



WELCOME

The goal of the EMS Department is "to prepare competent entry-level Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains with or without exit points at the Advanced Emergency Medical Technician and/or Emergency Medical Responder levels."

The Emergency Medical Technician program is a limited enrollment, competency based program. The program prepares students in the cognitive, psychomotor, and affective learning domains to become certified and licensed as a competent entry-level EMT. The curriculum encompasses theoretical and simulated learning, clinical, and internship experiences following the National Education Standards and is inclusive of the Florida Department of Education Curriculum Framework. EMS students will adhere to standards as listed in the Chipola College Handbook and the Chipola College Emergency Medical Services Handbook that complies with the Department of Health-Bureau of EMS.

This course is minimum 300 clock-hours in length. This course involves challenging college-level coursework, critical psychomotor clinical skills, and development of relationships with peers and patients. The student will participate in the decision-making process of patient care. Clinical and internship assignments are required in addition to regular class and lab hours. Students will complete 24 hours of emergency room clinicals and 96 hours of field internship with a local EMS agency.

Successful completion of the program meets the certification requirements for the State of Florida and eligibility for National Registry of Emergency Medical Technicians (NREMT) certification examination. (Application deadline—*December 3, 2020*

Chipola accepts applications through the last day of registration. College and program applications that are submitted early enhance the opportunity for enrollment into the program.

EMT PROGRAM CRITERIA:

To be considered for entry into the EMT program, applicants must be eligible for admission into the College submit a complete EMT Program Application. Criteria:

GENERAL ADMISSION

Step 1: Apply for admission to the college

Complete the Chipola College application and all requirements (online at www.chipola.edu) declaring a major code of EMT (Emergency Medical Technician). Allow 2 - 3 weeks for processing. You are encouraged to apply 6-8 weeks prior to the semester and no later than the application deadline listed in the college calendar to improve your registration opportunities in desired classes and increase your financial aid opportunities. If you are a returning student, who has not been enrolled at Chipola College for one calendar year or more, you will need to re-apply for admission.

2: Submit a residency declaration

All applicants must complete and submit a Residency Declaration. The Residency Declaration is available online at https://my.chipola.edu/ICS/Admissions/ or in the Admissions and Records Office.





Please note two documents are required to establish residency. Failure to submit could delay admission into the college and financial aid. Your residency status will be Non-Resident for Tuition Purposes and you will be charged out-of-state tuition until the Residency Declaration is received and verified by Admissions and Records. Allow 2–3 weeks for processing.

Step 3: Request official transcripts

Request official transcripts be sent directly from ALL schools, including high school, and colleges attended. Official transcripts may be mailed to Chipola College, Admissions and Records, 3094 Indian Circle, Marianna, FL 32446 or sent electronically from the following secure sites: F.A.S.T.E.R./Speedy-Institution Code 001472; National Clearinghouse; Parchment; eScript-Safe; and Scrip-safe to admissions@chipola.edu. Final acceptance to the college and/or a specific program is contingent on receipt of ALL transcripts.

Step 4: Apply for free federal and state student aid and scholarships

The primary purpose of the student financial aid programs at Chipola College is to provide financial assistance to academically qualified students and parents to further their education. Students applying for financial aid should complete the appropriate application and forms as soon as the decision is made to attend college. Submitting applications at least 6-8 weeks prior to the semester will increase your financial aid opportunities. Corrections and timeliness directly affect the amount and types of financial assistance you receive.

Step 5: Acceptance to Chipola

Acceptance to the college and/or a specific program is contingent upon receipt of ALL required documents and transcripts. Once you are accepted for admission you will receive an email with your my.chipola.edu student account information. Sign into your student account immediately. This will be the primary method for official college correspondence. Check your Chipola email on a regular basis for your admission letter, registration appointment, deadlines, news and events.

