

Emergency Medical Services (EMS)

DEPARTMENT & PROGRAM REVIEW (2025-2026)

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Section 1: Report on Previous Goals & Requests

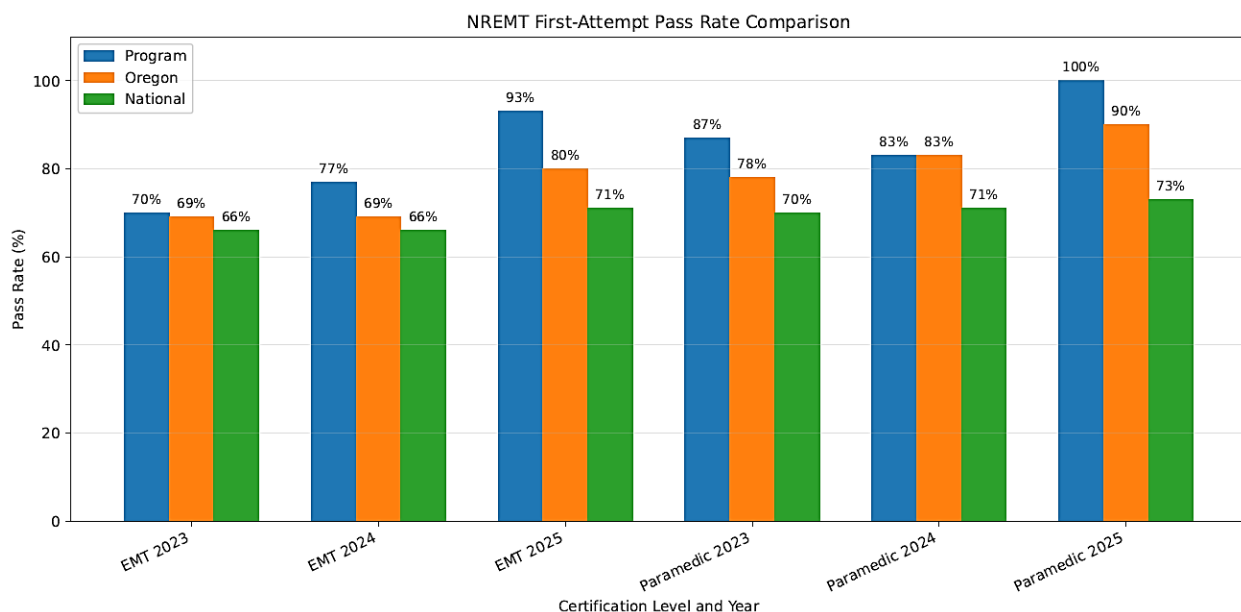
Previous APR Goals	What Happened (support with data/evidence)
Improve EMS program capacity and faculty sustainability	Since the previous review cycle, the EMS programs expanded from two to three full-time faculty positions with one being the EMS Program Director. This expansion improved instructional coverage and administrative oversight. However, program growth, clinical coordination responsibilities, and both state and accreditation reporting requirements continue to require increasing faculty time.
Enhance student learning through simulation	Partnerships with St. Charles Health System (SCHS) and external funding sources allowed acquisition of high-fidelity obstetric, pediatric, and neonatal simulators. Medium-fidelity adult and pediatric mannequins were also received through grants. These tools support training in high-risk, low-frequency patient care scenarios.
Increase cadaver-based anatomy learning opportunities	EMS students now participate in limited cadaver lab observations through collaboration with the COCC Biology department. Students report improved anatomical understanding and procedural confidence.
Expand scenario-based training environments	In 2024, the former Juniper residence hall was repurposed for EMS and fire training scenarios including ambulance interiors, clinic settings, and residential environments. These immersive training areas allow realistic patient-care simulations.
Explore integration with the CORE3 regional training center	The EMS program continues to participate in regional planning discussions regarding the CORE3 multi-agency emergency response training complex.

Section 2: Fulfilling Our Mission

Our mission is "to prepare competent entry-level Emergency Medical Technicians (EMT) and Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.

The EMS programs fulfill this mission through rigorous didactic instruction, extensive lab/simulation-based training, clinical experiences within the regional healthcare system, and internships with EMS systems across Oregon. The programs serve students throughout Oregon and remain the only paramedic education program in Central Oregon.

