CFR Curriculum Objectives

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

At the completion of each module the CFR should be able to demonstrate the skills related to that module.

Module 1
1-1 Define the components of Emergency Medical Services (EMS) systems. (C-1)
1-1.2 Differentiate the roles and responsibilities of the CFR from other out-of-hospital care providers. (C-3)
1-1.3 Define medical oversight and discuss the CFRS role in the process. (C-1)
1-1.4 Discuss the types of medical oversight that may affect the medical care of a CFR. (C-1)
1-1.5 State the specific statutes and regulations in your state regarding the EMS system. (C-1)
1-1.6 Accept and uphold the responsibilities of a CFR in accordance with the standards of an EMS professional. (A-3)
1-1.7 Explain the rationale for maintaining a professional appearance when on duty or when responding to calls. (A-3)
1-1.8 Describe why it is inappropriate to judge a patient based on a cultural, gender, age, or socioeconomic mode and to vary the standard of care rendered as a result of that judgement. (A-3)
1-2.1 List possible emotional reactions that the CFR may experience when faced with trauma, illness, death, and dying. (C-1)
1-2.2 Discuss the possible reactions that a family member may exhibit when confronted with death and dying. (C-1)
1-2.3 State the steps in the CFRs approach to the family confronted with death and dying. (C-1)
1-2.4 State the possible reactions that the family of the CFR may exhibit. (C-1)
1-2.5 Recognize the signs and symptoms of critical incident stress. (C-1)
1-2.6 State possible steps that the CFR may take to help reduce/alleviate stress. (C-1)
1-2.7 Explain the need to determine scene safety. (C-2)
1-2.8 Discuss the importance of body substance isolation (BSI). (C-1)
1-2.9 Describe the steps the CFR should take for personal protection from airborne and bloodborne pathogens. (C-1)
1-2.10 List the personal protective equipment necessary for each of the following situations: (C-1)
   - Hazardous materials
   - Rescue operations
   - Violent scenes
   - Crime scenes
   - Electricity
   - Water and ice
   - Exposure to bloodborne pathogens
   - Exposure to airborne pathogens
1-2.11 Explain the importance for serving as an advocate for the use of appropriate protective equipment. (A-3)
1-2.12 Explain the importance of understanding the response to death and dying and communicating effectively with the patient’s family. (A-3)
1-2.13 Demonstrate a caring attitude towards any patient with illness or injury who requests emergency medical services. (A-3)
1-2.14 Show compassion when caring for the physical and mental needs of patients. (A-3)
1-2.15 Participate willingly in the care of all patients. (A-3)
1-2.16 Communicate with empathy to patients being cared for, as well as with family members, and friends of the patient. (A-3)
1-2.17 Given a scenario with potential infectious exposure, the CFR will use appropriate personal protective equipment. At the completion of the scenario, the CFR will properly remove and discard the protective garments. (P-1, 2)
1-2.18 Given the above scenario, the CFR will complete disinfection/cleaning and all reporting documentation. (P-1, 2)
1-3.1 Define the CFR scope of practice. (C-1)
1-3.2 Discuss the importance of Do Not Resuscitate [DNR] (advance directives) and local or state provisions regarding EMS application. (C-1)
1-3.3 Define consent and discuss the methods of obtaining consent. (C-1)
1-3.4 Differentiate between informed and implied consent. (C-3)
1-3.5 Explain the role of consent of minors, emancipated minors and mentally incompetent adults in providing care. (C-1)
1-3.6 Discuss the implications for the CFR of patient refusal of transport and/or treatment. (C-1)
1-3.7 Define abandonment, negligence, and battery as they relate to the CFR.

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

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

1-3.10 Discuss the role that a CFR should take in the preservation of a crime scene. (C-3)

1-3.11 Explain the conditions necessary for the CFR to have a duty to act. (C-1)

1-3.12 Explain the rationale for the concept of varying degrees of DNR. (A-3)

1-4.1 Describe the anatomy and function of the respiratory system. (C-1)

1-4.2 Describe the anatomy and function of the circulatory system. (C-1)

1-4.3 Describe the anatomy and function of the musculoskeletal system. (C-1)

1-4.4 Describe the components and function of the nervous system. (C-1)

1-4.5 Describe the function of the skin. (C-1)

1-4.6 Describe the anatomy and function of the cardiovascular system. (C-1)

1-4.7 Describe the anatomy and function of the skin. (C-1)

1-4.8 Describe the anatomy and function of the respiratory system. (C-1)

1-4.9 Define body mechanics. (C-1)

1-5.1 Define the conditions necessary for the CFR to have a duty to act. (C-1)

