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EMERGENCY MEDICAL SERVICES PROGRAMS

Policy Manual

INDIANHILLS
COMMUNITY COLLEGE

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The six bar cross “Star of life”

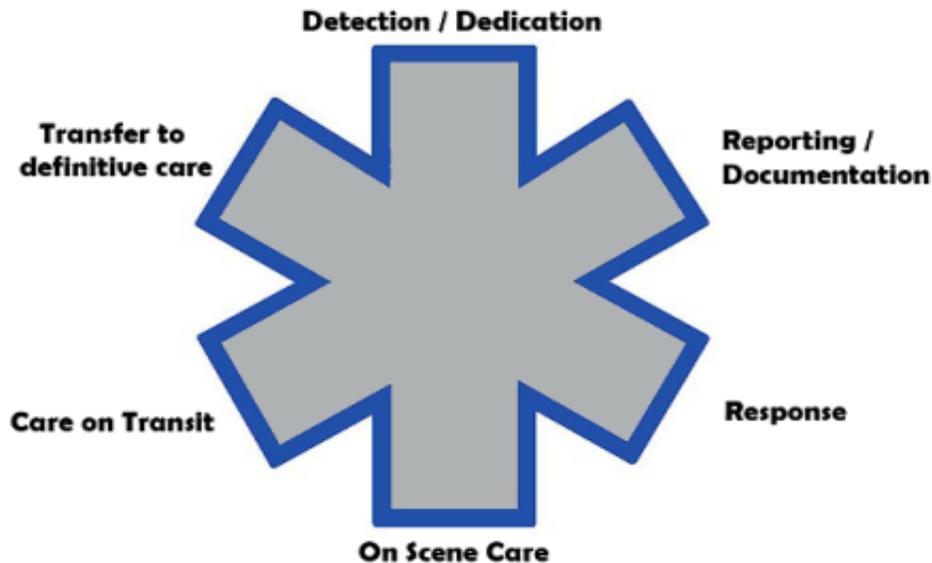


Image retrieved from: <https://zemsp.files.wordpress.com/2013/06/star-of-life.png?w=585>



In ancient Greek religion and mythology, Asclepius, the son of Apollo, was the god of medicine and healing.

Asclepius was taught about medicine and mastered the art of healing. He became so skilled in it that he succeeded in bringing one of his patients back from the dead.

Asclepius' usual attribute was a staff with a serpent coiled around it. This staff is the only true symbol of medicine.

Retrieved from: <https://www.florenceinferno.com/rod-of-asclepius-and-caduceus-symbols/>

Welcome

Welcome to the Indian Hills Community College Emergency Medical Services (EMS) program. This is a pivotal time in EMS and your EMS education. Iowa has adopted the National EMS Education Standards which changes the way you will learn and practice. IHCC as your partner in education will provide you with scientific knowledge, skills, critical thinking and clinical experiences for your learning pleasure.

Indian Hills Community College is accredited by the Higher Learning Commission, member of the North Central Association and the State of Iowa, Iowa Department of Education. The Emergency Medical Services program has achieved initial accreditation status in 2012 by the Commission on Accreditation of Educational programs for the Emergency Medical Services Professions.

The Emergency Medical Services program is part of the Health Science Division. This division is led by the Dean of Health Science. The Department Chair of Health Programs reports to the Dean, and can also help with any questions you may have. The Emergency Medical Services Program is led by a Program Director, who oversees the EMS Instructor and EMS Adjunct faculty.

The EMS handbook is to serve as a guide for all students enrolled in the Emergency Medical Services program. It is a supplement to the Indian Hills Community College Student Handbook and College Catalog; consequently, all policies and regulations from the handbook and catalog are to be observed in addition to those outlined in the following pages.

We welcome you and want you to know we are here to assist you in every way possible. It is a privilege to have each of you in the Emergency Medical Services program.

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EMS Code of Ethics

As adopted by the National Association of EMTs

Professional status as an Emergency Medical Technician and Emergency Medical Technician-Paramedic is maintained and enriched by the willingness of the individual practitioner to accept and fulfill obligations to society, other medical professionals, and the profession of Emergency Medical Technician. As an Emergency Medical Technician-Paramedic, I solemnly pledge myself to the following code of professional ethics:

A fundamental responsibility of the Emergency Medical Technician is to conserve life, to alleviate suffering, to promote health, to do no harm, and to encourage the quality and equal availability of emergency medical care.

The Emergency Medical Technician provides services based on human need, with respect for human dignity, unrestricted by consideration of nationality, race creed, color, or status.

The Emergency Medical Technician does not use professional knowledge and skills in any enterprise detrimental to the public well-being.

The Emergency Medical Technician respects and holds in confidence all information of a confidential nature obtained in the course of professional work unless required by law to divulge such information.

The Emergency Medical Technician, as a citizen, understands, and upholds the law and performs the duties of citizenship; as a professional, the Emergency Medical Technician has the never-ending responsibility to work with concerned citizens and other health care professionals in promoting a high standard of emergency medical care to all people.

The Emergency Medical Technician shall maintain professional competence and demonstrate concern for the competence of other members of the Emergency Medical Services health care team.

An Emergency Medical Technician assumes responsibility in defining and upholding standards of professional practice and education.

The Emergency Medical Technician assumes responsibility for individual professional actions and judgment, both in dependent and independent emergency functions, and knows and upholds the laws which affect the practice of the Emergency Medical Technician.

An Emergency Medical Technician has the responsibility to be aware of and participate in matters of legislation affecting the Emergency Medical Service System.

The Emergency Medical Technician, or groups of Emergency Medical Technicians, who advertise professional service, does so in conformity with the dignity of the profession.

The Emergency Medical Technician has an obligation to protect the public by not delegating to a person less qualified, any service which requires the professional competence of an Emergency Medical Technician

The Emergency Medical Technician will work harmoniously with and sustain confidence in Emergency Medical Technician associates, the nurses, the physicians, and other members of the Emergency Medical Services health care team.

The Emergency Medical Technician refuses to participate in unethical procedures, and assumes the responsibility to expose incompetence or unethical conduct of others to the appropriate authority in a proper and professional manner.

Written by: Charles Gillespie M.D.

Adopted by: The National Association of Emergency Medical Technicians, 1978

https://www.naemt.org/about_us/emtoath.aspx

Emergency Medical Services

Mission & Philosophy

College Mission Statement

Indian Hills Community College changes lives by inspiring learning, diversity, social enrichment, and regional economic advancement.

Emergency Medical Technology Mission Statements

Program: To prepare knowledgeable, self-confident, customer service oriented, professional individuals with critical thinking skills who will provide emergency care under medical direction in an ethical, legal, safe, and competent manner as a member of the health care team.

Department: To meet the diverse educational needs of students and their communities by providing varied options to obtain training in emergency medical services.

Program Philosophy

Indian Hills Community College, as a community centered institution, strives to meet the needs of all people for post-secondary education. The College believes every opportunity should be provided for students to develop to their maximum potential in order that they might assume a position to contribute in our complex and ever changing society.

We believe that learning is an individual and continuous process resulting in behavioral changes which can be measured, and that learning is facilitated and affected by motivation, self-discipline, and structured experiences. It is further believed that the role of the instructor is to guide the learner, identify learning needs, and establish an environment conducive to learning. As an adult learner, the EMT student must assume responsibility for his/her own learning.

We believe the core Emergency Medical Services courses provide a foundation to prepare the student for certification and practice as an EMS professional. In addition, students have the option to expand their education through the pursuit of a diploma or degree by completing selected general education courses. We also believe that students should appreciate the need for and value of continuing and life-long learning.

Academic Advisor

The EMS academic advisor is the Director of Emergency Medical Services Programs. Contact him to make an appointment.

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EMS PROFESSIONAL DESCRIPTION

Emergency Medical Technicians (EMT) have fulfilled prescribed requirements by a credentialing agency to practice the art and science of pre-hospital or out-of-hospital medicine in conjunction with medical direction. Through performance of assessments and provisions of patient care, the EMT's goal is to prevent and reduce mortality and morbidity due to illness and injury while treating each patient as a unique individual. EMTs primarily provide care to emergency patients in an out-of-hospital setting although the EMT scope of practice is expanding.

EMTs must be confident leaders who can accept the challenge and a high degree of responsibility entailed in the position. The EMT must have excellent judgment and be able to prioritize decisions and act quickly in the best interest of the patient. The EMT must be flexible to meet the demands of the ever-changing emergency scene. When emergencies exist, the situation can be complex yet the care of the patient must be started immediately. The ability to perform duties in a timely manner is essential, as it could mean the difference between life and death for a patient. EMTs possess the knowledge, skills and attitudes consistent with the expectations of the public and the profession. EMTs are recognized as an essential component of the continuum of care and serve as linkages among health resources.

EMTs strive to maintain high quality, reasonable cost health care while delivering patients to appropriate facilities. As an advocate for patients, EMTs seek to be proactive in effecting long term health care by working in conjunction with other provider agencies, networks, and organizations. The emerging roles and responsibilities of the EMT include public education, health promotion, and participation in injury and illness prevention programs. As the scope of service continues to expand, the EMT will function as a facilitator of access to care, as well as an initial treatment provider.

EMTs are responsible and accountable to medical direction, the public, and peers. EMTs recognize the importance of research and actively participate in the design, development, evaluation and publication of research. EMTs seek to take part in life-long professional development, peer education and evaluation, and assume an active role in professional and community organizations.

CAAHEP ACCREDITATION-PARAMEDIC PROGRAM

In March 2012, IHCC Paramedic program was recognized with initial accreditation after demonstrating substantial compliance with the nationally established accreditation standards and the commitment to continuous quality improvement in education. Outcome assessments that reflect the program thresholds are posted on the IHCC EMS web site for public review.



The Indian Hills Community College Paramedic Program is accredited by the Commission on Accreditation of Allied Health Programs (www.caahep.org) upon the recommendation of Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions.

Commission on Accreditation of Allied Health Education Programs

25400 U.S. Highway 19 North, Suite 158

Clearwater, FL 33763

727-210-2350

www.caahep.org

EMS PROGRAM PERFORMANCE EXPECTATIONS

The Indian Hills Community College Emergency Medical Services Program curriculum has been designed to promote your learning and development. As you follow the completion of each course of the EMR, EMT, AEMT, or Paramedic, the student candidate will successfully complete the entire terminal competencies required for graduation from their respective EMR, EMT, AEMT, or Paramedic Education program as a minimally competent, entry-level EMS provider at that level of EMR, EMT, AEMT, or Paramedic. As such that graduate is eligible for State and National certification examinations in accordance with our published policies and procedures.

EMS Curriculum

The EMS curriculum is designed as a progression with increasing complexity of each subsequent course. All the **core courses** must be taken in sequence and are in **bold**. Bold print classes are required for non-degree seeking students.

- Emergency Medical Technician (EMT) certificate program is two (2) terms, 6 months in length.
- Emergency Medical Technician-Paramedic (EMT-P) is a diploma program of the 'core classes' and is eight (8) terms, (24 months) in length.

Students who currently have EMT, or AEMT certification will be eligible for advanced standing into the paramedic program in the 'ladder' sequence.

Other EMS programs are not included in the 'ladder' sequence are offered when student demand is met such as EMR and AEMT.

- Emergency Medical Responder (EMR) certificate is a one (1) term course.
- Advanced Emergency Medical Technician (AEMT) certificate program is two (2) terms, 6 months in length.

Pre-requisite courses for acceptance into the paramedic level of the program include ***BIO175, BIO176, BIO178, and BIO179***, are in seen in italics.

The EMS Paramedic program is eight (8) terms, (24 months) in length.

Students choosing to complete IHCC's two-year program will complete EMT and then Paramedic education. Upon successful completion of this Paramedic program, an Associate of Applied Science (AAS) Degree will be awarded. Students may be a full or part-time student working toward IHCC's degree in Emergency Medical Technology.

Emergency Medical Responder (EMR) Course *

<u>Number</u>	<u>Course Name</u>	<u>Credit</u>
TERM 1		
EMS160	Emergency Medical Responder	3.5
Total 3.5		

*These courses are offered when there is a sufficient student pool to hold classes. The tentative plan will be to offer EMR in the winter term or off term in the evenings.

Emergency Medical Technician (EMT) Course **

<u>Number</u>	<u>Course Name</u>	<u>Credit</u>
TERM 1		
EMS260	Emergency Medical Technician 1	4.5
Total 4.5		
TERM 2		
EMS360	Emergency Medical Technician 2	4
EMS365	Emergency Medical Technician 2 Clinical	1
Total 5		

** EMT core course eligible for National certification testing

Advanced Emergency Medical Technician (AEMT) Course*

<u>Number</u>	<u>Course Name</u>	<u>Credit</u>
TERM 1		
EMS460	Emergency Medical Technician Advanced 1	4
EMS835	Hazmat for Health Care	1
Total 5		
TERM 2		
EMS470	Emergency Medical Technician Advanced 2	2
EMS365	Emergency Medical Technician Advanced 2 Clinical	2
Total 4		

*These courses are offered when there is a sufficient student pool to hold classes. The tentative plan will be to offer AEMT in the fall term.

Paramedic Core & AAS Degree

Number	Course Name	Credit
TERM 1		
EMS260	Emergency Medical Technician 1	4.5
HSC113	Medical Terminology	2
SPC112	Public Speaking ~OR~	3
SPC101	Communication ~OR~	
SPC121	Interpersonal Communications	
	Total 9.5	
TERM 2		
EMS360	Emergency Medical Technician 2	4
EMS365	Emergency Medical Technician 2 Clinical	1
BIO175	Human Anatomy	3
BIO176	Human Anatomy Lab	1
HSC230	Employment Preparation	1
	Total 10	
TERM 3		
MAT101	Intermediate Algebra ~or higher	3
CSC105	Computer Essentials	1
BIO178	Human Physiology	3
BIO179	Human Physiology Lab	1
	Total 8	
TERM 4		
EMS590	Paramedic 1	5
FLS125	Spanish for Professionals:	3
ENG105	Composition 1	3
	Total 11	
TERM 5		
EMS690	Paramedic 2	5
EMS695	Paramedic 2 Clinical	2
PSY111	Introduction to Psychology	3
	Total 10	
TERM 6		
EMS781	Paramedic 3	5.5
EMS785	Paramedic 3 Clinical	3
PSY121	Developmental Psychology	3
	Total 11.5	
TERM 7		
EMS880	Paramedic 4	5.5
EMS885	Paramedic 4 Clinical	4
EMS820	Pre-Hospital Trauma Life Support	1
	Total 10.5	
TERM 8		
EMS890	Paramedic 5	5
EMS895	Paramedic 5 Clinical	4
	Total 9	

AAS Paramedic Program Total = 79.5 hours

Advanced standing students are currently certified at the EMT, EMT-B, EMT-I, AEMT

COURSE DESCRIPTIONS

EMS Course Formats

National EMS Scope of Practice Model was adopted in Iowa, starting in August 2011. These changes are currently integrated into the EMS programs.

Emergency Medical Responder (EMR)*

TERM 1

EMS160 Emergency Medical Responder 3.5

This course is designed to prepare the student to provide emergency medical care at an Emergency Medical Responder (EMR) level as outlined by the National Emergency Medical Services Education Standards. This course prepares the student with basic knowledge and skills necessary to provide lifesaving interventions while awaiting additional EMS response and to assist higher level personnel at the scene and during transport. Each individual student must demonstrate each competency within his or her scope of practice and for patients of all ages.

Emergency Medical Technician (EMT)

TERM 1

EMS260 Emergency Medical Technician 1 4.5

This course is designed to prepare the student to provide emergency medical care at an Emergency Medical Technician (EMT) level as outlined by the National Emergency Medical Services Education Standards. Basic emergency care concepts are introduced in a preparatory module include fundamental knowledge of the EMS system, safety/well-being of the EMT, and medical/legal and ethical issues to the provision of emergency care. Certification in American Heart Association Basic Life support will be completed. Students will complete required HIPAA, Infection Control and Mandatory Reporting for child/adult training for Health Care Providers. Each student must demonstrate competency within his or her scope of practice and for patients of all ages.

TERM 2

EMS360 Emergency Medical Technician 2 4

This course is a continuation of the EMS260. The basic concepts introduced are shock and resuscitation, patient assessment, care and transportation of the acutely ill trauma patient, special patient populations and EMS operations. A focus area includes Geriatric Education for EMS (GEMS), Hazmat Awareness, and Incident Command. Students will be required to demonstrate proficiency for skills within the scope of practice for patients of all ages.

