



**First Coast
Technical College**
Your Future Comes First



**First Coast Technical College
PARAMEDIC PROGRAM
Policies and Procedures
August 2026**



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FCTC MISSION

The mission of First Coast Technical College is to provide career, technical and adult education to meet the changing needs of students, businesses, and the regional workforce.

FCTC VISION

The vision of First Coast Technical College is to empower students to acquire career-ready skills to become a confident contributor to the regional economy.

FCTC EEO NOTICE OF NON-DISCRIMINATION STATEMENT

First Coast Technical College (FCTC) acts in compliance with all federal and state laws prohibiting discrimination. Discrimination based on race, national origin, sex, handicap, age, religion, or marital status against a student or an employee at FCTC is prohibited. No person shall, on the basis of race, national origin, sex, physical handicap, age, religion or marital status be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any educational program or activity or in any employment conditions or practices. Questions, complaints, or requests for additional information regarding discrimination or harassment may be sent to the Director.

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PROGRAM MISSION STATEMENT

The mission of the Paramedic Program at FCTC is to prepare students for employment as paramedics who will function at the basic pre-hospital emergency medical technician - paramedic level and treat various medical/trauma conditions, using appropriate BLS and ALS equipment and materials, and to prepare students for certification as paramedics in accordance with Chapter 64J-1 of the Florida Administrative Code.

The FCTC Paramedic program's goal is to prepare competent entry-level Emergency Medical Technician-Paramedics in the cognitive (knowledge), psychomotor (skills), and effective (behavior) learning domains with or without exit points at the Advanced Emergency Medical Technician and/or Emergency Medical Technician, and/or Emergency Medical Responder levels. (CoAEMSP standard II.C Minimum Expectations)

General Information

The Paramedic Program is approved by the Florida Department of Health/Bureau of Emergency Medical Services and the Florida Department of Education. It is organized to provide the student with knowledge about the acute, critical differences in physiology, pathophysiology and clinical signs and symptoms pertaining to the pre-hospital medical care of the infant, child, adolescent, adult and geriatric patient. The student will acquire clinical experience and practical skills related to the emergency medical care of these patients. The program is taught according to the 2021 National EMS Education Standards.

The entire program consists of 1100 hours: 560 hours of classroom and laboratory instruction covering the content outlined by the eight divisions of the National Standard Curriculum, 254 hours of hospital clinical experience and 288 hours of field internship. This number of hours in each of the curriculum areas are subject to change slightly to accommodate the PSC needs. The program is divided into three separate phases/terms: Paramedic I, Paramedic II and Paramedic III. These three phases/terms make the entire 1100-hour paramedic course.

Paramedic I is the first phase/term. It includes didactics and laboratory. Modules I, II and III of the Department of Transportation, EMT-P National Standard Curriculum are covered as well as a review of general human anatomy and physiology. The student will review effective communication strategies for patients of all ages. The laboratory component will cover psychomotor skills related to the modules listed above. The instructor to student ratio for all skills laboratories throughout the program will not exceed one to six. There will be a comprehensive review and assessment of basic EMT skills. Scenario-based preparatory sessions will assist in the formation of sound clinical/field internship skills and decision making. Also included in this course are Health Care Provider BLS recertification; Bloodborne Pathogens, including four hours of HIV/AIDS instruction; Health Insurance Portability and Accountability Act (HIPAA), trauma patient assessment, rapid sequence intubation, cricothyrotomy, chest decompression, traction splints, and two hours of trauma scorecard methodology.

Paramedic II is the second phase/term in the Paramedic program. This includes didactics, laboratory, and clinical. Modules IV and V of the DOT EMT-P National Standard Curriculum are covered. The laboratory component includes defibrillation, static and dynamic EKG interpretation, advanced cardiac life support scenarios, 12 lead EKG, and ACLS certification. Upon completion of Paramedic II, the student will have sufficient continuing education units for EMT-B recertification.

Students will begin and complete the clinical requirements (254 hours) .

Paramedic III is the third and final phase/term in the Paramedic program. It includes didactic, laboratory and field internship (Capstone) components and covers Modules V, VI, VII and VIII of the National Standard Curriculum. The pediatric unit shall include two hours of instruction in Sudden Infant Death Syndrome (SIDS). The laboratory component of Paramedic III includes recognition of pediatric respiratory failure and shock, pediatric fluid and medication therapy, pediatric cardiac rhythm disturbances, pediatric trauma and resuscitation, newborn resuscitation, pediatric immediate post-resuscitation stabilization and secondary transport, and ethical and legal aspects of dealing with children. Field internship will be 228 hours of rescue rides that must be completed prior to entering Capstone. Capstone is the final 60 hours a student must complete as a paramedic lead. During this time the student rides all rides with the same approved Preceptor. All the transports must be ALS transports.

Paramedic Schedules and Time Requirements

Paramedic Course

- *1100 Total Hours*

Paramedic 1

- 248 Class/Lab Hours
- 31 Class Days
- No clinicals required

Total Hours: 248

Paramedic 2

- 168 Class/Lab
- 21 Class Days

Clinical Hours

- Emergency Room 210 hours (21 days)
- Operation Room (Intubation time) 16 hours (2 days)
- Intensive Care Unit (SICU/CCU) 20 hours (2 days)
- OB 8 hours
- Total 254

Total Hours: Clinical and Classroom: 422

Paramedic 3

- 144 Class/Lab
- 18 Class Days

Rescue Rides

- 228 hours (19 rides)

Capstone

- 60 hours & a minimum of 20 complete scene leads. These transports must all be ALS in nature.

