

Northwest Community Paramedic Program Academic Calendar F25-26

- Presumes face to face instruction and full access to clinical experiences. Expect changes if conditions require virtual classes and restriction of clinical units.
- Assumed knowledge:** EMT content; baseline reading and math competency; and Medical Terminology
- Harper College Reminder:** **Fall 2025 [Designated Payment Due Date]** **August 1, 2025 (5:00pm)**

| Week # 1 | | | | |
|----------------|-----------|---|--|----------------|
| Date | Time | Topic | | Faculty |
| 9/8/25 Mon | 0900-1200 | Mandatory Orientation: detailed review of student syllabus, academic calendar, Student Handbook | Sign & submit agreements: Learning Contract; Release of academic Information; consents for invasive procedures; photographs; and emergency preparedness exercise participation | M. Gentile |
| | 1200-1300 | Lunch | | |
| | 1300-1700 | Orientation cont. Clinical sign up | | Britney & Bill |
| 9/9/25 Tue | 0900-1100 | Workforce safety, wellness, and resilience: Culture of safety; standard safety precautions; infectious diseases, prevention & control; disease transmission; blood borne pathogens, & personal protective equipment (PPE); lifting and moving patients; crew resource management; injury prevention and wellness; Public health mission & goals; EMS roles in public health, social, geographic, economic demographic determinants of health; patient and community education; and health promotion; screenings & vaccinations/immunizations; impacts of political, social, and economic issues; bioinformatics. | Policies: <u>I-2 Infection Control – DICOs</u> <u>I-4: Impaired practice</u> Skills & Application: Selection, donning, doffing, disposal of PPE; contact, droplet, & airborne precautions; exposure follow-up | M. Gentile |
| | 1100-1200 | Responder mental and emotional health wellness principles; resilience and suicide prevention; body's response to stress, stress mitigation and management; RISE team access | S-1: Stress Intervention / CISM | |
| | 1200-1300 | Lunch | | |
| | 1300-1700 | EMS Systems: • History of EMS; national guidelines, legislative authority, medical oversight; standards of care and scopes of practice; system structure, Systems of care, e.g., Stroke, STEMI, Trauma, Pediatrics; continuum of care; MIH/CP and other EMS-related specialty roles EMS response options • Quality assessment and performance improvement • EMS in a value-based economy, preparedness (recruitment/retention; staffing, education, credentialing, licensure, resource mgt) response, integration with other resources/agencies; patient disposition | SOP: Introduction (p.1-2) Policies: A-2: Use of Aeromedical Transport; A-3: ALS -EMR Services; Police Dogs Service Dogs; B-1: Hospital Resource Limitation/Ambulance Bypass; C2 CE; C3 Crisis response plan Medical Surge; D7 EMDs; M-9:Med Engines/ Alternate Response Vehicles; R1: Relicensure; S-2: Specialized EMS Vehicles; S3: EMS Staffing Requirements; T-2: Patient Disposition/Transport/Selection of Receiving Facility SOPs, EMS Policies, Procedure Manual, Drug and Supply List found on System website: www.nwcemss.org under Standards of Practice tab Illinois EMS Act and Rules: https://dph.illinois.gov/topics-services/emergency-preparedness-response/ems.html National documents found at: www.EMS.gov / Resources | K. Chesney |
| 9/10/25 Wed | 0900-1200 | Intro to medical math | | M. Gentile |
| | 1200-1300 | Lunch | | |

| Week # 1 | | | | | |
|------------------|-----------|---|--|--|------------------------|
| Date | Time | Topic | | | Faculty |
| | 1300-1700 | EMS communications: Equipment and communication systems; communication with other health care professionals to include cohesive and organized patient handoff; team communication & dynamics; telemetric monitoring devices and transmission of clinical data, including video data | Policies: C-8 Communications Policy O-1 Override SOP: OLMC Report/Handoff Reports | Skills & Application: Role playing calling OLMC for a BLS patient | M. Gentile |
| 9/11/25 Thurs | 0900-1000 | Advisory Board Meeting *class starts at 10am | | | |
| | 1000-1200 | Clinical Judgement: Elements of effective clinical decision making; key components for the critical thinking process; leadership and communication Patient assessment: Primary assessment Tools of assessment Maneuvers of assessment Sequencing, timing, and technique; risk mitigation, control and correct hazards, request adequate resources; crime scene responses; detect and resuscitate clinically evident, immediate life-threats | SOPs: General pt assessment; Initial Medical Care Pediatric IMC, Elderly Patients Policies: P-2: Independent Physician/Nurse On Scene; P-3: Interaction w/ Police/ Crime Scene Responses Procedure manual: General Pt Assessment | Skills & Application: - Scene size up/situational awareness, dynamic risk assessment & mitigation - Scene mgt - Impact of the environment on patient care - Hazard abatement - Violence; crime scenes - Need for specialized resources Finding & resuscitating clinically evident immediate life-threats | M. Gentile |
| | 1200-1300 | Lunch | | | |
| | 1300-1400 | Primary cont'd. | | | |
| | 1400-1700 | Patient assessment: Secondary assess; including age-related variations in pediatric and geriatric patients | Skills & Application: Obtaining a chief complaint, assoc. S&S, SAMPLE Hx (pain assess); pertinent negatives; interviewing techniques; therapeutic communication and adaptive interview techniques. Obtaining, reporting and documenting accurate vital signs; Review of Systems:(breath, heart, and bowel sounds); and monitoring and reassessment Identification of monitoring devices: - Pulse oximetry (SpO ₂)/End tidal CO ₂ (EtCO ₂) monitoring - Non-invasive blood pressure - Cardiac monitoring rhythm strip and 12 L ECG acquisition, interpretation, and transmission - Blood glucose determination Venous blood sampling/Blood chemistry analysis | | Bill, Britney and Mike |
| 9/12/25 Fri | 0900-1200 | Pharmacology: Culture of safety; Federal and state legislation, regulation, and standards; DEA; drug profiles, names; classifications; schedules; pharmacokinetics; pharmacodynamics, storage & security; metabolism & excretion; weight-based dosing, interactions; side effects; toxicity; tolerance, tachyphylaxis, risks of polypharmacy | Policies: C-6: Controlled Substances; Logs; D-2: Drug Replacement; D-3: Exchanging drugs; R-7 Reportable Incidents; SOP: Drug appendix | Skills & Application: Controlled Substance Logs Peer to Peer Exchange form Acute medications Chronic or maintenance medications | Bill |
| | 1200-1300 | Lunch | | | |
| | 1300-1400 | Autonomic Nervous System: Sympathetic and parasympathetic NS A&P; neurotransmitters/receptors for each; clinical presentations and physiologic impact when stimulated or suppressed; mimetic and lytic interventions for both | | | M. Gentile |
| | 1400-1600 | | | | |

| Week # 1 | | | |
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| Date | Time | Topic | Faculty |
| | 1600-1700 | Quiz 1 blueprint review; BRAVOZONE | M. Gentile |

| Week # 2 | | | | | |
|------------------|-----------|--|---|---|------------|
| Date | Time | Topic | | Faculty | |
| 9/15/25 Mon | 0900-1030 | Quiz 1 | | M. Gentile | |
| | 1030-1200 | Hospital clinical orientation | | Bill & Britney | |
| | 1200-1300 | Lunch | | | |
| | 1300-1700 | Platinum Orientation. Must have established a Platinum account | | Bill & Britney | |
| 9/16/25 Tue | 0900-1200 | Respiratory A&P including age-related variations in pediatric and geriatric pts | | M. Gentile | |
| | | Lunch | | | |
| | 1300-1500 | Respiratory A&P cont. | | M. Gentile | |
| | 1500-1700 | Oximetry: pulse oximetry (SpO ₂) & Capnography (EtCO ₂): Sensor types, application, interpretation and monitoring (See Procedure Manual) | | M. Gentile | |
| 9/17/25 Wed | 0900-1100 | Airway Management Airway assessment; techniques of assuring a patent airway: Positioning, BLS adjuncts; suctioning; FBAO maneuvers | SOP: Adult & peds FBAO | Skills & Application Peds & adults age-related variations: Manual maneuvers; NPA/OPA; suction oral/tracheal; FBAO (BLS & ALS) | M. Gentile |
| | 1100-1200 | Endotracheal intubation (ETI) direct laryngoscopy | SOP: Adv. airway | Skills & Application DL (unmedicated) ETI; use of bougie | Dr. Jordan |
| | 1200-1300 | Lunch | | | |
| | 1300-1700 | ETI cont./ Drug assisted intubation (DAI) | SOP: Adv. Airways/DAI | Skills & Application Drugs: ketamine, etomidate, midazolam, fentanyl | Dr. Jordan |
| 9/18/25 Thurs | 0900-1200 | Vascular access: peripheral IVs; BD Nexiva IV catheter demo (rep) | Skills & Application: IV access adults & peds; venous blood sampling; IVPB/Sapphire pump use Sapphire pump demo TBD | | M. Gentile |
| | 1200-1300 | Lunch | | | |
| | 1300-1500 | Intraosseous infusions | Skills & Application: IO access (approved sites adults and peds) | | M. Gentile |
| | 1500-1700 | Medication administration: “7 Rights of drug administration” | Skills & Application: Selective routes of med administration Inhaled, IM, IM auto-injector; IN (NAS); IV/IO; SL; NG; PO; Rectal; SUBQ; topical; transdermal | | M. Gentile |
| 9/19/25 | | Lab 1: Donning/doffing demo/video right before lab | | | |