1-5.2 Describe the guidelines and safety precautions that need to be followed when lifting a patient. (C-1)

1-5.3 Describe the indications for an emergency move. (C-1)

1-5.4 Describe the indications for assisting in non-emergency moves. (C-1)

1-5.5 Discuss the various devices associated with moving a patient in the out-of-hospital arena. (C-1)

1-5.6 Explain the rationale for properly lifting and moving patients. (A-3)

1-5.7 Explain the rationale for an emergency move. (A-3)

1-5.8 Demonstrate an emergency move. (P-1, 2)

1-5.9 Demonstrate a non-emergency move. (P-1, 2)

1-5.10 Demonstrate the use of equipment utilized to move patient's in the out-of-hospital arena. (P-1, 2)

Module 2

2-1.1 Name and label the major structures of the respiratory system on a diagram. (C-1)

2-1.2 List the signs of adequate breathing. (C-1)

2-1.3 List the signs of inadequate breathing. (C-1)

2-1.4 Describe the steps in the head-tilt chin-lift. (C-1)

2-1.5 Relate mechanism of injury to opening the airway. (C-3)

2-1.6 Describe the steps in the jaw thrust. (C-1)

2-1.7 State the importance of having a suction unit ready for immediate use when providing emergency medical care. (C-1)

2-1.8 Describe the techniques of suctioning. (C-1)

2-1.9 Describe how to ventilate a patient with a pocket mask or barrier device. (C-1)

2-1.10 Describe the steps in performing the skill of artificially ventilating a patient with a bag-valve-mask while using the jaw thrust. (C-1)

2-1.11 List the parts of a bag-valve-mask system. (C-1)

2-1.12 Describe the steps in performing the skill of artificially ventilating a patient with a bag-valve-mask for one and two rescuers. (C-1)

2-1.13 Describe the signs of adequate artificial ventilation using the bag-valve-mask. (C-1)

2-1.14 Describe the signs of inadequate artificial ventilation using the bag-valve-mask. (C-1)

2-1.15 Describe the steps in artificially ventilating a patient with a flow restricted, oxygen-powered ventilation device. (C-1)

2-1.16 Describe how ventilating an infant or child is different from an adult. (C-1)

2-1.17 List the steps in providing mouth-to-mouth and mouth-to-stoma ventilation. (C-1)

2-1.18 Describe how to measure and insert an oropharyngeal (oral) airway. (C-1)

2-1.19 Describe how to measure and insert a nasopharyngeal (nasal) airway. (C-1)

2-1.20 Define the components of an oxygen delivery system. (C-1)

2-1.21 Identify a non-rebreathing facemask and state the oxygen flow requirements needed for its use. (C-1)

2-1.22 Identify a nasal cannula and state the flow requirements needed for its use. (C-1)

2-1.23 Describe the indications for using a nasal cannula versus a nonrebreather facemask. (C-1)

2-1.24 Describe how to clear a foreign body airway obstruction in a responsive adult. (C-1)

2-1.25 Describe how to clear a foreign body airway obstruction in a responsive child with complete obstruction or partial airway obstruction and poor air exchange. (C-1)

2-1.26 Describe how to clear a foreign body airway obstruction in a responsive infant with complete obstruction or partial airway obstruction and poor air exchange. (C-1)

2-1.27 Describe how to clear a foreign body airway obstruction in an unresponsive adult. (C-1)

2-1.28 Describe how to clear a foreign body airway obstruction in an unresponsive child. (C-1)

2-1.29 Describe how to clear a foreign body airway obstruction in an unresponsive infant. (C-1)
2-1.30 Explain why basic life support ventilation and airway protective skills take priority over most other basic life support skills. (A-3)

2-1.31 Demonstrate a caring attitude towards patients with airway problems who request emergency medical services. (A-3)

2-1.32 Place the interests of the patient with airway problems as the foremost consideration when making any and all patient care decisions. (A-3)

2-1.33 Communicate with empathy to patients with airway problems, as well as with family members and friends of the patient. (A-3)

2-1.34 Demonstrate the steps in the head-tilt chin-lift. (P-1, 2)

2-1.35 Demonstrate the steps in the jaw thrust. (P-1, 2)

2-1.36 Demonstrate the techniques of suctioning. (P-1, 2)

2-1.37 Demonstrate the steps in mouth-to-mouth ventilation with body substance isolation (barrier shields). (P-1, 2)

2-1.38 Demonstrate how to use a pocket mask to ventilate a patient. (P-1, 2)

2-1.39 Demonstrate the assembly of a bag-valve-mask unit. (P-1, 2)

2-1.40 Demonstrate the steps in performing the skill of artificially ventilating a patient with a bag-valve-mask for one and two rescuers. (P-1, 2)

2-1.41 Demonstrate the steps in performing the skill of artificially ventilating a patient with a bag-valve-mask while using the jaw thrust. (P-1, 2)

2-1.42 Demonstrate artificial ventilation of a patient with a flow restricted, oxygen powered ventilation device. (P-1, 2)

2-1.43 Demonstrate how to ventilate a patient with a stoma. (P-1, 2)

2-1.44 Demonstrate how to measure and insert an oropharyngeal (oral) airway.

