

**MODULE 7**  
**Ambulance Operations**

**Lesson 7-1**  
**Ambulance Operations**

# Objectives

## Objectives Legend

C = Cognitive P = Psychomotor A = Affective

1 = Knowledge level

2 = Application level

3 = Problem-solving level

### **COGNITIVE OBJECTIVES**

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

7-1.1 Discuss the medical and non-medical equipment needed to respond to a call.(C-1) - refer to Part 800

7-1.2 List the phases of an ambulance call.(C-1)

7-1.3 Describe the general provisions of the *NYS Motor Vehicle and Traffic laws* relating to the operation of the ambulance and privileges in any or all of the following categories:(C-1)

- Speed
- Warning lights
- Sirens
- Right-of-way
- Parking
- Turning
- Responsibility of vehicle operator for "Due Regard For Safety of Others" while operating an emergency vehicle

All

7-1.4 List contributing factors to unsafe driving conditions.(C-1)

7-1.5 Describe the considerations that should be given to:

- Request for escorts.
- Following an escort vehicle
- Intersections(C-1)

7-1.6 State what information is essential in order to respond to a call.(C-1)

7-1.7 Discuss various factors that may affect response to a call.(C-1)

7-1.8 Describe the methods of preparing the patient for transport

7-1.9 Understand the importance of written documentation of patient care rendered.

7-1.10 Apply the components of the essential patient information in a written report.(C-2)

7-1.11 Summarize the importance of preparing the unit for the next response.

7-1.12 Identify what is essential for completion of a call.(C-1)

7-1.13 Distinguish among the terms cleaning, disinfection, high-level disinfection, and sterilization.(C-3)

7-1.14 Describe how to clean or disinfect items following patient care.(C-1)

7-1.15 Describe the common situations in which Advanced Life Support should be utilized

7-1.16 Describe the utilization of aeromedical EMS in a given EMS system.(C-1)

7-1.17 Describe the local dispatch and local protocols for use of Aeromedical

transport.

### **AFFECTIVE OBJECTIVES**

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

- 7-1.18 Explain the rationale for appropriate report of patient information.(A-3)  
7-1.19 Explain the rationale for having the unit prepared to respond.(A-3)

### **PSYCHOMOTOR OBJECTIVES**

No psychomotor objectives identified.

## **Preparation**

Motivation:

As an EMT-Basic, the student may be required to function in the prehospital environment. A solid foundation related to the operational aspects of prehospital care is required. The EMT-Basic should be familiar with the medical and non-medical equipment for use in patient care. The EMT-Basic should also be aware of the phases of a response and their role. EMT-Basics must have knowledge of the use of aeromedical EMS in their response areas and the safe interaction between air and ground units.

Prerequisites:

BLS, Preparatory, Airway and Patient Assessment, Physical Exam and SAMPLE history for Medical and Trauma Patients.

### **MATERIALS**

AV Equipment:

Utilize various audio-visual materials relating to ambulance operations. The continuous design and development of new audio-visual materials relating to EMS requires careful review to determine which best meet the needs of the program. Materials should be edited to assure meeting the objectives of the curriculum.

EMS Equipment:

An ambulance, properly stocked.

### **PERSONNEL**

Primary Instructor:

One EMT-Basic instructor, knowledgeable in ambulance and equipment operations.

Assistant Instructor:

Not required.

Recommended Minimum Time to Complete: One hour

# Presentation

## Declarative (What)

- I. Phases of an ambulance call
  - A. Preparation for the call
    1. Equipment
      - a. Patient Care
        - (1) Basic supplies
        - (2) Patient transfer equipment
        - (3) Airways
        - (4) Suction equipment
        - (5) Artificial ventilation devices
        - (6) Oxygen inhalation equipment
        - (7) Cardiac compression equipment
        - (8) Basic wound care supplies
        - (9) Extremity / Spinal Immobilization supplies
        - (10) Childbirth supplies
        - (11) Approved Medications
        - (12) Automated external defibrillator
      - b. Non-medical
        - (1) Personal safety equipment per local, state, and federal standards
        - (2) Pre-planned routes or comprehensive street maps
    2. Personnel
      - a. Available for response
      - b. At least one EMT-Basic in patient compartment is minimum staffing for an ambulance - two is preferred.
    3. Daily inspections
      - a. Inspection of vehicle systems
        - (1) Fuel
        - (2) Oil
        - (3) Engine cooling system
        - (4) Battery
        - (5) Brakes
        - (6) Wheels and tires
        - (7) Headlights
        - (8) Stoplights
        - (9) Turn signals
        - (10) Emergency warning lights
        - (11) Wipers
        - (12) Horn
        - (13) Siren
        - (14) Doors closing and latching
        - (15) Communication system
        - (16) Air conditioning/heating system
        - (17) Ventilation system
      - b. Equipment

