OXNARD COLLEGE



EMT 169 31074 Hybrid SP21 McElhenie.M Emergency Medical Technician

EMT-169 Emergency Medical Technician Program

Spring 2021

Oxnard College

EMT-169

Student Acceptance of Course Responsibilities

Emergency Medical Technicians require integrity and adherence to the Codes of Ethics.

I understand that I must maintain client confidentiality at all times. I will not discuss clients or experiences outside of the clinical area or simulation lab. I will not leave any identifying information on any client paperwork.

I understand that I may not perform clinical skills without the supervision or expressed consent of the instructor or agency staff.

I have read, reviewed, and understand the contents, objectives, and requirements as stated in all course syllabi for EMT-169; I agree to abide by them.

Failure to adhere to the EMT Program policies and procedures, guidelines within the Student Handbook, and college wide policies may result in verbal/written warning, probation, failure, or expulsion from the program.

Student Name (print)

Student Signature

Date

EMT-169: Emergency Medical Technician

EMT-169: Spring 21 Session

Days: TBD

FACULTY CONTACT INFORMATION: Matthew McElhenie Contact Information

Email Address: <u>mmcelhenie@vcccd.edu</u> Cell:805-459-6097

Office Location: Virtual Office Hours: Tuesday and Wednesday Virtually as requested & T, W, TH 6:30 pm to 9:30 pm.

Please email or call me on my cell phone if you have time-sensitive needs. Send all emails using your Oxnard College student email account. Include your name as emails on this system do not include the name.

CREDIT UNITS: 8

WEEKLY CONTACT HOURS: TBA Homework (Lecture hours X 2) TOTAL CONTACT HOURS (BASED ON 16-18 WEEKS) TBA GRADING BASIS: Grade Only

COREQUISITE/PREREQUISITE:

American Heart Association "BLS for The Healthcare Provider" or American Red Cross CPR Card

COURSE DESCRIPTION:

The EMT course follows the state-mandated curriculum. The classroom setting and clinical rotations provide opportunities to gain proficiency in the theoretical knowledge and in the application of basic life support skills required to function as an EMT. Upon completion of course requirements, students will be issued a Course Completion Certificate that is required for EMT certification through the California Emergency Medical Services Agency.

COURSE OBJECTIVES:

Upon satisfactory completion of the course, students will be able to:

- 1. define patient rights and delineate the responsibilities of EMTs in assuring those rights.
- 2. discuss moral and ethical tenets that direct the actions of health care professionals.
- 3. examine laws, regulations, and health care delivery systems that preside over the practices of EMTs.
- 4. employ ethical and legal standards when reporting and documenting patient care.
- 5. appraise the infection control guidelines required for standard and transmission-based precautions.
- 6. compare and contrast the need for various types of protective equipment in a variety of emergency settings.
- 7. choose appropriate personal protective equipment and demonstrate appropriate use.
- 8. explain precautions necessary to ensure the EMT's safety to prevent injury and infection from blood-borne pathogens.
- 9. demonstrate appropriate body mechanics when lifting, transferring, and moving people.
- 10. perform effective adult, pediatric and infant one and two rescuer cardiopulmonary resuscitation.
- 11. perform effective adult, pediatric, and infant airway obstruction management.
- 12. demonstrate the use of various adjunctive ventilatory aids including the bag valve mask, and various resuscitation barrier devices.
- 13. demonstrate the safe use of an automated external defibrillator (AED).
- 14. categorize the role and scope of responsibility of the emergency medical technician at the scene of an accident, during transport, and until the time the patient receives professional health care.
- 15. develop skills in intelligent observation of operational function, maintenance, and utilization of necessary equipment.
- 16. demonstrate proficiency in written and verbal communication and accurate reporting of pertinent data.
- 17. provide safe, competent care according to local and state legal parameters.
- 18. conduct the primary and secondary survey/assessment and subjective interview, including essential components of the patient's history and condition.
- 19. diagram the normal anatomy and physiology of the respiratory, cardiovascular, neurosensory, skeletal, and reproductive systems.
- 20. explain and demonstrate the appropriate treatment measures for respiratory emergencies.
- 21. recognize and distinguish the basic signs and symptoms of cardiac emergencies.
- 22. demonstrate correctly the skills involved in the stabilization of cardiac emergencies.
- 23. describe the signs and symptoms indicative of shock and measures to treat shock.
- 24. relate basic principles of pharmacology, intravenous fluid resuscitation, and medication administration to the adult and child with life threatening emergencies.
- 25. describe the explain the EMT's scope of responsibility for intravenous therapy, e.g., initiation, assessment of site, fluid infusion.

