B / Bridge Course Request for Course Files.

FILL IN APPROPRIATE INFORMATION AS APPLICABLE

ARMY EDUCATION OFFICE
MAILING ADDRESS
CITY, STATE ZIP

MCXM-OS

DATE

MEMORANDUM FOR National Registry of Emergency Medical Technicians

SUBJECT Request for NREMT-B examinations

1. This memorandum is for the purpose of requesting the shipment of NREMT-Basic examinations to the listed address
2. Date of Practical exam DATE
3. Location of Practical exam Training Site and Address
4. Date of written exam 20 MAY 2005
5. Location of written exam ARMY EDUCATION OFFICE
44200 N. JEFFERSON AVE.
SELFRRIDGE, MI 48045
6. Examination coordinator NAME
ARMY EDUCATION OFFICE
44200 N. JEFFERSON AVE.
SELFRRIDGE, MI 48045
7. DANTEs test control officer NAME
(Ship to address) ARMY EDUCATION OFFICE
44200 N. JEFFERSON AVE.
SELFRRIDGE, MI 48045
8. Number of candidates 2

Pg. 2

9. The U.S. Army EMS programs site number for this activity is AM-999. (The exams being administered are for Re-entry to NREMT due to lapsed Registrations. Payment should be included with each application packet.)
10. The point of contact for this memorandum Exam Coordinator, Phone number.

Signature Block
TCO

Signature Block
Course Coordinator / Exam Coordinator

APPENDIX E

Criminal Background Questionnaire

ARMY EMS CRIMINAL BACKGROUND QUESTIONNAIRE

PRIVACY ACT STATEMENT

- 1. AUTHORITY: 5 U.S.C §301**
 - 2. PURPOSE: To ascertain an individual's eligibility for National Registry of Emergency Medical Technicians testing and registration.**
 - 3. ROUTINE USES:**
 - a. Any information you provide may be filed in a system of records under your name or other personal identifier and used for any lawful and official purpose.**
 - b. Any information you provide is disclosable to members of the Department of Defense (DOD) who have an official need for this information in the performance of their duties. Blanket routine uses listed in AR 340-21 also apply. In addition, the information may be disclosed to the National Register of Emergency Medical Technicians.**
 - 4. DISCLOSURES: Information is voluntary, however; if information is not provided the individual may be delayed or be denied entry into the U.S. Army EMS Program.**
-

Last Name: _____ First Name: _____ M.I.: _____

Company _____ Class# _____ SSN# _____ DOB: _____

1. Have you ever been convicted of any of the following?

a. A felony(s) involving sexual misconduct where the victim's failure to affirmatively consent was an element of the crime, such as forcible rape.

b. A felony(s) involving the sexual or physical abuse of children, the elderly or the infirm, such as sexual misconduct with a child, making or distributing child pornography or using a child in a sexual display, incest involving a child, assault on an elderly or infirm person.

c. Any crime in which the victim is an out-of-hospital patient or a patient or resident of a health care facility including abuse, neglect, theft from, or financial exploitation of a person entrusted to the care or protection of the applicant.

Yes No If yes, explain _____

2. Have you ever been convicted of any crime for which you currently are on work release, on probation or on parole?

Yes No If yes, explain _____

3. Have you been convicted of and/or been in custodial confinement for any of the following categories of crimes:

a. Crimes of violence against persons, such as assault or battery with a dangerous weapon, aggravated assault and battery, murder or attempted murder, manslaughter (except involuntary manslaughter), kidnapping, robbery of any degree; or arson.

b. Crimes involving controlled substances or synthetics, including unlawful possession or distribution, or intent to distribute unlawfully, drugs.

c. Crimes against property, such as grand larceny, burglary, embezzlement or insurance fraud.

d. Any other crime involving sexual misconduct.

Yes No If yes, explain _____

4. Have you ever been convicted of any crime(s) (including Driving Under the Influence, but not including minor traffic violations) not specifically identified above? **Yes No If yes, complete the following:**

a. Nature of the crime(s): _____

b. Date of the crime(s): _____

c. Did the crime involve violence to, or abuse of, another person? _____

d. Did the crime involve a minor or a person of diminished capacity? _____

5. Do you currently have any unresolved criminal charges, probation, parole, or are there any outstanding warrants for your arrest?