- (1) Checked and maintained
    - (2) Restocked and repaired
    - (3) Batteries for defibrillator, suction, oxygen, etc.
  4. Utilization of safety precautions and seat belts.
- B. Dispatch
  1. Central access
  2. 24-hour availability
  3. Trained personnel
  4. Dispatch information
    - a. Nature of call
    - b. Name, location, and callback number of caller
    - c. Location of patient
    - d. Number of patients and severity
    - e. Other special problems
  5. Factors affecting response
    - a. Day of the week
    - b. Time of day
    - c. Weather
    - d. Detours and traffic impediments
    - e. Urban vs. Rural
- C. En route
  1. Seat belts
  2. Notify dispatch - refer to Communications module
  3. Essential information
    - a. Nature of the call
    - b. Location of the call
  4. Driving the ambulance
    - a. Emergency vehicle operations
      - (1) It is recommended, and in some states mandated, that the driver of an emergency vehicle attend an approved driving course.
      - (2) Characteristics of good ambulance operators
        - (a) Physically fit
        - (b) Mentally fit
        - (c) Able to perform under stress
        - (d) Positive attitude about abilities
        - (e) Tolerant of other drivers
      - (3) Safe driving is an important phase in the emergency medical care of the ill or injured patient.
        - (a) The driver and all passengers should wear safety belts.
        - (b) Become familiar with the characteristics of your vehicle.
        - (c) Be alert to changes in weather and road conditions.
        - (d) Exercise caution in use of red lights and siren.

- (e) Select appropriate route.
  - (f) Maintain safe following distance.
  - (g) Drive with due regard for safety of all others.
  - (h) Know appropriateness of using lights and sirens.
  - (i) Headlights are the most visible warning device on an emergency vehicle.
- b. Obtain additional information from dispatch.
- c. Assign personnel to specific duties.
- d. Assess specific equipment needs.
- e. Positioning the unit
  - (1) To exit the scene. Avoid parking in a location that will hamper exit from the scene.
  - (2) Initial Staging
  - (3) For safety
    - (a) Upwind from leaking hazards
    - (b) Appropriate distance from wreckage
    - (c) Set parking brake
    - (d) Utilize warning lights
    - (e) Utilize warning devices
    - (f) Shut off headlights unless there is a need to illuminate the scene.
- f. NYS Motor Vehicle and Traffic Laws, regulations and ordinances - review section 100 and 1104 of MV&T and local laws, regulations or ordinances in the area relative to the operations of an emergency vehicle, including as needed:
  - (1) Vehicle parking or standing
  - (2) Procedures at red lights, stop signs and intersections
  - (3) Regulations regarding speed limits
  - (4) Direction of flow or specified turns
  - (5) Emergency or disaster routes
  - (6) Use of audible warning devices
  - (7) Use of visual warning devices
  - (8) School buses
- g. Escorts and multiple vehicle response
  - (1) Extremely dangerous
  - (2) Used only if unfamiliar with location of patient or receiving facility
    - (a) No vehicle should use lights or siren.
    - (b) Provide a safe following distance.
    - (c) Recognize hazards of multiple vehicle response.
- h. Intersection crashes - most common type
  - (1) Motorist arriving at intersection as light changes and does not stop.