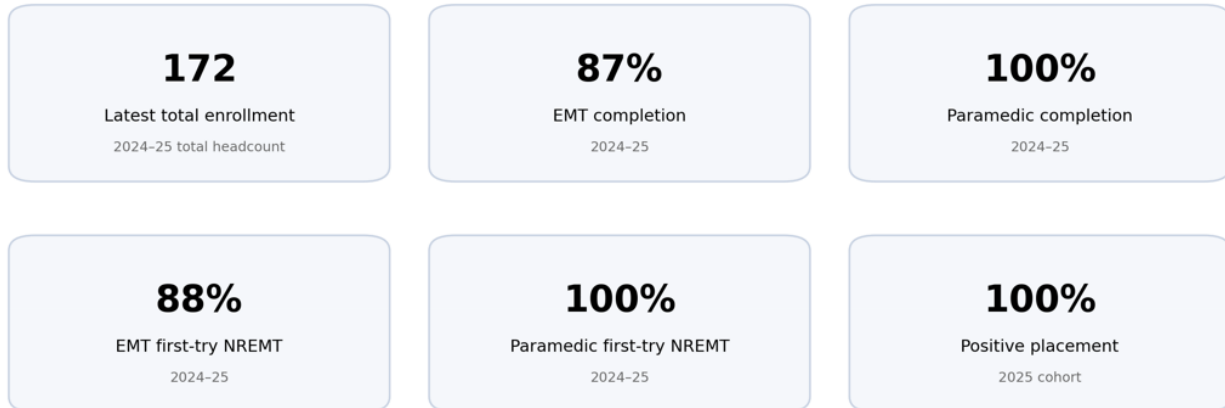
Program graduates consistently perform at or above state and national benchmarks on the National Registry of Emergency Medical Technicians (NREMT) certification examination. EMT program first-attempt pass rates increased from 70% in 2023 to 93% in 2025, exceeding both the Oregon state average (80%) and the national average (71%) in the most recent year. Similarly, Paramedic program outcomes demonstrate strong performance, with first-attempt pass rates of 87% (2023), 83% (2024), and 100% (2025) compared with Oregon averages of 78%, 83%, and 90% and national averages of 70%, 71%, and 73%. These outcomes indicate that graduates are consistently achieving certification outcomes above national benchmarks and reflect effective curriculum alignment, clinical training, and student support structures within the program.



During the 2025 Summer term, a five-week intensive EMT program was developed and offered based on community feedback and local affiliated agency need. The program graduated nine EMT candidates and demonstrated an 89% first-attempt pass rate on the NREMT examination.

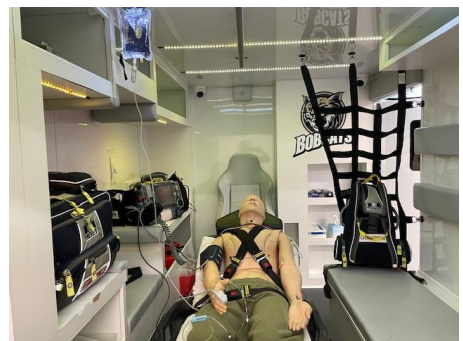
COCC EMS programs maintain strong partnerships with regional and state fire departments, ambulance services, and SCHS. These collaborations provide critical clinical and internship opportunities while supporting the regional emergency medical workforce – see dashboard below.

Program Outcomes Dashboard



Local and regional EMS agencies continue to recruit and employ program graduates. For example, the 2025 paramedic cohort is fully employed in EMS jobs just six months after the last student completed training and certification.

The program achieves high outcomes based on rigorous classroom, and realistic hands-on (lab) training. Recent improvements include an indoor ambulance patient care compartment that is set-up similarly to a real working ambulance environment – see photos below. This lab/training area allows the students to experience a realistic prehospital care area, while the instructors can view, simulate and provide feedback through a remote closed-circuit monitoring set-up.



Photos - EMS Ambulance Simulation Lab.

Section 3: College Goals and Initiatives

The COCC EMS program operates in alignment with nationally recognized educational standards and state regulatory requirements. The curriculum and program operations are aligned with the expectations of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) and Commission on Accreditation of Allied Health Education Programs (CAAHEP).

In addition, the program adheres to regulatory requirements established by the Oregon Health Authority (OHA) EMS & Trauma Systems program and the Oregon Higher Education Coordinating Commission (HECC). These requirements ensure that EMS education programs maintain appropriate instructional resources, clinical experiences, and competency verification processes necessary to prepare graduates for professional practice.