PROGRAM PRE-ADMISSION

- Applicants must submit a completed History and Physical examination completed by a licensed Doctor of Medicine (MD), Doctor of Osteopathy (DO), Advanced Registered Nurse Practitioner(ARNP), or Physician's Assistant (PA).
- Applicants must submit proof of current 2 step TB/PPD or T-Spot TB test
- Applicants must submit proof of the following required immunizations:
 - o TDaP (Diptheria, Tetanus and Pertussis) within last 10 years
 - Hepatitis B Series or positive titer for immunity showing result numbers, or declination waiver form
 - Varicella immunization x2 or positive titer for immunity showing IGg result numbers
 - o MMR immunization x2 or positive titer for immunity showing IGg result numbers
 - Flu Vaccination (Current year)
- Applicants must submit a completed AND notarized Emergency Medical Release statement.
- Applicants must submit a copy of their current American Heart Association (AHA) Basic Life Support for the Health Care Provider or equivalent certification card and maintain valid certification throughout program enrollment.





- Applicants must submit a copy of their valid driver's license for the purpose of identification.
- Applicants must submit a completed "Applicant's Acknowledge" form with signature attesting to their understanding and agreement with the provisions detailed on the form.
- Certify, under oath, that you are not addicted to alcohol or any controlled substance. Students are subject to drug screening at any time during the program.

Important!

Completed heath forms with all immunization documentation and physical exam will be reviewed and approved prior to entering the program.

PROGRAM POST-ACCEPTANCE

- Applicants accepted into the program will be required to submit a ten (10) panel urine controlled substances screening and alcohol screening. Students are also subject to random testing throughout enrollment in their respected program
- Accepted applicants will be required to submit a finger printing and Federal Bureau of Investigation (FBI) multi-scope background check. Students may be requested to submit official court documents to supplement the background check.
- All required screening and background check expenses will be the students' responsibility.
- Accepted applicants will be required to provide a copy showing proof of current health insurance (prior to clinical/internship rotations)





*JOB DESCRIPTION: Emergency Medical Technician - Basic Career Requirements:

Responds to emergency calls to provide efficient and immediate care to the critically ill and injured, and transports the patient to a medical facility.

After receiving the call from the dispatcher, drives the ambulance to address or location given, using the most expeditious route, depending on traffic and weather conditions. Observes traffic ordinances and regulations concerning emergency vehicle operation.

Upon arrival at the scene of crash or illness, parks the ambulance in a safe location to avoid additional injury. Prior to initiating patient care, the EMT-Basic will also "size-up" the scene to determine that the scene is safe, the mechanism of injury or nature of illness, total number of patients and to request additional help if necessary. In the absence of law enforcement, creates a safe traffic environment, such as the placement of road flares, removal of debris, and re-direction of traffic for the protection of the injured and those assisting in the care of injured patients.

Determines the nature and extent of illness or injury and establishes priority for required emergency care. Based on assessment findings, renders emergency medical care to adult, infant and child, medical and trauma patients. Duties include but are not limited to, opening and maintaining an airway, ventilating patients, and cardiopulmonary resuscitation, including use of automated external defibrillators. Provide prehospital emergency medical care of simple and multiple system trauma such as controlling hemorrhage, treatment of shock (hypoperfusion), bandaging wounds, and immobilization of painful, swollen, deformed extremities. Medical patients include: Assisting in childbirth, management of respiratory, cardiac, diabetic, allergic, behavioral, and environmental emergencies, and suspected poisonings. Searches for medical identification emblem as a clue in providing emergency care. Additional care is provided based upon assessment of the patient and obtaining historical information. These interventions include assisting patients with prescribed medications, including sublingual nitroglycerin, epinephrine auto-injectors and hand-held aerosol inhalers. The EMT-Basic will also be responsible for administration of oxygen, oral glucose and activated charcoal.

Reassures patients and bystanders by working in a confident, efficient manner. Avoids mishandling and undue haste while working expeditiously to accomplish the task.

Where a patient must be extricated from entrapment, assesses the extent of injury and gives all possible emergency care and protection to the entrapped patient and uses the prescribed techniques and appliances for safely removing the patient. If needed, radios the dispatcher for additional help or special rescue and/or utility services. Provides simple rescue service if the ambulance has not been accompanied by a specialized unit. After extrication, provides additional care in triaging the injured in accordance with standard emergency procedures.