Prerequisites: EMS260 Emergency Medical Technician 1. Concurrent with: EMS365 Emergency Medical Technician 2 Clinical

EMS365 Emergency Medical Technician 2 Clinical 1

This course prepares students to provide emergency medical assessment, care and transportation of acutely ill or injured patients of all ages. The student will develop proficiency in previously learned skills when providing direct patient care in selected clinical settings. The student will participate in and document patient contacts and field experience approved by the medical director and the EMS program director. To successfully complete the course, students must demonstrate competency in skills for patients of all ages within the scope of practice.

EMS260, EMS360 and EMS365 are the clinical and field courses that must be successfully completed to be eligible to apply for National Registry Emergency Medical Technician certification examinations.

Prerequisites: EMS260 Emergency Medical Technician 1. Concurrent with: EMS360 Emergency Medical Technician 2.

Paramedic

TERM 3

This term is used to obtain and complete any prerequisite classes required to start Paramedic 1.

TERM 4

EMS590 Paramedic 1 5

This course prepares the student to become an allied health professional whose primary focus is to provide advanced emergency medical care for critical and emergent patients. This course provides the complex knowledge and skills necessary to provide patient care and transportation. Students will complete required HIPAA, Infection Control and Mandatory Reporting for child/adult abuse training for Health Care Providers or demonstrate equivalency to if an advanced standing student.

Prerequisites/Co requisites: EMS820 Pre-Hospital Trauma Life Support, BIO178 Human Physiology, BIO179 Human Physiology Lab and BIO176 Human Anatomy Lab.

TERM 5

EMS690 Paramedic 2 5

This course provides the complex knowledge and skills necessary to provide advanced emergency medical care for critical and emergent patients. Focus areas include IV / medication calculations, pulmonary system with airway management and Advanced Medical Life Support (AMLS). Each student must demonstrate competency within his or her scope of practice and for patients of all ages.

Prerequisites: EMS590 Paramedic 1. Concurrent with: EMS695 Paramedic 2 Clinical.

EMS695 Paramedic 2 Clinical 2

This course prepares students to provide emergency medical assessment, care and transportation of acutely ill or injured patients of all ages. The student will develop proficiency in previously learned skills when providing direct patient care in selected clinical settings. The student will participate in and document patient contacts and field experience approved by the medical director and the EMS program director. To successfully complete the course, students must demonstrate competency in skills for patients of all ages within the scope of practice.

Prerequisites: EMS460, EMS470, EMS835

TERM 6

EMS781 Paramedic III 5.5

This course provides the complex knowledge and skills necessary to provide advanced emergency medical care for critical and emergent patients. Focus areas include cardiology, neurology and Advanced Cardiac Life Support (ACLS). Students will be required to successfully complete competencies within the scope of practice for patients across the life span.

Prerequisites: EMS690 Paramedic 2 and EMS695 Paramedic 2 Clinical. Concurrent with: EMS785 Paramedic 3 Clinical.

EMS785 Paramedic 3 Clinical 3

This course prepares students to provide emergency medical assessment, care and transportation of acutely ill or injured patients of all ages. The student will develop proficiency in previously learned skills when providing direct patient care in selected clinical settings. The student will participate in and document patient contacts and field experience approved by the medical director and the EMS program director. To successfully complete the course, students must demonstrate competency in skills for patients of all ages within the scope of practice.

Prerequisites: EMS590, EMS690, EMS695. Concurrent with: EMS781 Paramedic III

TERM 7

EMS880 Paramedic 4 5.5

This course provides the complex knowledge and skills necessary to provide advanced emergency medical care for critical and emergent patients. Students will integrate assessment findings with principles and pathophysiology to formulate a field impression and implement a comprehensive treatment plan for a patient with a medical complaint. This includes a focus in pediatrics and Pediatric Advanced Life Support (PALS). Each student must demonstrate competency within his or her scope of practice and for patients of all ages.

Prerequisites: EMS781 Paramedic III and EMS785 Paramedic 3 Clinical. Concurrent with: EMS885 Paramedic 4 Clinical.

EMS820 Pre-Hospital Trauma Life Support 1

This course is designed to provide the student with the knowledge and skills necessary to care for patients in emergency trauma situations. The course is based on the current National Association of Emergency Medical Technician's Pre-Hospital Trauma Life Support (PHTLS) curriculum.

Prerequisite: Certification as an EMT.

EMS885 Paramedic 4 Clinical 4

This course prepares students to provide emergency medical assessment, care and transportation of acutely ill or injured patients of all ages. The student will develop proficiency in previously learned skills when providing direct patient care in selected clinical settings. The student will participate in and document patient contacts and field experience approved by the medical director and the EMS program director. To successfully complete the course, students must demonstrate competency in skills for patients of all ages within the scope of practice.

Prerequisites: EMS590, EMS690, EMS695. EMS781, EMS785. Concurrent with: EMS880 Paramedic 4.

TERM 8

EMS890 Paramedic 5 5

This course provides the complex knowledge and skills necessary to provide advanced emergency medical care for critical and emergent patients. Students will integrate assessment findings with principles and pathophysiology to formulate a field impression and implement a comprehensive treatment plan for an acutely injured patient. Other focus areas include shock/resuscitation, special needs, and EMS operations. To successfully complete the course, students must demonstrate competency in skills for patients of all ages within the scope of practice.

Prerequisites: EMS880 Paramedic 4 and EMS885 Paramedic 4 Clinical. Concurrent with: EMS955 Paramedic 5 Clinical.

EMS895 Paramedic 5 Clinical 4

This course prepares students to provide emergency medical assessment, care and transportation of acutely ill or injured patients of all ages. The student will develop proficiency in previously learned skills when providing direct patient care in selected clinical settings. The student will participate in and document patient contacts and field experience approved by the medical director and the EMS program director. To successfully complete the course, students must demonstrate competency in skills for patients of all ages within the scope of practice.

Prerequisites: EMS590, EMS690, EMS695. EMS781, EMS785, EMS880, EMS885. Concurrent with: EMS890 Paramedic 5.

All clinical/ field courses must be successfully completed to be eligible to apply for National Registry Emergency Medical Technician certification examinations.

Advanced Emergency Medical Technician (AEMT)*

TERM 1

EMS460 Emergency Medical Technician Advanced 1 4

This course prepares the student to become an allied health professional whose primary focus is to provide basic and limited advanced emergency medical care and transportation for critical and emergent patients who access the emergency medical system. Advanced Medical Technicians function as part of a comprehensive EMS response, under medical oversight. Advanced Emergency Medical Technicians perform interventions with the basic and advanced equipment typically found on an ambulance. Students will complete required HIPAA, Infection Control and Mandatory Reporting for child/adult training for Health Care Providers or demonstrate equivalency to if an advanced standing student.

Prerequisites: EMT-B, EMT-I or EMT certification

EMS835 Hazmat for Health Care 1

This course is designed to provide the medical provider with the knowledge and skills necessary to safely respond to, assess, and participate as appropriate at a HazMat emergency scene.

Prerequisites: Current certification as a first responder or emergency medical technician.

TERM 2

EMS470 Emergency Medical Technician Advanced 2 2

This course prepares the student to become an allied health professional whose primary focus is to provide basic and limited advanced emergency medical care and transportation for critical and emergent patients who access the emergency medical system. Advanced Medical Technicians function as part of a comprehensive EMS response, under medical oversight. Advanced Emergency Medical Technicians perform interventions with the basic and advanced equipment typically found on an ambulance. Students will complete required HIPAA, Infection Control and Mandatory Reporting for child/adult training for Health Care Providers or demonstrate equivalency to if an advanced standing student.

Prerequisites: EMS460

EMS475 Emergency Medical Technician Advanced 2 Clinical 2

This course prepares the student to become an allied health professional whose primary focus is to provide basic and limited advanced emergency medical care and transportation for critical and emergent patients who access the emergency medical system. Advanced Medical Technicians function as part of a comprehensive EMS response, under medical oversight. Advanced Emergency Medical Technicians perform interventions with the basic and advanced equipment typically found on an ambulance. Students will comply with the required HIPAA, Infection Control and Mandatory Reporting for child/adult, confidentiality while at the clinical sites.

Prerequisites: EMS460 Emergency Medical Technician Advanced 1. Concurrent with EMS470 Emergency Medical Technician Advanced 2. EMS835 Hazmat for Healthcare.

IOWA DEPARTMENT OF PUBLIC HEALTH REQUIREMENTS

Iowa Department of Public Health, Iowa Code Excerpts

The EMS Program complies with the regulations of the Iowa Department of Public Health, Bureau of Emergency and Trauma Services. These are selected areas that pertain to EMS students. All students should be familiar with the Iowa Code in its entirety.

Excerpts provided here are from IAC dated 12/9/2015, from Chapter 131, pages 4, 5, 6, 11, 12, 13.

“Training program medical director” means a physician licensed under Iowa Code chapter 148 who is responsible for directing an emergency medical care training program.

[ARC9443B, IAB 4/6/11, effective 8/1/11]

641—131.2(147A) Emergency medical care providers—requirements for enrollment in training programs. To be enrolled in an EMS training program course leading to certification by the department, an applicant shall:

1. Be at least 17 years of age at the time of enrollment.
2. Have a high school diploma or its equivalent if enrolling in an AEMT or paramedic course.
3. Be able to speak, write and read English.
4. Hold a current course completion card in CPR if enrolling in an EMT, AEMT or paramedic course.
5. Be currently certified, as a minimum, as an EMT if enrolling in an AEMT or paramedic course. If an applicant is currently nationally registered but not certified in Iowa, the applicant must submit an endorsement application to the department within 14 days after the course start date.
6. Be a current emergency medical care provider, RN, PA, or physician and submit a recommendation in writing from an approved EMS training program if enrolling in an EMS instructor course.
7. Be currently certified as a paramedic if enrolling in a CCP course.

[ARC9443B, IAB 4/6/11, effective 8/1/11]

641—131.3(147A) Emergency medical care providers—authority.

131.3(1) Authority of emergency medical care personnel. An emergency medical care provider who holds an active certification issued by the department may:

- a. Render, via on-line medical direction, emergency and nonemergency medical care in those areas for which the emergency medical care provider is certified as part of an authorized service program:
 - (1) At the scene of an emergency;
 - (2) During transportation to a hospital;
 - (3) While in the hospital emergency department;
 - (4) Until patient care is directly assumed by a physician or by authorized hospital personnel; and
 - (5) During transfer from one medical care facility to another or to a private home.
- b. Function in any hospital or any other entity in which health care is ordinarily provided only when under the direct supervision of a physician when:
 - (1) Enrolled as a student in, and approved by, a training program;
 - (2) Fulfilling continuing education requirements;
 - (3) Employed by or assigned to a hospital or other entity in which health care is ordinarily provided only when under the direct supervision of a physician as a member of an authorized service program, or in an individual capacity, by rendering lifesaving services in the facility in which employed or assigned pursuant to the emergency medical care provider’s certification and under direct supervision of a physician, physician assistant, or registered nurse. An emergency medical care provider shall not routinely function without the direct supervision of a physician, physician assistant, or registered nurse. However, when the physician, physician assistant, or registered nurse cannot directly assume emergency care of the patient, the emergency medical care provider may perform, without direct supervision, emergency medical care

procedures for which certified, if the life of the patient is in immediate danger and such care is required to preserve the patient's life;

(4) Employed by or assigned to a hospital or other entity in which health care is ordinarily provided only under the direct supervision of a physician, as a member of an authorized service program, or in an individual capacity, to perform non-lifesaving procedures for which certified and designated in a written job description. Such procedures may be performed after the patient is observed by and when the emergency medical care provider is under the supervision of the physician, physician assistant, or registered nurse, including when the registered nurse is not acting in the capacity of a physician designee, and where the procedure may be immediately abandoned without risk to the patient.

131.3(2) When emergency medical care personnel are functioning in a capacity identified in 131.3(1)“a,” they may perform emergency and nonemergency medical care without contacting a supervising physician or physician designee if written protocols have been approved by the service program medical director which clearly identify when the protocols may be used in lieu of voice contact.

131.3(3) Scope of practice.

- a. Emergency medical care providers shall provide only those services and procedures that are authorized within the scope of practice for which they are certified.
- b. Scope of Practice for Iowa EMS Providers (April 2015) is hereby incorporated and adopted by reference for emergency medical care providers. For any differences that may occur between the Scope of Practice adopted by reference and these administrative rules, the administrative rules shall prevail.
- c. The department may grant a variance for changes to the Scope of Practice that have not yet been adopted by reference in these rules. A variance to these rules may be granted by the department pursuant to 641—subrule 132.14(1).
- d. Scope of Practice for Iowa EMS Providers is available through the Iowa Department of Public Health, Bureau of EMS, Lucas State Office Building, Des Moines, Iowa 50319-0075, or the bureau of EMS Web site (www.idph.state.ia.us/ems).

131.3(4) The department may approve emergency medical pilot project(s) on a limited basis. Requests for a pilot project application shall be made to the department.

131.3(5) An emergency medical care provider who has knowledge of an emergency medical care provider, service program or training program that has violated Iowa Code chapter 147A or these rules shall report such information to the department within 30 days.

[ARC9443B, IAB 4/6/11, effective 8/1/11; ARC0062C, IAB 4/4/12, effective 5/9/12; ARC0480C, IAB 12/12/12, effective 1 /16/13; ARC1404C, IAB 4/2/14, effective 5/7/14; ARC2277C, IAB 12/9/15, effective 1 / 13/16]

641—131.4(147A) Emergency medical care providers—certification, renewal standards, procedures, continuing education, and fees.

131.4(1) Student application and candidate examination.

- a. Applicants shall complete the EMS Student Registration within 14 days after the beginning of the course. The EMS Student Registration shall be completed via the bureau of EMS Web site at www.idph.state.ia.us/ems.
- b. Upon satisfactory completion of the course and all training program requirements, including payment of appropriate fees, a candidate shall be recommended by a training program to take the appropriate NREMT certification examination. A candidate is not eligible to continue functioning as a student in the clinical and field settings and must obtain state certification to perform appropriate skills.
- c. A candidate shall submit an EMS Certification Application form to the department. EMS Certification Application forms are provided by the department.
- d. When a student's EMS Student Registration or a candidate's EMS Certification Application is referred to the department for investigation or when a student or candidate is otherwise under investigation by the department, the individual shall not be eligible for certification, and the

practical examination results will not be confirmed with the NREMT, until the individual is approved by the department.

- e. The fee for certification as an emergency medical care provider is \$30, payable to the Iowa Department of Public Health. This nonrefundable fee shall be paid prior to a candidate's receiving certification.
- f. A candidate must successfully complete the NREMT practical and cognitive examinations to be eligible for state certification.
- g. The practical examination may be conducted by an authorized training program and must be conducted according to the policies and procedures of the NREMT.
- h. A candidate must meet all certification requirements within two years of the initial course completion date. If a candidate is unable to complete the requirements within two years due to medical reasons or military obligation, an extension may be granted upon submission of a signed statement from an appropriate medical or military authority and approval by the department.
- i. Examination scores shall be confidential except that they may be released to the training program that provided the training or to other appropriate state agencies or released in a manner which does not permit the identification of an individual.
- j. An applicant for EMS-I endorsement shall successfully complete an EMS-Instructor curriculum approved by the department.

131.4(2) Multiple certificates and renewal.

- a. The department shall consider the highest level of certification attained to be active. Any lower levels of certification shall be considered idle.
- b. A lower-level certificate may be issued if the individual fails to renew the higher level of certification or voluntarily chooses to move from a higher level to a lower level. To be issued a certificate in these instances, an individual shall:
 - (1) Complete all applicable continuing education requirements for the lower level during the certification period and submit a change of status request, available through the Iowa Department of Public Health, Bureau of EMS, Lucas State Office Building, Des Moines, Iowa 50319-0075, or the bureau of EMS Web site (www.idph.state.ia.us/ems).
 - (2) Complete and submit to the department an EMS Affirmative Renewal of Certification Application and the applicable fee.
 - (3) Complete the reinstatement process in 131.4(4)“f” if renewal of the higher level is requested later.
- c. A citation and warning, denial, probation, restriction, suspension or revocation imposed upon an individual certificate holder by the department shall be considered applicable to all certificates issued to that individual by the department.

