



Curriculum Proposal

Please type or select the requested information. Print completed forms, add appropriate paper attachments, and route through MSU's curricular process for recommendations and decisions.

		(Check all that apply):		Proposal #	277
College:	Allied Health and Nursing	<input checked="" type="checkbox"/>	Undergraduate	Effective Date of Change:	
Department:	Health Science	<input type="checkbox"/>	Graduate	Academic Year	07-08
Program:	Health Science	CIP # _____		(For Office Use Only)	
Type of Change Proposed:	COURSE PROPOSALS		Course Designator and Number	Number of Credits	
	Change in Title & Description		HLTH 215	1	
Title Current:	CPR Basic Rescuer		HLTH 215	/	
Title Proposed:	First Responder/CPR Recertification		(if applicable)		
24-Char. Abbrev:					

Include a course or program description for the Bulletin (30-40 words maximum for courses, 100 for programs):

This course is for people currently certified (or expired within the last month) in ARC CPR/AED. This course is also for people currently certified (or expired within the last year) in ARC Emergency Response or as a First Responder.

Rationale or Justification for change:

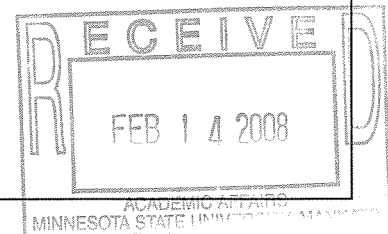
Health Science proposes to recertify CPR and First Responder in one course. The curriculum necessary to recertify can be covered in one semester hour.

*****For General Education or Cultural Diversity Courses Only*****

General Education Course:		Cultural Diversity Course:
GE Category #	GE Category Name (Maximum of 3 Categories)	(Please check one.)
N/A		<input type="checkbox"/> Core (At least 75% devoted to topics of race, gender, sexual orientation, age, class, and disabilities as they occur in United States Society.)
N/A		<input type="checkbox"/> Related (At least 25% devoted to the above topics or to a global perspective on topics related to African American, Asian, Hispanic, and Native American inhabitants of the United States.)
N/A		
<p>For Writing Intensive Courses, attach a description of the kind and quantity of writing.</p> <p>For Upper Division Courses, include a description of the respects in which it is broad and general rather than narrow and specific, and so suitable as GE.</p>		
Attach paper copies of the following:		
a. Syllabus or course outline.		
b. Course's student learning outcomes associated with each GE competency or CD designation.		
c. List of strategies to be used to assess students' achievement of each GE competency or CD designation.		

*****For New Courses*****

(Check all that apply):	Instructional Type: <input type="text" value="Lecture"/>	Course will be offered:
<input type="checkbox"/> Course is an elective.	Grading Format: <input type="checkbox"/> Grade <input type="checkbox"/> P/N	<input type="checkbox"/> Fall Semester
<input type="checkbox"/> Course is required for program		<input type="checkbox"/> Spring Semester
<input type="checkbox"/> Pre- or Co-requisites:		<input type="checkbox"/> Summer Session
<input type="checkbox"/> Other courses are being changed or eliminated. (Explain.) _____		
<input type="checkbox"/> Course content or title is similar to courses in other departments. (Attach copy of letter of agreement with other program(s) contacted. Indicate the nature of the discussions and/or resolution of differences or potential conflicts.)		
Attach paper copies of the following:		
a. Syllabus or course outline.		
b. Course's student learning outcomes.		
c. A list of resources required to offer and support this course.		
d. A description of how teaching this course will affect department staffing.		
e. If 400/500 level course, an explanation of added expectations of graduate students.		





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For Program Proposals

Attach paper copies of the following:

- a. Student learning outcomes for the program.
- b. Minutes from department and college curriculum meetings in which action was taken on this proposal.
- c. Program Assessment Plan. Forms are available on the Academic Affairs Web site:
<http://www.mnsu.edu/acadaf/pra/forms/>
- d. List of program requirements for **New** programs, or a list of **Current** and **Proposed** program requirements for **Redesigned** programs.
- e. A list of resources required to offer and support this program.
- f. A description of how offering this program will affect department staffing.
- g. A list of additional library holdings required for this program.

Please include rationale for any proposed changes in number of program credits:

For Programs Requiring MnSCU Approval

If any of the following changes are proposed, please fill out and attach MnSCU Program Approval Forms, which are available on the Academic Affairs Web site:


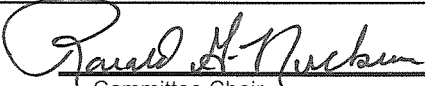
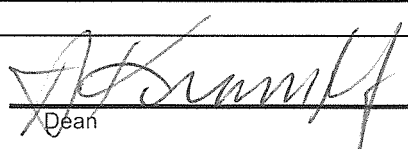