2-1.45 Demonstrate how to measure and insert a nasopharyngeal (nasal) airway.

2-1.46 Demonstrate how to ventilate infant and child patients. (P-1, 2)

2-1.47 Demonstrate how to clear a foreign body airway obstruction in a responsive adult. (C-1)

2-1.48 Demonstrate how to clear a foreign body airway obstruction in a responsive child. (C-1)

2-1.49 Demonstrate how to clear a foreign body airway obstruction in a responsive infant. (C-1)

2-1.50 Demonstrate how to clear a foreign body airway obstruction in an unresponsive adult. (C-1)

2-1.51 Demonstrate how to clear a foreign body airway obstruction in an unresponsive child. (C-1)

2-1.52 Demonstrate how to clear a foreign body airway obstruction in an unresponsive infant. (C-1)

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Module 3

3-1.1 Discuss the components of scene size-up. (C-1)

3-1.2 Describe common hazards found at the scene of a trauma and a medical patient. (C-1)

3-1.3 Determine if the scene is safe to enter. (C-2)

3-1.4 Discuss common mechanisms of injury/nature of illness. (C-1)

3-1.5 Discuss the reason for identifying the total number of patients at the scene. (C-1)

3-1.6 Explain the reason for identifying the need for additional help or assistance. (C-1)

3-1.7 Summarize the reasons for forming a general impression of the patient.

3-1.8 Describe the steps of the initial assessment.

3-1.9 Discuss methods of assessing mental status. (C-1)

3-1.10 Differentiate between assessing mental status in the adult, child, and infant patient. (C-3)

3-1.11 Identify the components of vital signs. (C-1)

3-1.12 Describe the methods to obtain a breathing rate. (C-1)

3-1.13 Describe methods used for assessing if a patient is breathing. (C-1)

3-1.14 Differentiate between a patient with adequate and inadequate breathing.

3-1.15 Differentiate between shallow, labored and noisy breathing. (C-3)

3-1.16 Describe the methods used to assess circulation. (C-1)

3-1.17 Describe the methods to obtain a pulse rate. (C-1)

3-1.18 Differentiate between obtaining a pulse in an adult, child, and infant patient. (C-3)

3-1.19 Differentiate between a strong, weak, regular and irregular pulse. (C-3)

3-1.20 Describe the methods to assess the skin color, temperature, condition (capillary refill in infants and children). (C-1)

3-1.21 Identify the normal and abnormal skin colors. (C-1)

3-1.22 Differentiate between pale, blue, red and yellow skin color. (C-3)

3-1.23 Identify the normal and abnormal skin temperature. (C-1)

3-1.24 Differentiate between hot, cool and cold skin temperatures. (C-3)

3-1.25 Identify normal and abnormal skin conditions. (C-1)

3-1.26 Identify normal and abnormal capillary refill in infants and children. (C-1)

3-1.27 Describe the methods to assess the pupils. (C-1)