| Week # 2 | | | | |
|----------|-----------|---|--|----------|
| Date | Time | Topic | | Faculty |
| Fri | 0900-1200 | Stations – IM on manikin – MDI; HHN – Intranasal – Pt assessment (w/ VS) COMPETENCY: Donning/Doffing PPE | Goals for SMC Matrix Criteria: Comprehensive Physical Assessment w/ VS; (1 of 1) IM injection: 2 Formative Individual (Ind.) Skill; (1 & 2 of 2) Inhaled (MDI/HHN) 1 Formative (Form.) Individual Skill in lab; (1 of 1) Intranasal: 1 Formative Individual Skill in lab; (1 of 1) | Lab team |
| | 1200-1300 | Lunch | | |
| | 1300-1700 | Lab 2 Stations Live IM & SUBQ (manikin) X 1 station IO access(1 w/ lidocaine) X 2 IV Access w/ infusion X 2 | | |
| | | Goals for SMC Matrix Criteria: IM injection: 1 Summative Skill on LIVE pt; (1 of 2) SUBQ: 1 Formative Individual Skill in lab; (1 of 1) IV Access: 1 Formative Individual Skill in lab; (1 of 2) IO Access: 1 Formative Individual Skill in Lab; (1 of 4) IV Bolus Med. Admin: 1 Formative Ind. Skill in lab; (1 of 2) IV infusion Med. Admin: 1 Formative Ind. Skill in lab; (1 of 2) | | Lab team |

| Week # 3 (1 clinical shift) | | | | | |
|--|-----------|---|--|--|----------------------|
| Date | Time | Topic | | Faculty | |
| EMS 217 begins (actual start 9-26-25; or 9-27, 9-28) | | | | | |
| 9/22/25 Mon | 0900-1015 | Quiz 2 | | M Gentile | |
| | 1015-1200 | Cricothyrotomy: Needle and surgical | | Skills & Application: Needle & surgical cric | M Gentile |
| | 1200-1300 | Lunch | | | |
| | 1300-1700 | Supraglottic airway (SGA)/Blind insertion airway device (BIAD: i-gel; LMA; CombiTube & Other routes of intubation | SOP: Advanced airways Peds Airway Adjuncts | Skills & Application In-line; inverse; digital ETI; SGA (i-gel) | M. Gentile |
| 9/23/25 Tue | 0900-1200 | Students will arrive in groups throughout the morning (Schedule TBD) Cricothyrotomy: skill labs, equipment, skill lab performed on manikin or trachs *need to order | | | Mike, Britney & Bill |
| | 1200-1300 | Lunch | | | |
| | 1300-1700 | Stations Sheep Trachea Lab from AM – IV Access w/ IVP med – IO access w/ med admin – DL: BLS airways, preox, oximetry, suction, bougie – VL BLS airways, preox, oximetry, suction – SGA (i-gel) | Goals for SMC Matrix Criteria: - must calculate dose for ea. med Cricothyrotomy (Surgical): 1 Formative Ind. Skill in lab (1 of 2) Cricothyrotomy (Needle): 1 Formative Ind. Skill in lab; (2 of 2) IV Access: 1 Formative Individual Skill in scenario; (2 of 2) IV Med. Admin: 1 Formative Ind. Skill in lab; (2 of 2) IO Access: 1 Formative Ind. Skill in lab; (3 of 4) ETI: 2 Formative Individual Skill in lab; (1 & 2 of 2) ET suctioning: 2 Formative Ind. Skill in lab; (1 & 2 of 2) SGA adult: 2 Formative Individual Skill in lab; (1 & 2 of 2) | Lab Team | |
| 9/24/25 Wed | 0900-1200 | O2 delivery: NC, NRM, CPAP; BVM & PPV including age-related variations in pediatric and geriatric patients | Skills & Application: Adults & Peds: All O2 delivery devices; BVM ventilations (1 & 2 person); Mouth to barrier, mask, mouth, nose, stoma – See Procedure Manual | M. Gentile | |
| | 1200-1300 | Lunch | | | |
| | 1300-1700 | Video laryngoscopy (VL) (ProVu/King Vision) | SOP: Advanced airways/DAI | Skills & Application VL ETI | Dr. Jordan |

| Week # 3 (1 clinical shift) | | | | |
|---|-----------|--|--|------------|
| Date | Time | Topic | | Faculty |
| 9/25/25 Thurs | 0900-1200 | Airway & oxygen mgt strategies; sedation and monitoring, gas exchange/ventilation/O ₂ delivery application: BravoZone; dialogue-based instruction; case studies/simulations/scenario's/role play/mind maps. | | M. Gentile |
| | 1200-1300 | Lunch | | |
| | 1300-1700 | Stations – Live IVs X 3 stations – ALS FBAO, DL + VL (suctioning/ Magill forceps/PPV) – SGA (i-gel) (PPV) | Goals for SMC Matrix Criteria: IV Access: 1 Formative Individual Skill Live Patient (Pt) IV Infusion Med Admin: 1 Formative Ind. Skill Live Pt FBAO Removal w/ Magill Forceps: 1 Form. Ind. Skill in lab (1 of 2) Endotracheal Int.: 1 Summative Ind. Skill in scenario; (1 & 2 of 10) * Supraglottic (i-gel): 1 Summative Ind. Skill in scenario; (1 of 10)* ET Suctioning: Summative Ind. Skill in scenario; (1 & 2 of 2)* PPV w/ BVM: 3 Summative Ind. Skill in scenario; (1-3 of 10)* | Lab Team |
| Fri 9/26; Sat 9/27; or Sun 9/28 Hospital Clinical (#1): ED (Adult) | | | | |

| Week # 4 (1 clinical shift) | | | | | |
|--|-----------|--|--|--|------------|
| Date | Time | Topic | | | Faculty |
| 9/29/25 Mon | 0900-1015 | Quiz 3 | | | M. Gentile |
| | 1030-1200 | Paramedic Roles & Responsibilities: Professional values, attitudes, attributes and behaviors that reflect; emotional intelligence within the affective domain of learning. Levels of competence and how they are assessed and evaluated. Research in EMS; data collection; evidence-based decision making; research principles to interpret literature and advocate for EB practice | | | K. Chesney |
| | 1200-1300 | Lunch | | | |
| | 1300-1700 | Therapeutic Communication: Health care literacy; interviewing techniques; verbal defusing strategies; managing communication challenges; family centered care; adjusting communication strategies for age, stage of development, patients with special needs; non-discriminatory communication that addresses inherent or unconscious bias, is culturally aware and sensitive, and intended to improve patient outcomes. | Skills & Application: Role play patient scenarios | M. Gentile | |
| Tue. 9-30; Sat. 10/4; or Sun 10/5 Hospital Clinical (#2): Options: ED (Adult) | | | | | |
| 10/1/25 Wed | 0900-1200 | Ethics in EMS: Ethical principles & decision making; ethical codes of conduct | Policy: E-5: Code of Ethics | Skills & Application: Values card exercise Ethical scenarios | M. Gentile |
| | 1200-1300 | Lunch | | | |
| | 1300-1700 | Acid – Base Imbalances and interventions; using EtCO ₂ to detect metabolic acidosis | | | M. Gentile |
| 10/2/25 Thurs | 0900-1200 | Fluid & Electrolytes | | | M. Gentile |
| | 1200-1300 | Lunch | | | |
| | 1300-1700 | Lab 5 | | | |

| Week # 4 (1 clinical shift) | | | | |
|-----------------------------|-----------|---|---|--|
| Date | Time | Topic | | Faculty |
| | | <u>Stations</u> Ind. skill in scenario: – FBAO retrieval, DL ETI, PPV BVM; ETI suction; X 1 – CPAP, i-gel, PPV BVM X 1 – Cric surgical X1 – Cric needle X 1 – IV Access & Infusion w/ IVPB X 1 | <u>Goals for SMC Matrix Criteria:</u> ET Intubation: 1 Summative Ind. Skill in scenario; (3 & 4 of 10) * SGA (i-gel): 1 Summative Ind. Skill in scenario; (2 of 10) * ET Suctioning: 1 Summative Ind. Skill in scenario; (2 of 2) * PPV with BVM: 2 Summative Ind. Skill in lab; (3 & 4 of 10) * CPAP: 1 Formative Individual Skill in scenario; (1 of 4) Cric. (Needle): 1 Summative Ind. Skill in lab; (1 of 2) * Cric. (Surgical): 1 Summative Ind. Skill in lab (2 of 2) * FBAO removal w/ Magill Forceps: 1 form. ind. skill in lab (2 of 2) IV Access & Infusion w/ IVPB: 1 Summative Ind. Skill in scenario; (1 of 2) | Lab Team |
| 10/3/25 Fri | 0900-1200 | Legal: Legal system, civil and criminal law/burden of proof; negligence; torts, issues of consent/dissent; confidentiality (HIPAA); statutory duties; mandatory reporting; health care regulation; pt rights/advocacy | <u>Policies:</u> A-1 Abandonment D-1 Due Process G-1,-2,-3: Grievance policies M-8 Med Device Malfunction R-6 Refusal of Care R-7 Reportable Incidents | <u>Skills & Application:</u> Role play legal scenarios Bill |
| | 1200-1300 | Lunch | | |
| | 1300-1700 | <u>Stations</u> Ind. skill in scenario: – Pt. assessment w/VS (virtual) – DAI DL w/ ET suction & PPV – DAI VL w/ CPAP & PPV – SGA (i-gel) w/ PPV – DL (isolated skill only) – IVPB (isolated skill only) | <u>Goals for SMC Matrix Criteria:</u> Patient Assessment: 1 Comprehensive Physical Assessment w/ Vital Signs; VL DAI: 1 Summative ind. skill in scenario; (3 of 10) * Supraglottic (i-gel): 1 Summative ind. skill in scenario; (3 of 10) * CPAP: 1 Formative individual skill in scenario; (2 of 4) PPV with BVM: 3 Summative ind. skills in scenario; (5-7 of 10) * ET Suctioning: 1 Extra skill | Lab team |