Complies with regulations on the handling of the deceased, notifies authorities, and arranges





for protection of property and evidence at scene.

Lifts stretcher, placing in ambulance and seeing that the patient and stretcher are secured, continues emergency medical care.

From the knowledge of the condition of the patient and the extent of injuries and the relative locations and staffing of emergency hospital facilities, determines the most appropriate facility to which the patient will be transported, unless otherwise directed by medical direction. Reports directly to the emergency department or communications center the nature and extent of injuries, the number being transported, and the destination to assure prompt medical care on arrival. Identifies assessment findings which may require communications with medical direction for advice and for notification that special professional services and assistance be immediately available upon arrival at the medical facility.

Constantly assesses patient en-route to emergency facility, administers additional care as indicated or directed by medical direction.

Assists in lifting and carrying the patient out of the ambulance and into the receiving facility.

Reports verbally and in writing their observation and emergency medical care of the patient at the emergency scene and in transit to the receiving facility staff for purposes of records and diagnostics. Upon request, provides assistance to the receiving facility staff.

After each call, restocks and replaces used linens, blankets and other supplies, cleans all equipment following appropriate disinfecting procedures, makes careful check of all equipment so that the ambulance is ready for the next run. Maintains ambulance in efficient operating condition. Ensures that the ambulance is clean and washed and kept in a neat orderly condition. In accordance with local, state or federal regulations, decontaminates the interior of the vehicle after transport of patient with contagious infection or hazardous materials exposure.

Determines that vehicle is in proper mechanical condition by checking items required by service management. Maintains familiarity with specialized equipment used by the service.

Attends continuing education and refresher training programs as required by employers, medical direction, licensing or certifying agencies.

Meets qualifications within the functional job analysis.

*United States Department of Transportation National Highway Traffic Safety Administration EMT-Basic: National Standard Curriculum





COURSE INFORMATION

Course Prefix: EMS 0110V 300 clock hours

Estimated Cost

Florida Resident Tuition: \$830.00. (Fees are subject to change.)

This program is not eligible for FAFSA.

Books: Contact Chipola Bookstore for prices

Nancy Caroline: Emergency Care and Transportation of the Sick and Injured 11th Edition

- Navigate2 Premier package

ISBN 9781284110524

Book Code 11052-4

Required Uniform:

o 2 - Official College polo

o 2 - Official College t-shirt

o 2 - Navy blue EMS pants

Black belt

Black socks

Black boots

o ID Badge

Stethoscope

o Pen Light

Trauma Shears

Watch with second hand

o Blue Pens

Class Time: Orientation—TBA (Mandatory)

Monday – Wednesday 5:00 p.m. – 10:00 p.m.

(Some Thursday classes will be mandatory)

Program Director: Tina Maloy, BS, NRP

Phone: (850) 718-2403 Email: maloyt@chipola.edu

For a course syllabus, visit www.chipola.edu, Health Sciences Department Compliance with the above listed prerequisites does not guarantee entry into the EMT Program. Admission to the Program is competitive and will be based on the cumulative GPA. If college courses were taken, the college level GPA will be used in place of the high school GPA.





ALL STUDENTS INTERESTED IN APPLYING TO THIS PROGRAM SHOULD CONTACT TINA MALOY, PROGRAM DIRECTOR.

Admission Checklist

To be considered for the program applicants must submit all documents listed below to the **Admissions and Records Office at Chipola College**. It is the student's responsibility to maintain copies of documents submitted, request transcripts and verify all documents are received by the deadline (December 3, 2020).