- (2) Multiple emergency vehicles following closely and waiting motorist does not expect more than one.
- (3) Vision is obstructed by vehicles.
- i. Factors contributing to unsafe driving
  - (1) Inclement weather
  - (2) Poor light conditions
  - (3) Human factors
    - (a) Fatigue
    - (b) Influence of drugs/ alcohol
    - (c) Psychological impairment
    - (d) Lack of training
  - (4) Poorly maintained vehicle
- D. Arrival at scene
  - 1. Notify dispatch
  - 2. Size-up
    - a. Body substance isolation
      - (1) Should be a consideration prior to patient contact.
      - (2) Use gloves, gowns and eyewear when appropriate.
    - b. Scene safety - assess the scene for hazards.
      - (1) Is the emergency vehicle parked in a safe location?
      - (2) Have traffic warning devices been properly placed?
      - (3) Is it safe to approach the patient?
      - (4) Does the victim require immediate movement because of hazards?
    - c. Total number of patients.
      - (1) Individual
      - (2) Multiple
      - (3) Need for additional help or resources
    - d. Mechanism of injury/nature of illness
      - (1) Multiple casualty incident
        - (a) Types of patients
        - (b) Obtain additional help.
        - (c) Begin triage.
        - (d) Spine stabilization if necessary.
  - 3. Actions at scene.
    - a. Organized - Implement Incident Command System
    - b. Rapid/efficient
    - c. Need of extrication decision
    - d. Need of transport decision
- E. Transferring the patient to the ambulance
  - 1. Preparing the patient for transport
    - a. Completion of critical interventions
    - b. Check dressings and splints.
    - c. Patient covered and secured to moving device
  - 2. Lifting and moving is accomplished using the guidelines of the lifting/moving module (Module 1, Lesson 1-6).

- F. En route to the receiving facility
  - 1. Notify dispatch.
  - 2. On-going assessment should be continued.
  - 3. Additional vital sign measurements should be obtained.
  - 4. Notify receiving facility and provide info as appropriate.
  - 5. Reassure patient.
  - 6. Complete prehospital care reports.
- G. At receiving facility
  - 1. Notify dispatch.
  - 2. Transferring the patient at the facility
    - a. Reports / Documentation
      - (1) Complete verbal report is given at bedside to appropriate staff.
      - (2) Complete written report is completed and left prior to returning to service.
    - b. Lifting and moving is accomplished using the guidelines of the lifting/moving module (Module 1, Lesson 1-6).
- H. En route to station
  - 1. At station or receiving facility, notify dispatch.
  - 2. Prepare for the next call.
    - a. Clean and disinfect the ambulance as needed.
    - b. Clean and disinfect ambulance equipment.
    - c. Restock the disposable supplies.
- I. Post run
  - 1. Refuel unit.
  - 2. File reports.
  - 3. Complete cleaning and disinfection procedures.
  - 4. Notify dispatch.

## II. Advanced Life Support Utilization

## III. Air Medical Consideration

- A. Utilization
  - 1. Long transport distances
  - 2. Transport to specialized medical facilities
  - 3. Established by *regional* protocol
    - a. Severity of injury / illness
    - b. Length of travel
    - c. Availability of resources at receiving hospital
- B. Landing zones
  - 1. Aeromedical agencies usually provide training and orientation to their specific needs and requirements.
- C. Safety
  - 1. Provided as part of the Aeromedical agency training

# Suggested Application

## Procedural (How)

None identified for this lesson.

## Contextual (When, Where, Why)

The knowledge of ambulance operations is applied throughout the career of the EMT-Basic. Although some EMT-Basics may never provide care on a transporting unit, the knowledge can be applied to their situation.

## **STUDENT ACTIVITIES**

### Auditory (Hear)

1. Students should hear audio tapes of actual dispatch conversations with callers to the 9-1-1 system.
2. Students should hear audio tapes of actual dispatch/ hospital / Medical Control information.

### Visual (See)

1. Students should see an ambulance.
2. Students should see actual equipment or audio-visual aids or materials of ambulance equipment.
3. Students should see audio-visual aids or materials depicting an actual ambulance run.

### Kinesthetic (Do)

1. Students should practice receiving and sending information to dispatch/ hospital/ Medical Control .

## **INSTRUCTOR ACTIVITIES**

Supervise student practice.

Reinforce student progress in cognitive, affective, and psychomotor domains.

Redirect students having difficulty with content (complete remediation forms).

## **Evaluation**

Written: Develop evaluation instruments, e.g., examinations, verbal reviews, handouts, to determine if the students have met the cognitive and affective objectives of this lesson.