Total Hours: Classroom, Internship, and Capstone: 432

Program Completion Requirements

The Paramedic program complies with industry standards as identified in the U.S. Department of Transportation National Standard Curriculum and CAAHEP Standards and Guidelines for the Accreditation of Educational Programs in the EMS Professions.

To successfully complete the program, as well as each of the three required courses (PI, PII, PIII), students must demonstrate competencies in three areas, as identified below. A student who meets all didactic and skills requirements but has an unsatisfactory average in the affective domain will NOT graduate.

- | | |
|---|-------------------------------------|
| 1. Written exams (Didactic) | Minimum average of 80% |
| 2. Skills performance (Psychomotor) | Minimum of "3" rating on each skill |
| 3. Behavior/Professionalism (Affective) | Minimum of "3" on a scale of 1-4 |
- FISDAP (Field Internship Student Data Acquisition Project) Unit exams are administered
4. throughout the three phases of the program as the subject is covered. These unit exams are not included in the overall student weighted grade.

The program grade for paramedic phase/term I and II will consist of:

1. Chapter Test 30%
2. Final Test 20%
3. Affective evaluations – 10%
4. Psychomotor performance – 30%
5. Homework 10%
6. Student must pass a Phase I final written exam and final psychomotor exam to move on to Phase II.
7. Student must pass the AHA ACLS course in Phase II to continue in Phase II.
8. Student must pass a Phase II final written exam and final psychomotor exam to move on to Phase III.
9. Student must have completed all clinical hours in Phase II (242) before the completion of Phase II.

The program grade for paramedic phase/term III will consist of:

1. Chapter Test 30%
2. Comprehensive final written exam 30%
3. Comprehensive practical exam 30%
4. Average Affective scores 10%
5. Student must have completed all field internship hours (180) prior to entering Capstone.
6. Student must pass a Phase III comprehensive written and psychomotor final exam to move on to Capstone.
7. Student must successfully complete Capstone (60 hour/20 leads) at the end of the course to graduate.

Skills Performance Evaluations

Skills will be evaluated using a 1-4 rating scale for each skill evaluated. Students who miss a "critical fail" item on the check sheet will receive a 1 or 2 rating which is considered a failure requiring reevaluation. Students may be assigned a 1 or 2 rating even without missing a "critical fail" item if their overall performance is not acceptable.

Skills testing labs are mandatory classes and they will not be repeated.

Students that fail a skills station will be re-evaluated by the lab coordinator or lead instructor. It is the responsibility of the students to maintain their FISDAP documentation throughout the entire course.

Affective Performance Evaluation

Affect will be observed and documented throughout the entire paramedic course. The student will receive an Affective Evaluation at the end of each paramedic phase. Students will also receive immediate feedback throughout the course on all affect while in lecture, lab and/or clinical.

Final Written Exams

- A final written exam will be administered at the end of Paramedic I
- A final written exam will be administered at the end of Paramedic II
- A final comprehensive written exam will be administered at the end of Paramedic III
- Students must pass the Paramedic I final written exam to progress to Paramedic II
- Students must pass the Paramedic II final written exam to progress to Paramedic III
- ALL final written exams must be passed with 80% or greater on the first attempt
- There will be NO retakes of a final exam
- Failure of a final written exam will result in dismissal from the Paramedic program

Comprehensive Practical Scenario Exams

- All students will participate in a Skills/Scenario Practical exam
- Each student will be graded as:
 - Team Leader – Medical Scenario
 - Team Leader – Trauma Scenario
 - Team member - Medical Scenario
 - Team Member – Trauma Scenario
- Skills/Scenario practical exams will be administered at the end of P II and P III
- All students must successfully pass a comprehensive final practical skills/scenario exam on the first attempt, no exceptions.
- Students must have successfully completed all other course requirements, including full documentation of clinical and field internship experiences, prior to being permitted to take the final exams. Students must also have met all financial obligations to FCTC prior to being permitted to attempt the final exams.

Grading Scale

(4) Field Component

(3) Appropriate for experience level

(2) Needs improvement (see comments)

(1) Dangerous/not competent (see comments)

Definition

Performed at a level acceptable for entry level paramedic.

Performed at level expected for students at this point in training program.

Student does not perform all activities at level expected.

Student poses a hazard to patients/others OR performs significantly below accepted standards.

Lab sessions: in addition to rating a student's performance of each skill, instructors will assign each student a rating on affective domain behaviors demonstrated (on a 1-4 scale.)

Clinical sessions/Field internship: the instructor/preceptor will complete the preceptor evaluation of the student in FSDAP at the conclusion of each clinical/field internship. It is the student's responsibility to ensure the documentation is complete after each clinical/field internship.

Competency

The program medical director has overriding authority as to the competency of program completers. Individual exit interviews are held by the medical director and a student must be approved to graduate from the program.