- 26. plan and demonstrate skills necessary in the treatment of integumentary, skeletal, and neurological injury.
- 27. apply splints, bandages, spinal immobilizers, and traction splints.
- 28. describe the symptoms and emergency care for a person with a life-threatening medical condition.
- 29. explain the physiological response to ingestion of poisons, drug overdoses, and anaphylactic reactions; select a management plan for each situation.
- 30. provide emotional support to the person who has been assaulted or raped, incorporating appropriate legal principles and guidelines.
- 31. choose appropriate measures to assist with an uncomplicated delivery of a newborn.
- 32. examine the problems associated with the emergency delivery of a newborn with abnormal presentation/premature delivery.
- 33. compare physiological manifestations of the death process to a person's psychological mechanisms of coping with the death process/grief.
- 34. assist in advanced life support techniques, including the application of ECG leads, initiation of IV fluids, AED, and application of MAST trousers.
- 35. describe the EMT's role during terrorist emergencies and natural/man-made disasters.
- 36. Describe the basic roles and structures of body cells.
- 37. Discuss the mechanisms the body uses to compensate for impaired cardiopulmonary function.
- 38. Describe the roles of water, glucose, and oxygen in the cell.
- 39. Describe conditions that can threaten cardiopulmonary function.
- 40. Explain the pathophysiology of shock.
- 41. Identify signs and symptoms that indicate the body is attempting to compensate for impaired cardiopulmonary function.
- 42. Recognize indications that the body's fluid balance has been disrupted.
- 43. Recognize indications that the nervous system may be impaired.
- 44. Describe the effects on the body of endocrine dysfunction, digestive system dysfunction, and immune system dysfunction.
- 45. Describe the structure and function of the hematologic system.
- 46. Identify medications that can interfere with blood clotting.
- 47. Describe the structure and function of the renal system.
- 48. Describe the causes and consequences of acute and chronic renal failure.
- 49. Recognize patients with complications of end-stage renal disease, dialysis, and missed dialysis.
- 50. Describe special considerations for patients who have received a kidney transplant.
- 51. Describe special challenges patients may have, including various disabilities, terminal illness, obesity, homelessness/poverty, and autism.
- 52. Describe general considerations in responding to patients with special challenges.
- 53. Recognize physical impairments and common medical devices used in the home care of patients with special challenges, including respiratory devices, cardiac devices,

gastrourinary devices, central IV catheters and discuss EMT assessment and transport considerations for each.

- 54. Explain why patients with special challenges are often especially vulnerable to abuse and neglect and what the EMT's obligations are in such situations.
- 55. Explain how diagnosis in emergency situations may differ from traditional approaches to diagnosis.

COURSE CONTENT:

- 1. Ethical-legal aspects of emergency care
 - A. Ethics of health care (e.g., beneficence, non-maleficence, justice)
 - B. Legal mandates
 - C. EMT scope of practice
 - D. The medical record as a legal document
- 2. Personal Safety for emergency personnel
 - A. Infection control guidelines
 - 1. Standard and blood-borne precautions
 - 2. Transmission-based precautions
 - B. Personal protective equipment
 - C. Avoidance of injury when moving patients
- 3. Gaining access and rescue operations
 - A. Pre-hospital operations and procedures
 - B. Transporting the patient
 - C. Handoff to professional care
- 4. Emergency Assessment
 - A. The trauma patient
 - B. The medical patient
 - C. Physical and psychological clinical manifestations
 - D. Medical vs. emergency diagnostic processes
- 5. Communication
 - A. Verbal reporting
 - B. Written documentation
 - C. Inter-professional collaboration
- 6. Principles of basic and advanced life support
 - A. CPR for adults, children, and infants
 - B. One rescuer vs. two-rescuer procedures
 - C. Factors that increase effectiveness of CPR
 - D. Airway obstruction and choking
 - E. Indications for advanced airways
 - F. AED and cardiac rhythm recognition
- 7. Respiratory emergencies
 - A. Upper respiratory
 - B. Lower respiratory
 - C. Parenchymal
 - D. Disordered control
- 8. Circulation emergencies