Practical: Evaluate the actions of the EMT-Basic students during role play, practice or other skill stations to determine their compliance with the cognitive and affective objectives and their mastery of the psychomotor objectives of this lesson.

## **Remediation**

Identify students or groups of students who are having difficulty with this subject content. Complete remediation sheet from the instructor's course guide.

## **Suggested Enrichment**

What is unique in the local area concerning this topic? Complete enrichment sheets from the instructor's course guide and attach with lesson plan.

**MODULE 7**  
**Ambulance Operations**

**Lesson 7-2**  
**Gaining Access**

# Objectives

## Objectives Legend

C = Cognitive P = Psychomotor A = Affective

1 = Knowledge level

2 = Application level

3 = Problem-solving level

### **COGNITIVE OBJECTIVES**

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

- 7-2.1 Describe the purpose of extrication.(C-1)
- 7-2.2 Discuss the role of the EMT-Basic in extrication.(C-1)
- 7-2.3 Identify what equipment for personal safety is required for the EMT-Basic.(C-1)
- 7-2.4 Define the fundamental components of extrication.(C-1)
- 7-2.5 State the steps that should be taken to protect the patient during extrication.(C-1)
- 7-2.6 Evaluate various methods of gaining access to the patient.(C-3)
- 7-2.7 Distinguish between simple and complex access.(C-3)
- 7-2.8 Describe the steps to be taken to safely remove a patient during extrication.

### **AFFECTIVE OBJECTIVES**

No affective objectives identified.

### **PSYCHOMOTOR OBJECTIVES**

- 7-2.9 Demonstrate the steps used to remove a patient with a suspected spinal injury from a vehicle.

## Preparation

Motivation: An EMT-Basic must be involved rescue and extrication therefore a fundamental understanding of the process is required.

Prerequisites: BLS, Preparatory, Airway, Patient Assessment, Physical Exam and SAMPLE history for Medical and Trauma Patients.

### **MATERIALS**

AV Equipment: Utilize various audio-visual materials relating to extrication. The continuous design and development of new audio-visual materials relating to EMS requires careful review to determine which best meet the needs of the program.

Materials should be edited to assure meeting the objectives of the curriculum.

EMS Equipment: Exam gloves, stethoscopes, blood pressure cuffs, penlight.

### **PERSONNEL**

Primary Instructor: One EMT-Basic instructor knowledgeable in gaining access.

Assistant Instructor: The instructor-to-student ratio should be 1:6 for psychomotor skill practice. Individuals used as assistant instructors should be knowledgeable in extrication procedures.

Recommended Minimum  
Time to Complete: One hour

# Presentation

## Declarative (What)

- I. Fundamentals of Extrication
  - A. Purpose
    1. In some cases, it may be necessary to gain access to the patient prior to assessment and treatment.
    2. Extrication of the patient may require the use of specialized equipment and trained personnel working in cooperation with the EMS unit.
  - B. Role of the EMT-Basic
    1. Non-rescue EMS
      - a. Administer necessary care to the patient before extrication and assure that the patient is removed in a way to minimize further injury.
      - b. Patient care precedes extrication unless delayed movement would endanger life of the patient or rescuer.
      - c. Working with others
        - (1) The non-rescue EMS provider will need to work together with the providers of rescue.
        - (2) The non-rescue EMT-Basic should cooperate with the activities of the rescuers, and not allow their activities to interfere with patient care.
    2. Rescue EMS
      - a. In some instances, the EMS providers are also the rescue providers.
      - b. A chain of command should be established to assure patient care priorities.
        - (1) Administer necessary care to the patient before extrication and assure that the patient is removed in a way to minimize further injury.
        - (2) Patient care precedes extrication unless delayed movement would endanger life of the patient or rescuer.
- II. Equipment
  - A. Personal safety
    1. The number one priority for all EMS personnel.
    2. Protective clothing that is appropriate for the situation should be utilized.
  - B. Patient safety - following the safety of the EMS responders, the next priority is the safety of the patient.
    1. The patient should be informed of the unique aspects of extrication.
    2. The patient should be protected from broken glass, sharp metal and other hazards, including the environment.