No student shall be admitted to subsequent Paramedic courses (II and III) without successfully completing the previous course(s). A program completion certificate will be issued by the First Coast Technical College to Paramedic Program graduates in fourteen days or less following successful program completion. Certificates will be mailed to or personally given to program graduates.

The Paramedic Program is designed to enable the student to become eligible for state Paramedic certification and employment as a paramedic. The program will enable the student to:

1. Understand the roles and responsibilities of a paramedic within an EMS system, apply basic concepts of

development, pathophysiology and pharmacology to assessment and management of emergency patients, be able to properly administer medications and communicate effectively with patients.

2. Be able to establish and/or maintain a patient airway, oxygenate and ventilate a patient.
3. Be able to take a proper history and perform a comprehensive physical exam on any patient and communicate the findings to others.
4. Be able to integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for the trauma patient.
5. Be able to integrate pathophysiological principles and assessment findings to formulate a field impression and implement the treatment plan for the medical patient.
6. Be able to integrate pathophysiological principles and assessment findings to formulate a field impression and implement the treatment plan for neonatal, pediatric, adult and geriatric patients, diverse patients, and chronically ill patients.
7. Be able to integrate pathophysiological principles and assessment findings to formulate a field impression and implement the treatment plan for patients with common complaints.
8. Be able to safely manage the scene of an emergency.

Program objectives (terminal, cognitive, affective and psychomotor), as identified in the DOT National Standard Curriculum, are reviewed with students at the beginning of each module and unit.

- Cognitive objectives
 - program graduates will demonstrate the ability to comprehend, apply and evaluate the clinical information relative to his/her role as an entry level paramedic in the State of Florida and the local EMS agency.
- Affective objectives
 - program graduates will demonstrate personal behavior, including professionalism and conscientiousness, consistent with professional and employer objectives for the entry level paramedic.
- Psychomotor
 - program graduates will demonstrate the ability to successfully perform all of the skills included in the Paramedic curriculum.

Candidate Eligibility

1. High school diploma or G.E.D. and 18 years of age or older
2. Current American Heart Association BLS card for Health Care Providers or the American Red Cross Professional Rescuer card; or equivalent.
3. Have completed the Test for Adult Basic Education (CASAS) with a score of 244 for reading and 241 for math. CASAS scores are indefinitely valid and subject to change. Individuals must meet all CASAS requirements. Individuals are exempt from taking the CASAS who:
 - a. possess a college degree at the associate in applied science level or higher;
 - b. have successfully completed or are exempt from the college-level communication and computation skills examination pursuant to s. 1008.29;
 - c. are exempt from the college entry level examination pursuant to Florida Statute, Ch. 1009.29;
 - d. pass a related state, national or industry licensure exam.
4. Hold current Florida EMT certification. Individuals who have completed the EMT course and have applied for the Florida Certification exam are eligible as a provisional EMT. These individuals may be admitted to the Paramedic I course if they pass the national exam prior to completion of Phase I. Successful completion of the Florida EMT state exam is required for completion of the Paramedic I course and entrance into Paramedic II. The student's EMT certification must remain valid (does not expire) throughout the entire paramedic course.
5. Pass a Florida Department of Law Enforcement criminal background check and have a negative 8 panel professional drug screen.
6. Complete a Health Certificate with physical exam and immunization records.
7. Meet the United States Employment Service Guidelines for physical abilities needed by paramedics. These are: medium strength requirement of 50 pounds, maximum 25 pounds frequently; the ability to lift, carry,

- push and pull; the ability to reach, handle, finger, feel, hear, see, climb, balance, stoop, kneel and crouch.
8. Complete a Fire and/or EMS agency sponsorship form for any current or potential employees the agency wishes to sponsor in the program.
 9. Attend the mandatory Paramedic Program Orientation that is held several weeks prior to the beginning of the Paramedic I course, at which time each candidate will be interviewed and approved by the Program Medical Director.

Paramedic Certification Requirements for Florida Trained Candidates

To be eligible for two-year certification as a paramedic, one must:

1. Certify under oath to be free of addiction to alcohol or any controlled substance.
2. Certify under oath to be free of any physical or mental defect or disease which might impair his/her ability to function as a paramedic, or which might jeopardize the health of the patient.
3. Be currently certified in basic life support and American Heart Association Advanced Cardiac Life Support.
4. Possess a high school diploma or G.E.D.
5. Have successfully completed the 2021 or most current U.S. Department of Transportation Paramedic Training Course, as approved by the Florida Department of Health – EMS Bureau, at a department-approved training center.
6. Submit the appropriate completed application and non-refundable fees no less than thirty days prior to the scheduled examination date.
7. Have the training center provided verification of successful Paramedic Program completion. Verification must be validated by the program medical director and be submitted to the Department no less than thirty days prior to the scheduled Paramedic state exam.