131.4(3) Certification transition.

- a. An individual certified as a first responder based on the 1996 National Standard Curriculum for First Responders, an EMT-B, an EMT-I, an EMT-P or a PS shall complete the following certification transition requirements. Transition documents for each level are available through the Iowa Department of Public Health, Bureau of EMS, Lucas State Office Building, Des Moines, Iowa 50319-0075, or the bureau of EMS Web site (www.idph.state.ia.us/ems).
 - b. FR transition to EMR.
 - (1) The FR shall complete training identified in the FR to EMR Documentation (January 2011).
 - (2) The FR shall verify completion of training on the Affirmative Renewal of Certification Application by the certification's regular expiration date prior to October 1, 2014.
 - (3) An FR who does not complete the transition requirements will not satisfy the renewal requirements for the certification period immediately prior to October 1, 2014.
 - c. EMT-B transition to EMT.
 - (1) The EMT-B shall complete training identified in the EMT-B to EMT Documentation (January 2011).

- (2) The EMT-B shall verify completion of training on the Affirmative Renewal of Certification Application by the certification's regular expiration date prior to April 1, 2015.
- (3) An EMT-B who does not complete the transition requirements will not satisfy the renewal requirements for the certification period immediately prior to April 1, 2015.
- d. EMT-I transition to AEMT.
 - (1) The EMT-I shall submit documentation of training identified in the EMT-I to AEMT Documentation (January 2011) to the department.
 - (2) The EMT-I shall successfully complete the NREMT computer-based AEMT examination.

131.5(3) Facilities.

- a. A training program shall ensure adequate classroom, laboratory, and practice space to conduct the training program. A library with reference materials on emergency and critical care shall also be available.
- b. A training program shall ensure opportunities for the student to accomplish the appropriate skill competencies in the clinical environment. The following hospital units shall be available for clinical experience for each training program as required in approved education standards pursuant to subrule 131.5(1):
 - (1) Emergency department;
 - (2) Intensive care unit or coronary care unit or both;
 - (3) Operating room and recovery room;
 - (4) Intravenous or phlebotomy team or other method to obtain IV experience;
 - (5) Pediatric unit;
 - (6) Labor and delivery suite and newborn nursery; and (7) Psychiatric unit.
- a. A training program shall ensure opportunities for the student to accomplish the appropriate skill competencies in the field environment. The training program shall use an appropriate emergency medical care service program to provide field experience as required in approved education standards pursuant to subrule 131.5(1).
- b. A training program shall have liability insurance and shall offer liability insurance to students while they are enrolled in the training program.

131.5(4) Staff.

- a. A training program medical director shall be a physician licensed under Iowa Code chapter 148.
- b. A training program director who is an appropriate health care professional shall be appointed. This individual shall be a full-time educator or a practitioner in emergency or critical care.
- c. Course coordinators, outreach course coordinators, and primary instructors used by the training program shall be currently endorsed as EMS instructors.
- d. The instructional staff shall be comprised of physicians, nurses, pharmacists, emergency medical care personnel, or other health care professionals who have appropriate education and experience in emergency and critical care.
- e. Preceptors shall be assigned in each of the clinical units in which emergency medical care students are obtaining clinical experience and field experience. The preceptors shall supervise student activities to ensure the quality and relevance of the experience. Student activity records shall be kept and reviewed by the immediate supervisor(s) and by the program director and course coordinator.
- f. If a training program's medical director resigns, the training program director shall report this to the department and provide a curriculum vitae for the medical director's replacement. A new course shall not be started until a qualified medical director has been appointed.
- g. A training program shall maintain records pertaining to each instructor used which include, as a minimum, the instructor's qualifications.
- h. A training program is responsible for ensuring that each instructor is experienced in the area being taught and adheres to the education standards.

- i. The training program shall ensure that each practical examination evaluator and mock patient is familiar with the NREMT practical examination requirements and procedures. Practical examination evaluators shall attend a workshop sponsored by the department and have the evaluator endorsement.

131.5(5) Advisory committee. There shall be an advisory committee which includes training program representatives and representatives from other groups such as affiliated medical facilities, local medical establishments, and ambulance, rescue and first response service programs.

131.5(6) Student records. A training program shall maintain an individual record for each student. Training program policy and department requirements will determine contents. These requirements include, but are not limited to:

- a. Application;
- b. Current certifications and endorsements;
- c. Student record or transcript of hours and performance (including examinations) in classroom, clinical, and field experience settings.

131.5(7) Selection of students. There may be a selection committee to select students. The selection committee shall use, as a minimum, the prerequisites outlined in rule 641—131.2(147A).

131.5(8) Students.

- a. A student may perform any procedures and skills for which the student has received training if the student is under the direct supervision of a physician or physician designee or under the remote supervision of a physician or physician designee with direct field supervision by an appropriately certified emergency medical care provider.
- b. A student shall not be substituted for the regular personnel of any affiliated medical facility or service program but may be employed while enrolled in the training program.
- c. A student is not eligible to continue functioning as a student of the training program in the clinical or field setting if the student is not in good standing with the training program, once the student has met the training program requirements, or once the student has been approved for certification testing.

131.5(9) Financing and administration.

- a. There shall be sufficient funding available to the training program to ensure that each class started can be completed.
- b. Tuition charged to students shall be accurately stated.
- c. Advertising for training programs shall be appropriate.
- d. A training program shall provide to each student, no later than the first session of the course, a guide that outlines, as a minimum:
 - (1) Course objectives.
 - (2) Required hours for completion.
 - (3) Minimum acceptable scores on interim testing.
 - (4) Attendance requirements.
 - (5) Grievance procedure.
 - (6) Disciplinary actions that may be invoked, the grounds for such actions, and the process provided.
 - (7) Requirements for certification.

131.5(10) Training program application, inspection and approval.

- a. A training program graduating students at the paramedic level after December 31, 2012, must be accredited by, or must have submitted a self-study application to, the Committee on Accreditation for the Emergency Medical Services Professions.
- b. A training program seeking initial or renewal approval shall use the EMS Training Program Application provided by the department. The application shall include, as a minimum:
 - (1) Names of appropriate officials of the training program;
 - (2) Evidence of availability of clinical resources;

- (3) Evidence of availability of physical facilities;
 - (4) Evidence of qualified faculty;
 - (5) Qualifications and major responsibilities of each faculty member;
 - (6) Policies used for selection, promotion, and graduation of trainees;
 - (7) Practices followed in safeguarding the health and well-being of trainees and of patients receiving emergency medical care within the scope of the training program; and
 - (8) Level(s) of EMS certification to be offered.
- c. A new training program shall submit a needs assessment which justifies the need for the training program.
 - d. Applications shall be reviewed by the department in accordance with the 2005 Standards and Guidelines for the Accreditation of Educational Programs in the Emergency Medical Services Professions, published by the Commission on Accreditation of Allied Health Education Programs. Failure to comply with the standards may lead to disciplinary action as described in rule 641—131.8(147A).
 - e. The department shall perform an on-site inspection of the training program’s facilities and clinical resources. The purpose of the inspection is to examine educational objectives, patient care practices, facilities and administrative practices and to prepare a written report for review and action by the department.
 - f. The department shall inspect each training program at least once every five years. The department without prior notification may make additional inspections at times, places and under such circumstances as it deems necessary to ensure compliance with Iowa Code chapter 147A and these rules.
 - g. No person shall interfere with the inspection activities of the department or its agents. Interference with or failure to allow an inspection may be cause for disciplinary action regarding training program approval.
 - h. Representatives of the training program may be required by the department to meet with the department at the time the application and inspection report are discussed.
 - i. A written report of department action and the department inspection report shall be sent to the training program.
 - j. Training program approval shall not exceed five years.
 - k. A training program shall notify the department, in writing, of any change in ownership or control within 30 days.
 - l. Temporary variances. If during a period of authorization there is some occurrence that temporarily causes a training program to be in noncompliance with these rules, the department may grant a temporary variance. Temporary variances to these rules (not to exceed six months in length per any approved request) may be granted by the department to a currently authorized training program. Requests for temporary variances shall apply only to the training program requesting the variance and shall apply only to those requirements and standards for which the department is responsible. To request a variance, the training program shall:
 - (1) Notify the department verbally (as soon as possible) of the need to request a temporary variance. The program shall submit to the department, within ten days after having given verbal notification to the department, a written explanation for the temporary variance request. The address is Iowa Department of Public Health, Bureau of EMS, Lucas State Office Building, Des Moines, Iowa 50319-0075.
 - (2) Cite the rule from which the variance is requested.
 - (3) State why compliance with the rule cannot be maintained.
 - (4) Explain the alternative arrangements that have been or will be made regarding the variance request.
 - (5) Estimate the period of time for which the variance will be needed.
 - m. Training program applications and on-site inspection reports are public information.

131.5(11) Out-of-state training program application and approval.

- a. An out-of-state training program shall apply to the department for approval.
- b. An out-of-state training program seeking department approval shall use the out-of-state training program application provided by the department. The application shall include, as a minimum:
 - (1) Verification of approval to conduct initial EMS training by the authorizing agency within the out-of-state training program's home state;
 - (2) Evidence of oversight provided by a physician medical director;
 - (3) Evidence of qualified faculty;
 - (4) Evidence of curriculum utilized;
 - (5) Evidence of written contracts between the out-of-state training program and clinical and field sites being utilized within Iowa; and
 - (6) Description of practices followed in safeguarding the health and well-being of trainees and of patients receiving emergency medical care within the scope of the training program.
- c. An out-of-state training program shall provide the department with a roster of students who will be participating in the clinical or field experience within the state of Iowa and, for each program, the sites where the students will be participating.
- d. An out-of-state training program shall not be authorized to provide initial EMS training within the state of Iowa.
- e. An out-of-state training program shall be limited to utilization of clinical or field sites or both within Iowa.
- f. Representatives of the out-of-state training program may be required by the department to meet with the department at the time the application is discussed.
- g. An out-of-state training program approval shall not exceed five years.
- h. An out-of-state training program shall notify the department, in writing, of any change in ownership, control, or approval status by the out-of-state training program's authorizing state agency within 30 days.

<https://www.legis.iowa.gov/docs/ACO/chapter/03-02-2016.641.131.pdf>

NOTE: Students must register within 14 days of any EMS certification course with the Iowa Department of Public Health, EMS Bureau. This registration will be completed on-line and students must answer questions on their criminal history, substance abuse history, mental or physical limitations and psychological history. Based on the answers to these questions the student may need to send additional information to the EMS Bureau. Until required information is sent and the student is cleared by the EMS Bureau, the student's state certification status will be placed on "hold".

PROFESSIONAL CONDUCT

In a classroom and clinical situation, students must conduct themselves in a professional manner. In the clinical setting, the Student Professional Behavior Evaluation will be used to assess professional conduct. In the classroom, the Coordinator/Instructor/Medical Director Evaluation will be utilized.

Inappropriate conduct will result in a conference with the course instructor and if deemed necessary, the EMS Program Director. Behavior deemed unprofessional may lead to dismissal from the program.

Student Conduct Violation of any of the following may lead to suspension or dismissal from the college:

- Falsifying records or dishonest behavior, including clinical and field documentation, quizzes, tests, work assignments, etc.
- Conducting personal business, loafing or sleeping while at a clinical or field site
- Discourtesy towards instructors, preceptors, physicians, patients, patient families, or peers
- Breach of patient confidentiality
- Theft, destruction or misuse of IHCC, clinical site, field site or patient property
- Threatening any person on the IHCC campus or while at clinical or field sites
- Possession of weapons on the IHCC campus or while at clinical or field sites
- Fighting, horseplay, loud talking or disorderly conduct on the IHCC campus or while at clinical or field sites
- Reporting to class, clinical or field sites in possession of or under the influence of alcohol or illegal drugs
- Refusing to provide care to a patient because of race, color, creed, sex, religion, age, beliefs, handicap or diagnosis
- Failure to cancel clinical or field shifts if necessary
- Inappropriate uniform

Please review forms in this manual for examples of appropriate professional behavior.

INCIDENTS

Any variance from the normal situation where a student or staff are involved should be documented on the Safety and Loss Control Accident Report within 24 hours of the event by a staff member. All incidents that are inconsistent with routine care or the patient's plan of care must be reported to the IHCC EMS Instructor immediately. If a medical emergency occurs the policies of the facility will be followed. The condition of the involved person(s) will be evaluated and the necessary emergency care will be provided. A written report describing the incident should be completed according to facility policy. If a medication error or other incident which potentially jeopardizes patient care occurs during clinical or field time and is the result of something done (or not done) by the student, the student must notify the EMS course instructor or the Program Director immediately.

The EMS instructor or Director will complete the IHCC Safety and Loss Control Accident Report Form and forward this document to the Health Science Safety Representative.

DRESS CODE

As the EMS student represents the school and the profession of Emergency Medical Services, it is imperative that certain standards be met and a dress code followed. During class periods, students may use their own judgment in attire, but it must conform to the codes of decency.

While in the laboratory students will be expected to have appropriate lab attire to expose the area being studied. Clothing must cover the body at the chest and waist when engaged in active skill maneuvers.

While at the clinical site, EMS students are to abide by the following dress code.

EMS Student Uniform:

IHCC EMS Program polo or sweatshirt (Available at the campus bookstore)

Black or navy blue pants and reflective striping is acceptable for safety. No denim.

Solid black shoes or boots

Personal watch (to calculate pulse and respirations)

Personal stethoscope (optional, highly recommended, not provided)

Clinical Dress Code:

- 1) Students are required to wear the IHCC EMS uniform. (Special rotations such as OR or OB may provide scrubs at the facility discretion.)
- 2) Clothes will be clean, neatly pressed, and free of odor.
- 3) Students will be clean, free of body odor, and have well-trimmed fingernails.
- 4) Hair color and makeup will be conservative in nature.
- 5) Long hair will be pulled back. Beards and mustaches will be neatly trimmed.
- 6) Tattoos must be covered.
- 7) Jewelry will be kept to a minimum. No visible body piercing except for the ears. Only earrings close to the ear, not dangling. Tongue rings will be removed.
- 8) Appropriate undergarments will be worn including socks.
- 9) Name tags denoting IHCC EMS Student status level will be worn.
- 10) Coats (if worn) should be plain and not have any service or business name or affiliation on them.
- 11) Personal equipment such as scissors, goggles, etc. is acceptable for the student to have and carry, but not provided.
- 12) Students are not to wear personal or service pagers, cell phones, or radios during clinical or field time.
- 13) If a clinical site has policies that supersede those listed above, the student must abide by the site's policies if they choose to complete clinical at that location.

The clinical site may send the student home if they do not come dressed professionally.

Any student who chooses to disregard the dress code will be verbally warned once and the second infraction will warrant a written warning. A third infraction will result in suspension from the clinical site on that same day until a conference is held with the EMS Program Director.

HEALTH INSURANCE

Students are encouraged to maintain their own personal health care coverage, at their own costs. While clinical education sites will make emergency medical care available to students, the student is responsible for the costs. Students may be required by some clinical facilities to have proof of health insurance prior to beginning a clinical affiliation. Clinical and field sites will not be held responsible for providing care or covering expenses for treatment of any injury or illness the student sustains during clinical or field time. If an injury occurs to a student during clinical or field time, the course instructor or program director must be notified immediately.

LIABILITY

Indian Hills Community College maintains professional liability coverage for students in the Health Sciences Division.

BACKGROUND CHECKS: CRIMINAL/ABUSE

All students in the Health Science Division are required to complete a National Background Check and Iowa Adult and Child Protective Services prior to beginning a clinical affiliation. Students are responsible for obtaining the background check through IHCC using Castle Branch Certified Background database on line. Students are responsible for payment of the fee. Background checks from other agencies will not be allowed as substitutions. Background checks need to be completed PRIOR to the Last day to Drop of the first term of the program, so students are cleared for the next terms clinical.

As a result of the background search, students with felony convictions may be limited in their ability to sit for the national board exam and obtain state licensure depending on the specific rules and regulations. Potential students with felony convictions involving crimes concerning arson, perjury, domestic violence, child abuse, elderly abuse, 2 or more OWI convictions, a pattern of criminal convictions or charges, or patient misconduct/abuse, will not be permitted in the EMS program.

