

**PARAMEDIC  
REFRESHER TRAINING PROGRAM  
Ohio Approved Curriculum**



**Instructor Course Guide**

# OHIO APPROVED PARAMEDIC REFRESHER TRAINING PROGRAM CURRICULUM

The Ohio Paramedic is responsible for a wide range of knowledge and skills which includes material originally learned, as well as new information resulting from the constant growth and evolution of the field of emergency medical care. In order to maintain up-to-date proficiency, a Paramedic must regularly participate in educational programs which review the essential components of the Ohio approved curriculum as well as those which provide exposure to new knowledge and skills resulting from advances in emergency medical care.

This document is an EMS instructor course guide for the Ohio Paramedic Refresher Training Program as approved by the State Board of EMS pursuant to chapter 4765-17-04 of the Ohio Administrative Code. The Ohio Paramedic Refresher Training Program is based on the National EMS Education Standards and standards adopted in rule by the EMS Board. In implementing the Ohio Paramedic Refresher Training Program, EMS instructors will develop learning objectives, lesson plans and identification of resources necessary to achieve the educational goals. The EMS instructor may wish to reference the Paramedic Instructional Guidelines approved by the National Highway Traffic Safety Administration (NHSTA). [www.ems.gov](http://www.ems.gov)

Pursuant to ORC 4765.16, each course offered through an emergency medical services training program or an emergency medical services continuing education program, other than ambulance driving, shall be developed under the direction of a physician who specializes in emergency medicine. Each course that deals with trauma care shall be developed in consultation with a physician who specializes in trauma surgery.

## **COURSE OVERVIEW**

The Ohio Paramedic Refresher Training Program curriculum is the minimum acceptable content that must be included in any Ohio Paramedic Refresher Training Program. The didactic portion of the Ohio Paramedic Refresher Training Program may be taught through online or distance learning formats in accordance with OAC 4765-7-11, however cognitive and psychomotor testing shall be conducted in a traditional classroom environment. The Ohio Paramedic Refresher Training Program consists of 48 classroom hours. The Ohio Paramedic Refresher Training Program is divided into the following subject areas and hours (including evaluations):

- Airway Management & Ventilation 4 hours
- Medicine
  - Cardiology 6 hours
  - Medical Emergencies 10 hours
- Trauma Issues 8 hours
- Special Populations
  - Obstetrics & Gynecology 2 hours
  - Pediatric Issues 12 hour
  - Geriatric Issues 4 hour
- EMS Operations 2 hours

Paramedics who successfully complete this course must demonstrate competency through written and practical testing over the knowledge and psychomotor skills outlined in this refresher training program prior to receiving a certificate of completion.

## **NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS TRANSITION COURSE POLICY**

The Ohio Paramedic Refresher Training Program course curriculum is approved and adopted in rule by the Ohio board of Emergency Medical Services and meets the requirements of the NREMT-P to NR-PARAMEDIC transition policy.

## **EMS EDUCATION STANDARDS**

The EMS education standards are divided into three categories: Knowledge, Psychomotor and Clinical Behavior/Judgment. Some standards may be repeated in more than one unit. All standards refer to all patient age groups (pediatric, adult and geriatric) unless otherwise specified or appropriate. Patient assessment standards are grouped together in the curriculum for organization. It is expected that these standards will be covered in each section as appropriate.

## **PERSONNEL**

Each course offered through an EMS training program or continuing education program shall be taught by a person who holds a certificate to teach issued under section 4765.23 of the Revised Code.

An EMS Instructor must hold a current and valid certificate to practice and a certificate to teach issued by the State Board of EMS. An EMS Instructor may teach courses for initial certification and continuing education that are at or below the level of the instructor's certificate to practice.

An Assistant EMS Instructor holds a current and valid certificate to practice and a certificate to teach issued by the State Board of EMS. All course instruction and preparation must occur under the mentorship of a certified EMS Instructor. An Assistant EMS Instructor may teach courses for initial certification and continuing education that are at or below the level of the instructor's certificate to practice.

