

# **MODULE 7**

## **Operations**

### **Lesson 7-1**

#### **Ambulance Operations**

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**OBJECTIVES LEGEND**

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C=Cognitive P=Psychomotor A=Affective

1 = Knowledge level

2 = Application level

3 = Problem-solving level

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**COGNITIVE OBJECTIVES**

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

- 7-1.1 Discuss the medical and non-medical equipment needed to respond to a call.(C-1)
- 7-1.2 List the phases of an ambulance call.(C-1)
- 7-1.3 Describe the general provisions of state laws relating to the operation of the ambulance and privileges in any or all of the following categories:(C-1)
- ! Speed
  - ! Warning lights
  - ! Sirens
  - ! Right-of-way
  - ! Parking
  - ! Turning
- 7-1.4 List contributing factors to unsafe driving conditions.(C-1)
- 7-1.5 Describe the considerations that should be given to:
- ! Request for escorts.
  - ! Following an escort vehicle
  - ! Intersections(C-1)
- 7-1.6 Discuss "Due Regard For Safety of All Others" while operating an emergency vehicle.(C-1)
- 7-1.7 State what information is essential in order to respond to a call. (C-1)
- 7-1.8 Discuss various situations that may affect response to a call.(C-1)

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- 7-1.9 Differentiate between the various methods of moving a patient to the unit based upon injury or illness.(C-3)
- 7-1.10 Apply the components of the essential patient information in a written report.(C-2)
- 7-1.11 Summarize the importance of preparing the unit for the next response.(C-1)
- 7-1.12 Identify what is essential for completion of a call.(C-1)
- 7-1.13 Distinguish among the terms cleaning, disinfection, high-level disinfection, and sterilization.(C-3)
- 7-1.14 Describe how to clean or disinfect items following patient care.(C-1)

#### **AFFECTIVE OBJECTIVES**

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

- 7-1.15 Explain the rationale for appropriate report of patient information.(A-3)
- 7-1.16 Explain the rationale for having the unit prepared to respond.(A-3)

#### **PSYCHOMOTOR OBJECTIVES**

No psychomotor objectives identified.

#### **PREPARATION**

- Motivation:** As an EMT-Basic, the student may be required to function in the prehospital environment. A solid foundation related to the operational aspects of prehospital care is required.
- The EMT-Basic should be familiar with the medical and non-medical equipment for use in patient care. The EMT-Basic should also be aware of the phases of a response and their role.
- Prerequisites:** BLS, Preparatory, Airway and Patient Assessment, Physical Exam and SAMPLE history for Medical and Trauma Patients.

#### **MATERIALS**

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7-488

United States Department of Transportation  
National Highway Traffic Safety Administration  
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AV Equipment: Utilize various audio-visual materials relating to ambulance operations. The continuous design and development of new audio-visual materials relating to EMS requires careful review to determine which best meet the needs of the program. Materials should be edited to assure meeting the objectives of the curriculum.

EMS Equipment: An ambulance, properly stocked.

**PERSONNEL**

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

Assistant Instructor: Not required.

Recommended Minimum  
Time to Complete: One hour

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**PRESENTATION**

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Declarative (What)

- IV. Phases of an ambulance call
  - A. Preparation for the call
    - 1. Equipment
      - a. Medical
        - (1) Basic supplies
        - (2) Patient transfer equipment
        - (3) Airways
        - (4) Suction equipment
        - (5) Artificial ventilation devices
        - (6) Oxygen inhalation equipment
        - (7) Cardiac compression equipment
        - (8) Basic wound care supplies

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- (9) Splinting supplies
      - (10) Childbirth supplies
      - (11) Medications
      - (12) Automated external defibrillator
    - b. Non-medical
      - (1) Personal safety equipment per local, state, and federal standards
      - (2) Pre-planned routes or comprehensive street maps
  2. Personnel
    - a. Available for response
    - b. At least one EMT-Basic in patient compartment is minimum staffing for an ambulance - two is preferred.
  3. Daily inspections
    - a. Inspection of vehicle systems
      - (1) Fuel
      - (2) Oil
      - (3) Engine cooling system
      - (4) Battery
      - (5) Brakes
      - (6) Wheels and tires
      - (7) Headlights
      - (8) Stoplights
      - (9) Turn signals
      - (10) Emergency warning lights
      - (11) Wipers
      - (12) Horn
      - (13) Siren
      - (14) Doors closing and latching
      - (15) Communication system
      - (16) Air conditioning/heating system
      - (17) Ventilation system
    - b. Equipment
      - (1) Checked and maintained
      - (2) Restocked and repaired
      - (3) Batteries for defibrillator, suction, oxygen, etc.
  4. Utilization of safety precautions and seat belts.
- B. Dispatch
  1. Central access
  2. 24-hour availability
  3. Trained personnel
  4. Dispatch information