Health Requirements

Physical Examination

1. Chapter 64J-1, Florida Administrative Code, states that a student will be free from addiction to alcohol or any controlled substance and will be free from any physical or mental defect or disease which might impair his or her ability to perform his or her duties.
2. To comply with Florida law, all candidates selected for Paramedic Program admission must undergo a physical examination by a Florida- licensed physician or have undergone same within six months of the Program start date.
3. Physical exam results must be received within three weeks of the program starting date, or the student will be dropped from the program. FCTC abides by all federal mandates (HIPAA) concerning confidentiality or privileged patient information. Physical exam results are reviewed by the program medical director and stored in a secured location.
4. Individuals must supply the training center with immunization or immunity documentation of the following:
 - Tetanus toxoid booster within 10 years
 - QuantiFERON TB Blood Test (good for 2 years)
 - Measles, mumps and rubella series (MMR) or titer
 - Hepatitis B series or titer
 - *COVID & Flu (depending on hospital and field internship facility requirements)
5. Individuals must provide proof of background check and negative drug screen. It will be explained to those who cannot provide these items how to accomplish this through FCTC.

Grading System

Students **must** maintain a minimum 80% average. If a student falls below 80% or is at risk (per the instructor's discretion) of falling below 80%, the student will be counseled and required to remediate.

Students **must** complete each didactic component of each course with an overall final course average of 80% AND successfully pass comprehensive written and skills exams to progress to the next course. Students are also required to successfully complete a comprehensive final written and skills exam at the end of the Paramedic Program, covering the didactic material and skills from all three courses (I, II, III).

Grading scale:

A = 100 – 90% B = 89 – 80% C = 79 – 70% F = 70% and below

Testing Policy

An initial test is defined as the first test taken on any specified portion of the curriculum. It may be a test over a module, a portion of a module, a chapter, or multiple modules/chapters. It may also be a mid-term or final exam, or skills exam. The following rules will apply:

1. 80% or better score on an initial test – no retest necessary
2. Less than 80% score on an initial test – student is required to retest on the next class day or at another time as assigned by the instructor
3. Maximum score permitted on retest is 80%.
4. **Students will be permitted to fail and retest on a maximum of two initial tests. Students who fail a third initial test within a course will be dismissed from the course (three strikes rule).**
5. Students who fail one retest will be dismissed from the course.
6. Students who miss an in-class exam will be considered as an exam failure. The student will then be afforded a retake exam, and the retake policy will be in effect.
7. Final written and practical scenario exams in P1, P2 and P3

Tests that are regulated by such agencies as the American Heart Association (ACLS, PALS) and Basic Trauma Life Support do not fall under these testing criteria.

Clinical and Field Internship

The primary objective of clinical rotation is the refinement of patient care skills. Quantity does not ensure quality, but performance will improve with practice. The following skills objectives and quantities shall be considered minimum clinical goals for the program.

The Program reserves the right to permit students who are unable to meet any of the minimum skills numbers to perform them on patient simulators.

The Student Must Demonstrate:

1. **the ability to safely administer medications.** Students will safely, and while performing all steps of each procedure, properly administer medications at least 15 times to live patients.
2. **the ability to safely perform endotracheal intubation.** The student will safely, and while performing all steps in each procedure, successfully intubate at least eight (8) live patients.
3. **the ability to safely gain venous access in all age group patients, perform peripheral IV catheter insertion and implement IV therapy.** The student will safely, while performing all steps in each procedure, successfully access the venous circulation at least 40 times on live patients of various age groups.
4. **the ability to effectively ventilate and oxygenate un-intubated patients of all age groups, using manual techniques, suction devices, oral, nasopharyngeal, ventilation devices and oxygen delivery systems.** The student will be effective, and while performing all steps in each procedure, ventilate at least 20 live patients of various age groups.
5. **the ability to perform a comprehensive assessment on pediatric patients.** The student will perform a comprehensive patient assessment on at least 22 pediatric patients, broken down as follows: three (3) each newborn, infant, toddler and pre-school; five (5) each school age and adolescent.
6. **the ability to perform a comprehensive assessment on adult patients.** The student will perform a comprehensive patient assessment on at least 50 adult patients.
7. **the ability to perform a comprehensive assessment on geriatric patients.** The student will perform a comprehensive assessment on at least 10 geriatric patients.
8. **the ability to perform a comprehensive assessment on obstetric patients.** The student will perform a comprehensive assessment of at least five (5) obstetric patients.

9. **the ability to perform a comprehensive assessment on trauma patients.** The student will perform a comprehensive assessment on at least 20 trauma patients.
10. **the ability to perform a comprehensive assessment on psychiatric patients.** The student will perform a comprehensive assessment on at least five (5) psychiatric patients.
11. **the ability to perform a comprehensive assessment, formulate and implement a treatment plan for patients with chest pain.** The student will perform a comprehensive patient assessment, formulate and implement a treatment plan on at least 20 patients with chest pain.
12. **the ability to perform a comprehensive assessment, formulate and implement a treatment plan for patients with dyspnea/respiratory distress.** The student will perform a comprehensive patient assessment, formulate and implement a treatment plan on at least 15 adult patients with dyspnea/respiratory distress. The student will perform a comprehensive patient assessment, formulate and implement a treatment plan on at least four (4) pediatric patients (including infants, toddlers and school age) with dyspnea/respiratory distress.
13. **the ability to perform a comprehensive assessment, formulate and implement a treatment plan for patients with syncope.** The student will perform a comprehensive assessment, formulate and implement a treatment plan on at least four (4) patients with syncope.
14. **the ability to perform a comprehensive assessment, formulate and implement a treatment plan on patients with abdominal complaints.** The student will perform a comprehensive assessment, formulate and implement a treatment plan on at least 10 patients with abdominal complaints (e.g., abdominal pain, nausea/vomiting, GI bleeding, gynecological complaints).
15. **the ability to perform a comprehensive assessment, formulate and implement a treatment plan for patients with altered mental status.** The student will perform a comprehensive assessment, formulate and implement a treatment plan on at least 10 patients with altered mental status.
16. **the ability to serve as a team leader in a variety of pre-hospital emergency situations.** The student will serve as the team leader for at least 50 pre-hospital emergency responses.
17. **the ability to deliver a pertinent and concise patient care report via the radio to the hospital and write a concise and pertinent patient care report.** The student will write at least 50 patient care reports while serving as team leader.