- A. Bleeding
- B. Shock
- C. Cardiac (e.g., heart attack)
- D. Stroke
- 9. Trauma management
 - A. Bandaging
 - B. Splinting
 - C. Stabilizing
 - D. Moving patients with injuries
 - 1. Head and spine
 - 2. Soft Tissue
 - 3. Musculoskeletal
 - 4. Thoracic
 - 5. Abdominal
- 10. Pharmacology
 - A. General principles of medication administration
 - B. Drugs used by EMT's
 - C. Assisting with self-administration of medications
 - D. Allergic reactions to drugs and other substances
 - E. Poisoning/Overdose
 - F. Treatment of hypoglycemia
- 11. Emergencies across the lifespan
 - A. Obstetric & Gynecologic
 - B. Pediatric
 - C. Geriatrics
 - D. Medical devices in the home
- 12. Behavioral and other emergencies
 - A. Crisis intervention
 - B. Vulnerable populations and abuse
 - C. Sexual assault and rape
 - D. Death and grief response
- 13. Environmental emergencies
 - A. Hazardous materials
 - B. Natural disasters
 - C. Man-made disasters
- 14. EMS response to terrorism
- 15. Ambulance operations
 - A. Driving codes
 - B. Vehicle maintenance
 - C. Equipment inside the ambulance
- 16. Body cell function
 - A. Cell structure and function
 - B. Cellular oxygenation
 - C. Cellular metabolism
- 17. Cardiopulmonary system
 - A. Normal anatomy and physiology
 - B. Cardiopulmonary dysfunction

EMT-169 Emergency Medical Technician

- 1. Clinical manifestations
- 18. Musculoskeletal and nervous systems
 - A. Normal anatomy and physiology
 - B. Nervous system dysfunction
 - 1. Clinical manifestations
 - C. Musculoskeletal dysfunction
 - 1. Clinical manifestations
- 19. Endocrine system
 - A. Normal anatomy and physiology
 - B. Endocrine dysfunction (e.g., diabetes)
 - 1. Clinical manifestations
- 20. Digestive system

B.

- A. Normal anatomy and physiology
 - Digestive system dysfunction
 - 1. Clinical manifestations
- 21. Immune and integumentary systems
 - A. Normal anatomy and physiology
 - B. Immune system dysfunction
 - 1. Clinical manifestations
 - C. Skin conditions requiring emergency care (burns)
- 22. Renal system
 - A. Normal anatomy and physiology
 - B. Renal system dysfunction and failure
 - 1. Clinical manifestations
- 23. Hematological system
 - A. Normal anatomy and physiology
 - B. Hematological dysfunction (e.g., Sickle Cell crisis)
 - 1. Drugs that interfere with normal blood clotting
 - 2. Clinical manifestations
- 24. Fluid and electrolytes
 - A. Movement of water in and out of the cell
 - B. Fluid loss/excess and associated clinical manifestations
 - C. Electrolyte imbalance and associated clinical manifestations

LAB CONTENT:

- 1. Assessment scenarios
 - A. Situational and environmental
 - B. Primary survey
 - C. Secondary survey
 - D. Focused assessment
 - 1. Musculoskeletal
 - 2. Head and spine (neurological)
 - 3. Respiratory
 - 4. Thoracic and Abdominal
 - 5. Cardiac/circulation

EMT-169 Emergency Medical Technician

- 6. Obstetric and gynecological
- 7. Behavioral/mental health
- E. Interviewing the trauma victim
- F. Interviewing the medical patient
- G. Interviewing patients across the lifespan
- H. Interviewing patients with chronic conditions, disabilities, behavioral health conditions