| Week # 5 (1 clinical shift this week) | | | | |
|--|-----------|---|--|--|
| Date | Time | Topic | | Faculty |
| 10/6/25 Mon | 0900-1015 | Quiz 4 | | M Gentile |
| | 1015-1200 | Mod 1: Quiz review's; item analysis/reflection | | M Gentile |
| | 1200-1300 | Lunch | | |
| | 1300-1700 | Lab 7 | | Lab Team |
| <u>Stations: final prep for practical exam:</u> – IV Access w/ IVP & IVPB on manikin – CPAP, VL DAI, suction, oximetry; RASS, monitoring – Supraglottic Airway (i-gel); PPV – Cricothyrotomy Needle – Cricothyrotomy Surgical – FBAO; Magill forceps – IO Access w/ Med Admin on manikin | | <u>Goals for SMC Matrix Criteria:</u> VL DAI ETI: Ind. Skill in scenario Suctioning IV med administration PPV Supraglottic Airway: Ind. Skill in scenario CPAP: Individual Skill in scenario Cricothyrotomy (Needle): Ind. Skill in scenario Cricothyrotomy (Surgical): Ind. Skill in scenario FBAO Removal w/ Magill Forceps: Ind. Skill in scenario | | |
| 10/7/25 Tues | 0900-1100 | Documentation Principles of medical documentation and report writing; recording patient findings; supporting medical necessity | <u>Policies:</u> C-7 Confidentiality D-4:Data Collection & submission ePCR software EMS Short Form SOP: Medical abbreviations | <u>Skills & Application:</u> Writing patient care reports (PCRs) that meet FACT criteria Mike |

| Week # 5 (1 clinical shift this week) | | | |
|--|-----------|--|------------|
| Date | Time | Topic | Faculty |
| | 1100-1200 | EMS 210 exam review: BRAVOZONE | Mike |
| | 1200-1300 | Lunch | |
| | 1300-1700 | EMS 210 Practical Exams: Competency measured | |
| <u>Stations Part A:</u> - IO tibia access - Med admin: IVP/IVPB - Med admin IN/HHN | | - IV access - Med admin: IM/SUBQ - General patient assessment w VS | Lab Team |
| 10/8/25 Wed | 0900-1300 | <u>Stations Part B:</u> - VL DAI; CPAP; suction, oximetry; RASS; ongoing monitoring - Supraglottic Airway (i-gel); preox; PPV - Cricothyrotomy Needle - Cricothyrotomy Surgical - FBAO manual maneuvers & Magill forceps | Lab Team |
| 10/9/25 Thurs | 0900-1200 | EMS 210 Cognitive EXAM (Auditorium) | M. Gentile |
| EMS 210 ends | | | |
| Fri 10/10; Sat 10/11; or Sun 10/12 Hospital Clinical (#3): Options: ED (Adult) or the OR (not on Sat or Sun) | | | |

| WEEK #6 | | | | | |
|-------------------|-----------|--|--|--|------------|
| Date | Time | Topic | | | Faculty |
| EMS 211 begins | | | | | |
| 10/13/25 Mon | 0900-1200 | Respiratory disorders: Acute Adult and peds Hyperventilation syndrome; pulm. Embolism; spontaneous pneumothorax; non-cardiogenic pulmonary edema; disordered breathing caused by extreme obesity; dysfunction of the spinal cord, nerves, or resp. muscles; neoplasms of the lung; Pneumonia; resp. infections | SOP: Acute respiratory disorders (pneumonia/ influenza; Pulmonary embolism) Peds: Croup, epiglottitis, RSV/ Bronchiolitis BRUE | Skills & Application: Drugs: albuterol, ipratropium, epinephrine 1 mg / 1mL, magnesium MDI, nebulizer: mouth piece/ mask/in-line w/ BVM & C-PAP | M. Gentile |
| | 1200-1300 | Lunch | | | |
| | 1300-1700 | Cont'd | | | |
| 10/14/25 Tue | 0900-1200 | Respiratory disorders: Chronic: COPD/asthma; bronchopulmonary dysplasia | SOP: COPD/Asthma (adult and peds) | | Bill |
| 10/15/25 Wed | 0900-1200 | Cardiovascular A&P | | | Bill |
| | 1200-1300 | Lunch | | | |
| | 1300-1700 | Cardiac A&P cont. | | | Bill |
| 10/16/25 Thurs | 0900-1200 | SHOCK: General etiologies, pathophysiology – all forms | | Shock SOPs | Mike |
| | 1200-1300 | Lunch | | | |
| | 1300-1700 | Shock cont. | | | Mike |
| 10/17/25 Fri | 0900-1200 | Week 6 Theory into practice: BravoZone; Case Study/Scenario's; Student Centered Activities | | | M. Gentile |
| | 1200-1300 | Lunch | | | |
| | 1300-1700 | Lab 8 | | | |

| WEEK #6 | | | | |
|---------|------|--|---|---------------|
| Date | Time | Topic | | Faculty |
| | | Stations - Respiratory assess X 2 - Shock assess - VL DAI w/CPAP preox, oximetry, ET suctioning, PPV, IVP meds; RAAS - SGA (i-gel) PPV, preox; suctioning | Goals for SMC Criteria: Comprehensive Respiratory and Shock Assessment w/ VS in scenario; (4, 5, 6 of 50) Via Comprehensive skill competencies in lab: ET Intubation: 1 Summative Ind. Skill in scenario; (4 of 10) * CPAP: 1 Formative Individual Skill in scenario; (3 of 4) PPV with BVM: 1 Summative Ind. Skill in scenario; (6 of 10) * ET Suctioning: 1 Extra Skill SGA (i-gel): 1 Summative Ind. Skill in scenario; (4 of 10) * | Mike and Bill |

| WEEK #7: (2 Clinical shifts this week) | | | | | |
|--|-----------|--|--|---|---|
| Date | Time | Topic | | | Faculty |
| 10/20/25 Mon | 0900-1030 | Quiz 5 | | | M. Gentile |
| | 1030-1200 | Acute Coronary Syndromes (ACS); cardiac assessment | SOP: ACS | Skills & Application: Drugs: ASA, NTG, fentanyl; ketamine | K. Chesney |
| | 1200-1300 | Lunch | | | |
| | 1300-1700 | ACS & CVD cont. | | | K. Chesney |
| Tues 10/21/25; or Wed 10/22/25 Hospital Clinical (#4): Options: ED (Adult) or the OR (not on Sat or Sun) | | | | | |
| 10/23/25 Thurs | 0900-1200 | HF/pulmonary edema; Cardiogenic shock; HTN; Vascular diseases; AAA; VADs | SOP: HF/Pulmonary Edema / VADs HTN differential for dyspnea | Skills & Application: Drugs: NTG; norepinephrine CPAP | M. Gentile |
| | 1200-1300 | Lunch | | | |
| | 1300-1700 | Intro to electrophysiology and ECG interpretation | | | Skills & Application: Lead placement; Measuring rate/ intervals M. Gentile |
| 10/24/25 Friday | 0900-1200 | Rhythms/Dysrhythmias originating in the SA node | SOP: Bradycardia with a pulse (adult and peds) Skills & Application Atropine, inopressors, pacing (pain/sedation), glucagon | | M. Gentile |
| | 1200-1300 | Lunch | | | |
| | 1300-1700 | Rhythm interpretation group work: SA node | | | M. Gentile |
| Sat 10/25; or Sun 10/26 Hospital Clinical (#5): Options: ED (Adult) or the OR (not on Sat or Sun) | | | | | |

| WEEK #8: (2 Clinical shifts this week) | | | | |
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| Date | Time | Topic | | Faculty |
| 10/27/25 Mon | 0900-1030 | Quiz 6 | | M. Gentile |
| | 1030-1200 | Week 8 Theory into practice: BravoZone; Case Study/Scenario's; Student Centered Activities | | M. Gentile |
| | 1200-1300 | Lunch | | |
| | | Lab 9 | | |