Capstone

The goal of having a Paramedic intern participate and complete the Capstone is to ensure that they have demonstrated the ability to manage all aspects of pre-hospital care for a patient. The intern should manage the complete care of a patient under the supervision of a preceptor. This is both to gain confidence and to demonstrate that they can successfully integrate the didactic, psychomotor, and affective domain components of the program into effective patient care.

The Paramedic program at FCTC requires that every student completes a total of sixty (60) hours and twenty (20) team leads to successfully completing Capstone and graduate. All documented team leads and transports will be ALS in nature. BLS transport is not considered in the Capstone number. All team leads must be performed during the Capstone portion of the program; they may not be performed in the emergency department or other clinical settings. Team leads are defined as follows:

The Paramedic intern serves as the leader of the pre-hospital care team. He/she assumes primary responsibility for patient assessment, development of a treatment plan, and direction of the activities of other team members. The preceptor functions as directed by the intern, taking over patient care responsibilities only if patient safety is compromised. A team lead is successfully accomplished when the student appropriately completes the care and management of the patient without preceptor intervention. (Given the three different medical treatment protocols of our field internship locations, preceptors may intervene as needed to identify specific local protocol requirements that may be applicable, without detriment to the intern's team lead status).

The paramedic intern participating in Capstone is required to complete ALL documentation in FISDAP after each team lead. The paramedic student must show 100% completion of all FISDAP documentation (patient documentation, signatures and preceptor evaluations) upon completion of Capstone.

Team leads may be accomplished on both BLS and ALS emergency calls.

Skills

All skills performed in the clinical and field settings must be documented on the FCTC patient care report, skills check list and on the FISDAP web site.

Students must achieve a minimum rating of “3” on each skill, which indicates a student has included all critical criteria during skills assessments and has met the minimum objectives of the clinical and field experiences.

Attendance at hospital and field clinical rotations is an essential part of the curriculum. It is in these environments that the student learns to apply didactic knowledge to actual patients in closely supervised situations. There are a specific number of hours and skills that must be accomplished during these vital learning experiences, for a student to successfully complete the program. The minimum number of required hours needed to complete hospital clinicals is 254

228 hours are required for the field internship. Field experience will be gained in the following manner:

Students are expected to arrive at their designated clinical/field internship site on time and in full uniform, including FCTC name tag. Any student who arrives at a clinical or field site without being in full uniform with name tag attached will be sent home. In the event a student expects to be more than 15 minutes late, he or she must call the clinical site contact person. Rescheduling missed clinical or field hours will be accomplished through the clinical coordinator or the individual that is scheduling through the Fisdap platform. Should a student not notify the instructor or the clinical coordinator that he or she is going to miss a scheduled clinical and does not show up, the number of hours for which they were scheduled that day will be added to the total number of hours necessary for program completion.

During clinical rotations and when riding with EMS agencies, students are to always exercise professional conduct. Any violation of conduct will, at the request of the clinical field site, result in the removal of the student from the site. If a complaint arises from a clinical or rescue site the clinical coordinator, program director and medical director will review the situation. Depending on the circumstances, the student may be permitted to relocate to another site. A second clinical or rescue site rejection will result in the student's dismissal from the program. The student may appeal the decision in accordance with the Complaint Procedure shown in the current year's FCTC Student Handbook. Students are routinely permitted to ride with fire rescue/EMS services 7 days a week, from 8 am through 8 pm. All students must complete a minimum of 5 hospital clinical days in each of the program approved hospitals. This requirement is subject to change as determined by the Program Coordinator as well as the hospital availability and program requirements. The student must ride a minimum of five (5) rides in each of the counties that are program approved. This requirement is subject to change as determined by the Program Coordinator as well as the county availability and program requirements. If the student is employed by any of the counties involved, the student cannot ride more than 50% of their rides in that county. This requirement is subject to change as determined by the Program Coordinator as well as the county availability and program requirements.

The minimum number of clinical hours required in each hospital area is:

<u>Emergency Department:</u>	<u>Hours</u>
Hospital ED	210
Trauma Center (If available)	10 (as part of the 210 required hours)

<u>Other Clinical Rotations</u>	<u>Hours</u>
Operating Room	16
Intensive Care Units:	20
Labor & Delivery	8

Documentation

All scheduling and documentation will be done through FISDAP. It will be the paramedic student's responsibility to complete the required documentation and hours in FISDAP throughout the programs. If the student is late on three consecutive days, or more, they are subject to removal from the clinical rotation list until they are current with the documentation required.