2. Demonstration of treatment measures

- A. Musculoskeletal injuries
- B. Head and spine injuries
- C. Respiratory emergencies
- D. Cardiac emergencies
- E. Pediatric emergencies
- F. Geriatric emergencies
- G. Obstetric and gynecologic emergencies, and childbirth
- H. Pharmacological emergencies: Overdose, poisoning, allergic reactions
- I. Special conditions (e.g., patient with pacemaker, renal failure)
- 3. Fluid resuscitation
 - A. Monitoring of venipuncture site
 - B. Management of intravenous infusions
- 4. Demonstration of safety measures at the emergency scene
 - A. Accessing the scene for rescue
 - B. EMT body mechanics / safe movement
 - C. Stabilizing devices and traction
 - D. Transferring/transporting patients
- 5. Selection and application of personal protective equipment
- 6. Behavioral treatment measures /therapeutic communication
- 7. Role play: Verbal reports and team collaboration
- 8. Documentation activities/portfolios
 - A. Written reports
 - B. Electronic medical record
- 9. Demonstration of basic/advanced life support measures
 - A. CPR
 - B. Rescue breathing
 - C. Ventilation assistive devices (e.g., airways, bag valve mask)
 - D. Oxygen delivery devices/masks/ advanced airways
 - E. Management of choking
 - F. AED
 - G. ECG leads
 - H. MAST trousers
 - I. Priority-setting
- 10. Demonstration of safe ambulance operations
- 11. EMT response Case Studies
 - A. Disasters
 - B. Terrorism

INSTRUCTIONAL METHODOLOGY: CLASSROOM

Lecture Lab Activity Individual Assistance Other (Specify) Audiovisual (including PowerPoint or other multimedia) Computer Assisted Instruction Demonstration Discussion Group Activity Requires a minimum of three (3) hours of work per unit including class time and homework. Other: Guest speakers, student-led presentations, role play, return demonstration, clinical experiences, ambulance ride-alongs

METHODS OF EVALUATING OBJECTIVES OR OUTCOMES:

Methods of evaluation to determine if students have met objectives may include, but are not limited to the following:

CLASSROOM	EXPLANATION
Lab Activity	Demonstration of skill competencies
Oral Assignments	Presentations scored using grading rubric
Written Assignments	Short answer papers on selected content. Scored using grading rubric

EXAMS	EXPLANATION		
Comprehensive Final	l Multiple choice, fill-in-the-blanks, short answers, skill demonstration,		
	essay, ranking exercises. This exam must be passed with a score of 75% in		
	order to be cleared for the NREMT exam.		
Problem Solving	Application of Bloom's Taxonomy at all levels, measurable outcome		
	identification for case studies and clinical scenarios.		
Skill Demonstration	Demonstration of skills according to competency testing rubrics.		
Quizzes	Multiple choice/fill in the blanks		

MINIMUM STUDENT MATERIALS:

Textbook(s)

Emergency Care, 14th edition, Limmer et.al. with MyLab BRADY with Pearson eText -- Instant Access -- for Emergency Care ISBN-13: 9780135379080

EMS-Testing Subscription: go to https://my.platinumed.com/createaccount

UNIFORMS:

Uniforms will be required for the course. TBD at a later date

COSTS:

The costs for the uniforms, boots, belt, and books and test prep will be 650.00. I understand that this can be a burden, however, this program is designed to prepare you to enter the workforce once the course is completed.