- a. Nature of call
  - b. Name, location, and callback number of caller
  - c. Location of patient
  - d. Number of patients and severity
  - e. Other special problems
- C. En route
- 1. Seat belts
  - 2. Notify dispatch - refer to Communications module
  - 3. Essential information
    - a. Nature of the call
    - b. Location of the call

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4. Driving the ambulance
  - a. Emergency vehicle operations
    - (1) It is recommended, and in some states mandated, that the driver of an emergency vehicle attend an approved driving course.
    - (2) Characteristics of good ambulance operators
      - (a) Physically fit
      - (b) Mentally fit
      - (c) Able to perform under stress
      - (d) Positive attitude about abilities
      - (e) Tolerant of other drivers
    - (3) Safe driving is an important phase in the emergency medical care of the ill or injured patient.
      - (a) The driver and all passengers should wear safety belts.
      - (b) Become familiar with the characteristics of your vehicle.
      - (c) Be alert to changes in weather and road conditions.
      - (d) Exercise caution in use of red lights and siren.
      - (e) Select appropriate route.
      - (f) Maintain safe following distance.
      - (g) Drive with due regard for safety of all others.
      - (h) Know appropriateness of using lights and sirens.
      - (i) Headlights are the most visible warning device on an emergency vehicle.
  - b. Obtain additional information from dispatch.
  - c. Assign personnel to specific duties.
  - d. Assess specific equipment needs.
  - e. Positioning the unit
    - (1) For safety
      - (a) Uphill from leaking hazards
      - (b) 100 feet from wreckage
        - i) In front of the wreckage or,
        - ii) Beyond the wreckage
      - (c) Set parking brake
      - (d) Utilize warning lights

- (e) Shut off headlights unless there is a need to illuminate the scene.
    - (2) To exit the scene. Avoid parking in a location that will hamper exit from the scene.
  - f. Laws, regulations and ordinances - review state and local laws, regulations or ordinances in the area relative to the operations of an emergency vehicle, including as needed:
    - (1) Vehicle parking or standing
    - (2) Procedures at red lights, stop signs and intersections
    - (3) Regulations regarding speed limits
    - (4) Direction of flow or specified turns
    - (5) Emergency or disaster routes
    - (6) Use of audible warning devices
    - (7) Use of visual warning devices
    - (8) School buses
  - g. Escorts and multiple vehicle response
    - (1) Extremely dangerous
    - (2) Used only if unfamiliar with location of patient or receiving facility
      - (a) No vehicle should use lights or siren.
      - (b) Provide a safe following distance.
      - (c) Recognize hazards of multiple vehicle response.
  - h. Intersection crashes - most common type
    - (1) Motorist arriving at intersection as light changes and does not stop.
    - (2) Multiple emergency vehicles following closely and waiting motorist does not expect more than one.
    - (3) Vision is obstructed by vehicles.
- D. Arrival at scene
  - 1. Notify dispatch
  - 2. Size-up
    - a. Body substance isolation
      - (1) Should be a consideration prior to patient contact.
      - (2) Use gloves, gowns and eyewear when appropriate.
    - b. Scene safety - assess the scene for hazards.
      - (1) Is the emergency vehicle parked in a safe location?
      - (2) Is it safe to approach the patient?
      - (3) Does the victim require immediate movement because of hazards?
    - c. Mechanism of injury/nature of illness