| WEEK #9: (2 clinical shifts this week) | | | | | |
|--|-----------|---|--|----------------|------------|
| Date | Time | Topic | Pre-class prep | Class Activity | Faculty |
| 11/3/25 Mon | 0900-1030 | Quiz 7 | | | M. Gentile |
| | 1030-1200 | Rhythms originating in the AV Node | SOP: Bradycardia with a pulse (adult and peds) | | M. Gentile |
| | 1200-1300 | Lunch | | | |
| | 1300-1700 | Rhythm interpretation group work; AV node | | | Mike |
| 11/4/25 Tue | 0900-1200 | AV blocks | SOP: Bradycardia with a pulse (adult and peds) | | M. Gentile |
| | 1200-1300 | Lunch | | | |
| | 1300-1700 | Rhythm interpretation group work: AVBs | | | Mike |
| Wed 11/5/25 Tue; or Sat 11/8 Hospital Clinical (#8): ED (Adult) or the OR (Not on Sat or Sun) | | | | | |
| 11/6/25 Thurs | 0900-1200 | Rhythms/Dysrhythmias originating in the ventricles | SOPs: Adult and peds: Wide complex tachycardia w/ a pulse, VF/ pulseless VT; Asystole/PEA Skills & Application: Defibrillation, epinephrine 1 mg/10 mL, amiodarone | | M. Gentile |
| | 1200-1300 | Lunch | | | |
| | 1300-1700 | Rhythm interpretation group work: Ventricles | | | Mike |
| Fri 11/7/25 or Sun 11/9 Hospital Clinical (#9): ED (Adult) or the OR (Not on Sat or Sun) | | | | | |

| WEEK #10: (2 clinical shifts this week) | | | | | |
|---|-----------|---|--|--|------------|
| Date | Time | Topic | | | Faculty |
| 11/10/25 Mon | 0900-1030 | Quiz 8 | | | M. Gentile |
| | 1030-1200 | Out of hospital cardiac arrest management | Policy: T-1: Triple Zero SOP: Cardiac arrest (adult and peds) | Skills & Application: CPR; mechanical CPR device O2 delivery Defibrillation Early vs. delayed ventilation Vasc. access CA meds | K. Chesney |
| | 1200-1300 | Lunch | | | |

| WEEK #10: (2 clinical shifts this week) | | | | |
|---|-----------|---|--|---|
| Date | Time | Topic | | Faculty |
| | 1300-1430 | OHCA cont. | | Hs & Ts ROSC care Termination of resuscitation |
| | 1430-1700 | Cardiology & Resp theory into practice: BravoZone; Dynamic cardiac, Mock ECG's | | Mike |
| 11/11/25 Tue | 0900-1200 | Lab 10 | | |
| | | Stations: - AMI assessment: ASA, NTG - Atrial dysrhythmia assessment: vagal maneuver, adenosine, verapamil - AVB assessment: w/ and w/o atropine, norepinephrine - Pacing - Cardioversion / Defibrillation | Goals for SMC Matrix Criteria: <u>Via comprehensive Cardiac scenarios</u> Comprehensive Phys. Assessment w/ Vital Signs; (10-12) Cardiac <u>Via Formative Skill and dynamic cardiac scenarios</u> 2 Transcutaneous Pacing: Formative Individual Skill (1 & 2 of 2) 2 Defibrillation: Formative Individual Skill (1 & 2 of 2) 2 Cardioversion: Formative Individual Skill (1 & 2 of 2) | Lab Team |
| | 1200-1300 | Lunch | | |
| | 1300-1700 | Lab 11 | | |
| | | Stations - Unstable AMI (bradycardia w/ pulse); pacing - VT w/ pulse amiodarone IVPB; cardioversion - OHCA VF: manual CPR, BLS airway, EtCO ₂ , O ₂ , defib; i-gel, IO, epi; amiodarone - OHCA asystole: manual CPR, BLS airways, :EtCO ₂ , epi; ETI, ROSC needing norepinephrine - Lucas: must place with < 5 sec CPR interruption | Goals for SMC Matrix Criteria: <u>Via comprehensive Cardiac or Resp. scenarios</u> Comprehensive Phys. Assessment w/ Vital Signs; (13-15) <u>Via comprehensive dynamic cardiac scenarios</u> 1 Transcutaneous Pacing: 1 Sum. Ind. Skill in scenario; (1 of 2) * 1 Defibrillation: 1 Summative Ind. Skill in scenario; (1 of 2) * 1 Cardioversion: 1 Summative Ind. Skill in scenario; (1 of 2) *) <u>Via team cardiac arrest scenario X 2</u> Cardiac Arrest: 1 Formative Exposure (2 of 2) * IO Access: 1 Formative; (3 of 4) * Chest Compressions: 2 Formative Ind. Skill; (2 of 2) * Endotracheal Intubation: 1 Formative Ind. Skill in scenario; (Extra) SGA (i-gel): 1 Formative Ind. Skill in scenario; (Extra) PPV with BVM: 1 Formative Ind. Skill in scenario; (Extra) ET Suctioning: 1 Extra Skill | Lab Team |
| Wed 11/12/25 or 11/15 Sat Hospital Clinical (#10): ED (Adult – may schedule on Sun or Sat) or the OR | | | | |
| 11/13/25 Thurs | 0900-1200 | Lab 12 | | |
| | | Stations - Severe asthma: CPAP, Epi, albuterol/ipratropium, mag - Unstable AMI bradycardia w/ pulse: atropine, norepi - TdP w/ pulse: magnesium IVPB to CPR/defib/ROSC - OHCA VF: manual CPR to Lucas, BLS airway, EtCO ₂ , O ₂ , defib; ETI, IO, epi; amiodarone/ROCS OHCA Asystole; manual CPR,, BLS airway, EtCO ₂ , O ₂ , BIAD, IV, epi; Hs & Ts, TOR | Goals for SMC Matrix Criteria: <u>Via comprehensive Cardiac or Resp. scenarios</u> Comprehensive Phys. Assessment w/ Vital Signs; (of 50) <u>Via comprehensive dynamic cardiac scenarios</u> 1 Transcutaneous Pacing: 1 Sum. Ind. Skill in scenario; (2 of 2) * 1 Defibrillation: 1 Summative Ind. Skill in scenario; (2 of 2) * 1 Cardioversion: 1 Summative Ind. Skill in scenario; (2 of 2) *) <u>Via team cardiac arrest scenario X 2</u> Cardiac Arrest: 1 Formative Exposure (2 of 2) * IO Access: 1 Formative; (4 of 4) * Chest Compressions: 2 Formative Ind. Skill; (2 of 2) * Endotracheal Intubation: 1 Formative Ind. Skill in scenario; (Extra) Supraglottic (i-gel): 1 Formative Ind. Skill in scenario; (Extra) PPV with BVM: 1 Formative Ind. Skill in scenario; (Extra) | |
| | 1200-1300 | Lunch | | |
| | 1300-1700 | Lab 13 | | |

| WEEK #10: (2 clinical shifts this week) | | | | |
|---|------|--|---|----------|
| Date | Time | Topic | | Faculty |
| | | Stations: Final prep for Practical Exam (lab buddy peer to peer assessment revolutions): – Cardiac assessment – Respiratory assessment – Dynamic cardiac rhythm interpretation and mgt – TCP, Defib, Cardioversion – OHCA scenario | Goals for SMC Matrix Criteria: <u>Via comprehensive Cardiac or Resp. scenarios</u> Patient Assessment: Review of Physical Assessment Comprehensive Phys. Assessment w/ Vital Signs Cardiac or Respiratory <u>Via comprehensive dynamic cardiac scenarios</u> 1 Transcutaneous Pacing: Review of Ind. Skill in scenario 1 Defibrillation: Review of Ind. Skill in scenario 1 Cardioversion: Review of Ind. Skill in scenario <u>Via comprehensive team cardiac arrest scenario</u> Cardiac Arrest: 1 Summative Skill in scenario (1 of 2) * IO Access: 1 Summative Ind. Skill in scenario (1 of 2) * IV Infusion: 1 Summative Ind. Skill in scenario (1 of 2) * Chest Compressions: 1 Summative Ind. Skill; (1 of 2) * ET Intubation: 1 Summative Ind. Skill in scenario; (7 of 10) * SGA (i-gel): 1 Sum. Ind. Skill in scenario; (7 of 10) * PPV with BVM: 1 Summative Ind. Skill in scenario; (9 of 10) * ET Suctioning: 1 Extra Skill | Lab Team |
| 11/14/25 Fri or 11/16 Sun Hospital Clinical #11: ED (Adult – may schedule on Sun or Sat) NO OR | | | | |

| WEEK #11: (1 Clinical shift this week) | | | | |
|--|-----------|---|---|-----------|
| Date | Time | Topic | | Faculty |
| Harper College Reminder: Spring 2026 [Designated Payment Due Date] November 21, 2025 (5:00pm) | | | | |
| 11/17/25 Mon | 0900-1200 | Cardiorespiratory & ECG Interpretation and Practice | | Mike |
| | 1200-1300 | Lunch | | |
| | 1300-1700 | CR and ECG cont'd; Dynamic Cardiology - megacodes | | Cont'd |
| 11/18/25 Tue | 0900-1200 | Cardiorespiratory & ECG Interpretation and Practice | | Mike |
| | 1200-1300 | | | |
| | 1300-1700 | CR and ECG cont'd; Dynamic Cardiology - megacodes | | Cont'd |
| 11/19/25 Wed | 0900-1700 | EMS 211 Practical Exam | <u>Stations:</u> – Respiratory assessment – Cardiac assessment – Dynamic cardiac scenario: rhythm interpretation & mgt – TCP, Defibrillation, Cardioversion | Lab Team |
| 11/20/25 Thurs | 0900-1230 | EMS 211 Cognitive EXAM + ECG strip exam | | M Gentile |
| 11/21/25 Fri; 11/22 Sat; 11/23 Sun Hospital Clinical #12: ED (Adult – may also schedule on Sun or Sat) No OR | | | | |