In compliance with Florida Statute 119.071(5), the college collects your Social Security Number for use in College's duties and responsibilities. Federal legislation relating to the Hope Tax Credit requires that all report the Social Security Number of all postsecondary students to the Internal Revenue Service. This IR necessary for colleges to collect the Social Security Number of every student. A student may refuse to di Security Number to the College, but refusing to comply with the federal requirement may result in fines experience.	postsecondary institution S requirement makes it sclose his/her Social
Submit the following to apply to Chipola College.	
Application for Admission	
Official High School Transcript/GED	
Official College Transcripts	
Submit/complete the following to apply for the EMT program.	
Application for EMT Program	
Passing ACT/CPT/PERT Reading Score	
Medical History	
Physical Exam	
Immunization Record	
TDaP	
Hepatitis B	
2 step TB/PPD or TSpot (within last year)	
Varicella	
MMRx2	
Flu Vaccination	
Emergency Medical Release (Notarized)	
Applicant's Acknowledgement	
Copy of Current Health Care Provider CPR Card (AHA)	
Copy of Driver's License	
Copy of Health Insurance Card (Prior to clinical rotations)	
*Once documents are submitted, they become Chipola College property and therefore are no submission. Please make copies of your application and documents prior to submission.	t accessible after
Background and Drug Screening Requirements:	
 Applicants must complete a background check upon acceptance into the program; be will include fingerprinting, alcohol screening, and drug screening. There is a fee assort procedure and payment will be expected at the time of service. 	ociated with this
 Background checks will be conducted through Chipola College. Date, time, and fees 	wiii de announced

Failure to complete background checks will result in automatic dismissal from the program.

once selections have been made.



Student Information Sheet

Student NameLast	First	Middle	
SSN			
Mailing Address			
Home Phone	Cell Ph	none	
Email			
Employer Name (if applicable)			
Work Phone			
Emergency Contact Person		Relationship	
Day Phone	Night Pho	one	
Have you been enrolled in an EMT pr	rogram before?No	Yes	
If yes, where and when			
List all programs of Assistance:			
List any Medical Problems:			
List any Medications you are Taking:			

Describe any limitations you feel would impair your ability to function in any capacity as an EMT.



Medical History

Patient's Name							
ndicate current or p	oast problen	ns:					
PROBLEM	CURRENT	PAST	NONE	PROBLEM	CURRENT	PAST	NONE
Allergies				Immunosuppression			
Anemia				Kidney Disease			
Arthritis				Loss of Extremity			
Asthma				Lung Disease			
Back problems				Migraines			
Blood Disorder				Nervousness			
Bronchitis				Pacemaker			
Cancer				Peripheral vasc.dis			
Chicken Pox				Prostate Disease			
Complicated				Prosthesis			
Pregnancy							
Depression				Scarlet Fever			
Diabetes				Seizures			
Dizziness/Fainting				Shingles/whitlow			
motional Disorder				Skin Lesions			
Emphysema				STD			
pilepsy				Stroke			
requent Infections				Substance Abuse			
Gall Bladder Disease				Surgeries			
SERD				Syncope			
Glaucoma				Thyroid Disease			
GOUT				Tobacco Use			
Hearing				Tuberculosis			
leart Condition				Tumors/Growths			
leart Murmur				Ulcer			
Heart Palpitations				Valve Prolapsed			
lepatitis				Varicose Veins			
lernia				Vision			
· IIV				Other			
lypertension							
ligh Blood Pressure						İ	



PHYSICAL EXAM

INSTRUCTIONS. TO be co	impleted by a pra	cticing, lic	ensed physician,	ARNP, OF PA.
Patient's Name			_ Today's Date_	
Height Weight	B/P	/	Pulse Rate	Rhythm
Dermatologic system				
Cardiovascular system				
Respiratory system				
Gastrointestinal system				
Endocrine and Metabolic systems				
Neurological system				
Ears, eyes, nose, mouth, throat				
Hearing				
Visual acuity and peripheral vision				
Genitourinary system				
Musculoskeletal system				
Routine Medications:				
Drug Allergies:				
Food Allergies:				
Other Allergies:				
Does the patient have an active disease or is any treatment being followed which should be periodically checked? If so, explain:				
List Specific Physical Limitations	:			
Chronic Therapy: (ex: Physical Therapy, Hemodialysis, Chemotherapy)				

Note any abnormalities, physical defects, or diseases which might in interfere with the student's

Revised 3/2020

attendance and progress in this program.





CURRENT TEST RESULTS: REQUIRED: 2 step TB/PPD or TSpot TB test within last year. Attach copies of results.

