HAGERSTOWN COMMUNITY COLLEGE
EMERGENCY MEDICAL SERVICES – PARAMEDIC PROGRAM
Technical Standards

Students enrolled in the Emergency Medical Services-Paramedic Program must meet the following requirements to perform effectively in the educational activities of the program and in the paramedic profession.

Determination is made on an individual basis as to whether or not accommodations or modifications can be reasonably made.

Students who have special needs are encouraged to identify themselves to the Coordinator of Disability Support Services as early as possible. Reasonable accommodations based on current documentation are provided to qualified students.

The following technical standards and essential skills and functions must be met with or without accommodation:

1. Complete the Maryland State Application for Emergency Medical Technician – Paramedic Certification including affirmation regarding criminal convictions;

2. complete an approved State of Maryland EMT course or its equivalent;

3. must hold a valid State of Maryland, National Registry EMT or its equivalent;

4. must be able to communicate effectively via telephone and radio equipment;

5. ability to lift, carry, and balance up to 100 pounds (200 pounds with assistance) on level ground, uneven terrain, and stairs;

6. be able to effectively receive and interpret oral, written, and diagnostic form instructions in the English language;

7. have the ability to use good judgment and remain calm in high stress situations;

8. ability to perform medication calculations under high stress situations;

9. ability to knowledgeably operate complex advanced life support equipment under high stress situations;

10. ability to be unaffected by loud noises and flashing lights;
11. ability to read English language manuals;

12. ability to interview patients, their families, and/or bystanders to obtain critical information dealing with mechanism of injury (MOI) or nature of illness (NOI);

13. ability to document, in writing or computer-based documentation systems, all relevant information in prescribed format in light of legal ramifications of such;

14. ability to converse, in English, with coworkers, nurses, physicians, and other medical professionals in regard to the status of your patient;

15. possess good manual dexterity with the ability to perform all tasks related to the highest quality of patient care;

16. ability to bend, stoop, and crawl on uneven terrain;

17. ability to withstand varied environmental conditions such as extreme heat, cold, and moisture;

18. ability to work with other providers to make appropriate patient care and treatment decisions;

19. must be physically free of use of non-prescription drugs, illegal drugs, and alcohol;

20. must demonstrate a professional demeanor and behavior, and must perform all aspects of work in an ethical manner in relation to peers, faculty, staff, and patients;

21. must adhere to the codes of confidentiality;

22. must conform to appropriate standards of dress, appearance, language, and public behavior; and

23. must show respect for individuals of different age, ethnic background, religion, and/or sexual orientation.

Applicants with allergies and sensitivities, especially to latex and nitrile products, put themselves at risk of reaction in the health care environment. Students with allergies and sensitivities must have permission from their physician and follow physician and college guidelines to participate in the EMS-Paramedic program.
Please list allergies and sensitivities:
____________________________________________________
____________________________________________________
____________________________________________________
____________________________________________________

The student must notify the Program Coordinator if there is any change in his/her ability to meet the above physical requirements while enrolled in the EMS-Paramedic Program.

I, ________________________________, have read and understand the requirements listed on this form.

Signature: _____________________________________________

Date: __________________________________________________________