| WEEK #12 (2 Clinical shifts this week) | | | | |
|--|-----------|---|---|------------|
| Date | Time | Topic - Pre-class prep - Class Activity | | Faculty |
| 11/24/25 Mon | 0900-1030 | Special Patient Populations: Gynecology Vaginal bleeding, infections, ovarian emergencies, vaginal foreign body, gynecological disorders (Dysmenorrhea, mittelschmerz, pelvic inflammatory disease, endometriosis, ruptured ovarian cyst, and toxic shock syndrome) | | B. Shlifka |
| | 1030-1200 | Special Patient Populations: Obstetrics SOPs: Entire OB section; Newborn care; Newborn resuscitation Policy: A-5: Relinquished Newborn | Skills & Application: Uncomplicated and complicated deliveries; Newborn resuscitation | M. Gentile |
| | 1200-1300 | Lunch | | |

| | | | |
|-------------------------|------------------|--|------------|
| | 1300-1700 | <p>Normal delivery; Vaginal bleeding in the pregnant patient; Normal pregnancy (anatomy and physiology); Pathophysiology of complications of pregnancy; Assessment of the pregnant patient; Abnormal delivery (nuchal cord, prolapsed cord, breech, shoulder dystocia, prematurity, multi-parity); Third trimester and antepartum bleeding (placenta previa, placental abruption); Spontaneous abortion/miscarriage; Ectopic pregnancy; Preeclampsia/eclampsia; Postpartum complications; High risk pregnancy; Complications of labor (fetal distress, premature rupture of membranes, uterine rupture); Hyperemesis gravidarum; Postpartum depression</p> <p>Special Patient Populations: Neonatal Care. Newborn stabilization; Neonatal resuscitation; Anatomy and physiology of neonatal circulation</p> | M. Gentile |
| 11/25/25 Tue | AM and PM shifts | Lab 14* IPE Simulation (*At Harper College) - Further details/instructions to follow | |
| 11/26/25 Wed; 11/29 Sat | | Hospital Clinical #13: ED (Adult – may also schedule on Sun or Sat) No OR | |
| 11/27/25 Thurs | | Thanksgiving–OFF | |
| 11/28/25 Fri; 11/30 Sun | | Hospital Clinical #14: ED (Adult – may also schedule on Sun or Sat) or the OR | |

| Week #13 (2 clinical shifts this week) | | | | | |
|--|-----------|--|--|--|------------------|
| Date | Time | Topic - Pre-class prep | | Class Prep/Activity | Faculty |
| 12/1/25 Mon | 0900-1100 | Special Patient Populations: Geriatrics Epidemiology and demographics of aging, complex interactions between the effects of aging on the body systems and multiple disease processes in elderly patients, pathophysiology of aging on the major body systems of geriatric patients, adapt the phases of patient assessment and diagnostic monitoring technology to guide clinical reasoning for elderly patients, common medical and traumatic emergencies in the elderly population, suspicion of behavioral and psychiatric problems-including risk of suicide, common medications of the geriatric population, toxicological effects, polypharmacy. (*All other assessment, diagnostic, treatment and disposition modifications for geriatric-specific diseases and emergencies are integrated with other sections) Policy: I-3: Invalid Assist SOP: Elderly patients | | | M. Gentile |
| | 1100-1200 | Lifespan Development: (Infancy, Toddler and Preschool Age, School Age, Adolescence, Early Adulthood, Middle Adulthood, Late adulthood, Gender Identity) SOPs: Ped's IMC | | Skills & Application: Peds airways access Peds vascular access Peds fluid/drug calculation Peds cardiac arrest mgt | M. Gentile |
| | 1200-1300 | Lunch | | | |
| | 1300-1530 | Special Patient Populations: Pediatrics Role of EMS practitioners in pediatric care, general approach to pediatric emergencies, growth and development, anatomy and physiology, general approach to pediatric assessment, general management of pediatric patients including pain management options (*All other assessment, diagnostic, treatment and disposition modifications for pediatric-specific diseases and emergencies are integrated with other sections) | | | K. Chesney |
| | 1530-1700 | Clinical instructions (Peds and OB) | | | Bill and Britney |
| 12/2/25 Tue; 12/6 Sat Hospital Clinical #15: ED (Adult or peds – may also schedule on Sat or Sun); OR; OB | | | | | |
| 12/3/25 Wed | 0900-1200 | 12 L ECG | | SOP: 12 L ECG | Dr. Jordan |
| | 1200-1300 | Lunch | | | |
| | 1300-1700 | 12 L ECG cont. | | | Dr. Jordan |
| 12/4/25 Thurs | 0900-1200 | 12 lead ECG: review & interpretation | | | M. Gentile |
| | 1200-1300 | Lunch | | | |
| | 1300-1700 | Psychiatric or Behavioral Health Emergencies | SOP: Behavioral health emergencies; Post-Taser Policy: E-1 Emotional illness | Skills & Application: Decisional capacity asses. De-escalation sedation & monitoring Restraints Post Taser Procedure Suicide Screening Tool | M. Gentile |
| Basic principles of the mental health system; Patterns of violence, abuse, and Neglect; Acute psychosis; Suicide ideation; Excited delirium; Anxiety; Depression; Medical fear; Substance use disorder/addictive behavior; PTSD; Acute psychosis; Cognitive disorders; Thought disorders; Mood disorders; Neurotic disorders; Somatoform disorders; Factitious disorders; Personality disorders; Other psychiatric/behavior disorders to be determined locally | | | | | |
| 12/5/25 Fri; 12/7 Sun Hospital Clinical #16: ED (Adult or peds – may schedule on Sat or Sun); OR;OB; PSYCH | | | | | |

| WEEK #14 (3 Clinical shifts this week) | | | | | |
|--|-----------|---|----------------|----------------|---------|
| Date | Time | Topic | Pre-class prep | Class Activity | Faculty |
| 12/8/25 Mon | 0900-1030 | Quiz 9 (covering inter-semester content: 12 Id, OB, peds, behavioral emerg, elderly) | | | |
| | 1030-1100 | *Assign infectious disease reports and presentation explanation | | | |

| WEEK #14 (3 Clinical shifts this week) | | | | | |
|--|---|---|---|----------------|------------|
| Date | Time | Topic | Pre-class prep | Class Activity | Faculty |
| | 1100-1200 | Sepsis and Septic Shock (adult & peds) | SOP: Sepsis/septic shock | | M. Gentile |
| | 1200-1300 | Lunch | | | |
| | 1300-1700 | LAB 15 | | | |
| <u>Stations:</u> – Pediatric assess: Sepsis – Pediatric assess: Croup/RSV – Physical Restraint Competency – Uncomplicated delivery – Complicated delivery | | <u>Goals for: SMC Matrix Criteria:</u> <u>Via comprehensive Pediatric/Medical scenarios</u> Pt Assess peds w/ VS X 2 Restraint Appl.: 1 Summative. Skill in scenario (1 of 1) OB Delivery w/ normal newborn care: 1 Form. Ind. Skill in scenario (2 of 2) * Comp. Delivery: 1 Formative Ind. Skill in scenario (2 of 2) * Distressed Neonate: 1 Formative Ind. Skill in scenario) * | | Lab Team | |
| 12/9/25 Tue Hospital Clinical #17: ED (Adult or peds); OR; OB; PSYCH | | | | | |
| 12/10/25 Wed | 0900-1200 | LAB 16 | | | |
| | | <u>Stations</u> – Pediatric Cardiac arrest – Peds: Kawasaki scenario – Peds airway obstruction – BHE: Violent patient – BHE: Suicidal pt (elderly) | <u>Goals for: SMC Matrix Criteria:</u> <u>Via comprehensive Pediatric/Medical scenarios</u> Comprehensive Phys. Assessment w/ Vital Signs; (5) Pediatric w/ pediatric airway Distressed Neonatal: 1 Formative Ind. Skill in scenario (1 of 2) <u>Via comprehensive team peds cardiac arrest scenario</u> Peds Cardiac Arrest: 1 Formative Exposure Extra (2 of 2) IO Access: 1 Formative Extra; (1 of *) Chest Compressions: 1 Formative Ind. Skill Extra; (1 of 1) FBAO Remo. w/ Magill Forceps: 1 Sum. Ind. Skill in lab (2 of 2) SGA –(i-gel): 2 Sum. Ind. Skill in scenario; (8 & 9 of 10) * PPV with BVM: 1 Summative Ind. Skill in scenario; (10 of 10) * Suctioning: 1 Extra Skill (8 of 9) | | Lab Team |
| | 1200-1700 | Preparation for Infectious Disease Project | | | |
| 12/11/25 Thurs | Hospital Clinical #18: ED (Adult) or the OR | | | | |
| 12/12/25 Fri | Hospital Clinical #19: ED (Adult or peds) – OR; OB; PSYCH | | | | |
| End of EMS 211 and 217 | | | | | |

EMS Fall semester (EMS 210, 211, 217) MUST BE DONE on 12/12/25

ENJOY your WINTER BREAK! December 13, 2025 - January 11, 2026

Students PLEASE NOTE:

- PAYMENT for Spring and Summer semesters MUST BE MADE WITH HARPER College on time TO AVOID an AUTOMATED WITHDRAWL**
- You will be batch registered by Harper College for the following and receive notice of payment due:
 - Spring semester 2026 (January 12 - May 15):** EMS 212, 213, 215 (Field internship), 218 (Hospital Clinical)
 - Summer semester 2026 (May 21 – June 4, 2026):** EMS 216 (Seminar hours and summative final exam testing)
- Students who have successfully completed the fall semester will be tentatively assigned to a host EMS agency for EMS 215 pending approval from the agency. After receiving your agency assignment via email, contact their Provider EMS Coordinator (listed in the System Directory) and schedule a meeting with the purpose of determining if placement with them is a good match.