The student is responsible for notifying (in writing) the EMS Program Director of ANY arrests, regardless of adjudication, that occur after beginning the program. Failure to promptly notify within 48 hours, the EMS Program Coordinator, shall be grounds for dismissal from the program. Pending the resolution of an arrest, the student may be suspended from clinical and field sites. A student convicted of any of the above stated crimes, while enrolled, will be removed from the program.

CRIMINAL CONVICTION POLICY, NREMT

A. Background

The National Registry of Emergency Medical Technicians (NREMT) has adopted a Criminal Conviction Policy to safeguard the public from individuals who, in practice as an EMS professional, might pose a danger to the public.

EMS professionals, under the authority of their state licensure, have unsupervised, intimate, physical and emotional contact with patients at a time of maximum physical and emotional vulnerability, as well as unsupervised access to a patient's personal property. These patients may be unable to defend or protect themselves, voice objections to particular actions, or provide accurate accounts of events at a later time. EMS professionals, therefore, are placed in a position of the highest public trust.

The public in need of out-of-hospital medical services relies on state licensure and national certification to assure that those EMS professionals who respond to their calls for aid qualify for this

extraordinary trust. For these reasons, the NREMT has adopted the following Criminal Conviction Policy to ensure that individuals, who have been convicted of certain crimes, are identified and appropriately evaluated as to whether they would pose a risk to public safety as an EMS provider.

B. Policy

1. The NREMT may deny an applicant eligibility to sit for a certification examination, deny certification, suspend or revoke an individual's certification, or take other appropriate action with respect to the applicant's certification or recertification based on that applicant's criminal conviction. This policy applies to, and requires an applicant's disclosure of, all felony convictions and all other criminal convictions (whether felony or misdemeanor) relating to crimes involving physical assault, use of a dangerous weapon, sexual abuse or assault, abuse of children, the elderly or infirm and crimes against property, including robbery, burglary and felony theft. The policy does not apply to convictions for misdemeanor (other than the above-listed types of crimes), traffic violations (except DUI or reckless homicide/manslaughter), theft or unlawful possession of a controlled substance.
2. All applicants for certification or recertification must disclose on their applications any criminal conviction covered by this policy.
3. This policy applies to an applicant's plea of nolo contendere, a guilty plea, or plea agreement, as well as a conviction after trial.
4. Applicants are not required to disclose any criminal conviction that has been expunged from the public record or a deferred adjudication that did not result in the entry of a conviction judgment.
5. Failure to disclose a covered criminal conviction or the withholding of any material information regarding such conviction shall be an independent basis for denial of eligibility to sit for a certification examination, revocation of a certification or denial of an application for recertification.
6. NREMT shall post on its website an applicant's disclosure of any criminal conviction and advise licensing authorities of the availability of this information.
7. NREMT may deny an applicant eligibility to sit for the certification examination, or take other appropriate action, if the applicable state licensing authority, in any state in which the applicant holds or seeks a license as an EMS professional, denies the applicant's eligibility to obtain, or suspends or revokes, a license, based on the criminal conviction.
8. Notwithstanding the absence of any adverse action taken by an applicable state licensing authority on the basis of an applicant's criminal conviction, NREMT may deny an applicant eligibility to sit for a certification examination or recertification if, in the NREMT's sole discretion, based on the following considerations, the NREMT determines that certification may jeopardize public health and safety:
 - a. The seriousness of the crime.
 - b. Whether the crime relates to performance of the duties of an EMS professional.
 - c. How much time has elapsed since the crime was committed.
 - d. Whether the crime involved violence to, or abuse of, another person.
 - e. Whether the crime involved a minor or a person of diminished capacity.
 - f. Whether the applicant's actions and conduct since the crime occurred are consistent with the holding of a position of public trust.
 - g. Whether the applicant is a repeat offender.

- h. Whether the applicant has complied with all court orders and probationary requirements associated with the conviction.

Any applicant or registrant subject to an adverse decision by the NREMT under this Policy may appeal that decision as outlined in the NREMT Certification Eligibility, Discipline and Appeals Policy.

Please refer to the NREMT Criminal Conviction Policy: or https://www.nremt.org/nremt/about/policy_felony.asp

PHYSICAL EXAMINATION & IMMUNIZATIONS

It is required that each student has a physical examination prior to starting the program clinical to assure that the student is physically able to participate in the activities required of an EMS student.

Students who do not have a completed physical and immunizations up to date, will not be allowed to participate in clinical or field activities.

Each student will have a physical performed by licensed qualified healthcare provider limited to: physician (M.D. or D.O.), physician assistant, or nurse practitioner, and using the Health Sciences Physical Examination & Immunization form. In addition, documentation and/or results of the student's immunizations and tests are required. The documents will be submitted by the student to the Castle Branch Certified Background database on line. The completed form will be kept in the student's permanent file. A copy of the physical form is included in this handbook.

IHCC Student Health can schedule the physical by calling 683-5336.

DRUG AND ALCOHOL TESTING SCREEN FOR EMS

All EMS students will be required to have a 10-Panel urine drug screen for clinical participation where they provide care, treatment, and services. The student portfolio (on the Castle Branch website) has the negative drug screen results and will be present with the student so the clinical site can monitor compliance.

HEALTH SCIENCES DIVISION DRUG SCREENING

All Health Science students will be required to have a drug screen prior to the clinical experience. The student portfolio (on the CastleBranch website) will contain the drug screen results. Those results will be available to both the student and program administrator.

The process will be as follows:

- The student will be provided with information on setting up their account for the Castle Branch portal during the mandatory program orientation
- The student will place an order and pay for the drug screen on the portal.
- The student is responsible for the drug testing fee.
- Castle Branch accepts Visa, MasterCard, and Discover, debit, electronic check or money order.
- The confirmation of payment will be issued to the student.
- The confirmation form will be printed as proof to the program administrator.
- The program administrator will then issue the Forensic Drug Testing Custody and Control Form.

How should students schedule their drug test?

- Call the Ottumwa Regional Health Center Occupational Health at 641-684-2466 to set up a drug testing appointment.

- Take the Forensic Drug Testing Custody and Control Form to the appointment at Ottumwa Regional Health Center Laboratory.
- Results will be submitted to the Castle Branch Certified Background database from the lab testing site.
- The student will receive an email to check their account for further information.

Who gets the results?

- The test result will first be reported to the Medical Review Officer (MRO) associated with Castle Branch for review and interpretation.
- The MRO will then report a confirmed positive test result to the student.
- The MRO will attempt to call the student two times from this phone number 800-526-9341. The hours of the follow up phone call will be between 8-5 EST.
- Any questions regarding the results of any drug or alcohol test may be directed to the MRO.

Negative Results:

- Negative Test Result: notice will be posted on the Castle Branch student account of passing the initial drug or alcohol test.

Positive Results:

- Positive Test Result/Failed Test: The MRO will confirm any proof of the student prescriptions, and make any necessary updates to the positive test result.
- Right to Secondary Confirmatory Test: A student with a confirmed positive test result may ask for a second confirmatory test using ONLY the results from the first test sample from another approved laboratory within seven days of the IHCC mailing of the positive test results to the student.
- The confirmatory test will be conducted on a portion of the sample collected at the same time as the sample that produced the positive test result.
- The student is responsible for the cost of second confirmatory test.
- The sample of collection test will be split in the presence of the individual student to allow for the confirmatory testing of any initial positive test result.
- During the confirmatory process, students may be suspended from the clinical and/or classroom experience.

Confirmed Positive Results:

- Students with any confirmed positive results will be withdrawn from the program.

Legal Medication/Drugs Notification

- A student must notify the clinical supervisor or program director whenever he/she is using a prescription or over-the-counter drug, which may affect safety or work-performance.
- In making this determination, the student is responsible for consulting with their licensed healthcare professional and reviewing any warning on the label to determine if any medication or drug would adversely affect the student's ability to safely perform essential functions of the clinical or classroom experience.
- If the student is deemed by a Medical Doctor, Doctor of Osteopathy, Physician Assistant or Nurse Practitioner to be safe during the clinical or classroom experience, a "release to attend clinical/classroom document" is required to be signed and kept in the student's file at IHCC.
- The student who does not fully disclose this information will be subject to possible disciplinary action which may lead to dismissal from the program.

Prescription medications that do not impair performance may be brought to the clinical site and should be taken as prescribed. All prescription drugs must be kept in the pharmacy dispensed container.

Testing due to reasonable suspicion:

- Once a student is enrolled in the program, if there is a reasonable suspicion of drug or alcohol use, the Program Director will have the right to approve an additional drug or alcohol test at the student's expense. The clinical site also has the right to request a drug/alcohol test at the student's expense.

Reasonable suspicion may include, but is not limited to:

- Student behavior or conduct including physical manifestations
- Evidence that the involved student has caused or contributed to a clinical or classroom related accident
- Objective signs that the involved student may have used drugs or alcohol (i.e., slurred speech, staggering gait, odor of alcohol), or reports from others of a clinical "accident", slurred speech, etc.

When a program director, faculty member or clinical instructor has suspicion of alcohol or drug use during the clinical experience, the following steps will be taken:

- Remove student from the patient care area or assigned work area and notify the clinical instructor and the Program Director.
- Consult with another faculty, clinical instructor, or employee for verification of suspicions in a confidential manner.
- Upon verification by a second person, inform the student that he/she is relieved from duty and that there is a need "for cause" drug/alcohol screening.
- If the student admits to alcohol and/or drug use, the student must undergo urine drug testing
- Pending the resolution of any testing, the student will be suspended from clinical and/or classroom sites
- A student subsequently found to have positive test results will be removed from the program.
- All incidents involving "reasonable suspicion" drug testing in the clinical setting will be handled with strict confidentiality
- Costs for "reasonable suspicion" drug testing are the student's responsibility.

Transportation of student after reasonable suspicion:

- An unimpaired person (such as a family member or friend) or taxi cab must transport the student to nearest testing facility. A release form must be signed by the person transporting the student and provided to the Clinical Supervisor/Program Director. If a taxi is transporting the student, the person observing the student enter the taxi may sign the release form and provide to the Clinical Supervisor/Program Director.
- If the nearest testing facility is at the clinical site, student should be sent for testing and then an unimpaired individual or taxi cab should take the student home. If a taxi is transporting the student, the person observing the student enter the taxi may sign the release form.
- While awaiting transport, the student should not be allowed to leave the supervisor's presence or ingest any substances.
- If the student insists on driving, either clinic supervisor or Program Director will notify law enforcement.
- Pending the resolution of any testing, the student will be suspended from clinical and field sites.
- A student subsequently found to have positive test results will be removed from the program.

If the student refuses “reasonable suspicion” testing:

- Have an unimpaired individual or taxi take the student home
- Document the following in writing:
 - o Student behavior
 - o Actions taken
 - o Written statement of person verifying behaviors
 - o Student’s response
- Contact the Clinical Supervisor/Program Director as soon as possible and deliver written documentation to the Clinical Supervisor/Program Director within 3 days of the incident.
- Students who refuse reasonable suspicion testing will be removed from the program.

If a facility other than the approved testing site at Ottumwa Regional Health Center performs drug/alcohol testing:

- The student is obligated to notify the Program Director of any request by a clinical site for additional testing due to reasonable suspicion.
- If tested by a clinical site, the student shall provide the Program Director with a copy of any test results.
- Failure to promptly notify the Program Director shall be ground for dismissal from the program.
- The student is responsible for any expense incurred with testing.

If a student voluntarily discloses a drug or alcohol problem:

- If a student voluntarily discloses that he/she has an alcohol/drug problem and requests assistance, they are then referred to IHCC Student Health.
- Students may be temporarily suspended from the program and/or clinical experience until such time as they have completed drug/alcohol treatment and are considered safe to return to both the classroom and clinical site by a Medical Doctor, Doctor of Osteopathy, Physician Assistant or Nurse Practitioner.

Minor Students:

- Any minor student under the age of 18 must abide by the drug and alcohol testing policy.
- A parent or legal guardian of a student under the age of 18 must sign an acknowledgment of receipt of a copy of this policy.
- Those students who are minors under the age of 18 must obtain notarized parental/legal guardian consent on Section II of the Drug/Alcohol Test Release & Consent For Minors.
- Lack of consent for testing will disqualify the minor from continued clinical participation and participation in the Program.

Providing False Information:

- Any student who provides false information when completing paperwork required for a drug test or when responding to required questions for an alcohol or drug screen test will be removed from the Program.
- Any student who dilutes, contaminates, tampers with, alters or interferes in any way with the collection of a specimen for testing purposes will be removed from the program.

Costs:

- The costs of alcohol or drug rehabilitation, treatment and counseling will be the responsibility of the student.
- Costs of drug/alcohol testing are the responsibility of the student

MANDATORY REPORTER: DEPENDENT ADULT/CHILD ABUSE

Students in the Health Science Division are required to complete a dependent adult and child abuse course with information on the following content areas: Iowa law, probable reasons, recognition, and reporting process. This is embedded into the course as an online module in EMT1 or Paramedic 1. All EMS students will have certificate proof before attending clinical rotations.

CONFIDENTIALITY

A student is to keep confidential all patient information he/she may see or hear during clinical or field time. Any breach of confidentiality is grounds for dismissal from the program. Use of cell phones and social media in the clinical care area is prohibited.

All patient information that students have access to is personal and private; therefore, confidentiality in healthcare is crucial. Any violation of the “patient right” would be possible cause for dismissal.

Violation would include, but not be limited to: a) discussing information about a patient in an inappropriate setting, or with someone not related to the care of the patient; b) taking pictures of the patient for personal keeping; c) exposing a patient unnecessarily; and d) handling inappropriately the personal possessions of the patient, such as going through a patient’s purse/wallet without authorization by the patient.

All students will adhere to the HIPAA (Health Insurance Portability and Accountability Act) regulations of the facility they are attending.

CELL PHONES

During EMS courses students must either turn cell phones off or to a “vibrate only” mode. If the student needs to take a call, they are to quietly leave the classroom to do so. Although this is allowed, it is expected it will occur only on an infrequent basis. Instructors can request cell phones be turned off completely or placed out of reach if disruptive. Texting or using apps such as Facebook or Snapchat during classroom time is highly discouraged and may result in disciplinary action from the course instructor.

Cell phone usage in clinical and field sites is limited to emergency use only. A student cell phone will not be used any time they are with a patient. No camera use or comments on social networks will be done by EMS students. Certain clinical sites will not allow students to have a cell phone on their person during those times. Cell phones brought to clinical sites must be turned off while in the facility. Texting or internet access during clinical is not acceptable use during down time. Cell phones can be used while on breaks in an approved location.

Cell phones linked to social media is a conflict with the confidentiality stand in healthcare.

ATTENDANCE POLICY

The faculty and clinical instructors consider attendance important because learning rarely takes place if a student is absent, regardless of the reason. Prospective employers consider attendance records a good indicator of future employee behavior and typically inquire about the attendance records of the student/graduate. Therefore, to satisfactorily complete the performance expectations of the Emergency Medical Services program, the following policies must be adhered to:

CLASSROOM

- 1) Students are expected to be in attendance for all classes. This includes being on time, and attending the entire class.
- 2) If a student is unable to attend, he/she is to report the absence each day--stating his/her name and the reason for the absence. The student will notify the instructor for the course or the IHCC EMS Program Director at (641) 683-5122 or 1-800-726-2585 ext. 5122. Voice messages regarding an absence may be left 24 hours a day. Notification of absence may also be left via e-mail or through the web services clinical web page.
- 3) Classroom attendance will be documented and maintained in the health science division.
- 4) The student must initiate the classroom assignment make-up process.
 - a) Students will NOT be allowed to make-up classroom work, including exams unless the instructor has been notified regarding the absence.
 - b) The instructor and the student will arrange a schedule for completion of make-up work.
- 5) Children may not attend class with the parent.
- 6) Failure to participate in EMS lab courses may result in loss of participation points on the days missed, and will not be allowed to be made up.
- 7) Students who miss more than 10% of the didactic portion of the course may have difficulty maintaining their academic standing in the program, and will be evaluated for continuation in the course.