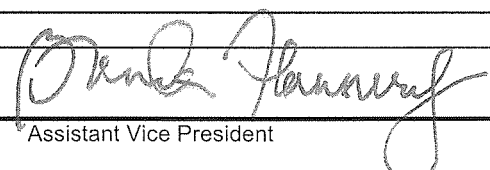
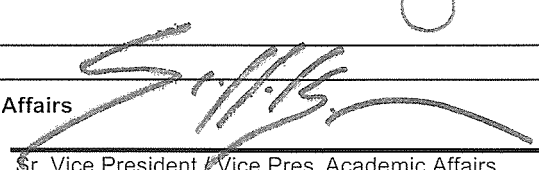
<http://www.mnsu.edu/acadaf/Curriculum/currformsprocess.html>

1. **Creation** of an entirely new program.
2. **Redesign** of existing programs, which takes any of the following forms:
 - Addition or deletion of a program option. Options are part of program design in which 30-50% of the courses are required as part of a common core for all students, and which offers curriculum alternatives greater than 30% of the total number of credits in the major. Options are appropriate to baccalaureate or masters programs.
 - Addition or deletion of a program emphasis. Emphases are part of program design in which more than 50% of the courses are required as part of a common core for all students, and which offers curriculum alternatives with a minimum of nine credits. Emphases are appropriate to associate and baccalaureate programs.
 - Change in program name.
 - Change in program CIP #.
 - Change in TOTAL program credits.
 - Change in degree award. For example, changing a B.A. to B.S.
 - Creation of a new degree award in a related academic area. Examples include creation of a certificate program from an existing degree program, or a new degree program from an existing degree program (e.g., Art History BA from Art BA.)
3. **Relocation** of an existing program. This is a proposal to move an existing program from one site to be exclusively offered at another site, and requires closing the program offered at the original site. For example, a program offered both on-campus and through extended campus is to be offered only at the extended campus site.
4. **Replication** of an existing program. This is a proposal to offer an existing program at a new site, which may be an existing MnSCU-approved site, or another campus of the same institution. Replicated programs are offered at both the original site and the new location.
5. **Suspension or reinstatement** of a program. This proposal suspends admission of students into an existing program, and is good for three years. Reinstatement proposals request the reopening of student admissions into a given program.
6. **Closure** of a program. This proposal requests closure of an existing program and its removal from an institution's official inventory of academic programs. Unless a department seeks to re-open a suspended program, it should be closed within three years of suspension.



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Signature Page

Department			
<input checked="" type="checkbox"/> Recommended	(Category/ies _____)		2-12-08
<input type="checkbox"/> Not Recommended	(Category/ies _____)	Department Chair	Date
Comments:			
College Curriculum Committee			
<input checked="" type="checkbox"/> Recommended	(Category/ies _____)		2-13-08
<input type="checkbox"/> Not Recommended	(Category/ies _____)	Committee Chair	Date
Comments:			
College Dean			
<input checked="" type="checkbox"/> Recommended	(Category/ies _____)		2/14/08
<input type="checkbox"/> Not Recommended	(Category/ies _____)	Dean	Date
Comments:			
General Education Subcommittee			
<input type="checkbox"/> Recommended	(Category/ies _____)		
<input type="checkbox"/> Not Recommended	(Category/ies _____)	General Education Subcommittee Chair	Date
Comments:			
Undergraduate Curriculum and Academic Policy Committee			
<input checked="" type="checkbox"/> Recommended	(Category/ies _____)		3/19/08
<input type="checkbox"/> Not Recommended	(Category/ies _____)	UCAP Faculty Chair	Date
Comments:			
Faculty Association Graduate Committee			
<input type="checkbox"/> Recommended			
<input type="checkbox"/> Not Recommended		Faculty Association Graduate Chair	Date
Comments:			
Graduate Dean			
<input type="checkbox"/> Recommended			
<input type="checkbox"/> Not Recommended		Graduate Dean	Date
Comments:			
Academic Affairs Council			
<input checked="" type="checkbox"/> Recommended	(Category/ies _____)		4/28/08
<input type="checkbox"/> Not Recommended	(Category/ies _____)	Assistant Vice President	Date
Comments:			
Senior Vice President and Vice President for Academic Affairs			
<input checked="" type="checkbox"/> Approved	(Category/ies _____)		4/28/08
<input type="checkbox"/> Not Approved	(Category/ies _____)	Sr. Vice President / Vice Pres. Academic Affairs	Date
Comments:			

**Health Science Department
Minnesota State University
Mankato, Minnesota**

First Responder/CPR Recertification

HS 215: One Credit Hour

INSTRUCTOR: Mark Windschitl, MS CHES

Department of Health Science

(507) 389-5392(vm) (507) 389-1527 (Health Science Office)

E-Mail: mark.windschitl@mnsu.edu

OFFICE: Highland Center North 174

OFFICE HOURS: Mon. 10-12 & 2:30-4:00, Wed. 10-12 & 2:30-5:00, Fri. 10-12

By appointment, Chance or anytime by e-mail.

CATALOG DESCRIPTION

This course is for people currently certified in American Red Cross CPR/AED for the Professional Rescuer or whose certification has expired within the past year. In order to recertify your certification must be expired within the last month before the course starts or expiring during the semester the course runs.