A Continuing Education Instructor may teach an EMS continuing education program at or below the level of the instructor's certificate to practice.

A Guest Lecturer may be used to bring a specific area of expertise to the classroom. Whenever a guest lecturer is used, a certified instructor must be present in the classroom.

## **LESSON PREPARATION**

The instructor should be familiar with the subject area and the specific objectives of the subject area. Each instructor will incorporate their own personality and style into the lesson, but the goal of all instructors is to design an organized lesson that maximizes the students' opportunity to achieve the stated standards. A lesson plan that outlines the goals, objectives, content, instructional materials and evaluation methods should be developed for each class session. The lesson plan may also provide a timeline for the appropriate flow of information.

Presentation of lesson objectives may be accomplished by various methods, including lectures, small group discussion, and the use of audio-visual materials. EMS equipment is an integral part of the classroom presentation and laboratory instruction. The instructor should assure that the necessary types of equipment, in appropriate amounts, are accessible to the students. The instructor should perform demonstrations prior to asking the student perform the skill. The instructor should supervise the students while they practice the psychomotor skills and should reinforce the progress of the student in all areas. The instructor: student ratio should be no more than 1:10 during these practice sessions. If there is difficulty understanding the content or performing the skills, the instructor should remediate as needed.

## **NEEDS ASSESSMENT**

The first step in course planning is the performance of a comprehensive analysis of the many factors which influence the pre-hospital emergency care delivery system in the area. Factors which should be included in this analysis are:

- Recertification requirements (local and state)
- System structure
- Call characteristics (i.e., volume, type)

- Community demographics
- Community hazard assessment

The second step of the needs assessment is an analysis of the education needs of the potential course participants. Information obtained through the assessment process should be used as a guide to selection of specific material to be presented in the classroom, within the limitations imposed by local and state standards. The assessment results should also be used in determining course format, schedule, and methods.

### **COURSE DESIGN**

Once the needs assessment has been performed, the following steps should be accomplished to design and implement the course:

- Course and sponsoring agency approval
- Hours, content, faculty requirements or restrictions in compliance with state requirements
- Identify and orient program staff (medical director and program coordinator)
- Identify and provide equipment sufficient for needs
- Determine class size
- Appropriate physical facilities based on class size
- Presentation can be individual lessons/units, or lessons/units can be combined in a variety of formats

### **INSTRUCTIONAL APPROACH**

Given the repetitive nature of refresher education, it is easy for participants to become bored quickly and to lack enthusiasm about the program. In order to improve the quality of the educational experience for instructors and participants, creative and innovative instructional activities are strongly suggested.

- Cognitive: Participants in refresher programs have a wealth of experience to draw on and enjoy sharing it.
- Affective: A significant concern in EMS today is stress caused by a variety of factors including indifference to quality of education, poor community support, excessive demands on personal time and energy, too many or too few runs, or feelings of inadequacy when dealing with critical patients. Be aware of this and be prepared to provide additional assistance as needed.
- Psychomotor: Students rapidly lose interest in repetitive entry-level skills drills. Be creative and try new ideas.

### **RECORDS MANAGEMENT**

The Ohio Paramedic Refresher Training Program must maintain program and student records which demonstrate compliance with rule 4765-7-09 of the Administrative Code. All class records are to be given to the program coordinator of the sponsoring institution, which will include the following:

- Program records
  - Syllabus
  - Course schedule
  - Advertising materials
  - Master attendance records
  - Copies of exams, lesson plans, handout materials
  - Records required by the local training institution and program coordinator
- Student records
  - Attendance records
  - Exam scores

- Copies of exams
- Psychomotor skill evaluations

### **EVALUATION OF STUDENT ACHIEVEMENT**

The primary purpose of refresher training is to assure that Paramedics maintain the knowledge and psychomotor competency which are pertinent to their scope of practice. The program standards identify these knowledge and psychomotor skill areas. Training programs must provide for regular evaluation of student performance and achievement through written and practical testing prior to issuance of a Certificate of Completion.