CLINICAL

- 1) Students are expected to be present for all clinical experiences. This includes being on time, and attending the entire scheduled shift.
- 2) If a student is unable to attend, he/she is to report the absence each day--stating his/her name and the reason for the absence. The student will notify the instructor for the course or the IHCC EMS Program Director at (641) 683-5122 or 1-800-726-2585 ext. 5122. Voice messages regarding an absence may be left 24 hours a day. Notification of absence may also be left via e-mail or through the web services clinical web page. The clinical site at the assigned facility will also be contacted by the student regarding the absence.
- 3) Clinical attendance will be documented in the student's record as entered with FISDAP.
- 4) If a student does not report for clinical as scheduled, the EMS instructor or program director will counsel the student and provide documentation for the student's file. Changes in the clinical schedule, including make-up days must be coordinated and approved by the EMS instructor or program director.
- 5) Students will be allowed 16 hours of clinical absence during the 24 months of their program.
- 6) Students failing to comply with attendance requirements such as a student having multiple cancelled shifts or does not cancel prior to missing the shifts, the student may be recommended for dismissal from the program.
- 7) A release from a physician will be required to return to clinical following three (3) or more consecutive days of absence due to illness/injury.
- 8) Children may not attend clinical with the parent.
- 9) Before leaving the clinical site, the student must report to the clinical preceptor.

LEAVE OF ABSENCE

Students wishing to take a leave of absence from the EMS Program must submit a written request to the Program Director. A leave of absence may be granted for emergencies including: hospitalization, birth of a child, or death in the student's immediate family.

A leave of absence may be granted if:

- a) The student has demonstrated the ability to meet the performance expectations of the program
- b) The student and faculty are able to develop a curriculum plan that assures the student's progression through the program.
- c) The student must be able to meet course requirements no later than six (6) weeks following the date the leave of absence is granted, following the Incomplete Grades policy, as described in the College Catalog.

MEDICAL OR SURGICAL CONDITIONS

The student, who has a medical or surgical condition that requires restrictions, must bring IHCC a release from his/her qualified licensed practitioner allowing the return to duty for clinical and field time. The Leave of Absence policy will be utilized as needed.

When the student has confirmation of pregnancy, she will be required to submit a statement from a qualified licensed practitioner, indicating the student's continued ability and/or limitations related to participation in the required laboratory or clinic-based learning activities. She will also need a release to return to duty after the event. The Leave of Absence policy will be utilized in preparation for the student's estimated delivery date.

STIPENDS

Students are not to be replacing or substituted for paid staff during any clinical assignments. Each student is placed with clinical agencies as a part of the academic curriculum. Students are not considered employees of the clinical agencies or IHCC for the purpose of compensation, fringe benefits, worker's compensation, unemployment compensation, minimum wage laws, income tax withholding, social security, or any other purpose.

After demonstrating proficiency, students may be permitted to perform procedures with direct line of sight supervision.

COMMUNICATION/STUDENT MESSAGES

It is not the health science division's responsibility to take personal messages or telephone calls. If a call for a student is received, the office will search for the student only if the call concerns an emergency.

GRADES

In order to graduate, a student must receive a passing grade in all courses listed for that major and achieve a cumulative grade point average (GPA) of 2.00 or above. This is equivalent to a "C" average.

Minimum satisfactory scholastic achievement is represented by a 2.0 grade point average each term of enrollment. Students who fall below this level will be placed on academic probation for the following term. Students who fail to achieve a 2.0 GPA during their probationary term may then be dismissed from their current program or college. Students not dismissed must have permission from their Dean and from the Registrar to re-enroll for the next term. Very poor work in any term, however, may result in dismissal at the close of that term. Academic probation may affect financial aid. The student is encouraged to see a financial aid counselor for clarification of an individual situation.

Students who are unable to complete assigned work in a course may be given a grade of "I" (incomplete). Students must complete the assigned work as soon as possible (at the discretion of the instructor/ department chair), but no later than six weeks into the following term. Grades for courses left with an "I" past the six-week completion period will automatically convert to "F".

To successfully complete the EMS Program, a student must achieve a passing grade in all non-core prerequisite courses, and a minimum grade of a "C" in the following courses: BIO 175 Human Anatomy, BIO 176 Human Anatomy Lab, BIO 178 Human Physiology, and BIO 179 Human Physiology Lab. Students will first contact the course instructor regarding questions with individual course assignments and grades. Failure to pass the listed non-core courses with a "C" will result in the student not being eligible to continue in the core EMS curriculum sequence at the Paramedic level.

Students must pass all core EMS courses with a minimum of a "C", or a 78% to progress in the EMS program sequence. Students who fail to earn a "C" or better in a core EMS course will be required to repeat the course at its next offering, typically the following academic program. See the EMS Re-entry policy. Core EMS courses include:

EMS Level	Core Course
EMR	EMS160
EMT	EMS260, EMS360, EMS365
AEMT	EMS460, EMS470, EMS475
Paramedic	EMS820, EMS590, EMS690, EMS695, EMS781, EMS785, EMS880, EMS885, EMS890, EMS895

For students enrolled in the certificate or degree programs, the following requirements must be achieved to be able to graduate:

- The student must have a 2.00 GPA in each of the EMS classes in the EMS curriculum
- The student must have an overall GPA of at least 2.00
- For the associate degree program, a student must have been earned a minimum of 16 semester hours at IHCC
- The student must have made arrangements for meeting all financial obligations to the college
- The student must have satisfactorily completed all program requirements

TESTING

1. Quizzes over lecture and/or reading material will be given periodically, either announced or unannounced.
2. Written and computer based examinations will be given in each core course. Laboratory practical exams will be given in selected core courses.
3. Each instructor will determine the test schedule and content of the tests.
4. Each student must notify the course instructor prior to examination time if he/she is going to be absent.
5. The classroom assignment make-up process must be initiated by the student.
 - a. Students will NOT be allowed to make-up classroom work, including exams unless the instructor has been notified regarding the absence.
 - b. The instructor and the student will arrange a schedule for completion of make-up work.
6. All make-up testing will be done at the instructor's discretion and may determine that an alternate format test be given if a student is absent on the scheduled exam day.
7. Final examinations will be scheduled for each course.

Health Occupations grading is based upon the following percentage scale:

Percentage Scale	Letter Grade	Numerical Grade
100 - 93	A	4
92 - 85	B	3
84 - 78	C	2
77 - 75	D	1
74 - 0	F	0

In order to sit for certification testing or graduate from either program, a student must obtain a C minimum (78%) in all EMT courses.

8. Students must pass each EMS Program core course and laboratory practical with a 78% or above to pass the course. The instructor will determine which components of the practical skills are to be repeated. A student who requires a second attempt on an exam may earn a maximum of 78% for the practical score. Failure to obtain a 78% on the second attempt will result in failure of the course.

CAPSTONE EVENT

During Paramedic 5, the students are preparing for their capstone event with the EMS Program Medical Director. All patient contacts, required hours including the 25 team leads during clinical and field internship should be on target for course completion. The medical director oversees a case scenario with lab skills for each student. The evaluation determines if the student demonstrates expected paramedic entry level competence. The medical director can also fail the student or offer remediation.

The medical director and the program director review and evaluate if the graduation requirements are met. If met, the medical director completes the terminal competency form.

DROP/WITHDRAW

Students may make course schedule changes (add and/or drop classes) during the first eight days of class or through the EMS Program Director. Students may add or drop classes online only during the first eight days of the term. **No add or drops with refund can be made in a student's schedule after the first eight class days. No student can enroll for the class after the eighth class day. Students are required to follow the add/drop procedure outlined in the Indian Hills student planner.** If a student does not follow the withdrawal procedure the course will remain on his/her transcripts and the student will receive an "F" grade for that course.

APPEAL OF FINAL GRADES

If a student wishes to appeal a final course grade, the appeal process must be initiated within two (2) weeks following the end of the term in which the course was taught. The student must first contact the course instructor with questions concerning the final grade. If the student is not satisfied with the outcome of the meeting with the course instructor, the Student Appeals Process outlined in the Indian Hills Community College Student Handbook and Planner must be followed.

<http://catalog.indianhills.edu/content.php?catoid=36&navoid=2204>

ACADEMIC INTEGRITY

Academic honesty is expected in all actions and activities related to the EMS classes, laboratories or clinical experiences in the EMS Program. Academic dishonesty (cheating) is defined as the use of unauthorized resources by a student during a test, quiz and/or written assignment. This includes using notes, phones, books or other written information during a test or duplicating someone else's work. Test questions are expected to be answered without prompts and all written work is expected to be original. This applies to student work in both the classroom and in the clinical practice area.

A violation of this policy will result in a zero (0) or a failure (F) for the test, quiz or written assignment or a suspension from the program. This includes clinical or field events.

In the event that a student is suspected of violating this policy the instructor suspecting the violation shall prepare a written counseling statement notifying the student of the alleged violation.

The student has the right to appeal. All appeals are to follow the Student Appeal Process outlined in the IHCC student handbook.

IHCC has provided the technology option of LockDown Browser and Webcam for Online Tests. The instructor will determine when this technology option will be utilized.

To demonstrate understanding of this policy, students sign an academic integrity statement.

RE-ENTRY POLICY

Re-entry is a provision whereby students who have previously been enrolled in the EMS program at IHCC may seek to return to the program. Stopping out, withdrawal (failing or passing), or failure will necessitate completion of the re-entry form.

RE-ENTRY PROCEDURE:

1. To be considered for re-entry, a student must submit a written request form to the EMS Program Director within 30 days of stopping out, withdrawal or failure. This form will be stating the Term and Year of the next cohort of students in which he/she wishes to return.
 - a. Following stopping out, withdrawal or failure a student who plans to continue general education coursework at Indian Hills will need to complete a change of major form for re-entry with the Program Director.
 - b. Following stopping out, withdrawal or failure, a student who does not plan to continue general education coursework at Indian Hills will need to complete a new application prior to re-entering the EMS Program.
2. Student must meet current EMS Program entrance criteria. These may include but are not limited to: grade point average, admission test scores, drug screening, criminal history, immunizations and physical updates.
3. A student may repeat an EMT or a Paramedic course once each. A student may repeat a maximum of two (2) different EMS courses in the program. Students who stop out, withdraw (failing) or fail more than twice, will generally need to start the entire program from the beginning and are strongly encouraged to attend the program at another institution.
4. A student who has withdrawn due to an issue that is not related to academic performance (clinical performance, affective behavior, and/or clinical policy issues) and has exceeded the maximum of two (2) different paramedic courses will be expected to meet with the Program and/or Medical Director to further discuss the matter. Any decision to reinstate the student in this circumstance will be by consensus of the Program and/or Medical Director.
5. The student will generally be required to provide evidence that they have support systems in place to overcome the challenges associated with the issue leading to the withdrawal. For students reinstated under these circumstances, any additional failure, or withdrawal, from a program course will generally require that the student complete their EMS education at another college.

For students who have been re-admitted to the program, subsequent re-admissions for any personal/medical leaves will be considered on an individual basis. Factors may be considered included, but are limited to: 1) academic success; 2) remediation activities; 3) clinical performance; 4) student behavior/attitudes/professionalism; and 5) attendance pattern.

6. Students are accountable for the content taught in all previous theory, lab, and clinical courses in the EMS program. Students are responsible for reviewing this content, as in preparation for subsequent courses, National Registry examinations, and prospective employers.

7. Due to advances in EMS knowledge and technology in the health care area, reinstatement during the subsequent academic year will be required to repeat the previous core EMS courses. If the student does not demonstrate competence, he/she may be required to repeat the course from which the competency was failed.
8. If more than one (1) academic year has passed since the student has been in the EMS Program, the student will be required to re-apply and start the process over.
9. Student will follow the EMS Program policies and procedures in place the year of reinstatement.
10. Continuing students will be given priority over re-entering students to ensure adequate space in the class.
11. Students will be notified as to their reinstatement status as soon as possible prior to the beginning of the course. The student is responsible for notifying the EMS program of their intent to accept the seat. Failure to utilize their seat will be considered a withdrawal and may jeopardize any future application for reinstatement.
12. Students are expected to contact the instructor and program director before the beginning of courses to discuss expectations, orientation, etc.

COMPUTER/TECHNOLOGY

IHCC is working on continually improving communication and delivery of resources to aid in student learning. Therefore, having computer and internet access is required in this program. Individuals can view the computer requirements by going on to the school's web page. There are numerous computers and internet access on campus. Students will need to access class resources weekly or if the class is specifically an online format.

This course has the option to use of Respondus LockDown Browser and a webcam for online tests. Please read and follow the directions in "Respondus LockDown Browser: Instructions for Students" (PDF) for details on what this is, how to set it up, and what will be expected of you. Information about this can also be found in the "Before You Begin" section of our course in MyHills.

TRANSFER COURSES

The college catalog outlines the policy for acceptance of credit for courses taken at another institution. Transfer of courses in the core EMS curriculum will be considered on an individual basis. To be considered for transfer credit, the student must have achieved the minimum grade as outlined by the college's transfer credit policy. If a student feels he/she has prior credit for a class, transcripts must be submitted and the Registrar, in collaboration with the Dean of Health Sciences, will review the transcript to make the determination concerning transfer credit.

Students who are currently certified in Iowa as an EMS Provider and wish to complete one of IHCC's Emergency Medical Technology Programs can receive credit for their current certification to apply toward IHCC's program requirements. Students wishing to do this should contact the registrar or EMS Program Director for more details.

CLINICAL & FIELD EXPERIENCE

The purpose of clinical experience is to allow the student to apply the knowledge and skills acquired in the classroom to a hands-on patient care situation. The clinical is designed to provide students learning experiences with patients, coordination with other health care providers, utilization of support staff and time management. Each student will be directly supervised by a preceptor at a facility or service affiliated with the EMS Program. Students are expected to abide by the policies and procedures of the assigned clinical facility.

Students may begin clinical and/or field time when scheduled if they have (1) submitted a completed physical examination forms, including immunizations and drug screen, (2) checked off on all applicable skills required at that point, and (3) when the EMS instructor/director designates the time frame.

LOCATION

Clinical education is an essential learning experience and as such the sites are chosen to meet the student's need for a comprehensive education. The student's preferences will be considered during assignment of clinical sites, but the final determination rests with the EMS Program Director. Clinical affiliations are available within traveling distance of Ottumwa. A student may be scheduled at a requested site if it provides an appropriate learning experience and is available at the requested time. Students are required to provide transportation to and from clinical sites. Students will be provided with a list of clinical sites affiliated with Indian Hills.

Clinical affiliations will not be scheduled for more than 50% of clinical time in a service/facility which the student is currently employed. The student may not be under clinical supervision of a family member or close friend.

CLINICAL & FIELD SITE CONTRACTS

A list of the standard facilities where IHCC students may schedule clinical or ambulance ride time will be provided. The list may change as sites are added or eliminated. See the EMS Program Director for a current list. Additional sites may be pursued per student request and if sufficient patient contacts for that site exists.

Sites outside of the IHCC area are subject to agreement with other EMS Training Programs for sharing resources.

A contract with the clinical site has to be in place before the student can schedule hours.

The Clinical Affiliation Site Request Form (Appendix B) will be used to by students to request their options.

Clinical/field experience hours are scheduled as follows:

Class	Total Hours	ER	Ride Time	Fire Based
EMT2	56	24	24	8

Class	Total Hours	ER	OR*	R.T.	Ride Time
AEMT	96	40	16*	*	40

Class	Total Hours	ER	OR	ICU	Cath Lab	RT	Ride Time	OB	Ped's	Opt.	Internship
P2	96	72	24								
P3	144	50		24	16	8	46				
P4	192	48					24		24		96
P5	196			24			36	16		24	96

Students may not perform skills (intubation) on patients in the clinical setting once a patient is deceased.

STUDENT CONTACTS or SKILLS REQUIREMENT

Minimum contacts or skills requirements are cumulative for the EMT course over EMT2 clinical.

Required	Contacts
5	Assessment-Pediatric
5	Assessment-Adult
5	Assessment-Geriatric
	Ride Time
5	Emergency Calls
2	Transfers or Routine Calls

Minimum contacts or skills requirements are cumulative for the Paramedic Program over terms P2, P3, P4, and P5.

Required	Skill
25	Medication Administration (live)
25	Vascular Access (successful) (live)
10	Ventilations (live)
5	Human Intubations
	Contacts
30	Chest Pain
20	Respiratory Distress
10	OB
40	Trauma
20	Abdominal
10	Psychiatric
10	Syncope
10	Altered Mental Status
30	Pediatric Assessments
50	Adult Assessments
30	Geriatric Assessments
	Ride Time
25	Team leader experiences

EMS students will be responsible for scheduling clinical, field and internships in collaboration with the EMS instructor or director.