▪ **DUE DATE FOR MEETING: TBD**

| WEEK #15: (1 Clinical shift this week) Spring Semester begins | | | | | |
|---|---|--|---|--------------------|-----------|
| Date | Time | Topic | Preclass prep – class activity | Faculty | |
| 1/12/26 Mon | Student assignment: Infectious disease written report due | | | | |
| | 0900-1200 | Immune system; body defense against disease; Allergies & Anaphylaxis (adults & peds); systemic inflammatory response syndrome (SIRS), hypersensitivity, anaphylactoid reactions, collagen vascular disease, transplant-related problems, immunodeficiency syndromes (acquired or congenital) | SOP: (adult & peds) Allergic Reactions/ Anaphylactic Shock Skills & Application: Drugs (adult & peds doses): diphenhydramine, epi 1 mg/1 mL and 1 mg/10 mL; albuterol, ipratropium | M. Gentile | |
| | 1200-1300 | Lunch | | | |
| | 1300-1700 | Allergies cont'd + Environmental emergencies (Bites and envenomations) | | | |
| 1/13/26 Tue; 1/17 Sat; 1/18 Sun EMS 218: Hosp. Clinical #20: ED (Adult or peds – may schedule on Sat or Sun); OR, OB, Psych | | | | | |
| 1/14/26 Wed | 0900-1200 | Environmental emerg: Temperature-related illness: adult & peds | SOPs: Heat Emergencies Cold Emergencies | M. Gentile | |
| | 1200-1300 | Lunch | | | |
| | 1300-1700 | LAB 17 | | | |
| | | Stations – Assess/Rx: Mod allergic reaction – Assess/Rx: Anaphylaxis from envenomation – Assess/Rx Heat illness – Assess/Rx: Cold injury; rewarming – Cardiac arrest (peds/adult); 12 L ECG | Goals for: SMC Matrix Criteria: Via comprehensive Pediatric/Medical scenarios Comp. Phys. Assessment w/ VS; (X4) Cardiac arrest mgt (all skills) 12 L ECG | Lab Team | |
| 1/15/26 Thurs | *0900-1200 | Water & altitude-emerg | SOP: Submersion/Drowning SCUBA High Altitude (adult & peds) | M. Gentile | |
| | 1200-1300 | Lunch | | | |
| | 1300-1700 | LAB 18 | | | |
| | | Stations – Assess/Rx: Drowning – Assess/Rx: the Bends/ transport to HBO – Cardiac arrest mgt – Assess/Rx: Pre-eclampsia-eclampsia – 12 L ECG interpretation | Goals for: SMC Matrix Criteria: Via comprehensive Pediatric/Medical scenarios Comp. Phys. Assessment w/ VS; (X4) Cardiac arrest mgt (all skills) 12 L ECG interpretation IV drug admin (Cardiac arrest//Magnesium) | Lab Team | |
| 1/16/26 Fri | 0900-1200 | Student: Infectious disease presentations Assessment & mgt of a pt who may have an infectious dx.; decontamination of surfaces and vehicles; antibiotic resistance; for list of diseases see class handout; significant exposures and use of DICOs | Student led presentations: Oral presentations based on supplied criteria Skills Application: I-2 Infection Control; sign. exposures DICOs | M. Gentile & class | |
| | 1200-1300 | Lunch | | | |
| | 1500-1700 | Infectious disease presentations cont. | | | Class led |

| WEEK #16: (1 Clinical shift this week) | | | | |
|--|-----------|---|---|---|
| Date | Time | Topic | Preclass prep-class activity | Faculty |
| 1/19/26 (Mon.); 1/24 (Sat.) or 1/25 Sun EMS 218: Hospital Clinical (#21): ED, OR (not Sat), OB, PEDS; Psych | | | | |
| 1/20/26 Tue | 0900-1030 | Quiz 10 | | M. Gentile |
| | 1030-1200 | Endocrine disorders: A&P endocrine glands; adrenal diseases, pituitary and thyroid disorders, inborn errors of metabolism | | M. Gentile |
| | 1200-1300 | Lunch | | |
| | 1300-1700 | Diabetes types 1 & 2 (adult & peds): etiology, pathophysiology, Rx of hypoglycemia; hyperglycemia, DKA, HHNS; insulin administration, artificial pancreas, disease complications | SOP (adult and peds): Glucose/Diabetes Emergencies Skills & Application Capillary glucose assess Glucagon, D10% IVPB | M. Gentile |
| 1/21/26 Wed | 0900-1200 | Neuro A&P | | M. Gentile |
| | 1200-1300 | Lunch | | |
| | 1300-1700 | Neuro A&P cont. Neuro assessment | Skills & Application: Neurological Assessment | M. Gentile |
| 1/22/26 Thurs | 0900-1200 | Medical neuro disorders (adult & peds): AMS, seizures, dementia vs. delirium, Alzheimer's disease, headaches, Parkinson's disease, Amyotrophic lateral sclerosis (ALS); Guillain-Barré Syndrome; multiple sclerosis, myasthenia gravis and others defined in handout | SOP: Seizures (adult & peds) AMS (adult & peds) | M. Gentile |
| | 1200-1300 | Lunch | | |
| | 1300-1400 | | | |
| | 1400-1700 | Stroke, TIA | SOP: Stroke | Skills & Application: Stroke assess/mgt K. Chesney |
| 1/23/26 Fri | 0900-1200 | Image Trend Orientation & report simulation | | |
| | 1200-1300 | Lunch | | |
| | 1300-1500 | Abdominal and Gastrointestinal Disorders (adult & peds): Acute and chronic GI hemorrhage, GERD, bowel obstruction, liver and biliary tract disorders, pancreatitis, diverticulitis, cholecystitis, gallstones, appendicitis, irritable bowel syndrome, others as defined in the student handout. | | |
| | 1500-1700 | Genitourinary/Renal (adult & peds): Chronic kidney disease, acute & chronic renal failure, complications of dialysis, complications related to urinary catheters, renal calculi, sexual assault (female and male), GU infections, male genital conditions, others defined in the handout. | SOP: Dialysis/CKD Renal assessment | M. Gentile |

| WEEK #17 | | | | |
|----------------|-----------|--|--|------------|
| Date | Time | Topic | | Faculty |
| 1/26/26 Mon | 0900-1040 | Quiz 11 | | M. Gentile |
| | 1040-1200 | Hematology: Sickle cell disease, coagulopathies, blood transfusion complications, hemostatic disorders, RBC & WBC disorders, others as defined in the handout | Skills & Application Inf. Blood/blood products | M. Gentile |
| | 1200-1300 | Lunch | | |

| WEEK #17 | | | | | | |
|------------------|------------|--|--|---|---|------------|
| Date | Time | Topic | | | Faculty | |
| | 1300-1700 | Toxicology (adult & peds): Carbon monoxide poisoning, nerve agent poisoning, opioid toxicity, how and when to contact a poison control center, poisons (inhaled, ingested, injected, absorbed), alcohol intoxication and withdrawal, toxidromes (cholinergic, anticholinergic, sympathomimetic, sedative/hypnotics, opioid, corrosive, knockdown), chronic or maintenance medications, drugs of abuse, non-FDA approved medications and supplements, Serotonin Syndrome, malignant hyperthermia, others as defined in the handout | | SOPs: Alcohol intoxication/withdrawal Drug OD/Poisoning (adult & peds) | Skills & Application Mgt for toxidromes | M. Gentile |
| 1/27/26 Tue | 0900-1200 | Peds drug calculation (math test) Theory into practice application covering 212 content | | | | M. Gentile |
| | 1200-1300 | Lunch | | | | |
| | 1300-1700 | Review contd. | | | | |
| 1/28/26 Wed | | LAB 19 | | | | |
| | 0900-1200 | Stations Comp lab scenarios: Pediatric/OB/Medical Pathologies scenarios X 4 Individual skill scenarios: OB delivery w/ normal newborn care X 1 Comp.OB delivery X 1 Distressed Neonate X 1 | Goals for: SMC Matrix Criteria: <u>Via comprehensive Pediatric/Medical scenarios</u> Patient Assessment: 4 Comprehensive Physical Assessment Comp. Phys. Assessment w/ Vital Signs; (30 - 33 of 50) OD, Neuro, Sepsis, OB/Gyn <u>Via comprehensive lab scenario:</u> OB Delivery w/ NNC: 1 Sum. Ind. Skill in scenario (1 of 2) * Complicated OB Delivery: 1 Sum. Ind. Skill in scenario (1 of 2) * w/ Distressed Neonate: 1 Summative Ind. Skill in scenario (1 of 2) * | | | Lab team |
| | 1200-1300 | Lunch | | | | |
| | 1300-1700 | LAB 20 | | | | |
| | | Stations: Final prep for Practical Exam: Pediatric/Medical Pathologies scenarios, Peds Airway Access/Intubation, 12 Lead ECG Competency: OB Delivery: Normal and Complicated, Distressed Neonate, Team Pediatric Cardiac Arrest mgt | Goals for: SMC Matrix Criteria: <u>Via comprehensive Pediatric/Medical scenarios</u> Patient Assessment: 4 Comprehensive Physical Assessment Comp. Phys. Assessment w/ Vital Signs; (34 - 37 of 50) Pediatric, Neuro, Sepsis, OB/Gyn <u>Via comprehensive lab scenario:</u> OB Delivery w/ normal newborn care: 1 Sum. Ind. Skill in scenario (2 of 2) Complicated OB Delivery: 1 Summative Ind. Skill in scenario (2 of 2) w/ Distressed Neonate: 1 Summative Ind. Skill in scenario (2 of 2) <u>Via comprehensive team cardiac arrest scenario</u> Cardiac Arrest: 1 Summative Skill in scenario (2 of 2) * IO Access: 1 Summative Ind. Skill in scenario (2 of 2) * IV Infusion: 1 Summative Ind. Skill in scenario (2 of 2) * Chest Compressions: 1 Summative Ind. Skill; (2 of 2) * Endotracheal Intubation: 1 Summative Ind. Skill in scenario; (10 of 10) * Supraglottic (i-gel): 1 Summative Ind. Skill in scenario; (10 of 10) * PPV with BVM: 1 Summative Ind. Skill in scenario; (11 of 10) * ET Suctioning: 1 Extra Skill (9 of 9) | | | Lab Team |
| 1/29/26 Thurs | 0900-1300 | EMS 212 Practical Exam | Station: Pediatric/Medical scenarios, Peds Airway Access/Intubation, 12 L ECG | | Lab Team | |
| 1/30/26 Fri | *0930-1200 | EMS 212 Cognitive EXAM and ECG Strip Test | | | | M. Gentile |