3-1.28 Identify normal and abnormal pupil sizes. (C-1)
3-1.29 Differentiate between dilated (big) and constricted (small) pupil size. (C-3)
3-1.30 Differentiate between reactive and non-reactive pupils and equal and unequal pupils. (C-3)
3-1.31 Describe the methods to assess blood pressure. (C-1)
3-1.32 Define systolic pressure. (C-1)
3-1.33 Define diastolic pressure. (C-1)
3-1.34 Explain the difference between auscultation and palpation for obtaining a blood pressure. (C-1)
3-1.35 Differentiate between a sign and a symptom. (C-3)
3-1.36 State the importance of accurately reporting and recording the baseline vital signs. (C-1)
3-1.37 Discuss the need to search for additional medical identification. (C-1)
3-1.38 Define each letter of AVPU.
3-1.39 Describe the patient characteristics for each letter of AVPU.
3-1.40 Discuss the need for assessing the patient for external bleeding. (C-1)
3-1.41 Explain the reason for prioritizing a patient for care and transport. (C-1)
3-1.42 Discuss the components of the physical exam. (C-1)
3-1.43 State the areas of the body that are evaluated during the physical exam.
3-1.44 Explain what additional questioning may be asked during the physical exam. (C-1)
3-1.45 Explain the components of the SAMPLE history. (C-1)
3-1.46 Discuss the components of the on-going assessment. (C-1)
3-1.47 Describe the information included in the CFR "hand-off" report. (C-1)
3-1.48 Explain the rationale for crew members to evaluate scene safety prior to entering. (A-2)
3-1.49 Serve as a model for others by explaining how patient situations affect your evaluation of the mechanism of injury or illness. (A-2)
3-1.50 Explain the importance of forming a general impression of the patient. (A-2)
3-1.51 Explain the value of an initial assessment. (A-2)
3-1.52 Explain the value of questioning the patient and family. (A-2)
3-1.53 Explain the value of the physical exam. (A-2)
3-1.54 Explain the value of an on-going assessment. (A-2)
3-1.55 Explain the value of performing the baseline vital signs. (A-2)
3-1.56 Defend the need for obtaining and recording an accurate set of vital signs.
3-1.57 Explain the rationale of recording additional sets of vital signs. (A-1)
3-1.58 Explain the importance of obtaining a SAMPLE history. (A-1)
3-1.59 Recognize and respond to the feelings patients experience during assessment. (A-1)
3-1.60 Demonstrate a caring attitude when performing patient assessments.
3-1.61 Place the interests of the patient with foremost consideration when making any and all patient care decisions during patient assessment.
3-1.62 Communicate with empathy during patient assessment to patients as well as with family members and friends of the patient. (A-3)
3-1.63 Demonstrate the ability to differentiate various scenarios and identify potential hazards. (P-1)
3-1.64 Demonstrate the techniques for assessing mental status. (P-1, 2)
3-1.65 Demonstrate the techniques for assessing the airway. (P-1, 2)
3-1.66 Demonstrate the techniques for assessing if the patient is breathing.
3-1.67 Demonstrate the skills involved in assessment of breathing. (P-1, 2)
3-1.68 Demonstrate the skills associated with obtaining a pulse. (P-1, 2)
3-1.69 Demonstrate the skills associated with assessing the skin color, temperature, condition, and capillary refill in infants and children. (P-1, 2)
3-1.70 Demonstrate the skills associated with assessing the pupils. (P-1, 2)
3-1.71 Demonstrate the skills associated with obtaining blood pressure. (P-1, 2)
3-1.72 Demonstrate the skills that should be used to obtain information from the patient, family, or bystanders at the scene. (P-1, 2)
3-1.73 Demonstrate the techniques for assessing the patient for external bleeding. (P-1, 2)
3-1.74 Demonstrate the techniques for assessing the patient's skin color, temperature, condition, and capillary refill (infants and children only).
3-1.75 Demonstrate questioning a patient to obtain a SAMPLE history.
3-1.76 Demonstrate the skills involved in performing the physical exam. (P-1, 2)
3-1.77 Demonstrate the on-going assessment (P-1, 2)

Module 4
4-1.1 Describe the structure of the heart.
4-1.2 Describe the function of the heart.
Define coronary heart disease.
Define clinical manifestations of CHD
Identify the risk factors associated with cardiovascular disease.
Discuss prudent heart living.
Describe the early warning signs of heart attack and stroke.
List and discuss causes of sudden death.
Define cardiopulmonary arrest.
Describe cardiopulmonary anatomy and physiology.
Describe the rationale for each of the steps in CPR.
List the reasons for the heart to stop beating (C-1)
Define the components of cardiopulmonary resuscitation (C-1)
Describe each link in the chain of survival and how it relates to the EMS system. (C-2)
List the steps of one-rescuer adult CPR (C-1)
Describe the technique of external chest compressions on an adult patient. (C-1)
Describe the technique of external chest compressions on a child. (C-1)
Describe the technique of external chest compressions on an infant. (C-1)
Explain when the CFR is able to stop CPR. (C-2)
List the steps of two-rescuer adult CPR (C-1)
List the steps of child CPR (C-1)
List the steps of infant CPR (C-1)
Respond to the feelings that the family of a patient may be having during a cardiac event. (A-3)
Demonstrate a caring attitude towards patients with cardiac events who request emergency medical services. (A-3)
Place the interests of the patient with a cardiac event as the foremost consideration when making any and all patient care decisions. (A-3)
Communicate with empathy with family members and friends of the patient with a cardiac event. (A-3)
Demonstrate the proper technique of chest compressions on an adult.
Demonstrate the proper technique of chest compressions on a child.
Demonstrate the proper technique of chest compressions on an infant.
Demonstrate the steps of adult one rescuer CPR. (P-1, 2)
Demonstrate the steps of adult two rescuer CPR. (P-1, 2)
Demonstrate child CPR. (P-1, 2)
Demonstrate infant CPR. (P-1, 2)