Yes No If yes, explain _____

Signature: _____ Date: _____

APPENDIX F

Training Site Quarterly Report

Due on the first day of each new Otr for the previous Otr.

Training Site Annual Report

Due NLT 15 October each year.

91W Transition / Sustainment Training Site Quarterly Report

Training Site Code(s): _____

Medical Director: _____

Program Director: _____

Course Coordinator(s): _____

Primary Instructor(s): _____

Number & Type of Courses Conducted

EMT-B: ___ EMT-B Bridge: ___ EMT-B Refresher: ___ Trauma AIMS: ___

TC3: ___ PHTLS-A P: ___ PHTLS-A I: ___ BTLS-A P: ___ BTLS-A I: ___

Total Soldiers Trained: _____

Total Soldiers Transitioned: _____

Status of Training Site Personnel

___ There are no changes to training site personnel at this time.

___ There are changes is training site personnel and all required documentation is attached.

Training Site Issues For Discussion

Is there anything that US Army EMS Programs can do to assist your training site at this time?

91W Transition / Sustainment Training Site Annual Report

Training Site

Code(s): _____

Medical Director: _____

Program Director: _____

Course Coordinator(s): _____

Primary Instructor(s): _____

Number & Type of Courses Conducted

EMT-B: ___ EMT-B Bridge: ___ EMT-B Refresher: ___ Trauma AIMS: ___

TC3: ___ PHTLS-A P: ___ PHTLS-A I: ___ BTLS-A P: ___ BTLS-A I: ___

Total Soldiers Trained: ___

Total Soldiers Transitioned: ___

Training Statistics

EMT-B

Total Students Trained: _____

Course Completion %: _____

1st Time NREMT Pass %: _____ 1st Time NREMT Skills Pass %: _____

1st Time NREMT Retest Pass %: _____ 1st Time NREMT Retest Skills Pass %: _____

EMT-B Bridge

Total Students Trained: _____

Course Completion %: _____

1st Time NREMT Pass %: _____ 1st Time NREMT Skills Pass %: _____

1st Time NREMT Retest Pass %: _____ 1st Time NREMT Retest Skills Pass %: _____

Trauma AIMS

Total Students Trained: _____

Course Completion %: _____

1st Time Written Exam Pass %: _____

1st Time Practical Exam Pass %: _____

TC3

Total Students Trained: _____

Course Completion %: _____

1st Time Written Exam Pass %: _____

1st Time Practical Exam Pass %: _____

Status of Training Site Personnel

____ There are no changes to training site personnel at this time.

____ There are changes is training site personnel and all required documentation is attached.

Training Site Issues For Discussion

Is there anything that US Army EMS Programs can do to assist your training site at this time?

Program Director Audit of Training Files and Training Assessment

	YES	NO
1. Are there appointment letters for the following personnel?		
a. Course Medical Director	_____	_____
b. Program Director	_____	_____
c. Course Coordinator	_____	_____
d. Primary Instructor	_____	_____
2. Are curriculum vitae on file for the following personnel?		
a. Program Director	_____	_____
b. Course Medical Director	_____	_____
d. Primary Instructor(s)	_____	_____
3. Is there a current approved SOP in place?	_____	_____
4. Does the SOP contain the following information?		
a. Current program approval letter from AMEDDC&S	_____	_____
b. Outline of Course Medical Director's duties and responsibilities	_____	_____
c. Outline of Course Coordinator's duties and responsibilities	_____	_____
d. Outline of Program Director duties and responsibilities	_____	_____
e. Are class quota requirements identified?	_____	_____
f. Is there a listing of students' current credentials and their certification expiration dates?	_____	_____
g. Are students notified of recertification requirements?	_____	_____
h. Is there a copy of the course schedule posted?	_____	_____
i. Are there copies of handouts?	_____	_____
j. Are there copies of examinations? Are the examinations current?	_____	_____
k. Are course critiques provided at the end of the course?	_____	_____
l. Is there a quality control mechanism to identify weak areas?		
1. Database	_____	_____
2. Spreadsheet Program	_____	_____