In order to assure that each student has met the knowledge and psychomotor standards, it is necessary for the training program to use a variety of methods for testing and evaluation. If the devices used to measure student performance are faulty, then an accurate appraisal of student performance will be impossible. Written exams should be designed to measure critical components within the Paramedic knowledge base. The psychomotor skills examination should assess both component skills and the student's ability to apply necessary and appropriate skills to simulated patient care situations. Psychomotor skills proficiency should be measured at several points in the refresher program.

The Certificate of Completion shall be issued to a student who has met the required program training hours and demonstrated competency as measured by formal and documented effective written and psychomotor skills evaluations. Students must attend all refresher training sessions for successful course completion. The certificate must be signed by the program coordinator of the sponsoring institution.

### **PROGRAM EVALUATION**

Process evaluation will help identify specific causes of instructional failure (i.e., the reason why students fail to achieve satisfactory performance during the course). Some possible causes of such failure may include:

- Instructional activities do not conform to the lesson plans
- Resources, facilities, or materials are inadequate
- Instructor is not well qualified to teach a particular lesson
- Lack of student attendance and/or participation

Students must be provided the opportunity to evaluate the class. These evaluations should be reviewed by the instructor(s) and program coordinator and used to develop a quality program. The on-going review of the course is part of the program coordinator's responsibilities. The review process will include the student evaluations, an evaluation by the instructional staff and an evaluation of the class by the program coordinator. If deficiencies are found, corrective measures must be taken. All documentation for the class must be submitted to and maintained by the program coordinator of the sponsoring institution.

## PARAMEDIC REFRESHER STANDARDS

### AIRWAY MANAGEMENT, RESPIRATION AND ARTIFICIAL VENTILATION 4 HOURS

**Integrates complex knowledge of anatomy, physiology, and pathology into the assessment to develop and implement a treatment plan with the goal of assuring a patent airway, adequate mechanical ventilation, and respiration for patients of all ages.**

#### **COGNITIVE:**

##### Airway Management

Complex depth, comprehensive breadth-

Within the scope of practice of the Paramedic:

- Airway anatomy
- Airway assessment
- Techniques of assuring a patent airway

##### Respiration

Complex depth, comprehensive breadth-

- Anatomy of the respiratory system
- Physiology and pathophysiology of respiration
- Assessment and management of adequate and inadequate ventilation
- Supplemental oxygen therapy

##### Artificial Ventilation

Complex depth, comprehensive breadth-

Assessment and management of adequate and inadequate ventilation:

- Artificial ventilation
- Minute ventilation
- Alveolar ventilation
- Effect of artificial ventilation on cardiac output

#### **PSYCHOMOTOR:**

Safely and effectively perform psychomotor skills within the National EMS Scope of Practice Model and Ohio Scope of Practice at this level.

- Insert an oropharyngeal and a nasopharyngeal airway device
- Suctioning techniques
- Orotracheal intubation of patient using extraglottic device
- Orotracheal intubation of patient using dual-lumen device
- Orotracheal intubation of patient using endotracheal device
- Percutaneous cricothyrotomy, including confirmation techniques
- BVM ventilation of a patient
- Oxygen administration by non-rebreather mask and nasal cannula
- Artificial ventilation of a patient with a CPAP/BiPAP device
- Positive End Expiratory Pressure (PEEP)

## CARDIOLOGY 6 HOURS

**Medicine- Integrates assessment findings with principles of epidemiology and pathology to formulate a field impression and implement a comprehensive treatment/disposition plan for a patient with a medical complaint.**

### **COGNITIVE:**

#### Cardiovascular

Complex depth, comprehensive breadth-

Anatomy, physiology, pathophysiology, assessment and management of:

- Acute coronary syndrome
  - Angina pectoris
  - Myocardial infarction
  - Pharmacological agents within the Paramedic scope of practice
- Heart failure
- Non-traumatic cardiac tamponade
- Cardiogenic shock
- Hypertensive emergencies
- Thromboembolism
- Cardiac rhythm disturbances
- Cardiopulmonary resuscitation (CPR)
- Manual defibrillator and automated external defibrillator (AED)
- Chest compression assist devices

Fundamental depth, foundational breadth-

- Infectious diseases of the heart
  - Endocarditis
  - Pericarditis
- Congenital abnormalities

### **PSYCHOMOTOR:**

Safely and effectively perform psychomotor skills within the National EMS Scope of Practice Model and Ohio Scope of Practice at this level.

- Basic and advanced life support techniques including:
  - Cardiopulmonary resuscitation
  - Defibrillation
  - Synchronized cardioversion
  - Transcutaneous pacing
- Initiate thrombolytic therapy with a patient with a pulmonary embolism
- Develop, execute and evaluate a treatment plan on field impression for:
  - A patient in need of a pacemaker
  - The patient with heart failure
  - The patient with cardiac tamponade
  - The patient with a hypertensive emergency
  - The patient with cardiogenic shock

## MEDICAL EMERGENCIES 10 HOURS

**Patient Assessment- Applies scene information and patient assessment findings (scene size-up, primary and secondary assessment, patient history and reassessment) to guide emergency management.**

### **COGNITIVE:**

#### Scene Size Up

Complex depth, comprehensive breadth-

- Scene safety
- Scene management
  - Impact of the environment on patient care
  - Addressing hazards and potential hazards
  - Violence
  - Need for additional or specialized resources
  - Multiple patient situations

#### Primary Assessment

Complex depth, comprehensive breadth-

- Primary assessment for all patient situations:
  - Initial general impression
  - Level of consciousness
  - ABCs
  - Identifying life threats
  - Assessment of vital functions
- Integration of treatment/procedures to preserve life

#### History Taking

Complex depth, comprehensive breadth-

- Components of the patient history
- Investigation of chief complaint
- Mechanism of injury/nature of illness
- Past medical history
- Associated signs and symptoms
- Interviewing techniques

#### Secondary Assessment

Complex depth, comprehensive breadth-

- Techniques of physical examination
- Respiratory system
- Cardiovascular system
- Neurological system
- Musculoskeletal system
- Anatomical regions

### Monitoring Devices

Fundamental depth, foundational breadth-

Within the scope of practice of the Paramedic:

- Obtaining and using information from patient monitoring devices including (but not limited to)
  - Pulse oximeter and capnography equipment
  - Continuous ECG monitoring
  - 12-lead ECG interpretation
  - Blood chemistry analysis

### Reassessment

Complex depth, comprehensive breadth-

- How and when to perform reassessment for all patient situations

**Medicine- Integrates assessment findings with principles of epidemiology and pathology to formulate a field impression and implement a comprehensive treatment/disposition plan for a patient with a medical complaint.**

### **COGNITIVE:**

#### Neurology

Complex depth, comprehensive breadth-

Anatomy, physiology, pathophysiology, assessment and management of:

- Headache
- Status epilepticus
- Seizure
- Stroke/intracranial hemorrhage/transient ischemic attack

#### Immunology

Complex depth, comprehensive breadth-

Anatomy, physiology, pathophysiology, assessment and management of hypersensitivity disorders and/or emergencies:

- Allergic and anaphylactic reactions
- Anaphylactoid reactions

Fundamental depth, foundational breadth-

- Collagen vascular disease
- Transplant related problems

#### Endocrine Disorders

Complex depth, comprehensive breadth-

Anatomy, physiology, epidemiology, pathophysiology, social impact and management of:

- Acute diabetic emergencies
- Diabetes
- Medical direction

Fundamental depth, foundational breadth-

- Adrenal disease
- Pituitary and thyroid disorders

### Toxicology

Complex depth, comprehensive breadth-

Anatomy, physiology, epidemiology, pathophysiology, social impact and management of:

- Cholinergics and anticholinergics
- Nerve agent poisoning
- Inhaled, ingested, and injected poisons
- Absorbed poisons
- Sedative/hypnotics
- Opiates
- Over-the-counter and prescription medications
- Illegal drugs
- Herbal preparations
- Carbon monoxide
- Alcohol intoxication and withdrawal

### Environmental Emergencies

Complex depth, comprehensive breadth-

Pathophysiology, assessment and management of:

- Near-drowning
- Temperature-related illness
- Bites and envenomations
- Dysbarism
- High-altitude illness
- Diving injuries
- Electrical injury

**Pharmacology – Applies fundamental knowledge of the medications that the Paramedic may self-administer or administer to a patient during an emergency.**

### **COGNITIVE:**

#### Principles of Pharmacology

Complex depth, comprehensive breadth-

Within the scope of practice of the Paramedic:

- Medication safety
- Medication legislation
- Naming
- Classifications
- Storage and security
- Phases of medication activity
- Blood products and medication affecting the blood

#### Emergency Medications

Complex depth, comprehensive breadth-

Within the scope of practice of the Paramedic:

- Names
- Actions
- Indications
- Contraindications

- Complications
- Routes of administration
- Side effects
- Interactions
- Dosages for the medications administered

## **PSYCHOMOTOR**

Safely and effectively perform the following psychomotor skills within the National EMS Scope of Practice Model and Ohio Scope of Practice at this level.

- Scene size up.
- Patient assessment and management of a patient with signs and symptoms of an allergic reaction or anaphylaxis
- Patient assessment and management of a patient with signs and symptoms of a toxic exposure
- Patient assessment and management of a patient with signs and symptoms of a diabetic emergency
- Patient assessment and management of a patient with signs and symptoms of a patient with a non-traumatic neurological emergency
- Patient assessment and management of a patient with signs and symptoms of a patient with an environmental emergency

## **TRAUMA ISSUES      8 HOURS**

**Trauma – Integrates assessment findings with principles of epidemiology and pathophysiology to formulate a field impression to implement a comprehensive treatment/disposition plan for an acutely injured patient.**

### **COGNITIVE:**

#### Shock and Resuscitation

Integrates a comprehensive knowledge of the causes and pathophysiology into the management of shock, respiratory failure or arrest with an emphasis on early intervention to prevent arrest.

#### Trauma Overview

Complex depth, comprehensive breadth-

Pathophysiology, assessment and management of the trauma patient:

- Rapid transport and destination issues
- Trauma scoring
- Mechanism of injury
- Manual stabilization
- Airway management
- Rapid extrication
- Rapid intervention and transportation
- Trauma Triage determination per OAC 4765-14-02

#### Bleeding

Complex depth, comprehensive breadth-

Pathophysiology, assessment and management of bleeding

### Chest Trauma

Complex depth, comprehensive breadth-

Pathophysiology, assessment and management of:

- Flail chest
- Blunt versus penetrating mechanisms
- Open chest wound
- Impaled object
- Hemothorax
- Pneumothorax
  - Open
  - Simple
  - Tension
- Cardiac tamponade
- Aortic, tracheal and bronchial rupture
- Traumatic asphyxia
- Needle decompression

Fundamental depth, foundational breadth-

- Monitor chest tube

### Abdominal and Genitourinary Trauma

Complex depth, comprehensive breadth-

Pathophysiology, assessment and management of:

- Blunt versus penetrating mechanisms
- Impaled object
- Evisceration
- Impaled object
- Vaginal bleeding due to trauma
- Sexual assault