FISDAP

The FISDAP computer program is designed to track the students' skills, performance and clinical/field hours during their rotations. The website is www.FISDAP.net. Aside from the routine documentation and evaluations, the student is expected to enter information into a database and will have to sign forms documenting specific skills.

Data should be entered promptly, thoroughly and honestly, and should be done as soon after the shift as possible. It shall be done **within 72 hours** of the shift, at the latest. **Three or more open lab, clinical, or Internship days that have not been completed and locked will be documented on a Student Counseling Form.** Double check data before submitting it (when the computer gives you the summary of the run you just entered). Data cannot be changed by the student once it is submitted as "complete". The instructor can unlock a student report, allowing it to be edited by the student. Be advised that FISDAP does not store the narrative portion of the report. Once it is sent to the instructor, it is gone. All students should complete the narrative in WORD format, and then cut/paste it into FISDAP, keeping a copy.

Remember to complete the necessary verification/evaluation forms at the end of each shift and have the clinical instructor or preceptor sign them. For a student to get credit for clinical or rescue hours, the hours must be verified and evaluated by the clinical instructor or preceptor on the day of the clinical or ride along.

Rules and Regulations

1. Students are responsible for obtaining his/her own texts and materials as required for the program.
2. Academic dishonesty is grounds for program dismissal, and is defined as any of the following:
 - Plagiarism on tests, homework or other assignments
 - Misrepresenting student records, including clinical/field internship records
 - Removal of equipment, supplies, exams or reference material from the classroom, office or library without permission of the instructor, regardless of the intent.
 - Cheating on an exam
3. Students are to return equipment to its designated place at the end of each session. Malfunctioning equipment should be reported to an instructor.
4. Instructors shall have the discretion to determine classroom atmosphere and student behavior. Any student requested to leave the classroom or clinical/ field internship area for inappropriate behavior will be marked absent for the entire session.
5. Tobacco products, vapes and e-cigarettes are not permitted on the FCTC campuses.
6. There will be no drinking of alcoholic beverages on FCTC campuses or at any clinical/field internship agencies. Students will not attend classroom or clinical/field internship sessions under the influence of alcohol or any controlled substance. Violation of this rule will result in immediate dismissal from the

program.

7. Parking is permitted only in designated parking locations.
8. Dress for classroom, laboratory, clinical and field internship sessions consist of the FCTC Paramedic program polo shirt, navy blue uniform pants (paramedic and twill BDU pants are acceptable), black belt, black socks, black uniform shoes/boots, (no mesh material is allowed on footwear) FCTC student ID badge, wristwatch and pen. On clinical/field internship days each student must also have a stethoscope.
 - Hair will be worn so that it remains above the shirt collar.
 - Only one ring is permitted per hand, except for a wedding band set.
 - Only body piercing allowed is a single earring stud in each ear.
9. Any injury received during class, lab, or clinical/field internship must be reported immediately to an instructor and an accident report completed.
10. Students are not permitted in unauthorized areas or in the instructors' offices when an instructor is not present.
11. Per Florida Administrative Code 64J-1, students will function under the direct supervision of an EMS preceptor when riding rescue and shall not be in the patient compartment alone during patient transport, and shall not be used to meet minimum staffing requirements; and,
12. Students are not subject to call while participating in class, clinical or field sessions.
13. Cell phones are to be turned off or placed in silent mode while in the classroom, lab, or clinical/field internship sessions. These devices are not to be used unless specific permission is given by the instructor.
14. Students who actively volunteer or work where clinical/field internship sessions are conducted will act ONLY in the capacity of a student when attending clinical or field internship sessions. This includes students responding to structure, vehicle or brush fires (will NOT participate as fire fighters). Students will not actively participate in these incidents while acting as a FCTC Paramedic student.
15. If a student signs up for clinical or rescue ride time and is a no call – no show, the number of hours they were scheduled for and missed that day will be added to the total number of hours required for program completion. Students are required to notify the scheduling person within 24 hours that they missed their scheduled clinical and must reschedule immediately.
16. Any student who is late for class will be disciplined as follows:
 - 1-2 times: docked in 15-minute increments
 - 3 times or more: docked a minimum of one hour. Students that arrive more than one hour late will be docked in one-hour increments.
 - Students who will be arriving late to class must notify the instructor immediately.
17. Unexcused absences are limited as follows:
 - Paramedic I: no more than 3 classes or 24 hours (Make-up hours required) (EMT Labs)
 - Paramedic II: no more than 2 classes or 16 hours (Make-up hours required) (additional Clinicals)
 - Paramedic III: no more than 2 classes or 14 hours (Make-up hours required) (additional Rides)

Any student whose unexcused absences are greater than stated herein are subject to program dismissal.

Paramedic Labs

1. All labs are mandatory and will not be repeated.
2. Students cannot be tested on a skill if they have not practiced the skill with an instructor present.
3. One skills make-up class will be offered during Paramedic I to any student who missed a lab or who does not feel proficient in a skill(s).
4. Students must master the following core skills prior to starting hospital rotations or field internship:
 - IV, IO access and administration of medications
 - Basic and advanced airway management skills, such as endotracheal intubation and cricothyrotomy
5. Students may not proceed to Paramedic II without mastery of the core skills.