| WEEK #18 (EMS 213) (1 Clinical shift this week) | | | | | |
|--|-----------|--|---|---|------------|
| Date | Time | Topic | | | Faculty |
| 2/2/26 Mon | 0900-1200 | Kinematics of trauma: Mechanism of injury, kinetics of impact, biomechanics of trauma, blunt trauma, penetrating trauma, kinetics of penetrating trauma, penetrating injuries to specific tissues and organs, special concerns with penetrating trauma | | | M. Gentile |
| | 1200-1300 | Lunch | | | |
| | 1300-1700 | Bleeding: Hypovolemic shock, fluid resuscitation (adult & peds) Soft Tissue Trauma: Wounds, avulsion, laceration, puncture, incision | | SOP: Shock Skills & Application: Hemorrhage control Fluid resuscitation | M. Gentile |
| 2/3/26 Tue; 2/7 Sat; 2/8 Sun EMS 218: Hospital Clinical #22 Options: ED, OR; OB, PEDS, PSYCH | | | | | |
| 2/4/26 Wed | 0900-1200 | Trauma Overview (adults & peds): Initial Trauma Care; Transport and destination issues, Transport mode Special considerations in trauma: Traumatic cardiac arrest; pregnant, pediatric, geriatric patients; cognitively impaired patient | | SOP: ITC (adult & peds) Trauma Triage, Transport criteria, Traumatic arrest Policy: A-2 Aeromedical Transport Skills & Application: Trauma Assessment/mgt | K. Chesney |
| | 1200-1300 | Lunch | | | |
| | 1300-1700 | Head trauma/traumatic brain injuries adult and peds: Life threats, epidural/subdural hematomas; subarachnoid hemorrhage (SAH); shaken baby syndrome, concussions; diffuse axonal injuries; skull fractures; increased intracranial pressure (ICP); herniation syndromes | | SOP: Head trauma / TBI | M. Gentile |
| 2/5/26 Thurs | 0900-1200 | Eye Emergencies: Disorders of the eye (common or major diseases of the eye); Ocular and peri-ocular trauma | SOP: Eye emergencies | Skills & Application Ocular assessment Contact lens removal Eye irrigation; protective shields; eye patching | Bill T. |
| | 1200-1300 | Lunch | | | |
| | 1300-1700 | Spine and spinal cord trauma adult and peds | SOP: Spine trauma Assumed knowledge: Atropine; norepi/dopamine | Skills & Application: Spine motion restriction; Protective equip removal | K. Chesney |
| 2/6/26 Fri | 0900-1200 | Thoracic and neck trauma (adult & peds): Blunt versus penetrating MOI, simple, tension, and open pneumothorax; flail chest; pulmonary contusion, impaled objects, hemothorax, cardiac tamponade, Commotio cordis, traumatic aortic disruption, blunt cardiac injury, traumatic asphyxia, rib fractures, tracheobronchial disruption, diaphragmatic rupture | | SOP: Chest Trauma Skills & Application: Pleural decompression; chest seals; chest tube (monitoring/mgt) | M. Gentile |
| | 1200-1300 | Lunch | | | |
| | 1300-1700 | Week 18 Theory into practice: BravoZone; Case Study/Scenario's; Student Centered Activities | | | |

| WEEK #19 (1 Clinical shift this week) | | | | |
|---------------------------------------|-----------|--|--|-----------------|
| Date | Time | Topic | | Faculty |
| 2/9/26 Mon | 0900-1030 | Quiz 12 | | M. Gentile |
| | 1030-1200 | Abdominal & Genitourinary Trauma (Adult and Peds): Blunt versus penetrating mechanisms, Evisceration, Impaled objects, Solid and hollow organ injuries, Injuries to the internal or external genitalia, Vascular injury, Retroperitoneal injuries | | Britney Shlifka |

| WEEK #19 (1 Clinical shift this week) | | | | | | |
|--|-----------|---|---|---|---|------------|
| Date | Time | Topic | | | Faculty | |
| | 1200-1300 | Lunch | | | | |
| | 1300-1500 | Abdominal and GU trauma cont. | | | | |
| | 1500-1700 | Special Patient Populations (Patients with Special Challenges): Hospice/terminally ill | SOPs: Withholding//withdrawing Resuscitation/POLST form Policies: D5 POLST/DNR; M-4 Med Examiner Guidelines | | Britney M. Gentile | |
| 2/10/26 Tue; 2/14 Sat; 2/15 Sun EMS 218: Hospital Clinical (#23) Options: ED, OR (not Sun or Sat), OB; Peds; Psych | | | | | | |
| 2/11/26 Wed | 0900-1200 | Burns-Thermal adult & peds | SOPs: Burn assessment/ITC Thermal Burn Center Transport | Skills & Application: Burn wound management | M. Gentile | |
| | 1200-1300 | Lunch | | | | |
| | 1300-1700 | Burns cont.: Electrical, chemical, inhalation, radiation, High-pressure injection injury | SOPs: Burns inhalation (CO/cyanide) Blast Electrical Chemical | | M. Gentile | |
| 2/12/26 Thurs | 0900-1100 | Facial trauma adult and peds: Facial fractures, dental trauma, epistaxis, perforated tympanic membrane; soft tissue trauma to the face | | | | Bill |
| | 1100-1200 | Special Patient Populations Abuse, neglect, human trafficking, interpersonal violence; Recognizing and reporting abuse and neglect, abuse/intimate partner violence, neglect, child maltreatment | Policies: V-2 Violence/abuse V-3: Elder Abuse V-4: Domestic Violence Mandated reporter status | SOP: Adult: Abuse Neglect Maltreatment Trafficking Peds: Suspected Child Abuse/ Neglect | Britney Shlifka | |
| | 1200-1300 | Lunch | | | | |
| | 1300-1700 | Special Patient Populations (Patients with Special Challenges) | | | SOP: Extremely obese pt.; Special Healthcare Needs | M. Gentile |
| | | Homelessness, Poverty, Bariatrics, Homecare, Sensory deficit/loss, Developmental disability, Autism Spectrum Disorder, Orthotics/prosthetics | | | | |
| 2/13/26 Fri | 0900-1200 | Musculoskeletal Trauma (adult and peds): Fractures, dislocations, amputations/ replantation, sprains/strains, tendon laceration/ transection/rupture (Achilles and patellar); soft tissue trauma; compartment syndrome, crush syndrome, suspension injury | | | SOP: Musculoskeletal trauma Assumed knowledge: pain drugs Skills & Application All splinting/bandaging procedures | M. Gentile |
| | 1200-1300 | Lunch | | | | |
| | 1300-1700 | LAB 21 | | | | |

| WEEK #19 (1 Clinical shift this week) | | | | |
|---------------------------------------|------|---|---|----------|
| Date | Time | Topic | | Faculty |
| | | Stations: Comp lab scenarios: Trauma scenarios X 4 Individual skill scenarios: Pleural decompression X 1 Inline ETI X 1 | Goals for: SMC Matrix Criteria: <u>Via comprehensive Pediatric/Medical scenarios</u> Patient Assessment: 4 Comprehensive Physical Assessment Comp. Phys. Assessment w/ Vital Signs; (35 - 38 of 50) Trauma <u>Via individual skill</u> Pleural decompression: 1 Formative skill in scenario (1 of 2) In-line ETI: 1 Formative Skill in lab (1 of 2) Apply a tourniquet Apply a cervical collar Dress and bandage soft tissue injury Apply occlusive dressing | Lab team |