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- (1) Medical
  - (a) Mass casualty incident
    - i) Number of patients.
    - ii) Obtain additional help.
    - iii) Begin triage.
  - (b) Spine stabilization if necessary.
- (2) Trauma
  - (a) Mass casualty incident
    - i) Number of patients.
    - ii) Obtain additional help.
    - iii) Begin triage.
  - (b) Spine stabilization if necessary.
- d. Total number of patients.
- e. Need for additional help or assistance.
- 3. Actions at scene.
  - a. Organized
  - b. Rapid/efficient
  - c. Goal of transport in mind
- E. Transferring the patient to the ambulance
  - 1. Preparing the patient for transport
    - a. Completion of critical interventions
    - b. Check dressings and splints.
    - c. Patient covered and secured to moving device
  - 2. Lifting and moving is accomplished using the guidelines of the lifting/moving module (Module 1, Lesson 1-5).
- F. En route to the receiving facility
  - 1. Notify dispatch.
  - 2. On-going assessment should be continued.
  - 3. Additional vital sign measurements should be obtained.
  - 4. Notify receiving facility.
  - 5. Reassure patient.
  - 6. Complete prehospital care reports.
- G. At receiving facility
  - 1. Notify dispatch.
  - 2. Transferring the patient at the facility
    - a. Reports
      - (1) Complete verbal report is given at bedside.
      - (2) Complete written report is completed and left prior to returning to service.

- b. Lifting and moving is accomplished using the guidelines of the lifting/moving module (Module 1, Lesson 1-5).
  - H. En route to station
    - 1. At station or receiving facility, notify dispatch.
    - 2. Prepare for the next call.
      - a. Clean and disinfect the ambulance as needed.
      - b. Clean and disinfect ambulance equipment.
      - c. Restock the disposable supplies.
  - I. Post run
    - 1. Refuel unit.
    - 2. File reports.
    - 3. Complete cleaning and disinfection procedures.
    - 4. Notify dispatch.
- V. Air Medical Consideration
  - A. Utilization
  - B. Landing zones
  - C. Safety

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**APPLICATION**

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Procedural (How)

None identified for this lesson.

Contextual (When, Where, Why)

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

**STUDENT ACTIVITIES**

Auditory (Hear)

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

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#### Visual (See)

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

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

Kinesthetic (Do)

1. Students should practice receiving and sending information to dispatch.

**INSTRUCTOR ACTIVITIES**

Supervise student practice.

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

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

**EVALUATION**

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

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

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Lesson 7-1: Ambulance Operations

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

# **MODULE 7**

## **Operations**

### **Lesson 7-2**

#### **Gaining Access**

# EMT-Basic: National Standard Curriculum

## Module 7: Operations

### Lesson 7-2: Gaining Access

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#### **OBJECTIVES LEGEND**

C=Cognitive P=Psychomotor A=Affective

1 = Knowledge level

2 = Application level

3 = Problem-solving level

#### **COGNITIVE OBJECTIVES**

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

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

#### **AFFECTIVE OBJECTIVES**

No affective objectives identified.

#### **PSYCHOMOTOR OBJECTIVES**

No psychomotor objectives identified.

#### **PREPARATION**

Motivation:

Although the EMT-Basic is not usually responsible for rescue and extrication, a fundamental understanding of the process is required.

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## Module 7: Operations

### Lesson 7-2: Gaining Access

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

#### MATERIALS

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

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

#### PERSONNEL

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

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

Recommended Minimum  
Time to Complete: One hour

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### PRESENTATION

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#### Declarative (What)

- I. Fundamentals of Extrication
  - A. Role of the EMT-Basic
    1. Non-rescue EMS
      - a. Administer necessary care to the patient before extrication and assure that the patient is removed in a way to minimize further injury.

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- b. Patient care precedes extrication unless delayed movement would endanger life of the patient or rescuer.



- D. Immobilize spine securely.
  - 1. Short spine board
  - 2. Rapid extrication considerations
- E. Move the patient, not the immobilization device.
- F. Use sufficient personnel.
- G. Choose path of least resistance.
- H. Continue to protect patient from hazards.

**APPLICATION**

Procedural (How)

None identified for this lesson.

Contextual (When, Where, Why)

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

**STUDENT ACTIVITIES**

Auditory (Hear)

None identified for this lesson.

Visual (See)

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

Kinesthetic (Do)

- 1. Students should practice evaluating crash scenes to determine the need for complex rescue.

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Lesson 7-2: Gaining Access

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2. Students should practice removing patients from simulated crashed vehicles in the lab setting using short and long backboards.