COURSE ASSIGNMENTS

Suggested Reading:

National Emergency Medical Services Education Standards: Scope of Practice, Skill Competency Certification and Licensing, Legal and Ethical Considerations

Required Writing:

Inter-professional hand-off reports

Trauma reports

Real time patient status reports

Ambulance ride-along status reports and reflections

Computerized electronic medical record (EMR) entries

Outside Assignments:

Ambulance ride-along with written assignment and reflections

Emergency department observational experience with written assignment and reflections

Emergency Medical Technician-Course Policies and Guidelines

Overview

The EMT –Basic course curriculum is extremely demanding, it requires the student to demonstrate competency in cognitive, psychomotor and affective domains. It will also be necessary to demonstrate the ability to work well with other students, instructional staff, pre-hospital/clinical personnel, and patients. Entering this course, the student should be expected to work hard and be thoroughly challenged

The field EMT must be self-reliant, motivated and have the ability to work as a team to provide care to the ill or injured. Expect to study at least one hour for every classroom hour in order to keep pace with the information being delivered. It is strongly recommended that the student incorporate a team approach to this course by establishing study groups with others in the course.

It is expected that the student be prepared for both lectures and skills by studying the topics before the lecture, and practicing the skills presented during skills night outside the classroom setting for mastery. It should be noted that the student is being prepared for work that will make them responsible for the lives and well-being of others, their partners and themselves. With this in mind, it is the responsibility of the instructors to provide a classroom setting that is intended to make the student both proficient and confident in the knowledge and application of skills required to function as an EMT.

There will be no tolerance for disruptive behavior or distractions during classroom sessions, clinical observations or ambulance observations during the course. After successful completion of the EMT-basic course and the NREMT cognitive examination, the student should consider themselves a "safe beginner" in the challenging field of pre-hospital emergency care.

General classroom rules of conduct:

- It is expected that the student shows up on time.
- The classroom shall be kept clean.
- There is "zero tolerance" for alcohol or drug use while at class or any other location for training purposes. Doing so will be grounds for immediate dismissal.
- It is expected that the student gives all instructors involved with the course courtesy and respect during lectures and skills training.

Attendance

The EMT curriculum is taught to standards set by the State of California, a minimum number of academic hours are required for successful completion and certain lectures are mandatory. This allows for no more than eight (8) hours of absence during the entire course. More than eight (8) hours of absence will result in the student being ineligible for the NREMT Cognitive examination. *Per Oxnard College policy, two tardies equal one absence. Attendance is taken at the beginning and end of each class. If a student leaves during the class, the student will be marked absent for that period.*

The instructor, on the following grounds only, must approve early dismissal from any class: reasons of acute illness, family emergency, employment obligations or transportation reasons. It is the responsibility of the student to make adjustments to their schedule in order to meet the minimum State and college requirements for attendance.

Grading:

A Course Completion Certificate is issued to those students who have met the minimum attendance requirement, demonstrated practical skills competency, maintained the minimum 80%.

92-100%	А	
84-91%	В	
75-83%	С	
60-74%	D	Not eligible for NREMT Certification Exam
<60%	F	

Homework & Quizz	zes 25%
Skills	20%
Exams	20%
Final	25%
Total	100%

Skills Competency Pass/Fail Criteria per National Registry/DOT standards

STUDENTS WILL BE NOTIFIED AS SOON AS PRACTICAL OF CURRENT ACADEMIC STANDING WHENEVER OVERALL PERCENTAGE IS LESS THAN 80 % OR WHEN SKILLS COMPETENCY ASSESSMENTS DO NOT MEET NATIONAL REGISTRY/DOT STANDARDS.

At the discretion of the Program Director extra credit assignments may be made available to all students.

Make up examinations:

There are <u>NO MAKE UP</u> Examinations, no make-up quizzes, no make-up homework, no make-up assignments period except for <u>extreme</u> emergency: Students requesting a make-up must submit request in writing to the EMT Program director as soon as practical and no later than the next day the student attends class. Make up Exams when approved are different versions and comprehensive.

Text Materials/Other Requirements

Emergency Care, 14th edition, Limmer et.al. with MyLab BRADY with Pearson eText --Instant Access -- for Emergency Care

ISBN-13: 9780135379080

Convictions:

Students convicted of crimes must check with the EMS agency to determine eligibility for state certification. The NREMT felony conviction policy is available from your instructor or at

<u>www.nremt.org</u> under general policies. Failure to report convictions will result in automatic denial or revocation of certification per state law. Consult with your EMT Program Director, confidentially, for further information.