| WEEK #20 (2 Clinical shifts this week) | | | | | |
|--|-----------|--|---|---|-------------|
| Date | Time | Topic | | | Faculty |
| 2/16/26 Mon | 0900-1030 | Quiz 13 | | | M. Gentile |
| | 1030-1200 | Special Patient Populations (Patients with Special Challenges): Tracheostomy care/dysfunction, ventilators | SOP: Pt w/Tracheostomy/laryngectomy | Skills & Application: Tracheostomy suctioning Exchange of trach tubes Bag to stoma ventilations | |
| | 1200-1300 | Lunch | | | |
| | 1300-1700 | Special Pt Populations (Patients with Special Challenges): Technology dependent patients Technology dependent (vagal nerve stimulators, CSF diversion devices or shunts, VAD, pacemakers, gastric tubes, and others to be locally determined) | Procedure Manual Monitoring NG tubes, indwelling urinary catheter; developmental disabilities | Skills & Application: NG and OG tubes Indwelling urinary catheters G or J tubes Central vein catheters Cerebral shunts | M Gentile |
| 2/17/26 Tue | 0900-1200 | EMS Operations: Emergency preparedness and multiple patient/ mass casualty responses | SOP: Multiple patient incidents Active Assailant Incidents Policy: C-3: Crisis Response E-6: Episodic Mass Gathering | Skills Application: Use of START and Jump-Start triage Secondary triage Use of SMART tags | B. Stennett |
| | | Incident Management: Establish and work within the incident management system, Understand the principles of Crew Resource Management Mass Casualty Incidents: Operational goals, Field triage, Destination determination, Treatment principles Mass Casualty Incidents Due to Terrorism and Disaster: Risks and responsibilities of operating on the scene of a natural or man-made disaster | | | |
| | 1200-1300 | Lunch | | | |

| WEEK #20 (2 Clinical shifts this week) | | | | |
|--|-------------|---|--|-------------|
| Date | Time | Topic | | Faculty |
| | 1300-1700 | Cont'd | | B. Stennett |
| 2/18/26 Wed | | LAB 22 | | |
| | 0900-1200 | Stations: Comp lab scenarios: Trauma scenarios X 2 Individual skill scenarios: Hemorrhage control X 1 Pleural decompression X 1 SMR X 2 Joint and Long Bone splint X 1 Traction Splint X 1 Multiple skills/equipment review-individual skills & in scenario | Goals for: SMC Matrix Criteria: <u>Via comprehensive Pediatric/Medical scenarios</u> Patient Assessment: 2 Comprehensive Physical Assessment Comp. Phys. Assessment w/ Vital Signs; (39 - 40 of 50) Trauma <u>Via individual skill</u> Hemorrhage control 1 Formative Skill in scenario (1 of 1) Pleural decompression: 1 Formative Skill in scenario (2 of 2) * SMR Adult Supine 1 Formative Skill in scenario (1 of 1) SMR Adult Seated 1 Formative Skill in scenario (1 of 1) Joint splinting 1 Formative Skill in scenario (1 of 1) Long bone splinting 1 Formative Skill in scenario (1 of 1) Traction splint 1 Formative Skill in scenario (1 of 1) | Lab team |
| | 1200 - 1300 | | | |
| | | LAB 23 | | |
| | 1300 - 1700 | Stations: Comp lab scenarios: Trauma scenarios X 4 Multiple skills/equipment review-individual skills & in scenario | Goals for: SMC Matrix Criteria: Patient Assessment: 4 Comprehensive Physical Assessment Comp. Phys. Assessment w/ Vital Signs; (41 - 44 of 50) Trauma <u>Via comprehensive lab scenario:</u> In-line ETI: 1 Formative Skill in lab (2 of 2) | Lab team |
| 2/19/26 Thurs | | Hospital clinical: ED, OR (not Sun or Sat), OB; Peds; Psych (#24) | | |
| 2/20 or 2/21 Fri/Sat | | Hospital clinical: ED, OR (not Sun or Sat), OB; Peds; Psych (#25) | | |

| WEEK #21 | | | | | |
|--|-----------|---|--|-------------------------------------|------------|
| Date | Time | Topic | | | Faculty |
| 2/23/26 Mon | 0900-1200 | EMS Operations | Policy: L-2: Safe Ambulance Operation | Skills Application: Emergency moves | M. Gentile |
| | | Emergency Response Vehicles: Risks and responsibilities of emergency response radio communications, Risks and responsibilities of operating emergency vehicles, Pediatric transport considerations, Risks and responsibilities of transport Air Medical: Safe air medical operations, Criteria for utilizing air medical response, Medical risks/needs/advantages Rescue Operations: Safety principles of rescue operations | | | |
| | 1200-1300 | Lunch | | | |
| | 1300-1700 | LAB 24 | | | |
| Stations: Comprehensive lab scenarios: Trauma scenarios X 4 MPI Multiple skills/equipment review-individual skills & in scenario | | Stations: Comprehensive lab scenarios: Trauma scenarios X 4 MPI Multiple skills/equipment review-individual skills & in scenario | Stations: Comprehensive lab scenarios: Trauma scenarios X 4 MPI Multiple skills/equipment review-individual skills & in scenario | | |

| WEEK #21 | | | | | |
|---|------------|--|---|---|-----------------|
| Date | Time | Topic | | | Faculty |
| 2/24/26 Tue | 0900-1200 | EMS Operations (Hazardous Materials): Risks and responsibilities of operating on the scene of a hazardous materials incident | SOP: Haz Mat Incidents Chemical agents Widespread disease outbreak Weapons of Mass Destruction | Skills Application: Chem pack requests Duo-Dote kits | K. Mullen |
| | 1200-1300 | Lunch | | | |
| | 1300-1700 | LAB 25 Stations: Final prep for Practical Exam: Comp lab scenarios: Scenarios x 2 (Trauma and Medical) Competency: Trauma Skills: Pleural Needle Decompression, Splinting, SMR (supine/sitting) | | | |
| | | Goals for: SMC Matrix Criteria: Patient Assessment: 2 Comprehensive Physical Assessment Comp. Phys. Assessment w/ Vital Signs; (49 - 50 of 50) Trauma and Medical Via comprehensive lab scenario: Pleural decomp.: 1 Summative Skill in scenario (2 of 2) * Via individual skill Hemorrhage control: 1 Competency of Skill (1 of 1) SMR Adult Supine: 1 Competency of Skill (1 of 1) SMR Adult Seated: 1 Competency of Skill (1 of 1) Joint splinting: 1 Competency of Skill (1 of 1) Long bone splinting: 1 Competency of Skill (1 of 1) Traction splint: 1 Competency of Skill (1 of 1) | | | Lab Team |
| 2/25/26 Wed | 0900-1700 | Mod Exam Review Day | | | M. Gentile |
| 2/26/26 Thurs | 0900-1500 | EMS 213 Final Practical Exam | Stations: Trauma and Medical Assessment Scenarios; Cardiac arrest | | Lab Team |
| Harper College Reminder: Summer 2026 [Designated Payment Due Date] March 13, 2026 (5:00pm) | | | | | |
| 2/27/26 Fri | *0930-1230 | EMS 213 Cognitive EXAM & ECG Strip Test (Auditorium) | | | M. Gentile |
| | 1200-1300 | Lunch | | | |
| | 1300-1530 | Orientation to field internship (EMS 215) | | Policy: P-1: Preceptor | M. Gentile |
| | 1530-1700 | Orientation to Platinum for the field internship | | | Britney Shlifka |

Prerequisites for release to start the Field Internship (EMS 215):

- Successful completion of EMS 213
- Outstanding clinical shifts for EMS 218 scheduled and approved by Britney Shlifka.
- All outstanding patient care contacts and skill revolutions required prior to onset of Field Internship done and entered into Platinum by student and approved by Britney Shlifka.
- All class-required simulated runs completed by student, submitted to and approved by NCH staff.
- Eligible preceptor(s) identified by agency, approved by hospital educator, & paperwork submitted to K. Chesney.
- Agency Field Training Agreement signed by agency administrator and submitted to K. Chesney (all completed)
- Hold harmless statement signed by student and forwarded to host agency

There are patient care contacts and skill revolutions that must be completed during the field experiences. If a student is not meeting these requirements by the middle of phase II, notify Britney so you can be scheduled for additional hospital clinical shifts. The specific numbers are listed on the Student Minimum Competency Matrix that has been given to each student.

EMS 215 Field Experience and CAPSTONE

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| Weeks: 22-33 Feb 28- May 15, 2026 | On shift with preceptors (agency-specific hours) | IF ALL PREREQUISITES ARE MET – Eligible to start EMS 215 on Feb 28, 2026 Approval to start will be sent by e-mail to student; PEMSC, and hospital |
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| | | <p>educator directing field internship. No ALS skills may be performed at an EMS agency prior to that approval date.</p> <p>Policies, processes, paperwork, and student expectations for Phase I and II are very specific and require full compliance for successful completion.</p> |
| EMS 215 and 218 ends (5-15-2026) – See student handbook re: extensions | | |

| *Summer semester begins; EMS 216: Seminar Hours and Finals (Wks 34-38) | | | |
|--|---------------------|---|----------------|
| May: Thurs-21; Fri-22; Tue-26; Wed-27; Thurs-28; Fri-29 June: Mon-1, Tue-2, Wed-3 | 0900 - 1700 | Agenda for EMS 216 will be issued in late April. | M. Gentile |
| Thurs 6/4/26 Auditorium | 0900 - 1400 | Final Cognitive Exam & ECG strip test (Auditorium); Followed by Program Survey/Evals | M. Gentile |
| Fri 6/5; Mon 6/8; or Tue 6/9 | 20 min appointments | Student summative evaluations | M. Gentile |
| Wed 6-10 and/or Thurs 6-11 | TBD | Optional: ACLS & PALS Classes | TBD |
| Fri 6/12/26 | 1900-2030 | Graduation! (Details TBD) | Harper College |