This course is for people who are currently certified in American Red Cross Emergency Response or as a First Responder or whose certification has expired within the last year.

EMERGENCY RESPONSE

Purpose: To provide the first responder with the knowledge and skills necessary in an emergency to help sustain life, reduce pain, and minimize the consequences if injury or sudden illnesses occur until more advanced medical help can arrive.

COURSE OBJECTIVES

The student will:

1. Explain how the EMS system works and how the first responder's role in the EMS system differs from a citizen responder's role.
2. Identify guidelines to follow to ensure personal safety and the safety of others at the emergency scene.
3. Explain what happens in the body if one or more body systems fail to function.
4. Identify ways in which diseases are transmitted and describe the universal safety precautions to prevent transmission.
5. Explain the four emergency action principles.
6. Recognize breathing emergencies, such as choking, and provide proper care for them.
7. Recognize life-threatening bleeding and demonstrate how to control it.
8. Identify the major risk factors for cardiovascular disease and injury, and describe how to control them.
9. Recognize the signs and symptoms of a possible heart attack, and describe how to care for someone who is experiencing persistent chest pain and/or other signs and symptoms of a heart attack.
10. Recognize the signs and symptoms of cardiac arrest, and demonstrate how to provide cardiopulmonary resuscitation (CPR).
11. Identify breathing devices and demonstrate how to use them.

12. Recognize the signs and symptoms of shock, and describe how to minimize the effects of shock.
13. Recognize the signs and symptoms of various soft tissue and musculoskeletal injuries, and demonstrate how to care for them.
14. Recognize the signs and symptoms of medical emergencies, including poisoning, heat and cold emergencies, and stroke, and describe both general and specific care for medical emergencies.

Course Requirements:

1. **ATTENDANCE is mandatory.** You are expected to be in class on time and to remain in class during the entire scheduled class session. If you leave class early, it will be counted as an absence.
2. Final **COMPREHENSIVE EXAM** will be given during the final class period.
3. Practical exams will be given on skills such as CPR, AED, choking, bandaging, splinting and patient assessment.
4. Certification cards will not be issued at less than 80%. For the CPR portions both a practical and written exam will be given 80% is required on both to become certified for the final certification card a written exam will be administered and 80% must be obtained to be certified.
6. Cards to be issued include:
 - CPR for the Professional Rescuer
 - Emergency Response
 - Minnesota First Responder

METHODS OF STUDENT EVALUATION

1. Points will be assigned in the following manner
 - 50 point ARC CPR exam. Must be **80 %** for certification
 - 25 point AED exam. Must be **80%** for certification
 - **COMPREHENSIVE EXAM** (100 pts.) Must be **80%** for certification
 - **PRACTICAL EXAMS** (100 pts.)
 - C.P.R. Adult 1-person
 - Adult 2-person
 - Infant
 - Child
 - Choking Adult: conscious and unconscious
 - Infant: conscious and unconscious
 - Patient Assessment: Secondary (50 pts)
 - Bandaging/Splinting (P/NP)
 - AED Practical (P/NP)
 - Pocket Mask (P/NP)
 - BVM (P/NP)
 - Assists (P/NP)
 - **DAILY ATTENDANCE/QUIZ:**
 - Worksheets , Scenarios and other class activities

90 % A

80 % B CERTIFICATION CUT OFF
70 % C

Note: Participation and attendance play a role in your grade. I use both of these as deciding factors if you are border line between grades. Also remember missing class has a negative effect on your final grade

Required Textbook:

American Red Cross Emergency Response. Mosby Lifeline, 2000
CPR for the Professional Rescuer

Baby and Adult Lungs Required

Pocket Masks Required

Other Considerations:

Use of laptops for non class related activities will result in loss of attendance points for that class.

Please turn off and put away cell phones during class. Text messaging during class will also have a negative effect on attendance points.

Please respect your fellow classmates and the instructor by not visiting with each other during class lectures. Just because you know the material does not mean everyone else does so please respect their opportunity to learn.

Disability Statement

Every attempt will be made to accommodate qualified students with disabilities. If you are a student with a documented disability, please contact me as early in the semester as possible to discuss the necessary accommodations, and/or contact the Disability Services Office at 507.389.2825 (V) or 800.627.3529 (MRS/TTY).

Course Assignments and dates **ARE SUBJECT TO CHANGE** at instructors discretion.

Course Outline:

Week 1	Introduction/ CPR review
Week 2	CPR Practice
Week 3	AED Review
Week 4	CPR Written Exam
Week 5	PRACTICALS
Week 6	PRACTICALS
Week 7	PRACTICALS

Week 8	First Aid Review
Week 9	First Aid Review
Week 10	Skills Practice
Week 11	Skills Practice
Week 12	Practice for Patient Assessment
Week 13	Practice for Patient Assessment
Week 14	PATIENT ASSESSMENT TESTS
Week 15	PATIENT ASSESSMENT TESTS
Finals	FINAL COMPREHENSIVE EXAM