**INSTRUCTOR ACTIVITIES**

Supervise student practice.

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

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

**EVALUATION**

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

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

**REMEDIATION**

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

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Lesson 7-2: Gaining Access

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

# **MODULE 7**

## **Operations**

### **Lesson 7-3**

#### **Overviews**

# EMT-Basic: National Standard Curriculum

## Module 7: Operations

### Lesson 7-3: Overviews

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#### **OBJECTIVES LEGEND**

C=Cognitive P=Psychomotor A=Affective

1 = Knowledge level

2 = Application level

3 = Problem-solving level

#### **COGNITIVE OBJECTIVES**

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

- 7-3.1 Explain the EMT-Basic's role during a call involving hazardous materials.(C-1)
- 7-3.2 Describe what the EMT-Basic should do if there is reason to believe that there is a hazard at the scene.(C-1)
- 7-3.3 Describe the actions that an EMT-Basic should take to ensure bystander safety.(C-1)
- 7-3.4 State the role the EMT-Basic should perform until appropriately trained personnel arrive at the scene of a hazardous materials situation.(C-1)
- 7-3.5 Break down the steps to approaching a hazardous situation.(C-1)
- 7-3.6 Discuss the various environmental hazards that affect EMS.(C-1)
- 7-3.7 Describe the criteria for a multiple-casualty situation.(C-1)
- 7-3.8 Evaluate the role of the EMT-Basic in the multiple-casualty situation.(C-3)
- 7-3.9 Summarize the components of basic triage.(C-1)
- 7-3.10 Define the role of the EMT-Basic in a disaster operation.(C-1)
- 7-3.11 Describe basic concepts of incident management.(C-1)
- 7-3.12 Explain the methods for preventing contamination of self, equipment and facilities.(C-1)
- 7-3.13 Review the local mass casualty incident plan.(C-1)

#### **AFFECTIVE OBJECTIVES**

No affective objectives identified.

**PSYCHOMOTOR OBJECTIVES**

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

7-3.16 Given a scenario of a mass casualty incident, perform triage.(P-2)

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**PREPARATION**

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

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

**MATERIALS**

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

EMS Equipment: Triage tags.

**PERSONNEL**

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

Assistant Instructor: Not required.

Recommended Minimum  
Time to Complete: Two hours

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## Module 7: Operations

### Lesson 7-3: Overviews

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#### Declarative (What)

- I. Hazardous Materials
  - A. Common problem
  - B. Actual extent unknown
  - C. Safety is the primary concern
    - 1. EMT-Basic and crew
    - 2. Patient
    - 3. Public
  - D. Approaching the scene
    - 1. Identification
      - a. Occupancy
      - b. Containers - size/shape
      - c. Placards
      - d. Shipping papers
      - e. Senses
    - 2. General procedures
      - a. Park upwind/uphill from the incident, safe distance.
      - b. Keep unnecessary people away from area.
      - c. Isolate the area.
        - (1) Keep people out.
        - (2) Do not enter unless fully protected with proper equipment and SCBA.
      - d. Avoid contact with material.
      - e. Remove patients to a safe zone, if no risk to EMT-Basic.
      - f. Do not enter a HazMat area unless you are trained as a HazMat Tech and have proper training in SCBA.
  - E. Environmental hazards
  - F. Resources
    - 1. Local hazardous materials response team
    - 2. CHEMTREC 800-424-9300
    - 3. *Hazardous Materials, The Emergency Response Handbook*, published by the United States Department of Transportation
  - G. National Fire Protection Association Haz Mat requirements for EMS providers
    - 1. NFPA 479
    - 2. OSHA 1910.120