Module 5
Identify the patient who presents with a general medical complaint. (C-1)
Explain the steps in providing emergency medical care to a patient with a general medical complaint. (C-1)
State the signs and symptoms of a patient with breathing difficulty. (C-1)
Describe the emergency medical care of the patient with breathing difficulty. (C-1)
Identify the patient who presents with a specific medical complaint of altered mental status. (C-1)
Explain the steps in providing emergency medical care to a patient with an altered mental status. (C-1)
Identify the patient taking diabetic medications with an altered mental status and a history of diabetes.
State the steps in the emergency care of the patient taking diabetic medications with an altered mental status and a history of diabetes.
State the definition of Cerebrovascular Accident (Stroke).
List the signs and symptoms of Cerebrovascular Accident (Stroke).
Describe the emergency medical care of the patient with signs and symptoms of a Cerebrovascular Accident (Stroke).
Identify the patient who presents with a specific medical complaint of seizures. (C-1)
Explain the steps in providing emergency medical care to a patient with seizures. (C-1)
Identify the patient who presents with a specific medical complaint of exposure to cold. (C-1)
Explain the steps in providing emergency medical care to a patient with an exposure to cold. (C-1)
Identify the patient who presents with a specific medical complaint of exposure to heat. (C-1)
Explain the steps in providing emergency medical care to a patient with an exposure to heat. (C-1)
Identify the patient who presents with a specific medical complaint of behavioral change. (C-1)
Explain the steps in providing emergency medical care to a patient with a behavioral change. (C-1)
Identify the patient who presents with a specific complaint of a psychological crisis. (C-1)
5-1.21 Explain the steps in providing emergency medical care to a patient with a psychological crisis. (C-1)
5-1.22 Attend to the feelings of the patient and/or family when dealing with the patient with a general medical complaint. (A-3)
5-1.23 Attend to the feelings of the patient and/or family when dealing with the patient with a specific medical complaint. (A-3)
5-1.24 Explain the rationale for modifying your behavior toward the patient with a behavioral emergency. (A-3)
5-1.25 Demonstrate a caring attitude towards patients with a general medical complaint who request emergency medical services. (A-3)
5-1.26 Place the interests of the patient with a general medical complaint as the foremost consideration when making any and all patient care decisions.
5-1.27 Communicate with empathy to patients with a general medical complaint, as well as with family members and friends of the patient. (A-3)
5-1.28 Place the interests of the patient with a specific medical complaint as the foremost consideration when making any and all patient care decisions.
5-1.30 Communicate with empathy to patients with a specific medical complaint, as well as with family members and friends of the patient. (A-3)
5-1.31 Demonstrate a caring attitude towards patients with a behavioral problem who request emergency medical services. (A-3)
5-1.32 Place the interests of the patient with a behavioral problem as the foremost consideration when making any and all patient care decisions.
5-1.33 Communicate with empathy to patients with a behavioral problem, as well as with family members and friends of the patient. (A-3)
5-1.34 Demonstrate the steps in providing emergency medical care to a patient with a general medical complaint. (C-1)
5-1.35 Demonstrate the steps in providing emergency medical care for a patient with breathing difficulty. (C-1)
5-1.36 Demonstrate the steps in providing emergency medical care to a patient with an altered mental status. (C-1)
5-1.37 Demonstrate the steps in providing emergency medical care to a patient with an altered mental status and a history of diabetes.
5-1.38 Demonstrate the steps in providing emergency medical care to a patient with a Cerebrovascular Accident (Stroke).
5-1.39 Demonstrate the steps in providing emergency medical care to a patient with seizures. (C-1)
5-1.40 Demonstrate the steps in providing emergency medical care to a patient with an exposure to cold. (C-1)
5-1.41 Demonstrate the steps in providing emergency medical care to a patient with an exposure to heat. (C-1)
5-1.42 Demonstrate the steps in providing emergency medical care to a patient with a behavioral change. (C-1)
5-1.43 Demonstrate the steps in providing emergency medical care to a patient with a psychological crisis. (C-1)
5-2.1 Differentiate between arterial, venous, and capillary bleeding. (C-3)
5-2.2 State the emergency medical care for external bleeding. (C-1)
5-2.3 Establish the relationship between body substance isolation and bleeding.
5-2.4 List the signs of internal bleeding. (C-1)
5-2.5 List the steps in the emergency medical care of the patient with signs and symptoms of internal bleeding. (C-1)
5-2.6 Establish the relationship between body substance isolation (BSI) and soft tissue injuries. (C-3)
5-2.7 State the types of open soft tissue injuries. (C-1)