Academic Probation

Students who violate one or more of the following will be notified that they are on probation. This notification is an attempt to warn students of potential problems that may cause them to be dismissed from the program.

1. Failure of a second initial exam.
2. Overall grade average falls below 80%.
3. Failure to provide required documentation necessary for the completion of laboratory skills and/or clinical/field internship activities.
4. Having more unexcused absences than permitted (see # 18 under “Rules and Regulations”).

Program Dismissal (Academics)

The following is a summary of activities that will result in failure of a Paramedic Course. Students must successfully complete all three Paramedic courses (I, II, III) to pass the Paramedic Program and be eligible to sit for the State Certification Exam:

1. Failure of a third initial exam.
2. Failure of a retest.
3. Failure to achieve an overall score of at least 80% at the end of a course.
4. Failure to achieve a minimum rating of “3” on all required skills and in behavior and professional performance.
5. Failure to attend the minimum required hours in the classroom, laboratory or clinical/field internship.
6. Failure to submit required and satisfactory documentation of lab skills or clinical/field internship.
7. Conduct unbecoming of a prehospital healthcare professional as demonstrated by misconduct that either directly or indirectly causes physical or psychological trauma to a patient.
8. Failure to adhere to the policies, procedures, rules and regulations of the Paramedic program.
9. Falsification of clinical and/or rescue hours and/or skills documentation.
10. Cheating on any exam.

Student Disciplinary Process (Non-Academic)

To maintain a safe, respectful, and professional learning environment, the PSC of First Coast Technical College follows a progressive discipline process when addressing student misconduct. Student must remain in compliance with all program expectations and the St. Johns County Student Code of Conduct.

The following steps outline the process:

Step 1: Verbal Warning

Step 2: Formal Counseling Referral

The student will meet with the instructor and program dean (or designee) to discuss the concern and will receive a written notice about the matter

Step 3: Conduct Agreement/Probation Notification

If misconduct continues or a more serious infraction occurs, the student will be required to meet with a college dean, program manager and instructor to discuss the behavior and sign a formal Conduct/Probation Agreement.

Step 4: Program Dismissal

If the student fails to meet the terms of the Conduct/Probation Agreement or engages in additional misconduct, they will be required to meet with the college dean, program manager and instructor, and a withdrawal/dismissal from the program will be initiated.

Grievance Procedures

The grievance procedure policy applicable to FCTC PSC students can be found in the FCTC Student Handbook / Catalog as published at: <http://fctc.edu/current-student-handbook/>.

Insurance

Malpractice (liability) and accident insurance for all students enrolled in the Paramedic Program will be subscribed to by the First Coast Technical College. The accident insurance is considered a secondary insurance policy.

Exposure

A hospital (or Fire/EMS) and school accident report will be completed if a student is exposed to blood or body fluids through a needle stick or cut, mucous membrane, or by cutaneous (break in the skin) means. This report will be completed during the shift when the exposure occurred. Follow-up screening will be accomplished according to CDC guidelines and the infection control policies of the hospital or agency where the exposure occurred. The injury report will be submitted to the program director and forwarded to the program medical director for review and follow-up. The student will bring the hospital/agency treatment and/or follow-up records to the program director, along with written approval for the medical director to review the records. Unless the source patient has been tested and found negative for the hepatitis and HIV viruses, the student will be followed according to CDC guidelines, both by the program director and the medical director, until and unless it is deemed by the medical director that the student be released from care and/or follow-up.

Program Readmittance

A student that is removed from the program prior to graduation is eligible to retake the course at any time in the future, unless otherwise stated by the Program Director. Reasons a student may not be readmitted to the program can include, but are not limited to the following:

- Assault on another student or faculty
 - Egregious behavior in direct violation of school policy while in class
 - Egregious behavior in direct violation of school policy while on a clinical and/or ride along
 - Any behavior that purposely puts other students and/or faculty in immediate danger
1. Paramedic students that have not met all the requirements to pass Paramedic I will be required to retake the entire program regardless of when they reapply.
 2. Paramedic students that meet all the requirements to pass Paramedic I, but are dismissed from Paramedic II may return to another course offering in the beginning of Paramedic II **ONLY if it is less than one year since the completion of Paramedic I.**
 3. Paramedic students that meet all requirements for Paramedic I and Paramedic II but are dismissed from Paramedic III may return to another course offering in the beginning of Paramedic III **ONLY if it is less than one year since the completion of Paramedic II.**
 4. Paramedic students that do not take the NREMT exam within two (2) years of graduation from the program is required by the state statute to retake the entire course.
 5. Paramedic students that fail the NREMT exam six (6) times are required by the state statute to retake the entire course.