### Orthopedic Trauma

Complex depth, foundational breadth-

Pathophysiology, assessment and management of:

- Upper and lower extremity orthopedic trauma
- Open fractures
- Closed fractures
- Dislocations

Fundamental depth, foundational breadth-

- Pediatric fractures
- Tendon laceration/transection/rupture

### Soft Tissue Trauma

Complex depth, comprehensive breadth-

Pathophysiology, assessment and management of:

- Wounds
- Burns
  - Electrical
  - Chemical

- Thermal
- Chemicals in the eye and on the skin
- High pressure injection
- Crush Syndrome

### Head, Facial, Neck, and Spine Trauma

Complex depth, comprehensive breadth-

Pathophysiology, assessment and management of:

- Skull fractures
- Penetrating neck injuries
- Laryngeotracheal injuries
- Spine trauma
  - Dislocations/subluxations
  - Fractures
  - Sprains/strains
- Mandibular fractures
- Eye trauma
  - Abrasions
  - Lacerations
  - Foreign objects
  - Burns

Fundamental depth, foundational breadth-

Pathophysiology, assessment and management of:

- Unstable facial fractures
- Orbital fractures
- Perforated tympanic membrane

### Nervous System Trauma

Complex depth, comprehensive breadth-

Pathophysiology, assessment and management of:

- Traumatic brain injury
- Spinal cord injury
- Spinal shock

Fundamental depth, foundational breadth-

Pathophysiology, assessment and management of:

- Cauda equine syndrome
- Nerve root injury
- Peripheral nerve injury

### Special Considerations in Trauma

Complex depth, comprehensive breadth-

Pathophysiology, assessment and management of trauma in the:

- Pregnant patient
- Pediatric patient
- Geriatric patient
- Cognitively impaired patient

### Multi-System Trauma

Complex depth, foundational breadth-

Pathophysiology, assessment and management of multi-system trauma

### **PSYCHOMOTOR:**

Safely and effectively perform psychomotor skills within the National EMS Scope of Practice Model and Ohio Scope of Practice at this level.

- Patient assessment and management of a trauma patient
- Rapid trauma assessment used to assess patient based on mechanism of injury
- Develop, execute and evaluate a treatment plan on field impression for the hemorrhage or shock patient
- Management of a patient with signs and symptoms of:
  - Hemorrhagic shock
  - Compensated hemorrhagic shock
  - Decompensated hemorrhagic shock
- Assessment to determine the proper management modality for a patient with a suspected traumatic spine injury
- Assessment to determine the proper management modality for a patient with a suspected non-traumatic spine injury
- Assessment to determine the proper treatment plan for a patient with suspected abdominal injuries
- Immobilization of the urgent and non-urgent patient with assessment finding of spinal injury
- Management for thoracic injuries
- Proper use of Morgan Lens a patient with suspected burns of the eye

## **SPECIAL POPULATIONS -PEDIATRIC ISSUES 12 HOURS**

**Special Patient Populations – Integrates assessment findings with principles of pathophysiology and knowledge of psychosocial needs to formulate a field impression and implement a comprehensive treatment/disposition plan for a patient with special needs.**

### **COGNITIVE:**

#### Neonatal care

Complex depth, comprehensive breadth-

- Newborn care
- Neonatal resuscitation

#### Pediatrics

Complex depth, comprehensive breadth-

Age-related assessment findings and age-related assessment and treatment modifications for pediatric specific major diseases and/or emergencies:

- Vital signs
- Upper airway obstruction
- Lower airway reactive disease
- Respiratory distress/failure/arrest
- Asthma
- Pneumonia

- Croup
- Epiglottitis
- Sudden Infant Death Syndrome
- Gastrointestinal disease
- Management of fractures
- Recognizing and reporting abuse and neglect
- Hyperglycemia•
- Hypoglycemia

Fundamental depth, foundational breadth-

- Pertussis
- Congenital Heart Disease

#### Therapeutic Communication

Complex depth, comprehensive breadth-

Principles of communicating with patients in a manner that achieves a positive relationship:

- Interviewing techniques
- Family presence issues

#### **PSYCHOMOTOR:**

Safely and effectively perform psychomotor skills within the National EMS Scope of Practice Model and Ohio Scope of Practice at this level.