5-2.8 Describe the emergency medical care of the patient with a soft tissue injury. (C-1)
5-2.9 Discuss the emergency medical care considerations for a patient with a penetrating chest injury. (C-1)
5-2.10 State the emergency medical care considerations for a patient with an open wound to the abdomen. (C-1)
5-2.11 Describe the emergency medical care for an impaled object. (C-1)
5-2.12 State the emergency medical care for an amputation. (C-1)
5-2.13 Describe the emergency medical care for burns. (C-1)
5-2.14 List the functions of dressing and bandaging. (C-1)
5-2.15 Explain the rationale for body substance isolation when dealing with bleeding and soft tissue injuries. (A-3)
5-2.16 Attend to the feelings of the patient with a soft tissue injury or bleeding.
5-2.17 Demonstrate a caring attitude towards patients with a soft tissue injury or bleeding who request emergency medical services. (A-3)
5-2.18 Place the interests of the patient with a soft tissue injury or bleeding as the foremost consideration when making any and all patient care decisions. (A-3)
5-2.19 Communicate with empathy to patients with a soft tissue injury or bleeding, as well as with family members and friends of the patient. (A-3)
5-2.20 Demonstrate direct pressure as a method of emergency medical care for external bleeding. (P-1, 2)
5-2.21 Demonstrate the use of diffuse pressure as a method of emergency medical care for external bleeding. (P-1, 2)
5-2.22 Demonstrate the use of pressure points as a method of emergency medical care for external bleeding. (P-1, 2)
5-2.23 Demonstrate the care of the patient exhibiting signs and symptoms of internal bleeding. (P-1, 2)
5-2.24 Demonstrate the steps in the emergency medical care of open soft tissue injuries. (P-1, 2)
5-2.25 Demonstrate the steps in the emergency medical care of a patient with an open chest wound. (P-1, 2)
5-2.26 Demonstrate the steps in the emergency medical care of a patient with open abdominal wounds. (P-1, 2)
5-2.27 Demonstrate the steps in the emergency medical care of a patient with an impaled object. (P-1, 2)
5-2.28 Demonstrate the steps in the emergency medical care of a patient with an amputation. (P-1, 2)
5-2.29 Demonstrate the steps in the emergency medical care of an amputated part. (P-1, 2)
5-3.1 Describe the function of the musculoskeletal system. (C-1)
5-3.2 Differentiate between an open and a closed painful, swollen, deformed extremity. (C-1)
5-3.3 State the reasons for splinting. (C-1)
5-3.4 List devices used for splinting. (C-1)
5-3.5 List the general rules of splinting. (C-1)
5-3.6 List the complications of splinting. (C-1)
5-3.7 List the emergency medical care for a patient with a painful, swollen, deformed extremity. (C-1)
5-3.8 Relate mechanism of injury to potential injuries of the head and spine. (C-1)
5-3.9 State the signs and symptoms of a potential spine injury. (C-1)
5-3.10 Describe the method of determining if a responsive patient may have a spine injury. (C-1)
5-3.11 Describe the method of determining if an unresponsive patient may have a spine injury. (C-1)
5-3.12 Relate the airway emergency medical care techniques to the patient with a suspected spine injury. (C-3)
5-3.13 Describe the basic principals of emergency care for a spine injured patient. (C-3)
5-3.14 Describe how to stabilize the cervical spine. (C-1)
5-3.15 Discuss indications for using a cervical spine immobilization device. (C-1)
5-3.16 Establish the relationship between airway management and the patient with head and spine injuries. (C-1)
5-3.17 Describe a method for sizing a cervical spine immobilization device. (C-1)
5-3.18 Describe how to log roll a patient with a suspected spine injury. (C-1)
5-3.19 Describe how to secure a patient to a long spine board. (C-1)
5-3.20 List the signs and symptoms of injury to the head. (C-1)
5-3.21 Describe the emergency medical care for injuries to the head. (C-1)
5-3.22 Explain the rationale for splinting at the scene versus load and go. (C-1)
5-3.23 Explain the rationale for immobilization of the painful, swollen, deformed extremity. (C-1)
5-3.24 Explain the rationale for the feeling patients who have need for immobilization of the painful, swollen, deformed extremity. (C-1)
5-3.25 Demonstrate a caring attitude towards patients with a musculoskeletal injury who request emergency medical services. (A-3)
5-3.26 Place the interests of the patient with a musculoskeletal injury as the foremost consideration when making any and all patient care decisions. (A-3)
5-3.27 Communicate with empathy to patients with a musculoskeletal injury, as well as with family members and friends of the patient. (A-3)
5-3.28 Explain the rationale for immobilization of the entire spine when a cervical spine injury is suspected. (A-3)
5-3.29 Demonstrate the emergency medical care of a patient with a painful, swollen, deformed extremity. (P-1, 2)
5-3.30 Demonstrate opening the airway in a patient with suspected spinal cord injury. (P-1, 2)
5-3.31 Demonstrate evaluating a responsive patient with a suspected spinal cord injury. (P-1, 2)
5-3.32 Demonstrate stabilizing of the cervical spine. (P-1, 2)
5-3.33 Demonstrate how to log roll a patient with a suspected spinal cord injury. (P-1, 2)
5-3.34 Demonstrate how to secure a patient to a long spine board. (C-1)