Prior denial, suspension or revocation of certification:

State law requires the local EMS agency to investigate any prior denial of certification for prehospital care in any capacity, and/or suspension or revocation. See your Program Director, confidentially, for details.

Ambulance/Emergency Room Observation General Information

Part of the course curriculum involves a minimum set of hours of clinical rotations and patient contacts in order to acquire certification. American Medical Response is the primary 911 ambulance provider in Monterey County and Natividad Medical Center may be the hospital utilized for Emergency Room observations. The student must maintain 80 % GPA in order to participate in these observations. The student must also comply with any and all regulations imposed by these health care providers including; appropriate dress and hygiene. <u>If you show up unprepared, late or are otherwise unprofessional, you may be sent home.</u>

Open Door Policy

Oxnard College and the Instructors practice an open-door policy in regard to any issues that come up during the class. It is expected that the student will anticipate and resolve any issues as they arise to the best of their ability, but should there be a need for further assistance, contact your Primary Instructor or Program Director directly or through the contact information provided.

STUDENT CODE OF CONDUCT

Do not be late and do not leave early. Late arrivals and early departures will detract from your overall score in the class.

Practice good teamwork at all times; You are expected to work together with each other and your instructors. Treat your classmates and instructors with utmost respect. No cursing, no hazing, no inappropriate jokes. Do not belittle any individual or group whether present or not. Do not use any derogatory terms to describe any individual, group or organization. Do not engage in gossip with anyone about anyone.

During class session hold questions until the appointed question answer period, however, if you are unable to continue with the lecture because you do not understand a term or concept it is appropriate to interrupt a lecture for clarification. Remember, during Q&A periods to keep questions on topic.

Read your textbook before class.

Bring all required textbooks to every class

Do not talk during lectures.

Dress appropriately

Leave the classroom in better condition than you found it.

Do not eat or drink in the classroom, capped water bottles are acceptable.

Turn off your cell phone during class, if you must be in contact with someone during classroom because of an emergent situation inform the instructor prior to class.

Do not text or in any way access smart phones during class.

As the class progresses practice researching questions rather than just asking an instructor.

Maintain patient confidentiality at all times

The course schedule may/will change as we make adjustments for class progress, guest lecturers etc. Keep informed of changes and be flexible.

Do not attempt to contest a test questions unless you have the page number and text to support your position. Remember there is no arguing on the NREMT exams.

There are no makeup exams (see course outline for exceptions)

It is your responsibility to keep track of all your test scores. It is important that you understand how well you are doing at every step of the way.

Remember that there are three areas in which we are directing your learning. National Registry Exams, The Science of Emergency Medicine and The Field. All three areas must be taken into consideration in order to pass the course, become certified and earn the distinction of "safe beginner"

Conduct yourself as though you were on duty and employed

<u>Study Tips</u>

Good EMT study habits are developed over time and are necessary for success, use study strategies that work for you and have the right motivation to study.

Do not just read the book, have a plan. The DOT objectives is a good place to start. Use them to guide your reading/learning.

Minimize Highlighting only highlight the important words of critical concepts

Make notes on the edges of your textbook (Margin Notes)

Flashcards

Create exams

Discuss it with your classmates

Write out a concept several times.

Utilize planned study groups (teaching, testing, topics)

Explain the information to someone

Put all your senses to work

Make summary pages

Create Visual Notes

Build Poster Presentations

Make as many notes as you need study them and then condense them, Repeat this process until you no longer need the notes.

Plan to spend at least one hour studying for every hour spent in class.

Create a study calendar

If you have history of not doing well on written tests, you may have a reading or learning disability. Professionals at the college counseling center can help you determine if this is the case and if so, they can help you develop and implement strategies to compensate for it.

National Registry of Emergency Medical Technicians (NREMT)

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

Preamble

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.

Citizens in need of out-of-hospital medical services rely on the EMS System and the existence of state licensure/certification or national certification 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 and certification, EMTs should be held to a similar, if not higher, standard. For these reasons, the EMS certifying/licensing agency has a duty to exclude individuals who pose a risk to public health and safety by virtue of conviction of certain crimes.