All EMS students are responsible for providing schedule preferences for their clinical and field shifts with approved sites. Students are also responsible for providing their own transportation to and from these sites. Students will be provided with a clinical policy manual including a list of approved sites and guidelines for these sites.

Students may not complete more than 12 hours of student clinical in a single shift and must have a minimum of 8 hours off between any two scheduled student shifts.

If EMS students have met the necessary hour requirements for each clinical course but have not cumulatively met the above listed contact requirements by the end of the course, they will receive an “I” for incomplete. They will not be able to continue the program in sequence until those contacts are made. The student will be granted an additional 6 weeks to meet the required contact minimums.

The student’s responsibility will be actively monitoring their contact opportunities to achieve the goal before the term ends when an alternate plan of action can be made. Students will be counseled to participate in clinical sites that have a higher volume of patient opportunities. Students falling behind on their clinical hours/contacts are at jeopardy for not completing the program.

All required clinical and field time must be completed prior to the end date indicated in the course schedule. If a student has completed the required hours of time but has not obtained the required number of ambulance runs, skills or clinical contacts, additional clinical and/or field time may be required. In this case, students will be given an “incomplete” grade for the course and will have an additional 6 weeks to acquire the runs, skills or contacts needed. Once completed, their actual grade will be awarded. If not completed, their grade will revert to an “F”. 100% completion of clinical and field time (hours) is required for successful course completion.

If a student does not complete the minimum hours by the date indicated in the course schedule, he/she will receive an “F” grade for the course regardless of their course average and will not be allowed to proceed with state and national certification testing.

Students are not to be at clinical and field sites outside of scheduled clinical and field time unless he/she is also an employee of that site or other arrangements have been previously made. Any student presenting to a clinical or field site without the proper uniform or name tag may be sent home by the site preceptor. While at clinical or field sites students are to follow site policies outlined in the clinical policy manual. Site policies that supersede IHCC policies must be honored.

Students must be free of alcoholic substances for at least 12 hours prior to any scheduled clinical or field time.

Students are to assist with **all** duties the preceptor(s) perform during the shift. The student may observe skills/duties performed by the preceptor that are beyond the student’s certification level/scope of practice. The student is responsible for knowing what skills are within their scope of practice. Students may perform skills only under direct supervision of an approved preceptor.

The extent to which a student is allowed to participate in a patient's care is at the discretion of the preceptor(s).

The preceptor has the right to dismiss a student anytime he/she feels the student's health, behavior or patient care is or is likely to be detrimental to site staff, patients, preceptors or others. Students who are dismissed from a clinical or field site are to contact the course instructor or Program Director immediately. The course instructor and/or Director will investigate and complete any follow up or disciplinary action as indicated.

The college will maintain files of all students clinical and field time completed. **Students are personally responsible to see that all clinical and field documentation sheets are signed as necessary and placed in their file.** If a student does not have appropriate documentation for time completed, or it does not have appropriate signatures, it will not count and additional time may need to be completed. Site preceptors have no duty to sign the preceptor sheets given to them at a time different than when time was completed.

Students will complete an IHCC written ambulance run report of each ambulance call regardless of the type or level of the call. Students must use the appropriate IHCC student ambulance report form. This documentation should be done as soon as possible following the call. The run report, when completed by the student, should be reviewed by the student's preceptor or EMT who attended the call and then returned to the student. Students are to place run reports in their clinical and field time documentation IHCC files.

Students will be required to provide Fisdap documentation and a written report of their scheduled clinical and field shifts to the EMS Clinical coordinator prior to commencement of their clinical and field experience. Any shift performed without Fisdap scheduling and not approved by the clinical coordinator shall be considered unacceptable. The student is then required to forfeit hours and contacts and complete similar hours in an approved repeat shift.

If unable to attend a shift once scheduled, the student is to notify the site as well as the clinical coordinator. Failure to do so may result in the student being counseled. Repeated failure to report shifts may result in removal from the course.

Students completing field time at a service where they are also employed may not count paid hours as ride time. **Student experiences must be scheduled in advance on Fisdap**, not as the patient experience should arise. Students may not do over 50% of their ride time hours each term with a service they currently work at to enrich their learning experiences available.

Students will maintain Fisdap records and logs of all patient contacts, procedures/skills performed and ambulance runs completed during clinical and field time. Each student will be evaluated on an individual basis to assure they have acquired enough skill practice during their time to assure competency.

FISDAP SKILLS TRACKER AND SCHEDULER

All IHCC EMS Program students will be required to purchase and utilize FISDAP skills tracker and scheduling in conjunction with written documentation. Students need to have internet access to utilize FISDAP. All EMS Program students will need to follow the signed FISDAP policy.

EMT students will be scheduled in FISDAP by their instructor /director.

Students will need to schedule their shifts in advance for 4 weeks at a time. Planning is critical to the student success in their EMS career. A guide is included for recommended shifts per week to meet the program regulations at each level.

Prior to going to any clinical site the student must log into FISDAP scheduler. The student should enter the following: which site they will be going to, the date, the time, and the number of hours you plan to be at that site. IHCC instructor and/or director will approve or deny the clinical and field sites requested.

CLINICAL FORMS/DOCUMENTATION

Proof of documentation of clinical experience is the responsibility of the student. Lost or incomplete clinical forms and evaluations may require the student to repeat the clinical hours. Clinical documentation shall be on the approved clinical form and alternative forms of documentation will not be accepted. These forms are kept on file in the student's records.

It is the **student's responsibility** to ensure that their clinical form is **signed by the preceptor** prior to leaving the clinical site to include all activities in which they participated, as well as the time they were present.

The completed student professional behavior evaluation form is to be placed into the provided envelope (addressed to Indian Hills Community College). The envelope is to be sealed with preceptor's signature across the seal. The preceptor may return the envelope to the student once it is sealed and signed.

Clinical forms must be submitted and/or mailed to the IHCC Instructor/ Director within one week of their completion.

Following the completion of a clinical shift students will have no more than 48 hours to enter their information for that clinical into the FISDAP skills tracker or they will not get credit for those skills or hours.

Student's shifts which are marked as late will result in a lower clinical grade. For each day and shift after the initial late entry of 48 hours reminder email from FISDAP the student's final grade will be decreased by 3%. The only exception to this rule is gaining prior approval by the clinical coordinator for an extenuating circumstance.

Students are not allowed to use clinical site computers for entering skills and hours into FISDAP. Students must truthfully and honestly enter in their hours and skills. If a student has marked their shift as complete and has found a mistake they must immediately notify the clinical coordinator by email or phone and advise them of the mistake. If the student cannot reach the clinical coordinator they must contact the program director by email or phone and advise them of the mistake.

The clinical coordinator will randomly audit a minimum of 10 percent of the entries into FISDAP. At the discretion of the program director and/or the clinical coordinator any errors to clinical information can and will be adjusted. Clinical entries with multiple errors will be discarded and those skills and hours will not be counted. Any student found falsifying clinical documentation can risk repercussions including dismissal from the program and the Iowa Department of Public Health notification.

PLACEMENT

The ability of a student to obtain employment in his/her career field upon graduation is a very important part of the educational process. The Health Sciences Division, working cooperatively with each student, will do everything possible to see that this outcome is met:

- The student is responsible to actively seek employment.
- The division will keep students informed of known available employment opportunities.
- The student should provide the Program Director with placement data once a job is accepted.
- The Health Sciences Division sponsors a career fair annually to make students aware of employment opportunities.

CLINICAL SITE REQUEST

Name: _____

Requests by students will be considered when scheduling clinical assignments. Actual placement will be based upon availability. Note preferences for time of day and day of the week. "Work base" _____

EMT 2	ED	Ride Time	Fire Based
1st choice			
2nd choice			
3rd choice			

AEMT 2ED	Ride Time	O.R.	R.T.
1st choice			
2nd choice			
3rd choice			

P 2	ER	OR
1st choice		
2nd choice		
3rd choice		

P 3	ER	ICU	Cath Lab	R.T.	Ride
1st choice					
2nd choice					
3rd choice					

P 4	ER	Ride Time	Pediatrics
1st choice			
2nd choice			
3rd choice			

Internship	Site	Preceptor
1st choice		
2nd choice		

P 5	ICU	Ride Time	OB	Optional
1st choice				
2nd choice				
3rd choice				

Internship	Site	Preceptor
1st choice		
2nd choice		

Recommended student schedule for clinical and field time.

Level	Total hours	Shift length	Required hours per week (12-week term)
EMT 2	56	8	1 shift/week for 7 weeks
AEMT 2	96	8	1 shift/week for 12 weeks
P 2	96	8	1 shift/week for 12 weeks
P 3	144	12	1 shift/week for 12 weeks
P 4	192	12	2 shifts/week for weeks 2,3,4,5, and 7,8,9,10
P 5	196	12	2 shifts/week for weeks 1,2,3,4, and 6, 7, 8, 9

CERTIFICATION TESTING PROCEDURES

National Registry psychomotor examination testing for the Emergency Medical Responder, Emergency Medical Technician, Advanced EMT, and Paramedic levels is offered on a prescheduled basis on the Ottumwa IHCC campus or at another training program.

If a student is unable to attend he/she will be provided with options for test locations through the National Registry of EMT's at www.NREMT.org. The Program Director will assist students in making arrangements. Fees for the psychomotor exam are required in addition to course tuition and fees.

The computer adaptive testing NREMT exam for the, Emergency Medical Responder, Emergency Medical Technician, Advanced EMT, and Paramedic levels is available through the IHCC Testing Center Pearson VUE. Additional fees will be required for the computer adaptive examination.

Students must successfully complete both the computer adaptive testing and the psychomotor exam to qualify for NREMT certification.

To be eligible for computer adaptive testing and the psychomotor exam testing at any level, students must have:

- Completed 100% of all clinical and ride time by the date indicated in the course schedule including any minimum number of skills or ambulance runs indicated
- Completed their EMS course with a minimum of a C grade
- Demonstrated competency in EMS skills at the appropriate level
- A current healthcare provider CPR card
- Paid all money due at the IHCC Business Office or made arrangements with the Business Office for payment

SAFETY: On-campus

At Indian Hills Community College, the safety and security of our students, faculty and staff is always a priority. Safety and the prevention of accidents are the responsibility of faculty, staff and students. Everyone on campus is encouraged to use all available resources and information, as well as common sense decisions, to help foster a safe environment.

Refer to the college catalog, student handbook, and appropriate signage posted throughout the campus for policies and procedures regarding safety on campus. If an accident or injury occurs while on the Indian Hills campus it is to be immediately reported to a member of the staff or faculty. Emergency care will be provided on campus until emergency medical services arrive. Potential safety hazards will also be reported to the staff or faculty.

Campus security can be contacted 24/7 at 641-680-5835.

SAFETY: Off-campus

While attending off-campus clinical and field rotations health and safety policies and procedures of the facility will be observed. If an accident or injury occurs during a clinical experience, the incident is to be immediately reported to the facility staff and the IHCC EMS Program Director so the appropriate procedures can be instituted. Guidance for the event is in the procedure described in the EMS Student Handbook under the heading "Clinical Experience- Incidents" will be followed.

SEXUAL HARASSMENT

Sexual harassment is a form of sexual discrimination in violation of Title VII of the Civil Rights Act of 1964. Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature constitute sexual harassment when such conduct has the purpose or effect of unreasonably interfering with an individual's school performance or creating an intimidating, hostile or offensive classroom or practicum environment.

Behaviors that may constitute sexual harassment include (but are not limited to):

- Sexual innuendo or comments about a person's body
- Sexual jokes or stories
- Whistling at someone or making "cat calls"
- Looking a person up and down
- Making sexually suggestive gestures, facial expressions or body movements
- Displaying sexually suggestive visuals
- Patting or pinching
- Any touch of a sexual nature
- Massaging of the neck, shoulders or back
- Standing close or brushing up against another person

If you believe you are being sexually harassed, report the situation to the classroom instructor or clinical preceptor, program coordinator or Dean of Health Sciences. Reported cases of sexual harassment will be investigated by the Dean of Health Sciences and the Dean of Student Services at IHCC. The Dean of Health Occupations can be reached at 641-683-5164 and the Dean of Student Services can be contacted at 641-683-5159. Sexual harassment will not be tolerated and is cause for dismissal from the EMS program.

Non-Discrimination Policy

It is the policy of Indian Hills Community College not to discriminate on the basis of race, color, national origin, sex, disability, age (employment), sexual orientation, gender identity, creed, religion, and actual or potential parental, family, or marital status in its programs, activities, or employment practices as required by the Iowa Code §§216.6 and 216.9, Titles VI and VII of the Civil Rights Act of 1964 (42 U.S.C. §§ 2000d and 2000e), the Equal Pay Act of 1973 (29 U.S.C. § 206, et seq.), Title IX (Educational Amendments, 20 U.S.C §§ 1681 – 1688), Section 504 (Rehabilitation Act of 1973, 29 U.S.C. § 794), and Title II of the Americans with Disabilities Act (42 U.S.C. § 12101, et seq.).

If you have questions or complaints related to compliance with this policy, please contact Kristen Parks, Director of Human Resources/Equity Coordinator, 525 Grandview Ave, Ottumwa, IA 52501, 683-5108; Chris Bowser, Executive Dean, Student Services (students), 683-5159; Darlas Shockley, Executive Dean, Arts & Sciences (students with disabilities), 683-5174; U.S. Department of Education, Citigroup Center, 500 W. Madison, Suite 1475, Chicago, IL 60661, phone number 312/730-1560, fax 312/730- 1576.

NATIONAL REGISTRY OF EMT'S (NREMT) ACCOMMODATION

During orientation the student has the opportunity to identify any disability that needs accommodations. EMS students need to work through that process immediately. Students need to seek clarity from the NREMT on what accommodations are possible, which is a separate process from Indian Hills Community College. This will help to guide the student if they still wish to persevere the education process versus knowing if they can get licensed or not.

NREMT HOW TO REQUEST AN ACCOMMODATION

If you are requesting an accommodation on any level of the National Registry examination, you must complete the following steps:

____ Complete a “log-in” profile on the NREMT website. (www.nremt.org)

____ Complete an application to take the examination on the NREMT website

____ after receiving an accommodation response, pay the fee to take the NREMT examination.

____ Print out the following documents (Must have Adobe Acrobat, see link at bottom of page to download a copy):

[Accommodations Questionnaire](#)

[NREMT ADA Brochure](#)

[Examination Accommodations Disability Policy](#)

____ Obtain the requested documentation in support of your request from the professional who has diagnosed your disability and recommends that you be granted an accommodation. Be sure to review the NREMT's Examinations Accommodations Policy to make sure that you are submitting all the requested documentation and that the diagnosis is by a properly qualified professional. You are encouraged to review the documentation requirements with the professional who made the diagnosis. Submitting all the necessary documentation the first time will help to expedite the processing of your request.

____ Complete and sign the Questionnaire for Applicants Requesting Accommodations.

____ FAX or send the Questionnaire, your psychological evaluation, completed by a qualified analyst, which includes a diagnosis and the scores from your tests of achievement and ability to the NREMT 614-396-2401 **at least 3 weeks prior to the date you want to test.**

____ Wait for the NREMT's review of your request. The NREMT will send you an e-mail and follow this up with a letter indicating whether your request has been granted and, if so, what accommodations you will be provided.

____ If you have not completed the EMS training course but have already received a letter from the NREMT approving your accommodation, you need to wait until your course has been completed and your EMS Program Director validates your successful completion on the NREMT website. The EMS Program Director's validation of your course completion will result in your receipt of an Authorization to Test (ATT) letter.

_____ If you have already completed your course and received an Authorization to Test (ATT) letter, you should wait for notification from the NREMT regarding your accommodation request before scheduling a test.