- II. Incident Management Systems
  - A. An incident management system has been developed to assist with the control, direction, and coordination of emergency response resources.
    - 1. It provides an orderly means of communication and information for decision making.
    - 2. Interactions with other agencies are easier because of the single coordination.
  - B. Structure - after an incident manager is determined, EMS sectors are established as needed.
    - 1. Extrication sector
    - 2. Treatment sector
    - 3. Transportation sector
    - 4. Staging sector
    - 5. Supply sector
    - 6. Triage sector
    - 7. Mobile command center
  - C. Role of various individuals/organizations at the scene
    - 1. Individuals at the scene will be assigned to particular roles in one of the sectors.
    - 2. Upon arrival, the EMT-Basic should report to the sector officer for specific duties.
    - 3. Once assigned a specific task, the EMT-Basic should complete the task and report back to the sector officer.
- III. Multiple Casualty Situations (MCS)
  - A. Definition - an event that places a great demand on resources, be it equipment or personnel.
  - B. Basic triage - sorting multiple casualties into priorities for emergency care or transportation to definitive care. Priorities are given in three levels.
    - 1. Highest priority
      - a. Airway and breathing difficulties
      - b. Uncontrolled or severe bleeding
      - c. Decreased mental status
      - d. Patients with severe medical problems
      - e. Shock (hypoperfusion)
      - f. Severe burns
    - 2. Second Priority
      - a. Burns without airway problems
      - b. Major or multiple bone or joint injuries
      - c. Back injuries with or without spinal cord damage
    - 3. Lowest priority
      - a. Minor painful, swollen, deformed extremities

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#### Lesson 7-3: Overviews

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- b. Minor soft tissue injuries
    - c. Death
  - C. Procedures
    - 1. Most knowledgeable EMS provider arriving on-scene first becomes triage officer.
    - 2. Additional help should be requested.
    - 3. Perform initial assessment on all patients first.
    - 4. Assign available personnel and equipment to priority one patients.
    - 5. Patient transport decisions are based on a variety of factors
      - a. Prioritization
      - b. Destination facilities
      - c. Transportation resources
    - 6. Triage officer remains at scene to assign and coordinate personnel, supplies and vehicles.

### APPLICATION

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#### Procedural (How)

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

#### Contextual (When, Where, Why)

The recognition of hazardous materials is an important aspect of emergency medical care. It is not the intent of the EMT-Basic course to make you proficient in dealing with hazardous materials. Dealing with the situation requires specialized training. It is more important for the EMT-Basic to recognize that a hazardous materials situation exists, and to prevent further illness or injury. This should be a consideration before you respond to a scene and as you size up the scene.

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

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

### **STUDENT ACTIVITIES**

#### Auditory (Hear)

None identified for this lesson.

#### Visual (See)

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

#### Kinesthetic (Do)

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

### **INSTRUCTOR ACTIVITIES**

Supervise student practice.

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

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

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### **EVALUATION**

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Module 7: Operations

Lesson 7-3: Overviews

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

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

**REMEDATION**

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psychomotor objectives of this lesson.

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

**ENRICHMENT**

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

# **MODULE 7**

## **Operations**

### **Lesson 7-4**

#### **Evaluation: Operations**

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Module 7: Operations

Lesson 7-4: Evaluation: Operations

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**OBJECTIVES LEGEND**

C=Cognitive P=Psychomotor A=Affective

1 = Knowledge level

2 = Application level

3 = Problem-solving level

**COGNITIVE OBJECTIVES**

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

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

**AFFECTIVE OBJECTIVES**

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

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

**PSYCHOMOTOR OBJECTIVES**

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

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

**EMT-Basic: National Standard Curriculum**

Module 7: Operations

Lesson 7-4: Evaluation: Operations

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

**Prerequisites:** Completion of Lessons 7-1 through 7-3.

**MATERIALS**

**AV Equipment:** Typically none required.

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

**PERSONNEL**

**Primary Instructor:** One proctor for the written evaluation.

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

**Recommended Minimum**

**Time to Complete:** One hour

## EMT-Basic: National Standard Curriculum

### Module 7: Operations

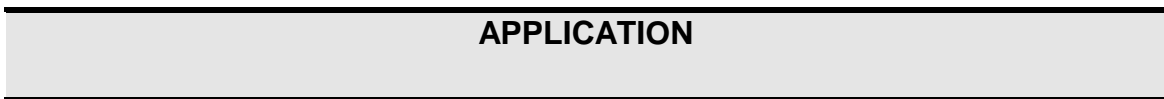
#### Lesson 7-4: Evaluation: Operations

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#### Declarative (What)

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



#### Procedural (How)

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

#### Contextual (When, Where and Why)

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

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

#### **INSTRUCTOR ACTIVITIES**

Supervise student evaluation.

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

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

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