	YES	NO
3. Files	_____	_____
4. Other _____	_____	_____
m. Is there a practical examination format?	_____	_____
o. Are National Registry application instructions provided?	_____	_____
5. Are all PowerPoint slides, required books/workbooks on-hand?	_____	_____
6. Is training equipment (i.e. splints, mannequins, etc...) in good working order?	_____	_____
7. Instructor to student ratio 1:6?	_____	_____
8. Are students provided with textbooks prior to class convening date?	_____	_____
9. Is there a screening method to identify students who are having problems with the course?	_____	_____
10. Is a remedial study offered?	_____	_____
11. Is the student to equipment ratio 1:4?	_____	_____
12. Are cards and certificates for PHTLS/BTLS on-site?	_____	_____
13. Have all students had their CPR status confirmed prior to NREMT testing?	_____	_____
14. Has the NREMT exam been ordered and Coordinated with education center?	_____	_____
15. Is there a valid Memorandum of Agreement on file with the DANTES TCO, for the NREMT written exam?	_____	_____
16. Is there a valid Memorandum of Agreement on file for Clinical Patient Contacts?	_____	_____
17. Is there a policy in place for NREMT application review prior to allowing students take the NREMT written examination?	_____	_____

	YES	NO
18. Are OTSG funding fee request forms available?	_____	_____
19. Are all course files maintained for a minimum time period of 2yrs or IAW unit SOP, whichever is greater?	_____	_____
3) Copy of Course approval Request form with signatures, should have the assigned course number on the form upon receipt.	_____	_____
4) Copy of all student rosters with daily sign-in and sign-out sheets.	_____	_____
5) Copy of course training schedule.	_____	_____
6) End of Course Summary Report with site code and course number applicable.	_____	_____
7) Copy of the OTSG Funding Fee Request for all courses requiring payment of fees.	_____	_____
8) Copies of all credentials and curriculum vitae for all personnel listed as CC, PI, & MD. (These may be kept on file in one location as long as they are available for viewing.)	_____	_____
9) Verify of Skill evaluations during the course for each student.	_____	_____
10) A copy of course critiques, for all courses over 24 hrs in length - should have mid and end of course files. Upon course completion and review by CC and PD, a record of any necessary corrective action should be recorded and kept on file.	_____	_____
11) Copy of Instructor Roster (listing all instructors who delivered didactic and/or skill instruction with level of certification and expiration dates.)	_____	_____

YES **NO**

20. Record Requirements for EMT-Basic Courses (In addition to those above.):

- | | | |
|---|-------|-------|
| a. Copies of all patient contact run forms. | _____ | _____ |
| b. Copies of all examination score results. | _____ | _____ |
| c. Copy of Criminal Background questionnaire | _____ | _____ |
| d. Copy of NREMT Exam results | _____ | _____ |
| e. Copy of CPR card for every student as proof of eligibility | _____ | _____ |

APPENDIX G

Training Site Audit Form

US Army EMS Programs Quality Assurance / Quality Improvement Audit / Site Visit

QA Staff Conducting Audit: _____

Date: _____ **Site Code:** _____

Medical Director: _____

Program Director: _____

Course Coordinator: _____

	YES	NO
1. Are there appointment letters for the following personnel?		
a. Course Medical Director	_____	_____
b. Program Director	_____	_____
c. Course Coordinator	_____	_____
d. Primary Instructor	_____	_____
2. Are curriculum vitae on file for the following personnel?		
a. Program Director	_____	_____
b. Course Medical Director	_____	_____
d. Primary Instructor(s)	_____	_____
3. Is there a current approved SOP in place?	_____	_____
4. Does the SOP contain the following information?		
a. Current program approval letter from AMEDDC&S	_____	_____
b. Outline of Course Medical Director's duties and responsibilities	_____	_____
c. Outline of Course Coordinator's duties and responsibilities	_____	_____
d. Outline of Program Director duties and responsibilities	_____	_____
e. Are class quota requirements identified?	_____	_____
f. Is there a listing of students' current credentials and their certification expiration dates?	_____	_____
g. Are students notified of recertification requirements?	_____	_____