Date			
#1 TB Skin Test	Within Normal Limits	Yes	No
#2 TB Skin Test	Within Normal Limits	Yes	No
TSpot	Within Normal Limits	Yes	No
In my opinion, this applicant is free from compromise the immunosuppressed applicant's physical and mental hear the applicant (IS) (IS NOT) abwalking, standing, and sitting for lon reaching, twisting, bending, and pust dexterity skills.	d patients with who they will lth is compatible with that re- le to perform the following o g periods; stooping, lifting p	come in contact come in contact contac	s program. ctivities: ting,
Signature of Physician, ARNP, or Pa	A Date		
Print Physician, ARNP, or PA Name	·		
Address			
Phone			





IMMUNIZATION

REQUIRED IMMUNIZATIONS must be current:

- TDaP (Diptheria, Tetanus and Pertussis) within last 10 years
- Hepatitis B Series, positive titer for immunity showing result numbers, or declination waiver form
- Varicella immunization x2 or positive titer for immunity showing IGg result numbers
- MMR immunization x2 or positive titer for immunity showing IGg result numbers
- Flu Vaccination

INSTRUCTIONS: Student must provide copies of immunization records have a physician, ARNP, or PA complete the following.

Patient's Name _			Today's Date)	
Indicate vaccines immunization rec				n or provide	e copy of
Disease	Vaccine/Date	Vaccine/Date	Vaccine/Date	Titer	Results
TDaP		XXXXXXXX	XXXXXXXX	XXXXX	XXXXX
Hepatitis B					
Varicella			XXXXXXXX		
MMR (Combined)			XXXXXXXX		
MMR (Separate)					
Mumps					
Rubella					
Rubeola					
TB/PPD			XXXXXXXX	XXXXX	
TSpot		XXXXXXXX	XXXXXXXX	XXXXX	
Flu		XXXXXXXX	XXXXXXXX	XXXXX	XXXXX
					_
Signature of Phys	sician, ARNP, o	r PA	Date		





MEDICAL RELEASE

INSTRUCTIONS: To be complete	ed by ALL students. This MUST BE notarized!
In the event that I require emerge activities, I grant permission for tre	ncy medical assistance during Chipola College eatment.
I understand that I am responsible financially obligated.	e for any costs incurred and the College is not
	Signature of student, parent, or guardian (In ink in the presence of Notary Public)
	Sworn to and subscribed to me this day of , 20
	Signature of Notary Public





APPLICANT'S ACKNOWLEDGEMENT

benefit, desire to participate in a training program presented sponsors and/or affiliations and; whereas I realize that such training program presented sponsors and/or affiliations and; whereas I realize that such training program presented sponsors and/or affiliations and; whereas I realize that such training and affiliates their agents and employees, and fellow students death, or property damage incurred by myself in any way relactivities, whether such injury, death, or property damage on negligence of the individual, Chipola College, its agents affiliations. Their agents or employees, or fellow students, or the aforementioned. I understand and agree that I will be bound by the College's region.	aining is subject to inherent risk, I nts and employees, co-sponsors in connection and bodily injury, ated to or arising out of training r is alleged to have arisen from or employees, co-sponsors or the contributory negligence of any gulations as published in the
college catalog, student planner, and program syllabus/handbo	ook.
I understand that by completing this application, I am not guara	anteed admission into the program.
I understand that a FBI Report, Drug Screen, and Alcohol Scre application process. I further understand that if the drug or alcoholere is a problem with the FBI Report, I may not be accepted under oath, that I am not addicted to alcohol or any controlled subject to drug screening at any time during the program. (Cha	ohol test comes back positive or if or remain in the program. I certify, substance. I understand that I am
I certify that the information given in this application is complete that any misrepresentation of facts may result in immediate dis	
I certify, under oath, that I am free from any physical or mental impair my ability to perform my duties. (Chapter 401, Florida St	
The State of Bureau of EMS has the authority to deny licensure a plea of no-contest, or guilty plea, regardless of adjudication, for traffic violation. Applicants for admission with any record of a conformation to the Vice President of Student Affairs at the time of arise after admission must also be reported to the Vice President	for any offense other than a minor criminal charge must report this of application. Any charges which





HEPATITIS B VACCINE WAIVER

I have reviewed information on the risk associated with hepatitis B disease, availability and effectiveness of any vaccine against hepatitis B disease and I choose not to be vaccinated against hepatitis B disease, or I will obtain the vaccine at a later date.