- III. Getting to the Patient
  - A. Simple access - does not require equipment.
    - 1. Try opening each door.
    - 2. Roll down windows.
    - 3. Have patient unlock doors.
  - B. Complex access - requires use of tools, special equipment. These are separate programs that should be taken (Trench, High Angle, Basic Vehicle Rescue).
  - C. Fundamental components of extrication
    - 1. Gain access by displacing of roof.
    - 2. Create exit ways by displacing doors and roof post
    - 3. Disentangle occupants by displacing the front end.
  
- IV. Removing the Patient
  - A. Maintain cervical spine stabilization.
  - B. Complete initial assessment.
  - C. Provide critical interventions.
  - D. Immobilize spine securely.
    - 1. Short spine board
    - 2. Rapid extrication considerations
  - E. Move the patient, not the immobilization device.
  - F. Use sufficient personnel.
  - G. Choose path of least resistance.
  - H. Continue to protect patient from hazards.

## Suggested Application

### Procedural (How)

None identified for this lesson.

### Contextual (When, Where, Why)

Gaining access is intended to be an overview of the actions required to extricate a patient. It is not the intent of this lesson to teach the EMT-Basic the techniques of extrication. A number of special classes are available to teach such specialized knowledge and skills. This lesson should emphasize the safety and medical aspects of this process.

## STUDENT ACTIVITIES

### Auditory (Hear)

None identified for this lesson.

### Visual (See)

- 1. Students should see various crash scenes to determine if additional help will be necessary to remove the patient.
- 2. Students should see the various options of personal protective equipment.
- 3. Students should see patients being removed from vehicles.

### Kinesthetic (Do)

1. Students should practice evaluating crash scenes to determine the need for complex rescue.
2. Students should practice removing patients from simulated crashed vehicles in the lab setting using short and long backboards.

### **INSTRUCTOR ACTIVITIES**

Supervise student practice.

Reinforce student progress in cognitive, affective, and psychomotor domains.

Redirect students having difficulty with content (complete remediation forms).

## **Evaluation**

Written: Develop evaluation instruments, e.g., quizzes, verbal reviews, handouts, to determine if the students have met the cognitive and affective objectives of this lesson.

Practical: Evaluate the actions of the EMT-Basic students during role play, practice or other skill stations to determine their compliance with the cognitive and affective objectives and their mastery of the psychomotor objectives of this lesson.

## **Remediation**

Identify students or groups of students who are having difficulty with this subject content. Complete remediation sheet from the instructor's course guide.

## **Suggested Enrichment**

What is unique in the local area concerning this topic? Complete enrichment sheets from the instructor's course guide and attach with lesson plan.

**MODULE 7**  
**Ambulance Operations**

**Lesson 7-3**  
**Overviews**

# Objectives

## Objectives Legend

- C = Cognitive P = Psychomotor A = Affective  
1 = Knowledge level  
2 = Application level  
3 = Problem-solving level

### **COGNITIVE OBJECTIVES**

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

- 7-3.1 Explain the EMT-Basic's role during a call involving hazardous materials  
7-3.2 Describe the actions that an EMT-Basic should take to ensure bystander safety.(C-1)  
7-3.3 Discuss the various environmental hazards that affect EMS.(C-1)  
7-3.4 Evaluate the role of the EMT-Basic in the multiple-casualty situation.(C-3)  
7-3.5 Summarize the components of basic triage.(C-1)  
7-3.6 Describe basic concepts of incident command system.(C-1)  
7-3.7 Explain the methods for preventing contamination of self, equipment and facilities.(C-1)  
7-3.8 Review a sample mass casualty incident plan.

### **AFFECTIVE OBJECTIVES**

No affective objectives identified.

### **PSYCHOMOTOR OBJECTIVES**

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

- 7-3.9 Given a scenario of a mass casualty incident, perform triage.(P-2)

## Preparation

Motivation: EMT-Basics respond to scenes that require special considerations. These include hazardous materials and multi-patient considerations. It is the intent of this lesson to provide the EMT-Basic with an overview of these areas.

Prerequisites: BLS, Preparatory, Airway, Patient Assessment, Physical Exam and SAMPLE History of Medical and Trauma Patients.

### **MATERIALS**

AV Equipment: Utilize various audio-visual materials relating to operations. The continuous design and development of new audio-visual materials relating to EMS requires careful review to determine which best meet the needs of the program. Materials should be edited to assure meeting the objectives

of the curriculum.

EMS Equipment: Triage tags.