PARAMEDIC PROGRAM TERMINAL PERFORMANCE OBJECTIVES

At the completion of the Paramedic Program, the students will:

1. Understand their roles and responsibilities within an EMS system and how they differ from other levels of providers.
2. Understand and value the importance of personal wellness in EMS and serve as a healthy role model for peers.
3. Be able to integrate the implementation of primary injury prevention activities as an effective way to reduce death, disabilities and health care costs.
4. Understand the legal issues that impact decisions made in the out-of-hospital environment.
5. Understand the role that ethics plays in decision making in the out-of-hospital environment.
6. Be able to apply the general concepts of pathophysiology for the assessment and management of emergency patients.
7. Be able to integrate pathophysiological principles to pharmacology and the assessment findings to formulate a field impression and implement a pharmacologic management plan.
8. Be able to safely and precisely access the venous circulation and administer medications.
9. Be able to integrate the principles of therapeutic communication to effectively communicate with any patient while administering care.
10. Be able to integrate physiological, psychological, and sociological changes throughout human development with assessment and communication strategies for patients of all ages.
11. Be able to establish and/or maintain a patent airway, oxygenate, and ventilate a patient.
12. Be able to use the appropriate techniques to obtain a medical history from a patient.
13. Be able to explain the pathophysiological significance of physical findings.
14. Be able to integrate the principles of history taking and techniques of physical exam to perform a patient assessment.
15. Be able to apply a process of clinical decision making to use the assessment findings to help form a field impression.
16. Be able to follow an accepted format for dissemination of patient information in verbal form, either in person or via the radio.
17. Be able to effectively document the essential elements of patient assessment, care and transport.
18. Be able to integrate the principles of kinematics to enhance the patient's assessment and predict the likelihood of injuries based on the patient's mechanism of injury.
19. Be able to integrate pathophysiological principles and assessment findings to formulate a field impression and implement the treatment plan for a patient with shock or hemorrhage.
20. Be able to integrate pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for a patient with soft tissue injuries.
21. Be able to integrate pathophysiological principles and the assessment findings to form a field impression and implement a treatment plan for a patient with a burn injury.
22. Be able to integrate pathophysiological principles and the assessment findings to form a field impression and implement a treatment plan for a patient with a suspected head injury.
23. Be able to integrate pathophysiological principles and the assessment findings to form a field impression and implement a treatment plan for a patient with a suspected spinal injury.
24. Be able to integrate pathophysiological principles and the assessment findings to form a field impression and implement a treatment plan for a patient with a thoracic injury.
25. Be able to integrate pathophysiological principles and the assessment findings to form a field impression and implement a treatment plan for a patient with suspected abdominal trauma.
26. Be able to integrate pathophysiological principles and the assessment findings to Form a field impression and implement a treatment plan for a patient with a musculoskeletal injury.
27. Be able to integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for the patient with respiratory problems.
28. Be able to integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for the patient with cardiovascular disease.
29. Be able to integrate pathophysiological principles and assessment findings to formulate a field impression

- and implement a treatment plan for the patient with a neurological problem.
30. Formulate a field impression and implement a treatment plan for the patient with an endocrine problem.
 31. Be able to integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for the patient with an allergic or anaphylactic reaction.
 32. Be able to integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for the patient with a gastroenterological problem.
 33. Be able to integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for the patient with a renal or urological problem.
 34. Be able to integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for the patient with a toxic exposure.
 35. Be able to integrate the pathophysiological principles of the hematopoietic system to formulate a field impression and treatment plan.
 36. Be able to integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for the patient with an environmentally induced or exacerbated medical or traumatic condition.
 37. Be able to integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for patients with infectious and communicable diseases.
 38. Be able to describe and demonstrate safe, empathic competence in caring for patients with behavioral emergencies.
 39. Be able to utilize gynecological principles and assessment findings to formulate a field impression and treatment plan for the patient experiencing a gynecological emergency.
 40. Be able to apply an understanding of the female reproductive system to the assessment and management or a patient experiencing normal or abnormal labor.
 41. Be able to integrate pathophysiological principles and assessment findings to formulate a field impression and implement the treatment plan for the neonatal patient.
 42. Be able to integrate pathophysiological principles and assessment findings to formulate a field impression and implement the treatment plan for the pediatric patient.
 43. Be able to integrate pathophysiological principles and assessment findings to formulate a field impression and treatment plan for the geriatric patient.
 44. Be able to integrate pathophysiological principles and assessment findings to formulate a field impression and treatment plan for the patient who has sustained abuse or assault.
 45. Be able to integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for diverse patients and those who face physical, mental, social and financial challenges.
 46. Be able to integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for the acute deterioration of a chronic care patient.
 47. Be able to integrate the principles of assessment-based management to perform an appropriate assessment and implement the management plan for patients with common complaints.
 48. Understand standards and guidelines that help ensure safe and effective ground and air medical transport.
 49. Be able to integrate the principles of general incident management and multiple casualty incident (MCI) management techniques in order to function effectively at major incidents.
 50. Be able to integrate the principles of rescue awareness and operations to safely rescue a patient from water, hazardous atmospheres, trenches, highways, and hazardous terrain.
 51. Be able to evaluate hazardous materials emergencies, call for appropriate resources, and work in the cold zone.
 52. Have an awareness of the human hazard of crime and violence and the safe operation at crime scenes and other emergencies.

FIRST COAST TECHNICAL COLLEGE

I have carefully read the Paramedic Program Policies and Procedures Manual and understand its content. I agree to abide by all policies and procedures stated in the manual.

Student Signature

Date

I hereby authorize the release of all records and reports pertaining to any accident and/or injury sustained while performing as an FCTC Paramedic student, to the Paramedic program director, the program medical director and the college's accident insurance policy carrier, for review and follow-up.

Student Signature

Date

Student's Printed Name