Student Signature	Date	_
Print Name		



HEPATITIS B INFORMATION

What is hepatitis?

"Hepatitis" means inflammation of the liver. The liver is a vital organ that processes nutrients, filters the blood, and fights infections. When the liver is inflamed or damaged, its function can be affected. Hepatitis is most often caused by a virus. In the United States, the most common types of viral hepatitis are Hepatitis A, Hepatitis B, and Hepatitis C. Heavy alcohol use, toxins, some medications, and certain medical conditions can also cause hepatitis.

Is Hepatitis B common?

Yes. In the United States, approximately 1.2 million people have chronic Hepatitis B. Unfortunately, many people do not know they are infected. The number of new cases of Hepatitis B has decreased more than 80% over the last 20 years. An estimated 40,000 people now become infected each year. Many experts believe this decline is a result of widespread vaccination of children.

How is Hepatitis B spread?

Hepatitis B is usually spread when blood, semen, or other body fluids from a person infected with the Hepatitis B virus enter the body of someone who is not infected. This can happen through sexual contact with an infected person or sharing needles, syringes, or other injection drug equipment. Hepatitis B can also be passed from an infected mother to her baby at birth.

Hepatitis B is not spread through breastfeeding, sharing eating utensils, hugging, kissing, holding hands, coughing, or sneezing. Unlike some forms of hepatitis, Hepatitis B is also not spread by contaminated food or water.

Can Hepatitis B be spread through sex?

Yes. In the United States, Hepatitis B is most commonly spread through sexual contact. The Hepatitis B virus is 50–100 times more infectious than HIV and can be passed through the exchange of body fluids, such as semen, vaginal fluids, and blood.

What are the symptoms of acute Hepatitis B?

Not everyone has symptoms with acute Hepatitis B, especially young children. Most adults have symptoms that appear within 3 months of exposure. Symptoms can last from a few weeks to several months and include:

-Fever -Fatigue -Loss of appetite -Nausea -Vomiting

-Dark urine -Joint pain -Jaundice -Abdominal pain -Grey-colored stools

What are the symptoms of chronic Hepatitis B?

Many people with chronic Hepatitis B do not have symptoms and do not know they are infected. Even though a person has no symptoms, the virus can still be detected in the blood. Symptoms of chronic Hepatitis B can take up to 30 years to develop. Damage to the liver can silently occur during this time. When symptoms do appear, they are similar to acute infection and can be a sign of advanced liver disease.

How serious is Hepatitis B?

Over time, approximately 15%–25% of people with chronic Hepatitis B develop serious liver problems, including liver damage, cirrhosis, liver failure, and liver cancer. Every year, approximately 3,000 people in the United States and more than 600,000 people worldwide die from Hepatitis B-related liver disease.





How is Hepatitis B diagnosed and treated?

Hepatitis B is diagnosed with specific blood tests that are not part of blood work typically done during regular physical exams. For acute Hepatitis B, doctors usually recommend rest, adequate nutrition, fluids, and close medical monitoring. Some people may need to be hospitalized. Those living with chronic Hepatitis B should be evaluated for liver problems and monitored on a regular basis. Even though a person may not have symptoms or feel sick, damage to the liver can still occur. Several new treatments are available that can significantly improve health and delay or reverse the effects of liver disease.

Can Hepatitis B be prevented?

Yes. The best way to prevent Hepatitis B is by getting vaccinated. For adults, the Hepatitis B vaccine is given as a series of 3 shots over a period of 6 months. The entire series is needed for long-term protection. Booster doses are not currently recommended.

For more information

Talk to your health professional, call your health department, or visit www.cdc.gov/hepatitis.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Disease Control and Prevention
Division of Viral Hepatitis
www.cdc.gov/hepatitis