_____ **Do not attempt to schedule your examination with Pearson VUE until you have received BOTH your accommodation letter AND Authorization to Test (ATT) letter from the NREMT.**

_____ When you receive notification from the NREMT approving your accommodation request, the notification will include instructions on how to schedule your test with Pearson VUE via telephone. **Do not schedule your test date via the Web, and be sure to alert Pearson VUE when you call that you have been approved for an accommodation.**

_____ Arrive on time at your scheduled examination appointment with two forms of identification (one must be a government issued identification with a photo) and prepare to take a computer based examination as outlined in your ATT letter and per the instructions regarding accommodations given to you by the Pearson VUE Accommodation Coordinator.

https://www.nremt.org/nremt/about/policy_accommodations.asp

BLOOD BORNE PATHOGENS

Blood Borne Pathogens & HIV Policy for Health Science Programs

Students may be participating in activities within the Health Science Programs which have potential for exposure to infectious diseases including but not limited to Hepatitis B and HIV. All measures must be exercised to minimize the risk. Students who fail to comply, jeopardizing the safety to others or themselves, may be asked to withdraw from these programs.

In the event of a significant exposure (e.g. an occupational incident involving eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious material, including saliva), the student must report the incident immediately to the preceptor and EMS Program Director and file an incident report for the college.

Follow-up evaluation will be required consistent with federal regulations. This may involve going to their personal physician or the emergency room. Students are responsible for the cost of their own medical care.

HEPATITIS B

It is highly recommended that all students providing direct patient or child care in the Health Sciences Department receive immunization against Hepatitis B. Although this is not required, it is highly recommended and is considered to be an extremely good investment. Students are particularly vulnerable to contamination as their hand-washing skills generally are not yet well developed. Although the incidence of the infection is relatively low, the outcome can be fatal. Since there is a vaccine available, all health care providers who are at risk are encouraged to become immunized.

The Disease

Health care professionals are at increased risk of contracting Hepatitis B infection. Hepatitis B is usually spread by contact with infected blood or blood products and risk of acquiring Hepatitis B increases with the frequency of blood contact. Hepatitis B virus may also be found in other body fluids, such as urine, tears, semen, vaginal secretions, and breast milk. Hepatitis B infection can have severe consequences, including progressive liver damage and the possibility of developing hepatocellular carcinoma. Six to ten percent of the people who contract the virus become chronic carriers.

The Vaccine

Vaccination is the only available means of protection against Hepatitis B. No currently available therapy has proven effective in eliminating the infection. This vaccine, prepared from recombinant yeast cultures, is free of association with human blood or blood products. Full immunization requires three doses of the vaccine over a six-month period. Because of the long incubation period for Hepatitis B, it is possible for unrecognized infection to be present at the time the vaccine is given, and in that case, the vaccine would not prevent development of clinical hepatitis.

Procedures

You will need your physicians, nurse practitioners, or physician's assistant's approval or order prior to being immunized. He or she will provide you with information regarding the contraindications and side effects of the vaccine. Contact your physician, nurse practitioners, or physician's assistant's for additional information.

Education

Health Career Certifications (online) is assigned to each student in my hills. As part of the curriculum, all students in Health Science programs will receive instruction regarding Hepatitis B and HIV prior to providing patient care. This shall include but not be limited to:

1. Epidemiology
2. Method of transmission
3. Universal blood and body fluid precautions
4. Types of protective clothing and equipment
5. Work practices appropriate to the skills they will perform
6. Location of appropriate clothing and equipment
7. How to properly use, handle, and dispose of contaminated articles
8. Action to be taken in the event of spills or personal exposure
9. Appropriate confidentiality and reporting requirements
10. Review of program policy related to refusal to care for specific patients.

Post-Exposure Procedure for Health Science Students

1. If a student has been exposed to a contaminant parenterally (needle stick or cut) or superficially through a mucous membrane (eye or mouth) they are to follow the following procedure:
 - a. Immediately wash the affected area with the appropriate solution (soap and water, alcohol, water),
 - b. Seek appropriate medical attention through their personal physician (students are responsible for their own medical care). This may include baseline testing for HIV antibody at this time, followed by recommended series of testing. (Physicians may also inquire about the student's status in regard to tetanus and hepatitis immunization at this time.)
 - c. Follow institutional (agency) policy regarding determining HIV and hepatitis status of patient, (students are responsible for the cost of any testing)
 - d. Maintain confidentiality of patient,
 - e. Seek appropriate counseling regarding risk of infection.

Guidelines for HIV Positive Health Care Providers

1. The Center for Disease Control has specific guidelines for health care workers which are revised periodically. They have been incorporated into these policies and are reviewed annually.
2. There shall be no routine serological testing or monitoring of students for Hepatitis B or HIV infection.
3. Barrier or universal blood and body fluid precautions are to be used routinely for all patients. These include:
 - a. The use of glove(s) when:
 - 1) Cleaning rectal and genital areas;
 - 2) Carrying soiled linen;
 - 3) Suctioning or irrigating even if the orifice does not require sterile technique;
 - 4) There is, at any time, a possibility of spillage of blood or body fluid onto the student's hands, (i.e. accucheck, discontinuing an I.V., I.M.s) regardless of the presence of open lesions;
 - 5) Emptying urine drainage bags, suction catheters,
 - b. The use of masks, goggles or glasses and/or aprons when there is a possibility of fluids splashing onto the face or body and clothing (i.e. trauma, airway management, endotracheal intubation, etc.).

Specific Guidelines for Known HIV - Infected Health Science Students

1. HIV-positive health science students who do not perform invasive procedures need not be restricted from work/clinical experience unless they have other illnesses or signs and symptoms for which such restrictions would be warranted.
2. HIV-positive health science students should wear gloves for direct contact with mucous membrane or non-intact skin of patients.
3. HIV-positive health occupations students who have exudative lesions or weeping dermatitis should refrain from direct patient care and from handling patient care equipment and utensils.
4. Reasonable accommodations will be made within the curriculum to assist the HIV-positive student to meet course/program objectives.
5. The policy of agencies utilized for clinical experience will supersede college policy if they are more stringent.

Confidentiality will be maintained whenever possible, with only the appropriate individual(s) being informed of the HIV status of health science students.

Provision of Care

1. Assignments are made in the clinical setting to enhance and/or reinforce student learning. It is the expectation that students will provide care for all assigned patients. In the event that a student refuses to care for an individual the following will occur:
 - a. In consultation with the student the faculty member will determine the reason for the refusal.
 - b. If the reason is determined to be valid the student will be reassigned.
 - c. If the reason is not valid the student will be counseled about unethical conduct and "discriminating against a client regarding but not limited to the following: Age, race, sex, economic status or illness of the patient or client."
 - d. If it is determined that the reason for refusal to care for specific individual is as noted above, the student will be counseled to consider his/her future in health care.
 - e. The Program Director shall be notified of any such occurrence and may meet with the student along with the faculty member to discuss options, one of which may be withdrawal from the program.

STAFF DIRECTORY

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Mary Beth Breon
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IHCC is on a Monday-Thursday class schedule from 0715-1645 campus wide. EMS students are often doing not traditional schedules at alternate times to include all shifts and all days of the week. Instructors may not be immediately available on occasion.

EMERGENCY MEDICAL INFORMATION

If you have emergency medical information you need to share, please inform your instructor immediately. You may contact me privately, before or after class or by phone or email. If you are attending class/clinical in a location where the instructor is not present, please inform the preceptor immediately.

CALENDAR

SCHOOL CALENDAR 2017-2018 INDIAN HILLS COMMUNITY COLLEGE

MONTH	S	M	T	W	T	F	S	
AUGUST 2017	27	<28	29	30	31			August 28, Fall term begins
SEPTEMBER 2017	3	H	5	6	7	X	2	September 4, Labor Day Holiday
	10	11	12	13	14	X	16	
	17	18	19	20	21	X	23	
	24	25	26	27	28	X	30	
OCTOBER 2017	1	2	3	4	5	X	7	October 5, Midterm
	8	9	10	11	12	X	14	
	15	16	17	18	19	X	21	
	22	23	24	25	26	X	28	
	29	30	31					
NOVEMBER 2017				1	2	X	4	
	5	6	7	8	9	X	11	November 15, Fall term ends;
	12	13	14	15>	<16	X	18	November 16, Winter Term Begins
	19	20	21	22	H	X	25	November 23, Thanksgiving Holiday
	26	27	28	29	30			
DECEMBER 2017						X	2	
	3	4	5	6	7	X	9	
	10	11	12	13	14	X	16	
	17	18	19	20	21	X	23	December 25-28, Winter Break
	24	H	XX	XX	XX	X	30	
	31							
JANUARY 2018		H	XX	XX	XX	X	6	January 1-4, Winter Break Continues
	7	8	9	10	11	X	13	January 8, classes resume
	14	15	16	17	18	X	20	January 10, Midterm
	21	22	23	24	25	X	27	
	28	29	30	31				
FEBRUARY 2018					1	X	3	
	4	5	6	7	8	X	10	
	11	12	13	14	15	X	17	February 20, Winter term ends
	18	19	20>	<21	22	X	24	February 21, Spring term begins
	25	26	27	28				
MARCH 2018					1	X	3	
	4	5	6	7	8	X	10	
	11	12	13	14	15	X	17	
	18	19	20	21	22	X	24	
	25	26	27	28	29	X	31	
APRIL 2018	1	H	XX	XX	XX	X	7	April 2-5, Spring Break
	8	9	10	11	12	X	14	April 9, classes resume
	15	16	17	18	19	X	21	April 9, Midterm
	22	23	24	25	26	X	28	
	29	30						
MAY 2018			1	2	3	X	5	
	6	7	8	9	10	X	12	May 17, Spring term ends
	13	14	15	16	17>	X	19	May 21-24, Early Summer break
	20	XX	XX	XX	XX	X	26	May 28, Memorial Day Holiday
	27	H	<29	30	31			May 29, Classes Resume, May 29, Summer term begins
JUNE 2018	3	4	5	6	7	X	2	
	10	11	12	13	14	X	16	
	17	18	19	20	21	X	23	
	24	25	26	27	28	X	30	
JULY 2018	1	2	3	H	5	X	7	July 4, Independence Day Holiday
	8	9	10	11	12	X	14	July 9, Midterm
	15	16	17	18	19	X	21	
	22	23	24	25	26	X	28	
	29	30	31					
AUGUST 2018				1	2	X	4	
	5	6	7	8	9	X	11	
	12	13	14	15	16>	X	18	August 16, Summer term ends
	19	XX	XX	XX	XX	X	25	August 20-23, Late Summer break

CALENDAR KEY
< - Term begins
> - Term ends
H - Holiday
X - Four-day week
XX - No School

Board Approved

2/11/2013

SCHOOL CALENDAR 2018-2019 INDIAN HILLS COMMUNITY COLLEGE

MONTH	S	M	T	W	T	F	S	
AUGUST 2018	26	<27	28	29	30	X		August 27, Fall term begins
SEPTEMBER 2018	2	H	4	5	6	X	1 8	September 3, Labor Day Holiday
	9	10	11	12	13	X	15	
	16	17	18	19	20	X	22	
	23	24	25	26	27	X	29	
	30							
OCTOBER 2018		1	2	3	4	X	6	October 4, Midterm
	7	8	9	10	11	X	13	
	14	15	16	17	18	X	20	
	21	22	23	24	26	X	27	
	28	29	30	31				
NOVEMBER 2018					1	X	3	November 14, Fall term ends
	4	5	6	7	8	X	10	November 15, Winter Term Begins
	11	12	13	14>	<15	X	17	November 22, Thanksgiving Holiday
	18	19	20	21	H	X	24	
	25	26	27	28	29	X		
DECEMBER 2018							1	
	2	3	4	5	6	X	8	
	9	10	11	12	13	X	15	
	16	17	18	19	20	X	22	December 24-31, Winter Break
	23	XX	H	XX	XX	X	29	
	30	XX						
JANUARY 2019			H	XX	XX	X	5	January 1-3, Winter Break Continues
	6	7	8	9	10	X	12	January 7, classes resume
	13	14	15	16	17	X	19	January 09, Midterm
	20	21	22	23	24	X	26	
	27	28	29	30	31			
FEBRUARY 2019						X	2	
	3	4	5	6	7	X	9	
	10	11	12	13	14	X	16	February 19, Winter term ends
	17	18	19>	<20	21	X	23	February 20, Spring term begins
	24	25	26	27	28			
MARCH 2019						X	2	
	3	4	5	6	7	X	9	
	10	11	12	13	14	X	16	
	17	18	19	20	21	X	23	
	24	25	26	27	28	X	30	
	31							
APRIL 2019		H	XX	XX	XX	X	6	April 1-4, Spring Break
	7	8	9	10	11	X	13	April 08, classes resume
	14	15	16	17	18	X	20	April 08, Midterm
	21	22	23	24	25	X	27	
	28	29	30					
MAY 2019				1	2	X	4	May 16, Spring term ends
	5	6	7	8	9	X	11	May 20-23, Early Summer break
	12	13	14	15	16>	X	18	May 27, Memorial Day Holiday
	19	XX	XX	XX	XX	X	25	May 28, Classes Resume, Summer term begins
	26	H	<28	29	30	X		
JUNE 2019							1	
	2	3	4	5	6	X	8	
	9	10	11	12	13	X	15	
	16	17	18	19	20	X	22	
	23	24	25	26	27	X	29	
	30							
JULY 2019		1	2	3	H	X	6	July 4, Independence Day Holiday
	7	8	9	10	11	X	13	July 08, Midterm
	14	15	16	17	18	X	20	
	21	22	23	24	25	X	27	
	28	29	30	31				
AUGUST 2019					1	X	3	
	4	5	6	7	8	X	10	
	11	12	13	14	15>	X	17	August 15, Summer term ends
	18	XX	XX	XX	XX	X	24	August 19-22, Late Summer break

CALENDAR KEY

- < = Term begins
- > = Term ends
- H = Holiday
- X = Four-day week
- XX = No School

Board Approved

EMS TESTING

EMSTesting.com Student Sign-up Directions

Welcome to the Indian Hills Community College, EMS Program. Provided in this document are directions for signing up for Platinum Educational Group's EMSTesting program. Please make sure that you have logged in and created your account by _____.

Go to www.emstesting.com and select student sign-up here. (Note: at the bottom of the page you will also find a link to the "Sign-up Manual").

You will then be directed to fill out all of the information on this page. There is also a CAPTCHA process at the bottom of the page that will require successful entry to proceed. If you cannot easily read the CAPTCHA symbols, you can refresh the choices.

Once you have successfully created your User Identity, you will then be directed to the Terms and Conditions, which you must agree to in order to continue.

The next screen will ask for your School Name which is **Indian Hills Community College** and can either be scrolled and found alphabetically or can also be searched for by just beginning to type the name. A screen on the right will appear with classes that are associated with that school. Find the name of your class, example **Spring/Summer 17** and then select submit.

Once this is completed you should log out of the system. You will receive an email from your program when you have been accepted into the class. You can then log in using the email address and password selected when creating your user account.

You may find a pay now screen immediately available as you log in. Do not use your credit/debit card if you have an access card from the bookstore. Once you have successfully completed the payment process, please take the following assessment tests: **Reading, Math Learning Style, Paramedic Entry, Student Motivation, and Test Anxiety**. {Also please view the help videos that can be found at the bottom of the page, which are: **How to Read a Textbook, How to Study, and How to Take a Test**.

FISDAP

Fisdap is the clinical scheduling, documentation, and skills tracker program used within our program. Proof or purchase from the bookstore will be brought to class and registration will occur at the beginning of EMT 2 and again in PM 1 for use throughout the program.

- Go to www.fisdap.net/support/orientation
- Instructor gives the student an activation code to enter for their new account.
- Refer to these orientation videos.

How to Apply for the NREMT Cognitive Exam

We recommend candidates follow these easy steps at least four weeks in advance of the anticipated cognitive exam date. For additional assistance, please contact the NREMT at [614-888-4484](tel:614-888-4484). We're ready to help!

1

Create Your Account

If you do not already have a NREMT account with a username and password, create a [New Account](#) on the NREMT homepage. If you forgot your username or password, use the [Password Recovery Page](#) for assistance.

2

Login and Update User Profile

Complete all the information in the Personal Account Information fields as prompted. The name you include in this area should be the same as what appears on your drivers license (or your official government issued identification). This is the name that will appear issued by the NREMT upon successful completion of the examination.

Make sure the name you use to set up your Account matches the name on your drivers license EXACTLY (or the ID you will present at the testing center) or you will be denied access to the testing center on the day of your exam! For more information see the

3

Create a New Application

- Click on 'Create a New Application' to apply to take your exam.
- Review the Personal Information Summary – if any items are incorrect, you can make corrections by clicking on 'Manage Account Information'.
- Select the application level you wish to complete.