Module 6
6-1.1 Identify the following structures: Uterus, vagina, fetus, placenta, umbilical cord, amniotic sac, perineum. (C-1)
6-1.2 Identify and explain the use of the contents of an obstetrics kit. (C-1)
6-1.3 Identify pre-delivery emergencies. (C-1)
6-1.4 State indications of an imminent delivery. (C-1)
6-1.5 Differentiate the emergency medical care provided to a patient with pre-delivery emergencies from a normal delivery. (C-3)
6-1.6 State the steps in the pre-delivery preparation of the mother. (C-1)
6-1.7 Establish the relationship between body substance isolation and childbirth. (C-3)
6-1.8 State the steps to assist in the delivery. (C-1)
6-1.9 Describe care of the baby as the head appears. (C-1)
6-1.10 Describe how and when to cut the umbilical cord. (C-1)
6-1.11 Discuss the steps in caring for a newborn. (C-1)
6-1.12 Understand the special needs of a newborn in the prehospital setting
6-1.13 Describe the normal respiratory and heart rates for the newborn
6-1.14 Understand the need for warming, drying, suctioning and stimulating the newborn.
6-1.15 List the steps in newborn resuscitation and the indications for supplemental oxygen, assisted ventilations and chest compressions
6-1.16 Discuss the steps in the delivery of the placenta. (C-1)
6-1.17 List the steps in the emergency medical care of the mother post-delivery. (C-3)
6-1.18 Summarize neonatal resuscitation procedures. (C-1)
6-1.19 Describe the procedures for the following abnormal deliveries: Breech birth, prolapsed cord, limb presentation. (C-1)
6-1.20 Differentiate the special considerations for multiple births. (C-3)
6-1.21 Describe special considerations of meconium. (C-1)
6-1.22 Describe special considerations of a premature baby. (C-1)
6-1.23 Discuss the emergency medical care of a patient with a gynecological emergency. (C-1)
6-1.24 Explain the rationale for understanding the implications of treating two patients (mother and baby). (A-3)
6-1.25 Explain the rationale for attending to the feeling of a patient in need of emergency medical care during childbirth. (A-2)
6-1.26 Demonstrate a caring attitude towards patients during childbirth who request emergency medical services. (A-3)
6-1.27 Place the interests of the patient during childbirth as the foremost consideration when making any and all patient care decisions. (A-3)
6-1.28 Communicate with empathy to patients during childbirth, as well as with family members and friends of the patient. (A-3)
6-1.29 Demonstrate the steps to assist in the normal cephalic delivery. (P-1, 2)
6-1.30 Demonstrate necessary care procedures of the fetus as the head appears. (P-1, 2)
6-1.31 Demonstrate infant neonatal procedures. (P-1, 2)
6-1.32 Demonstrate post delivery care of infant. (P-1, 2)
6-1.33 Demonstrate how and when to cut the umbilical cord. (P-1, 2)
6-1.34 Attend to the steps in the delivery of the placenta. (P-1, 2)
6-1.35 Demonstrate the post-delivery care of the mother. (P-1, 2)
6-1.36 Demonstrate the care of the newborn. (P-1, 2)
6-1.37 Demonstrate how to assess a newborn
6-1.38 Demonstrate how to warm, dry, suction and stimulate the newborn
6-1.39 Demonstrate how to provide blow-by oxygen to the newborn
6-1.40 Demonstrate how to provide assisted ventilations to the newborn
6-1.41 Demonstrate how to perform chest compressions on the newborn
6-1.42 Demonstrate the procedures for the following abnormal deliveries: vaginal bleeding, breech birth, prolapsed cord, limb presentation. (P-1, 2)
6-1.43 Demonstrate the steps in the emergency medical care of the mother with excessive bleeding. (P-1, 2)
6-1.44 Demonstrate completing a prehospital care report for patients with obstetrical/gynecological emergencies. (P-2)
6-2.1 Describe differences in anatomy and physiology of the infant, child, and adult patient. (C-1)
6-2.2 Describe assessment of the infant or child. (C-1)
6-2.3 Describe the importance of maintaining an open airway.
6-2.4 Indicate various causes of respiratory emergencies in infants and children.
6-2.5 Differentiate between respiratory distress and respiratory failure. (C-3)
6-2.6 Describe the signs and symptoms of respiratory distress and respiratory failure.
6-2.7 Describe the techniques of suctioning the infant and child.
6-2.8 Summarize emergency medical care strategies for respiratory distress and respiratory failure/arrest in infants and children. (C-1)
6-2.9 Describe the techniques of suctioning the infant and child.
6-2.10 List common causes of seizures in the infant and child patient. (C-1)
6-2.11 Describe management of seizures in the infant and child patient. (C-1)
6-2.12 List the common causes for altered mental status in the infant and child patient. (C-1).
6-2.13 Describe the emergency care for altered mental status in the infant/child.
6-2.14 Describe the emergency care for poisoning in the infant and child.
6-2.15 Identify the signs and symptoms of shock (hypoperfusion) in the infant and child patient. (C-1)
6-2.16 Compare the signs and symptoms of compensated and decompensated shock.
6-2.17 Identify the signs and symptoms of Sudden Infant Death Syndrome (SIDS)
6-2.18 Describe the emergency medical care for a victim of SIDS
Discuss emergency medical care of the infant and child trauma patient.