	YES	NO
h. Is there a copy of the course schedule posted?	_____	_____
i. Are there copies of handouts?	_____	_____
j. Are there copies of examinations?	_____	_____
Are the examinations current?	_____	_____
k. Are course critiques provided at the end of the course?	_____	_____
l. Is there a quality control mechanism to identify weak areas?	_____	_____
1. Database	_____	_____
2. Spreadsheet Program	_____	_____
3. Files	_____	_____
4. Other _____	_____	_____
m. Is there a practical examination format?	_____	_____
o. Are National Registry application instructions provided?	_____	_____
5. Are all PowerPoint slides, required books/workbooks on-hand?	_____	_____
6. Is training equipment (i.e. splints, mannequins, etc...) in good working order?	_____	_____
7. Instructor to student ratio 1:6?	_____	_____
8. Are students provided with textbooks prior to class convening date?	_____	_____
9. Is there a screening method to identify students who are having problems with the course?	_____	_____
10. Is a remedial study offered?	_____	_____
11. Is the student to equipment ratio 1:4?	_____	_____
12. Are cards and certificates for PHTLS/BTLS on-site?	_____	_____
13. Have all students had their CPR status confirmed prior to NREMT testing?	_____	_____
14. Has the NREMT exam been ordered and Coordinated with education center?	_____	_____

	YES	NO
15. Is there a valid Memorandum of Agreement on file with the DANTES TCO, for the NREMT written exam?	_____	_____
16. Is there a valid Memorandum of Agreement on file for Clinical Patient Contacts?	_____	_____
17. Is there a policy in place for NREMT application review prior to allowing students take the NREMT written examination?	_____	_____
18. Are OTSG funding fee request forms available?	_____	_____
19. Are all course files maintained for a minimum time period of 2yrs or IAW unit SOP, whichever is greater?	_____	_____
1) Copy of Course approval Request form with signatures, should have the assigned course number on the form upon receipt.	_____	_____
2) Copy of all student rosters with daily sign-in and sign-out sheets.	_____	_____
3) Copy of course training schedule.	_____	_____
4) End of Course Summary Report with site code and course number applicable.	_____	_____
5) Copy of the OTSG Funding Fee Request for all courses requiring payment of fees.	_____	_____
6) Copies of all credentials and curriculum vitae for all personnel listed as CC, PI, & MD. (These may be kept on file in one location as long as they are available for viewing.)	_____	_____
7) Verification of Skill evaluations during the course for each student.	_____	_____
8) A copy of course critiques, for all courses over 24 hrs in length - should have mid and end of course files. Upon course completion and review by CC and PD, a record of any	_____	_____

necessary corrective action should be recorded and kept on file.

YES **NO**

9) Copy of Instructor Roster (listing all instructors who delivered didactic and/or skill instruction with level of certification and expiration dates.)

20. Record Requirements for EMT-Basic Courses (In addition to those above.):

- a. Copies of all patient contact run forms.
- b. Copies of all examination score results.
- c. Copy of Criminal Background questionnaire
- d. Copy of NREMT Exam results
- e. Copy of CPR card for every student as proof of eligibility

Deficiencies:

Suggested Corrections:

Overall Assessment:

APPENDIX H

U.S. Army EMS Programs

End of Course Checklist

Instructions: At the end of each course conducted at all 91W Transition & Sustainment Training sites, Course Coordinators are required to ensure that all items listed below are placed in the Course Packet. These documents are to be maintained for a period of no less than 2yrs or AIW local records policies, whichever is longer. The items listed below are subject to inspection at any time by Army EMS staff members. Courses such as BTLS, PHTLS, & EMT are also subject to inspection by members of those agencies for their respective courses only.

- 1. Course Approval Request with appropriate signatures and Course Number filled in on Sect II upon receipt of approval from Army EMS.
- 2. Copy of all student rosters with daily attendance record.
- 3. Copy of course training schedule
- 4. End of Course Summary Report which displays the Site # and Course #
- 5. Copy of OTSG Funding Fee Request form for all EMT-B courses in which testing is conducted and all PHTLS courses.
- 6. Copies of all credentials and curriculum vitae for all personnel listed as CC, PI, & MD. (These may be kept on file in one location provided the appropriate files are available for each course dating back 2 years.)
- 7. Copies of Skill evaluations completed for each student during the course.
- 8. Copy of all course critiques. All courses less than or equal to 24hrs in length are required to have one critique from each student at a minimum. Courses greater than 24 hrs will have a minimum of two, mid-course and end of course.
- 9. Copy of instructor roster. (This roster should contain the name, rank, certification level, certification number if assigned, and expiration date.)