The EMS programs contribute directly to COCC's strategic priorities by preparing graduates for high-demand careers in EMS. Program enrollment increased from 128 students in 2021-22 to 172 in 2024-25, a gain of 34.4%. EMT headcount drove most of this growth, rising 45.2% over the same period, while paramedic enrollment remained comparatively small and variable. This pattern suggests a growing EMT student pipeline, due to greater EMS agency student affiliates, with continued need to stabilize and expand second-year paramedic progression.

EMS faculty collaborate with multiple COCC departments including Nursing, Fire Science, Criminal Justice, and Continuing Education. These collaborations support interdisciplinary healthcare training and community engagement initiatives such as joint Fire Science/EMS Program presentations to local and regional high schools, program participation in regional fire agency Joint Recruitment (hosted by COCC Fire Science) and department educational presentations to the COCC Nursing and Forestry program students.

Faculty were involved in numerous outreach activities to include Healthcare Fairs for high school students, presentations to local and regional Career and Technical Education (CTE) programs and support of SCHS / Cascades East Area Health Education Center's Summer "Camp Med Stars" program.

Faculty also participate in statewide EMS education initiatives and contribute to curriculum development discussions through the Oregon EMS Education Consortium, National Association of EMS Educators and the Eastern Cascades EMS Group.

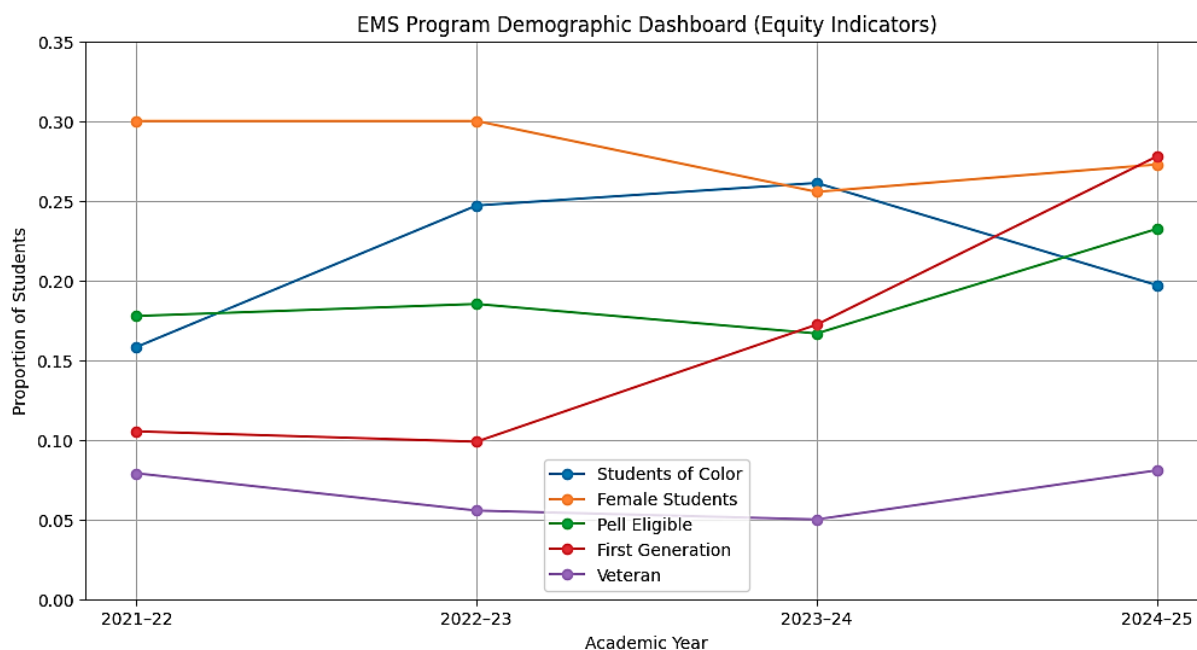
The department's Advisory Committee added several new members during this period. This includes physicians from both local EMS Physician groups that practice in our Central Oregon emergency departments.