- Emergency childbirth management
- Assessment and care of newborn.
- Assessment and management of a pediatric patient.
- Assessment and management of an injured or ill pediatric patient.
- Administration of intramuscular, inhalation, rectal, endotracheal and oral medication for infants and pediatric patients.
- Pediatric intraosseous needle placement and infusion
- Manual airway maneuvers for infant and pediatric patients
- CPR for infant and pediatric patients
- Defibrillation and synchronized cardioversion for infant and pediatric patients
- Partial airway obstruction with infant and pediatric patients
- Upper airway suctioning for pediatric patients
- Utilization of a pediatric non-rebreather mask
- Utilization of ventilation device for infant and pediatric patients
- Orotracheal intubation of apneic of infant and pediatric patients using extraglottic device
- Orotracheal intubation of apneic of infant and pediatric patients using dual-lumen device
- Orotracheal intubation of apneic of infant and pediatric patients using endotracheal device
- Treatment of a pediatric patient with burns
- Treatment of a pediatric patient with head injuries
- Treatment of a pediatric patient with chest injuries
- Treatment a pediatric patient with abdominal injuries
- Treatment of a pediatric patient with extremity injuries
- Immobilization techniques for a pediatric trauma patient

**SPECIAL POPULATIONS –OBSTETRICS & GYNECOLOGY  
2 HOURS**

**COGNITIVE:**

Obstetrics

Complex depth, comprehensive breadth-

- Anatomy and physiology of normal pregnancy
- Pathophysiology of complications of pregnancy
- Assessment of the pregnant patient
- Management of normal delivery
- Management of abnormal delivery
- Vaginal bleeding in the pregnant patient
- Placenta previa
- Spontaneous abortion/miscarriage

Neonatal care

Complex depth, comprehensive breadth-

- Newborn care
- Neonatal resuscitation

**PSYCHOMOTOR:**

Safely and effectively perform psychomotor skills within the National EMS Scope of Practice Model and Ohio Scope of Practice at this level.

- Assessment of the pregnant patient
- Prepare obstetric patient for delivery
- Assist in a normal delivery
- Management of abnormal delivery
- Post-delivery care of mother
- Assessment and care of newborn
- Delivery of placenta previa
- Care of patient with an abnormal delivery
- Assessment of a patient with a gynecological complaint
- Care of patient with excessive vaginal bleeding
- Care of patient with abdominal pain
- Care of patient with hypertensive crisis
- Care of patient of sexual assault

**SPECIAL POPULATIONS - GERIATRIC ISSUES  
4 HOUR**

**COGNITIVE:**

Geriatrics

Complex depth, comprehensive breadth-

Changes associated with aging, psychosocial aspects of aging and age-related assessment and treatment modifications for the major or common geriatric diseases and/or emergencies:

- Impact of age-related changes on assessment and care
  - Cardiovascular diseases
  - Respiratory diseases
  - Neurological diseases
  - Endocrine diseases
  - Traumatic injuries
  - Orthopedic injuries
  - Non-muscular skeletal injuries
  - Alzheimer's
  - Dementia
  - Hospice/terminally ill
  - Sensory deficit/loss
  - Technology dependent
  - Management of fractures
- Complex depth, foundational breadth-
- Fluid resuscitation in the elderly

#### Therapeutic Communication

Complex depth, comprehensive breadth-

Principles of communicating with patients in a manner that achieves a positive relationship:

- Challenges interviewing the older person with sensory deficits/loss
- Family presence issues
- Dealing with difficult patients