General Denial

Certification 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.

- 1. Felonies involving sexual misconduct where the victim's failure to affirmatively consent is an element of the crime, such as forcible rape.
- 2. 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.
- 3. 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.

Presumptive Denial

Applications for certification 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.

- 1. 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.
- 2. Applications 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.

Discretionary Denial

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

- 1. The seriousness of the crime.
- 2. Whether the crime relates directly to the skills of out-of-hospital care service and the delivery of patient care.
- 3. How much time has elapsed since the crime was committed.
- 4. Whether the crime involved violence to, or abuse of, another person.
- 5. Whether the crime involved a minor or a person of diminished capacity.
- 6. Whether the applicant's actions and conduct since the crime occurred are consistent with the holding of a position of public trust.

During a Campus Emergency

During a campus emergency, you will generally be told to do one of two options, SHELTER IN PLACE or EVACUATE. When either of these are given, vehicle traffic coming onto campus will likely be turned away. Students are required to obey the directions of staff in a timely fashion.

EVACUATION:

Please note the exit(s) in the room. For evacuation, immediately heed official directions by proceeding calmly and quickly to an exterior assembly area as indicated by trained staff. Please stay back at least 200 feet from any building until the "all clear" command is issued.

In the event of an alarm or safety threat, uniformed Oxnard personnel equipped with two-way radios--including security, and maintenance staff--have up-to-date information; they also have the authority to order either shelter-in-place or immediate building evacuation.

SHELTER IN PLACE:

A shelter in place order is when personnel are told not to leave their immediate area. Shelter in place means that personnel should stay where they are. This could be for safety from an environmental threat, like a chemical leak off campus, to a threat of violence on campus. A LOCKDOWN is a shelter in place.

In the event of an alarm or safety threat, uniformed Oxnard personnel equipped with two-way radios--including security, and maintenance staff--have up-to-date information; they also have the authority to order either shelter-in-place or immediate building evacuation.

Lockdown

A lockdown is a Shelter in Place. In the event of a safety threat, instructors and staff will lock classroom doors and direct occupants to stay clear of windows. Occupants are requested to remain quiet. During this time, DO NOT access any exits unless directed by first responders or staff.

In the event of an alarm or safety threat, uniformed Oxnard personnel equipped with two-way radios--including security, and maintenance staff--have up-to-date information; they also have the

authority to order either shelter-in-place or immediate building evacuation.

Run, Hide, Fight

In the event of an Active Shooter Event, there are three things you need to know in order to survive:

Ready.gov Active Shooter Website (Links to an external site.)

RUN

Have an escape route and plan in mind

Leave your belongings behind

Keep your hands visible

HIDE

Hide in an area out of the shooter's view

Block entry to your hiding place and lock the doors

Silence your cell phone and/or pager

FIGHT

As a last resort and only when your life is in imminent danger

Attempt to incapacitate the shooter

Act with physical aggression and throw items at the active shooter

AFTER

- Keep hands visible and empty
- Know that law enforcement's first task is to end the incident, and they may have to pass injured along the way.
- Follow law enforcement instructions and evacuate in the direction they come from.
- Officers may be armed with rifles, shotguns, and/or handguns and may use pepper spray or tear gas to control the situation.
- Officers will shout commands and may push individuals to the ground for their safety.
- Consider seeking professional help for you and your family to cope with the long-term effects of the trauma.
- Take care of yourself first, and then you may be able to help the wounded before first responders arrive:
- If the injured are in immediate danger, help get them to safety.

- While you wait for first responder to arrive, provide first aid- apply direct pressure to wounded and use tourniquets if you have been trained to do so;
- Turn wounded people onto their sides if they are unconscious and keep them warm.

Emergency Preparedness

The first 72 hours of a disaster are often the most difficult, but this period can be less stressful if everyone has extra supplies on hand. The college has a limited amount of emergency supplies, so students and staff should have on campus their own portable emergency kit including snacks, water, and prescription medication; this is especially important for those who may need to shelter on campus.

Ready.gov lists essential 72 Hour Kit Components here (Links to an external site.)