10. FOR EMT-B BRIDGE AND 110hr EMT-B the following additional documents are required to be maintained:

- a) 80hr Bridge – copy of training certificate or ATRRS record of successful completion of a previous 110hr or > EMT-B course for proof of eligibility.
- b) Copies of all patient contact / run forms.
- c) Copies of examination score results.

d) Copy of Criminal Background Questionnaire

e) Copy of NREMT Written Exam results

f) Copy of NREMT Skills Examination Performance Checklists for each student.

g) Copy of CPR card for every student as proof of eligibility for attendance of EMT-B training.

Signature of Course Coordinator: _____

Course Coordinator Name: _____

Course Type: _____ Course Number: _____

Start Date: _____ End Date: _____

APPENDIX I

Mid-Course Critique

Date:

Site Number:

Course Number:

Course Coordinator:

Primary Instructor:

When answering the below questions, please use the following scale:

- 1 – Excellent
- 2 – Above Average
- 3 – Average
- 4 – Below Average
- 5 – Not at all

Please use the Additional Comments block on pg 2 for anything not covered in the below questions.

Up to this point in the course –

- | | | | | | |
|---|---|---|---|---|---|
| 1. How well has the organization of the course been? | 1 | 2 | 3 | 4 | 5 |
| 2. Is the course meeting the objectives of each lesson? | 1 | 2 | 3 | 4 | 5 |
| 3. Do you feel the Skills Stations have improved your ability? | 1 | 2 | 3 | 4 | 5 |
| 4. During practical labs, has there been 1 instructor for every 6 students? | 1 | 2 | 3 | 4 | 5 |

If Not explain:

- | | | | | | |
|---|---|---|---|---|---|
| 5. Is the equipment being used serviceable? | 1 | 2 | 3 | 4 | 5 |
| a. If the rating to the above question is less than 3, was the issue addressed with training site staff? If so, was the response given positive or negative?
Please explain: | 1 | 2 | 3 | 4 | 5 |
| 6. Does the material being taught coincide with the slide presentations and all other resources provided? | 1 | 2 | 3 | 4 | 5 |
| 7. Are the instructors always prepared? | 1 | 2 | 3 | 4 | 5 |
| 8. Are the instructors knowledgeable? | 1 | 2 | 3 | 4 | 5 |

9. Are instructors willing & able to answer questions? 1 2 3 4 5
- a. If not, do the instructors follow-up after researching the question and come back to the class and provide that answer? 1 2 3 4 5
10. Is the training schedule strictly adhered to? 1 2 3 4 5
11. Have you been released earlier than the posted time on the training schedule? 1 2 3 4 5
- a. If so, do you feel that more training could and should have been conducted? 1 2 3 4 5

What has been the most beneficial about this course?

What has been the least beneficial about this course up to this point?

Additional comments:

End of Course Critique

Date:

Site Number:

Course Number:

Course Coordinator:

Primary Instructor:

When answering the below questions, please use the following scale:

- 1 – Excellent
- 2 – Above Average
- 3 – Average
- 4 – Below Average
- 5 – Not at all

Please use the back of pg 2 to provide comments on any topics not covered in the below questions.

- | | | | | | |
|--|---|---|---|---|---|
| 1. How well has the organization of the course been? | 1 | 2 | 3 | 4 | 5 |
| 2. Is the course meeting the objectives of each lesson? | 1 | 2 | 3 | 4 | 5 |
| 3. Do you feel the Skills Stations have improved your ability? | 1 | 2 | 3 | 4 | 5 |
| 4. During practical labs, has there been 1 instructor for every 6 students? | 1 | 2 | 3 | 4 | 5 |
| If Not explain: | | | | | |
| 5. Is the equipment being used serviceable? | 1 | 2 | 3 | 4 | 5 |
| a. If the rating to the above question is less than 3, was the issue addressed with training site staff? If so, was the response given positive or negative? Please explain: | | | | | |
| | 1 | 2 | 3 | 4 | 5 |
| 6. Does the material being taught coincide with the slide presentations and all other resources provided? | 1 | 2 | 3 | 4 | 5 |
| 7. Are the instructors always prepared? | 1 | 2 | 3 | 4 | 5 |
| 8. Are the instructors knowledgeable? | 1 | 2 | 3 | 4 | 5 |

9. Are instructors willing & able to answer questions? 1 2 3 4 5

b. If not, do the instructors follow-up after researching the question and come back to the class and provide that answer? 1 2 3 4 5

10. Is the training schedule strictly adhered to? 1 2 3 4 5

11. Have you been released earlier than the posted time on the training schedule? 1 2 3 4 5

a. If So, do you feel that more training could and should have been conducted? 1 2 3 4 5

What has been the most beneficial about this course?