#### Medical/Legal and Ethics

Fundamental depth, foundational breadth-

- Consent/refusal of care
- Do Not Resuscitate [DNR] (advance directives) and local or state provisions regarding EMS application.
- Ohio Do Not Resuscitate Comfort Care [DNRCC] laws or rules and their impact on impact EMS care.
- Recognizing and reporting abuse and neglect
- End-of-life issues

## **EMS PREPARATORY AND OPERATIONS 2 HOURS**

**Preparatory and Operations – Integrates comprehensive knowledge of the EMS system, safety/well-being of the Paramedic, and medical/legal and ethical issues to improve the health of EMS personnel. Integrates comprehensive knowledge of emergency care, operational roles and responsibilities to ensure safe patient, public, and personnel safety.**

#### **COGNITIVE:**

##### EMS Systems

Fundamental depth, Foundational breadth-

- Roles/ responsibilities/professionalism of EMS personnel

- Quality improvement
- Patient safety
- Triage principles and resource management in multiple casualty incidents

#### Workforce Safety and Wellness

Complex depth, comprehensive breadth-

- Standard safety precautions
- Personal protective equipment
- Stress management
- Prevention of response related injuries
- Lifting and moving patients
- Disease transmission
- Violence and behavioral emergencies

#### Documentation

Complex depth, foundational breadth-

- Recording patient findings
- Principles of medical documentation and report writing

#### Therapeutic Communication

Complex depth, foundational breadth-

Principles of communicating with patients in a manner that achieves a positive relationship:

- Interviewing techniques
- Family presence issues

#### Medical/Legal and Ethics

Complex depth, foundational breadth-

- Consent/refusal of care
- Expressed VS implied consent
- Confidentiality
- Advanced directives
- Tort and criminal actions
- Evidence preservation
- Statutory responsibilities
- Do Not Resuscitate [DNR] (advance directives) and local or state provisions regarding EMS application.
- Ohio Do Not Resuscitate Comfort Care [DNRCC] laws or rules and their impact on impact EMS care.
- Recognizing and reporting abuse and neglect
- Ethical principles/moral obligations
- End-of-life issues

#### **PSYCHOMOTOR:**

Safely and effectively perform psychomotor skills within the National EMS Scope of Practice Model and Ohio Scope of Practice at this level.

- Body substance isolation precaution/administration
- Personal protective equipment
- Working with a partner, move simulated patient from ground to stretcher and properly position on the stretcher
- Working with a partner, move simulated patient secured to a stretcher to the ambulance and load patient into the ambulance

## APPENDIX A

# Ohio Approved Paramedic Refresher Psychomotor Skills Examination

The psychomotor skills should be measured at several points in the refresher program. The final psychomotor skills examination should assess both component skills and the student's ability to apply necessary and appropriate skills to simulated patient care situations.

The Ohio approved Paramedic Refresher Training Program psychomotor examination consists of the following seven (7) stations. The psychomotor skills will be evaluated using the National Registry of Emergency Medical Technician skill sheets and guidelines. The candidate is to be tested individually in each station and is expected to direct the actions of any assistant paramedic who may be present at the scene. The candidate should pass or fail the examination based solely on his/her actions and decisions.

The following is a list of the stations and the skills to be tested.

**Station 1: Patient Assessment Management – Trauma**

**Station 2: Patient Assessment Management – Medical**

**Station 3: Ventilatory Management**

Adult

Alternative Airway Device

**Station 4: Cardiac Management**

Dynamic Cardiology

Static Cardiology

**Station 5: Pediatric Skills**

Pediatric Ventilatory Management

Pediatric Intraosseous Infusion

**Station 6: IV and Medication Skills**

Intravenous Therapy

Intravenous Bolus Medications

**Station 7: Bleeding Control/Shock Management**

The skill examiners are to observe the candidate's performance and record the observations on the skill evaluation instruments. Each station is graded on pass/fail criteria.