Section 4: Diversity and Inclusion Insights

The COCC EMS programs serve a geographically broad and demographically varied region including Deschutes, Jefferson, and Crook counties, as well as portions of northern Klamath and

southern Wasco counties. While Deschutes County—the primary population center—is predominantly White (non-Hispanic) at approximately 84%, surrounding counties demonstrate greater diversity. Jefferson County, for example, includes a substantially higher proportion of Hispanic/Latino residents (approximately 20–25%) and American Indian/Alaska Native populations, particularly within the Confederated Tribes of Warm Springs. Crook County reflects moderate diversity, while rural areas in northern Klamath and southern Wasco counties include smaller, more dispersed populations that often face additional geographic and economic barriers to education and workforce entry.

Demographic and equity indicators demonstrate that the EMS program serves a diverse and increasingly access-focused student population – see table below. Representation of students of color increased from approximately 16% in 2021–22 to over 26% in 2023–24, with a modest decline to approximately 20% in 2024–25, remaining above the earlier baseline. Gender distribution remains consistent with national EMS workforce patterns, with male students comprising approximately 67–71% of enrollment and female students representing 25–30% of cohorts. Recent enrollment trends demonstrate meaningful progress in gender diversity, with female student participation increasing over recent cohorts and representing a growing proportion of EMS program enrollment. The program also demonstrates growing access for historically underserved populations, including a notable increase in first-generation college students from approximately 10% to nearly 28% over the reporting period. Pell-eligible student participation also increased modestly, while veteran enrollment remained relatively stable. These indicators suggest the program is supporting broader access to EMS education while maintaining enrollment stability across demographic groups.



In alignment with COCC’s commitment to equitable student success and inclusive access, the EMS programs have implemented and continue to expand strategies aimed at reducing barriers to entry and improving student outcomes. These efforts include targeted outreach to regional high schools, collaboration with public safety agencies, engagement with rural and tribal communities, and coordination with institutional support services such as advising, tutoring, and financial aid. These strategies are designed not only to increase access, but also to support persistence and completion for students from diverse backgrounds.

Increasing diversity within EMS education is also a national priority. The National Highway Traffic Safety Administration’s EMS Agenda 2050 emphasizes that a more diverse EMS workforce improves cultural competence, strengthens patient-provider communication, and enhances trust within the communities served. As Central Oregon continues to grow and diversify, the COCC EMS programs are well positioned to expand equitable pathways into EMS careers and contribute to a workforce that more fully reflects the populations it serves.

Section 5: Strengths and Accomplishments

The EMS programs demonstrate several major strengths including strong accreditation standing, excellent student certification outcomes, strong partnerships with regional emergency response agencies, excellent COCC institutional and High Desert Education Service District (HDES) support.

A major accomplishment during this review cycle was successful completion of a national accreditation evaluation by the Commission on Accreditation of Allied Health Education Programs. The COCC Paramedicine Program was granted continuing accreditation with “no areas of non-compliance” identified. Additionally, the Emergency Medical Technician (EMT) program received unconditional continuing accreditation from the Oregon Higher Education Coordinating Commission in 2025.

Another noteworthy accomplishment was the development, approval, and implementation of a Competency-Based Assessment EMT curriculum based on a 2025 Oregon Healthcare Authority mandate. At this time, many EMS programs across the state struggle to meet this demanding requirement.

Regional Fire/EMS agency relationships remain strong with significant college faculty involvement and program flexibility to meet the needs of our business/career partners.

Professional relationships within the SCHS clinical environment have continued to strengthen resulting in improved student experience and satisfaction, as well as educational integration between both institutions. In example, the department and SCHS collaborated on shared high-fidelity training mannequins that serve both the COCC EMS students as well as SCHS physicians, nurses, and other allied health staff.

Lab assistants for both EMT and paramedic are local men and women actively employed in the profession at every level. Both programs have instructors working in venues from hospital to fire

agencies to air medical. These professionals (some of whom are COCC graduates) choose to spend a portion of their valuable off-duty time supporting this program because they respect the work being done here. In the current cohort “Program Resource Survey Completed by Students”, the lab instructors received positive written comments (82%) as the “strongest contributors to learning.”

COCC has provided capital funding support for new digital laryngoscopes (3 of 6), patient transport stretchers (3), iSimulate patient monitors, and portable intravenous pumps to give students realistic hands-on experience with equipment they will use in their career.

The HDESD has been generous with support in Perkins grant funding for additional training equipment. Most notable the HDESD has funded a chest compression device (see photo) that is in use with most of the program’s fire/EMS agencies and SCHS Critical Access emergency departments. When used properly during cardiac arrest this device can increase blood flow to the brain and results in a higher rate of “return of spontaneous circulation”. This year the HDESD has also funded a new medium-fidelity pediatric training mannequin and will likely fund an additional three new digital laryngoscopes.