What has been the least beneficial about this course up to this point?

Please rate each individual instructor overall referring to questions 7-11. Please provide any comments, using the back of the form if necessary.

Instructor Name: _____ 1 2 3 4 5

Appendix J

Appendix K

COURSE APPROVAL REQUEST CHECKLIST

GENERAL REQUIREMENTS

Training Sites located CONUS (in the lower 48 states.) will submit course requests IAW the following:

Course Requests will be submitted *No Later Than* (NLT) 30 days from the first day of the month in which the training is to be conducted. Example: A course scheduled for 29 Aug would need to be submitted NLT 1 Jul. For a course scheduled for 3 Aug, the request would be submitted NLT 1 Jul.

Training Sites located OCONUS (to include Hawaii & Alaska) will submit course requests IAW the following:

Course Requests will be submitted NLT 60 days from the 1st day of the month in which the training is to be conducted. Book orders and shipping times often take up to 45 days to arrive. Example: A course scheduled for 29 Aug would need to be submitted NLT 1 Jun. For a course scheduled for 3 Aug, the request would be submitted NLT 1 Jun.

All EMT-B Related Training, TC3, and Trauma AIMS

Program Approval with Site Number issued

- *Each program must have been previously approved through the US Army EMS Program*

Completed Course Request Form

- *Course Approval Request Forms **require** signature of Course Coordinator and Course Medical Director.*
- ***Incomplete course requests will be returned without approval.***
- *EMT Program, Trauma AIMS, & TC3 Course Coordinator, Primary Instructor, and Course Medical Director identified on request must have been previously approved and have appointment orders and credentials on file with the US Army EMS Program or accompany the request. **Must include copy of schedule.***
- *Shipping address must be official program address on file with the US Army EMS Program.*
- *No Course Approval Request will be approved if complete contact information is not included for the CC, PI, and MD. Although personnel may not change, this info often does, this aids in keeping the most updated info on file.*

PHTLS Provider and PHTLS Instructor

Program approval is **NOT** required for PHTLS related courses. Each course is reviewed and approved on a course-by-course basis.

Completed Course Request Form

- *Course Approval Request Forms **require** signature of Course Coordinator and Course Medical Director.*
- ***Incomplete course requests will be returned without approval.***
- *Shipping address must be official organizational address. Materials will not be shipped to home addresses without prior approval from the US Army EMS Programs Manager.*

Supporting Documentation (Required)

- *Copies of credentials; (PHTLS-I for Course Coordinator and Primary Instructor; ATLS for Medical Director)*
- *Proposed Instructor Roster & Copy of Date Specific Course Schedule*

BTLS Advanced Provider and BTLS Advanced Instructor

Program approval is **NOT** required for BTLS Advanced related courses through the AMEDD BTLS Chapter. Each course is reviewed and approved on a course-by-course basis.

Completed Course Request Form

- *Course Approval Request Forms **require** signature of proposed Course Coordinator and Course Medical Director.*
- *Incomplete course requests will be returned without approval.*
- *Shipping address must be official organizational address. Materials will not be shipped to home addresses without prior approval from the US Army EMS Programs Manager.*

Supporting Documentation (Required)

- *Proposed course schedule / Instructor Roster*
- *NOTE: The proposed course coordinator, primary instructor, and all assistant instructors are to be on file as affiliated instructors of the AMEDD BTLS Chapter. (See AMEDD BTLS Policy and Procedure Manual).*