**PERSONNEL**

Primary Instructor: One EMT-Basic instructor knowledgeable in hazardous materials, triage and disaster operations.

Assistant Instructor: Not required.

Recommended Minimum  
Time to Complete: Two hours

# Presentation

## Declarative (What)

- I. Hazardous Materials
  - A. Common problem
  - B. Actual extent unknown
  - C. Safety is the primary concern
    - 1. EMT-Basic and crew
    - 2. Patient
    - 3. Public
  - D. Employers determine what tasks an employee is required to perform and what level of Haz Mat training is necessary to perform those tasks.
  - E. Various Levels of Haz Mat training are available
    - 1. Once an employer determines the potential involvement of an employee with Hazardous Materials, the employee should be trained to the appropriate level.
  - F. Approaching the scene with a suspected hazard
    - 1. Identification
      - a. Occupancy
      - b. Containers - size/shape
      - c. Placards
      - d. Shipping papers
      - e. Senses
    - 2. General procedures
      - a. Park upwind/uphill from the incident, safe distance.
      - b. Keep unnecessary people away from area.
      - c. Isolate the area.
        - (1) Keep people out.
        - (2) Do not enter unless properly trained and protected with proper equipment and SCBA.
      - d. Avoid contact with material.
      - e. Remove patients to a safe zone, if no risk to EMT-Basic.
      - f. Do not enter a Haz Mat area unless you are trained as a Haz Mat Tech and have proper training in SCBA.
  - G. Environmental hazards- each response agency will be subject to certain hazards. Federal regulations require Haz mat storage to be reported to the fire department having jurisdiction. Non-fire EMS agencies should work cooperatively with the fire department (or other Haz Mat response agency) to pre-plan coordinated EMS responses to Haz Mat incidents.
  - H. Resources
    - 1. Local hazardous materials response team
    - 2. CHEMTREC 800-424-9300
    - 3. *Hazardous Materials, The Emergency Response Handbook*, published by the United States Department of Transportation
  - I. Hazardous Materials recommendations and requirements for EMS providers
    - 1. NFPA 479

2. NFPA 473
3. OSHA 1910.120

## II. Incident Command Systems (ICS)

- A. Requirements/ recommendations for use of ICS.
  1. SARA Title 3
  2. Governors Executive Order #26 (3/5/96)
  3. NFPA 1561
  4. National Incident Management System (NIMS)
- B. The incident command system has been developed to assist with the control, direction, and coordination of emergency response resources.
  1. It provides an orderly means of communication and information for decision making.
  2. Interactions with other agencies are easier because of the single coordination.
- C. Structure - EMS sectors are established as needed based on the nature of the incident.
  1. Triage
  2. Treatment
  3. Transportation
  4. Staging
- D. Role of various individuals/organizations at the scene
  1. Upon arrival, the EMT-Basic should report to the sector officer for specific duties.

## III. Multiple Casualty Incidents (MCI)

- A. General Definition - an event that places a great demand on resources, be it equipment or personnel.
- B. Regional protocols may define a point at which an MCI plan is implemented.
- C. Basic triage - sorting multiple casualties into priorities for emergency care or transportation to definitive care.
- D. Review a sample mass casualty incident plan.

## Suggested Application

### Procedural (How)

1. Demonstrate how to recognize hazardous materials situations.
2. Demonstrate how to function within an incident command system.
3. Demonstrate how to complete a triage tag.
4. Demonstrate triage procedures.

### Contextual (When, Where, Why)

The recognition of hazardous materials is an important aspect of emergency medical care. It is not the intent of the EMT-Basic course to make you proficient in dealing with hazardous materials. Dealing with the situation requires specialized training. It is more important for the EMT-Basic to recognize that a hazardous materials situation exists,

and to prevent further illness or injury. This should be a consideration before you respond to a scene and as you size up the scene.

Disaster operations can be extremely difficult. Understanding the concept of incident command system will help to manage the situation. As with hazardous materials, this program is not designed to make the EMT-Basic an incident manager.

The process of sorting patients and determining the priority of their care is a difficult process. It should begin upon arrival at scene, following determination that the scene is safe.

### **STUDENT ACTIVITIES**

#### Auditory (Hear)

None identified for this lesson.