Explain the modifications for spinal immobilization for the infant and child

Summarize the signs and symptoms of possible child abuse and neglect.

Describe the medical - legal responsibilities in suspected child abuse.

Recognize need for Certified First Responder debriefing following a difficult infant or child transport. (C-1)

Attend to the feelings of the family when dealing with an ill or injured infant or child. (A-1)

Understand the provider's own emotional response to caring for infants or children. (A-1)

Demonstrate a caring attitude towards infants and children with illness or injury who require emergency medical services. (A-3)

Place the interests of the infant or child with an illness or injury as the foremost consideration when making any and all patient care decisions.

Communicate with empathy to infants and children with an illness or injury, as well as with family members and friends of the patient. (A-3)

Demonstrate how to open the airway of the pediatric patient.

Demonstrate assessment of the infant and child. (P-1, 2)

Demonstrate the sizing technique for the selection of infant and child bag-valve-masks and oxygen delivery devices.

Demonstrate oxygen delivery for the infant and child. (P-1, 2)

Demonstrate suctioning techniques for the infant and child (P-1, 2)

Demonstrate how to provide manual stabilization of the head and cervical spine.

Demonstrate how to open the airway of the pediatric patient with suspected spinal injury.

Demonstrate how to properly size and apply a cervical collar to the pediatric patient.

Demonstrate the modifications for spinal immobilization for the infant and child

Module 7

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

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

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 All Others" while operating an emergency vehicle

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

Describe the considerations that should by given to:
- Request for escorts.
- Following an escort vehicle
- Intersections(C-1)

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

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

Describe the methods of preparing the patient for transport

Understand the importance of written documentation of patient care rendered.

Discuss issues concerning the fundamental components of documentation. (C-1)

Explain the components of the written report and list the information that should be included in the written report. (C-1)

Identify the various sections of the written report. (C-1)

Describe what information is required in each section of the prehospital care report and how it should be entered. (C-1)

Define the special considerations concerning patient refusal. (C-1)

Describe the legal implications associated with the written report. (C-1)

Discuss all state and/or local record and reporting requirements. (C-1)

Summarize the importance of preparing the unit for the next response.

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

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

Describe how to clean or disinfect items following patient care. (C-1)
7-1.21 Describe the common situations in which Advanced Life Support should be utilized.
7-1.22 Describe the utilization of aeromedical EMS in a given EMS system. (C-1)
7-1.23 Describe the local dispatch and local protocols for use of Aeromedical transport.
7-1.24 Explain the rationale for patient care documentation. (A-3)
7-1.25 Explain the rationale for the EMS system gathering data. (A-3)
7-1.26 Explain the rationale for using medical terminology correctly. (A-3)
7-1.27 Explain the rationale for using an accurate and synchronous clock so that information can be used in trending. (A-3)
7-1.28 Explain the rationale for appropriate report of patient information. (A-3)
7-1.29 Explain the rationale for having the unit prepared to respond. (A-3)
7-1.30 Complete a prehospital care report. (P-2)