US ARMY EMS PROGRAMS COURSE APPROVAL REQUEST

SPONSORING ORGANIZATION:		SITE #:	
<input type="checkbox"/> Active Army <input type="checkbox"/> Army National Guard <input type="checkbox"/> Army Reserve		UIC:	
COURSE TYPE:	<input type="checkbox"/> EMT-Basic	<input type="checkbox"/> EMT-B Refresher	<input type="checkbox"/> EMT-B Bridge
<input type="checkbox"/> TC3 Train the Trainer	<input type="checkbox"/> PHTLS Provider	<input type="checkbox"/> PHTLS Instructor	<input type="checkbox"/> BTLS Provider <input type="checkbox"/> BTLS Instructor
COURSE DATES:	Start Date:	End Date:	
COURSE LOCATION:			
EXPECTED NUMBER OF STUDENTS:			
COURSE COORDINATOR:			
Name/Rank			
Telephone/E Mail			
PRIMARY INSTRUCTOR:			
Name/Rank			
Telephone/E Mail			
COURSE MEDICAL DIRECTOR:			
Name/Rank			
Telephone/E Mail			
TEXT BOOKS NEEDED			
QUANTITY	COURSE	STUDNET/INSTRUCTOR TEXT/WORKBOOK/POWER POINT SLIDES	
	EMT-B	Emergency Care and Transportation of the sick and injured- AAOS	
	EMT-B	Workbook for Emergency Care-AAOS	
	EMT-B	Instructor Resource Kit, Emergency Care-AAOS	
	EMT-B	Instructor Toolkit CD (slides, LP's)-AAOS	
	TRAUMA AIMS	Intermediate Emergency Care, 2nd Edition	
	TRAUMA AIMS	Workbook for Intermediate Emergency Care, 2nd Edition	
	TRAUMA AIMS	Instructor Resource Manual, Intermediate Emergency Care, 2nd Edition	
	PHTLS/ TC3	Pre Hospital Trauma Life Support, 5th Edition (This is the Textbook Reference for TC3 Courses)	
	PHTLS/ TC3	Pre Hospital Trauma Life Support Instructors Guide, 5th Edition	
	PHTLS/ TC3	Pre Hospital Trauma Life Support, 5th Edition, Slide Set on CD ROM	
	TC3	Tactical Combat Casualty Care, Course Management CD	
	BTLS	Basic Trauma Life Support for Paramedics and other Advanced Providers, 4th Edition	
	BTLS	Coordinator & Instructor Guide to Basic Trauma Life Support, 4th Edition	
	BTLS	Basic Trauma Life Support, Power Point Slides	
SHIPPING ADDRESS FOR COURSE MATERIALS AND TEXTBOOKS			
ORGANIZATION:			
ATTN:			
ADDRESS:			
ADDRESS LINE 2:			
CITY/STATE/ZIP			

FOR NREMT-B Examinations ONLY (All EMT-B / EMT-B Bridge Requests will be disapproved if blank, unless justification is provided in the remarks block below.)

DANTES TCO Name/Phone:	
NREMT Written Exam Date	
NREMT Practical Exam Date	

REMARKS:

WE AGREE THAT THE US ARMY EMS PROGRAMS MANAGER IS THE FINAL AUTHORITY ON THE CONDUCT OF THE COURSE REQUESTED AND MUST BE CONSULTED IN WRITING FOR APPROVAL BEFORE ANY ALTERATIONS IN SCHEDULE, CURRICULUM, ETC MAY BE MADE.

UPON COMPLETION OF TRAINING, ALL STUDENT COMPLETIONS ARE TO BE ENTERED IN THE 91W TRACKING MODULE. AT <http://www.mods.army.mil>

DATE

COURSE COORDINATOR

DATE

COURSE MEDICAL DIRECTOR

SEND TO:

US ARMY EMS PROGRAMS MANAGER
DEPARTMENT OF COMBAT MEDIC TRAINING
3151 W.W. WHITE ROAD, BUILDING 1375
FORT SAM HOUSTON, TX 78234 210-221-5214 OR DSN 471-5214 FAX 210-221-3142 OR DSN 471-3142

DO NOT WRITE BELOW THIS LINE

Received: _____

Approved: _____ Approved Conditionally (*specify*): _____

Denied: _____ REASON: _____

US Army Course Number: _____ National Course Number: _____

Course Posted: _____

Contacted via e-mail: CC _____ PI _____ MD _____ All key personnel: _____

Contacted via phone: CC _____ PI _____ MD _____

Dates Cards Mailed (BTLS Only): _____