#### Visual (See)

1. Students should see audio-visual aids or materials of various situations to determine if a hazardous materials incident exists.
2. Students should see a copy of the Hazardous Materials Response Guidebook.
3. Students should see a triage tag.
4. Students should see a sample disaster plan.

#### Kinesthetic (Do)

1. Students should practice recognizing a hazardous materials incident and identify basic interventions that should be performed.
2. Students should practice participating in a simulated mass casualty incident.
3. Students should practice triaging patients at a simulated mass casualty incident.

### **INSTRUCTOR ACTIVITIES**

Supervise student practice.

Reinforce student progress in cognitive, affective, and psychomotor domains.

Redirect students having difficulty with content (complete remediation forms).

## **Evaluation**

Written: Develop evaluation instruments, e.g., quizzes, verbal reviews, handouts, to determine if the students have met the cognitive and affective objectives of this lesson. Use the self-study module.

Practical: Evaluate the actions of the EMT-Basic students during role play, practice or other skill stations to determine their compliance with the cognitive and affective objectives and their mastery of the psychomotor objectives of this lesson.

## **Remediation**

Identify students or groups of students who are having difficulty with this subject content. Complete remediation sheet from the instructor's course guide.

## **Suggested Enrichment**

What is unique in the local area concerning this topic? Complete enrichment sheets from the instructor's course guide and attach with lesson plan.



**MODULE 7**  
**Ambulance Operations**

**Lesson 7-4**  
**Evaluation**

# Objectives

## **COGNITIVE OBJECTIVES**

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

- Demonstrate knowledge of the cognitive objectives of Lesson 7-1: Ambulance Operations
- Demonstrate knowledge of the cognitive objectives of Lesson 7-2: Gaining Access
- Demonstrate knowledge of the cognitive objectives of Lesson 7-3: Overviews

## **AFFECTIVE OBJECTIVES**

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

- Demonstrate knowledge of the affective objectives of Lesson 7-1: Ambulance Operations

## **PSYCHOMOTOR OBJECTIVES**

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

- Demonstrate proficiency in the psychomotor objectives of Lesson 7-3: Overviews

# Preparation

Motivation:

Evaluation of the student's attainment of the cognitive and affective knowledge and psychomotor skills is an essential component of the EMT-Basic educational process. The modules are presented in a "building block" format. Once the students have demonstrated their knowledge and proficiency, the next lesson should be built upon that knowledge. This evaluation will help to identify students or groups of students having difficulty with a particular area. This is an opportunity for the instructor to evaluate his performance, and make appropriate modifications to the delivery of material.

Prerequisites:

Completion of Lessons 7-1 through 7-3.

## **MATERIALS**

AV Equipment:

Typically none required.

EMS Equipment:

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

## **PERSONNEL**

Primary Instructor: One proctor for the written evaluation.

Assistant Instructor: One practical skills examiner for each 6 students.

Recommended Minimum  
Time to Complete: One hour

# Presentation

## Declarative (What)

- I. Purpose of the evaluation
- II. Items to be evaluated
- III. Feed back from evaluation

# Suggested Application

## Procedural (How)

1. Written evaluation based on the cognitive and affective objectives of Lesson 7-1 through 7-3.
2. Practical evaluation stations based on the psychomotor objectives of Lesson 7-1 through 7-3.

## Contextual (When, Where and Why)

The final lesson in this module is designed to bring closure to the module, and to assure that students are prepared to move to the next module.

This modular evaluation is given to determine the effectiveness of the presentation of materials and how well students have retained the material. This is an opportunity for the students to make necessary adjustments in study habits or for the instructor to adjust the manner in which material is presented.

## **INSTRUCTOR ACTIVITIES**

Supervise student evaluation.

Reinforce student progress in cognitive, affective, and psychomotor domains.

Redirect students having difficulty with content (complete remediation forms).

# Remediation

Identify students and/or groups of students who are having difficulty with this subject content. Complete a remediation sheet from the instructor's course guide. If students continue to have difficulty demonstrating knowledge of the cognitive and affective objectives, or demonstrating proficiency in psychomotor skills, the students should be counseled, remediated and re-evaluated. If improvements in cognitive, affective or psychomotor skills are not achieved, consideration regarding the ability of the student to progress in the program should be taken into account.