Photos – LUCAS 3.1 chest compression system

Section 6: Challenges

Despite the program's strengths, several challenges remain. Faculty workload continues to be significant due to rapidly changing standards in out-of-hospital care, accreditation requirements, changes in state EMS statutory requirements, clinical coordination responsibilities, and regulatory compliance.

Faculty succession will be an upcoming challenge as 2/3 of current full-time faculty grow toward, and beyond, retirement age. Further complicating this challenge is the local cost of living (9-12% higher than the U. S. average), housing costs (77% higher than the national average), and a higher paying EMS and healthcare job market as compared to college faculty salary.

Advanced simulation technology in the medium, high fidelity, and virtual reality (VR) environments require specialized training and technical support. Limited availability of simulation specialists restricts the full implementation and utilization of current equipment and eliminates the capability to progress to better high-fidelity and/or VR simulation equipment.

Clinical placement capacity also remains constrained due to the limited number of regional hospitals and EMS agencies capable of supporting student internships.

Section 7: New Goals and Resource Needs

Goal	Timeline for achieving goal	Resources needed
1. Succession Planning: Two of three FT faculty are at, or over, retirement age. To date, a retired EMS professional that accepts a faculty teaching position will work 5-8 years with the department. The turnover in faculty results in costly orientation, loss of instructional continuity and institutional/accreditation knowledge shortfalls. The likelihood of these individuals leaving their positions at the same time makes this goal more acute ¹ .	12-18 months	Institutional awareness, intentional succession focus, and a "living-wage" for new faculty.
2. Capital Improvements: COCC's EMS Department must take the lead in establishing a strong safety culture, which	New or used ambulance for training in 12 months	Ambulance - \$450,000, Annual

starts with a safe training environment. The department is in need of a reliable and safe ambulance for training. Additional annual capital is needed to keep pace with, and contemporary, in the fast-changing Emergency Medical Service/Healthcare profession ² .	Sustained Annual Capital allocation for replacement medical devices or acquisition of new technology in use by our partner agencies (i.e. devices for patient monitoring-LifePac, Zoll) or required by emerging educational standards (i.e. low fidelity airway, pediatric, trauma simulation trainers)	Annual Capital \$15,000 - \$30,000
3. Simulation and Virtual Reality Technology: In a "life or death" profession, in-depth, low consequence and reality-based training is essential for cognitive, psychomotor and affective domain student success ³ .	12-24 months	A FT Faculty member trained and dedicated to Simulation/VR. Capital purchase to include additional high-fidelity simulation mannequins and VR equipment.
4. Potential program expansion to the Madras COCC Campus: While EMS program demographics are consistent with the overall regional population, they do not yet fully reflect the diversity of the entire service area, particularly in communities with higher proportions of historically underrepresented populations. Addressing this gap represents both a challenge and an opportunity for the EMS Programs.	18-24 months	\$50,000 - \$250,000 New PT faculty member Classroom, lab and storage space on the Madras Campus. Training equipment and supplies: including jump bags (3), O2/Airway bags (3), AED trainers (3), stretchers (3), CPR mannequin (3 – share with Nursing?), CPAP (3), suction devices (3), radios (6), medical supplies. Ambulance Simulation “Box” High & Medium Fidelity Training Mannequins

National EMS Goal Alignments:

¹ EMS Agenda 2050: A People-Centered Vision for the Future of Emergency Medical Services (2019), National Highway Traffic Safety Administration (2019) RELIABLE & PREPARED pg. 30. "EMS Systems prioritize leadership development and succession planning supported by EMS education programs.: COCC's EMS Department must take the lead in establishing a strong safety culture, which starts with a safe training environment."

² EMS Agenda 2050: A People-Centered Vision for the Future of Emergency Medical Services (2019), National Highway Traffic Safety Administration (2019) INHERENTLY SAFE & EFFECTIVE.pg. 14. " The entire EMS system [including education]... is designed to be inherently safe and to minimize exposure of people to infections, injury, illness or stress."

³ EMS Agenda 2050: A People-Centered Vision for the Future of Emergency Medical Services, National Highway Traffic Safety Administration (2019) RELIABLE & PREPARED; pg. 29, "The education of EMS clinicians reflects practice in the field and prepares them to take care of patients in any environment."