4

Pay the Application (Exam) Fee

- It is recommended that you pay your application fee at the time you complete your online application. However, if you choose, you may pay at a later date.

An Authorization to Test (ATT) Letter allowing you to schedule your exam will not be issued until payment has been received and all other verifications are complete.

Release date 11/2006, Revised 5/2012

5

Verify You Have Been Approved To Test

- When all areas of the application process are completed and have been verified, you will see the following link: 'Print ATT Letter'. **When all areas of the application process are completed and have been verified, you will see the following link: 'Print ATT Letter'.**

To check on your approval status:

- Login to your account.
- Click on 'Candidate Services'.
- Click on 'Application Status'.

If you see 'Submitted' next to 'Course Completion Verification', this means the NREMT has submitted your information to the program you indicated, and is waiting for authorization from the program director indicating that you have completed the course.

6

Print Your ATT Letter

- If you see the link 'Print ATT Letter', click on the link and print your letter.

Once an ATT is issued, it is valid for 90 days. Once the ATT expires the candidate will need to submit a new application and pay another fee to schedule an exam. Extensions are not granted for expired ATTs.

7

Contact Pearson VUE to Schedule Your Exam

- Follow the instructions on the ATT letter to schedule your exam. Here's a direct link to the [Pearson Vue Website](#).
- Or, you can call Pearson VUE at 1-866-673-6896 for assistance (Pearson VUE charges an additional fee for this service).

Important Reminders:

- If you fail to appear for your exam, you will have to complete a new application and pay another application fee!
- Refunds cannot be issued for no-shows
- If you arrive late for your exam, you may lose your appointment!
- Review the [Cognitive Exam Information](#)
- Review the [Cognitive Exam Policies](#) before the exam.

http://www.nremt.org/nremt/about/about_exams.asp

Physical Requirements

All EMT students must be physically and emotionally able to complete all course requirements including hospital clinical and ambulance field time to successfully complete the EMT courses. Students should also be aware that some employers will require a pre-employment physical and/or physical agility test. Listed below is a summary of the physical demands and requirements for an EMT. Students should become familiar with these requirements and determine if they will be physically able to meet all requirements. Students unable to meet these requirements may request reasonable accommodation to perform the physical duties. Clinical sites may determine the extent the student will be involved with physical duties.

Physical Demands			Comments
1. Strength			
a Standing	47%	1	Walking and standing are major components of this job. a Sitting is necessary for transportation to and from scene of emergency.
Walking	50%		
Sitting	3%		
b Lifting		F	1 The Paramedic is required to assist in lifting and carrying injured or sick persons to ambulance and from ambulance into hospital. May be required to engage in pushing and/or pulling to assist other EMS providers to extricate patient from scenes to include but not limited to closed upright vehicles, patient in closed overturned vehicle, patient pinned beneath vehicle, pinned inside vehicle, in vehicles with electrical hazards. b
Carrying		F	
Pushing		O	
Pulling		O	
2. Climbing		F	2 Climbing and balancing may be required to gain access to site of emergency, i.e., stairs, hillsides, ladders, and in safely assisting in transporting patient.
Balancing		F	
3. Stooping		F	3 Patients are often found injured or sick in locations where assessment of patient is possible only through the Paramedic's stooping, kneeling, crouching, or crawling.
Kneeling		F	
Crouching		F	
Crawling		F	
4. Reaching		F	4 Required for assessing pulse, assessing breathing, blocking nose and checking ventilation, lifting chin, head, or jaw for opening airway, following angle of ribs to determine correct position for hands after each ventilation, compressing sternum, and assisting in lifting of patient, administering medications through intravenous therapy or other means, and handling of advanced life support equipment, such as mirror airway devices. Extension of arms to use hands and fingers to assess vital signs, feeling and touching of patient's skin to assess body warmth, handling limited equipment, and transporting of patient are important aspects of this position. Finger dexterity needed to insert needle, and prepare fluids/medication for administration and to operate equipment.
Handling		F	
Fingering		F	
Feeling		F	

5.	Talking	5	Responding to patients, physicians, and co-workers through hearing is necessary in transmitting patient information and following directions. May be required to shout for help and additional assistance.
	Ordinary	F	
	Other	O	
	Hearing	5	Verbally responding to dispatcher's message on phone or radio is necessary for quick, efficient service that can be vital to life in emergency situations. Communication on scene is critical for interviewing patient and in some instances, significant others, and in relaying this information in most expedient manner. Sounds of vehicles may alert Paramedic that additional help is on the way. Other sounds can alert the Paramedic that other persons may be hurt or injured, i.e., someone thrown behind a bush in a vehicle accident who cannot be seen and whose voice may be barely audible.
	Ordinary conversation	F	
	Other	F	
6.	Seeing	6	Sight is used to drive ambulance to scene of injury or illness, to visually inspect patient and area, to read map, to read small print on medication/prescription containers, to read drug reference manuals, and to administer treatment.
	Acuity, Near	F	
	Acuity, Far	F	
	Depth Perception	F	
	Accommodation	F	
	Color Vision	F	
	Field of Vision	F	

**INDIAN HILLS COMMUNITY COLLEGE
Emergency Medical Services Program
Functional Job Analysis, Paramedic**

I have read, understand and accept the above working conditions expected of an Emergency Medical Services student.

I have read, understand and accept the Functional Job Analysis for the Paramedic student.

_____ I do not need accommodations to perform physical duties.

_____ I feel the following accommodations are needed to perform the physical duties.

Student Signature: _____ Date: _____

U.S. Department of Labor Manpower Administration, Physical Demands and Environmental Conditions; Job Title: Paramedic 079.010

**INDIAN HILLS COMMUNITY COLLEGE
Emergency Medical Services Program**

Consent for Release of Information

I authorize Indian Hills Community College to release the following to health care facilities for potential employment evaluation purposes:

- attendance record
 - grade point average
 - instructor evaluations of skills and abilities
- [] Yes [] No

I consent that Indian Hills Community College may release my name, home address, telephone number and e-mail address to employment recruiters.

[] Yes [] No

I consent that Indian Hills Community College may request performance information in regards to my academic preparation from employers and consumers.

[] Yes [] No

Student Signature

Date

Publication Consent Form

For good and valuable consideration, I hereby consent and authorize Indian Hills Community College to reproduce, publish, circulate, and otherwise use for advertising purposes, my name and/or signature and/or portrait and/or photograph, videotape/audiotape, other imaging and/or name of employer and the attached voluntary statement or statements or any part thereof, in the following: magazines, newspapers, rotogravure sections of publications, booklets, circulars, posters, billboards, radio and/or television scripts, radio broadcast transcriptions, and/or telecasts, websites including but not limited to IHCC website, EMS web page, course web pages and all other forms of publication or circulation, or any of them in advertising or any other publicity; and I hereby release said Indian Hills Community College of and from any and all rights, claims, demands, actions, or suits which I may or can have against it or them on account of the use or publication of said material.

Student Signature

Date

FISDAP Agreement

I have read and understand the FISDAP skills tracker and scheduler policy. I understand that I must follow this policy. If I am found to have violated this policy I am willing to accept the disciplinary action as listed in the policy. I also understand that if my shifts are not entered into FISDAP skills tracker in the amount of time as listed by this policy, they will be considered late and my clinical grade will be lowered.

Student Signature

Date

**INDIAN HILLS COMMUNITY COLLEGE
Emergency Medical Services Program**

Academic Integrity Statement

Indian Hills Community College expects a full commitment to academic integrity from each student. Your signature on the form is your commitment to academic integrity as a student enrolled in the program.

Academic integrity means:

- Your work on quizzes, exams, and assignments will be completely your own.
- Your collaboration with another classmate on any assignment will be pre-approved by your instructor.
- You will not practice plagiarism in any form.
- You will not allow others to copy your work.
- You will not misuse content from the Internet.

Plagiarism is defined as copying or using ideas or words (from another person, an online classmate, or an Internet or print source) and presenting them as your own.

Please be aware that all instructors use a myriad of technologies to check student work for authenticity. If an instructor confirms that a student has plagiarized work in any manner, the student will be subject to consequences determined by IHCC administration and may be removed from the course with a failing grade.

I acknowledge that I have read the Academic Integrity Statement agree to the policies and procedures stated therein.

Student Signature

Date

Confidentiality Statement

Throughout the Emergency Medical Services Program at Indian Hills Community College I will have access to patient information. I realize that this information is private and should be kept confidential. I realize that any unauthorized release of information is punishable by fine and/or imprisonment.

Throughout my education in the Emergency Medical Services Program at Indian Hills Community College, I will at no time inappropriately release confidential information and I will adhere to the EMT Code of Ethics of the National Association of Emergency Medical Technicians.

I understand that release of unauthorized patient information will result in immediate termination from the Indian Hills Community College Emergency Medical Services Program.

Student Signature

Date

Tetanus/Diphtheria Booster <i>(Must be within last 10 years)</i> Date: _____	Hepatitis B: See information sheet. Hepatitis B: #1 Date: _____ #2 Date: _____ #3 Date: _____ If you choose NOT to receive Hepatitis B vaccine, your signature declining vaccination is required. <hr style="border: 0; border-top: 1px solid black;"/> <div style="display: flex; justify-content: space-between;"> Student Signature Date </div>
--	---

Two-step TB Testing (PPD): Have you ever had a positive TB reaction? Are you currently taking corticosteroids? Or immunosuppressive agents? In the past 6 weeks have you had immunizations for measles, mumps, rubella, or influenza? Are you pregnant? Have you had a TB test in the last year? If yes and you can provide documentation, you will only require one additional TB test. A minimum of 1 week is required between TB tests.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
I have been informed of the risks of receiving this intradermal injection and my questions have been answered. I understand that it is my responsibility to have the test read 48-72 hours after the test has been given.	
_____ Print name	
_____ Student Signature Date	

Test #1: _____ Injection given by Lot # _____ Exp. Date _____ Reaction Test #1 Read induration only, not redness _____ mm's This reaction is seen as _____ according to the Iowa Department of Health criteria _____ Signature Date	Test #2: _____ Injection given by Lot # _____ Exp. Date _____ Reaction Test #2 Read induration only, not redness _____ mm's This reaction is seen as _____ according to the Iowa Department of Health criteria _____ Signature Date
--	--

Varicella (Chickenpox): See information sheet Have you had chickenpox? <input type="checkbox"/> Yes <input type="checkbox"/> No Varicella Vaccine _____ Date _____ If you have not had chickenpox and choose not to receive the varicella vaccine, your signature declining vaccination is required. _____ Signature Date

Influenza injection: Date: _____ Dr. Office/Employer: _____ Date: _____ Dr. Office/ Employer: _____
--

INDIAN HILLS COMMUNITY COLLEGE
Emergency Medical Technology

Student Agreement

I have read, understand, and will abide by the policies of the EMT program I have enrolled in. These have been reviewed at class orientation by the class instructor and/or college coordinator.

Hepatitis Vaccination

I understand that due to my occupational exposure to blood or other potentially infectious materials during my clinical / field time that I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been provided with information on Hepatitis B and vaccination and have read that information. I have been given the advice that I should be vaccinated with Hepatitis B vaccine at my own expense. I understand that by declining to get this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. I hereby release Indian Hills Community College for any responsibility if I should contract Hepatitis B while I am a student.

Medical Treatment

Neither Indian Hills Community College nor any clinical site or facility will be held responsible to pay for expenses I incur due to illness or injury I sustain during training as an EMT. I understand that I am responsible for payment for any and all medical treatment that may be necessary. If I become ill or injured (including any BSI exposure risk) as a result of something which occurs during EMT training, I will notify my course instructor or college coordinator immediately.

Laboratory Activities

I understand that during the laboratory experiences I will role-play as both an EMT/PS and a patient. I will be expected to have physical contact with other students while learning various skills and have skills practiced on myself. Examples of such laboratory experiences may include patient exams, splinting, lifting and moving, assessment of vitals, venipuncture, etc. During the laboratory experiences I agree to follow theories and principles of safe, legal and ethical practice

Student Health

I agree that I will not knowingly place myself, patients, preceptors or others in an unsafe situation based on my physical, mental, or emotional limitations.

I have read the Physical Requirements for an EMT and noted any special requirements.

I have read and agree to complete the physical exam and immunizations as required prior to patient contact.

Preceptorship of Patient Care

I will provide patient care only under the direct supervision of an IHCC approved preceptor at an approved clinical or field site and will perform skills only up to my student certification level.

State Registration

I understand I have 2 weeks from the first date of class to go on-line and register with the Iowa Dept. of Public Health, EMS Bureau. I have been provided with an instruction sheet indicating how to do this. If I fail to do with the two week deadline I understand I forfeit my right to take certification exams and become a certified EMS provider but may continue with the class for the college credit only.

I understand during this on-line registration process I must honestly answer questions about my criminal history, substance abuse history, mental or physical limitations and psychological history. If I must answer any questions "yes" I know I have to submit additional information to the IDPH as indicated. I understand that until I submit all the required documents to the IDPH, I will not be **able to achieve certification status.**

Criminal Background Checks

I understand criminal and abuse background screening is required prior completing any clinical or field time. I understand that based on the results of the screening that I may not be allowed to complete clinical and field time and may be removed from the program. I also understand that I am responsible for the fees associated with these procedures.

I understand to attend clinical and field sites, I will need to abide by the policies and procedures of that facility or service while I am doing student clinical.

Print Name: _____

Course level: _____

Signature: _____

Date: _____

Functional Job Analysis

Paramedic Characteristics

The Paramedic must be a confident leader who can accept the challenge and high degree of responsibility entailed in the position. The paramedic must have excellent judgment and be able to prioritize decisions and act quickly in the best interest of the patient, must be self-disciplined, able to develop patient rapport, interview hostile patients, maintain safe distance, and recognize and utilize communication unique to diverse multicultural groups and ages within those groups. Must be able to function independently at optimum level in a non-structured environment that is constantly changing.

Even though the Paramedic is generally part of a two-person team generally working with a lower skill and knowledge level EMT, it is the Paramedic who is help responsible for safe and therapeutic administration of drugs including narcotics. Therefore, the Paramedic must not only be knowledgeable about medications but must be able to apply this knowledge in a practical sense. Knowledge and practical application of medications include thoroughly knowing and understanding the general properties of all types of drugs including analgesics, anesthetics, anti-anxiety drugs, sedatives and hypnotics, anticonvulsants, central nervous stimulants, psychotherapeutics which include antidepressants, and other anti-psychotics, anticholinergics, cholergerenics, muscle relaxants, anti-dysrhythmics, anti-hypertensive, anticoagulants, diuretics, antibiotics, antifungal, anti-inflammatory, serums, vaccines, anti-parasitic, and others.

The Paramedic is personally responsible, legally, ethically, and morally for each drug administered, for using correct precautions and techniques, observing and documenting the effects of the drugs administered, keeping one's own pharmacological knowledge-base current as to changes and trends in administration and use, keeping abreast of all contraindications to administration of specific drugs to patients based on their constitutional make-up, and using drug reference literature.

The responsibility of the paramedic includes obtaining a comprehensive drug history from the patient that includes names of drugs, strength, daily usage and dosage. The Paramedic must take into consideration that many factors, in relation to the history given, can affect the type medication to be given. For example, some patients may be taking several medications prescribed by several different doctors and some may lose track of what they have or have not taken. Some may be using non-prescription/over the counter drugs. Awareness of drug reactions and the synergistic effects of drugs combined with other medicines and in some instances, food, are imperative. The Paramedic must also take into consideration the possible risks of medication administered to a pregnant mother and the fetus, keeping in mind those drugs may cross the placenta.

The Paramedic must be cognizant of the impact of medications on pediatric patients based on size and weight, special concerns related to newborns, geriatric patients and the physiological effects of aging such as the way skin can tear in the geriatric population with relatively little to not pressure. There must be an awareness of the high abuse potential of controlled substances and the potential for addiction, therefore, the Paramedic must be thorough in report writing and able to justify why a particular narcotic was used and why a particular amount was given. The ability to measure and re-measure drip rates for controlled substances/mediations are essential. Once medication is stopped or not used, the Paramedic must send back unused portions to proper inventory arena.

The Paramedic must be able to apply basic principles of mathematics to the calculation of problems associated with medication dosages, perform conversion problems, differentiate temperature reading between centigrade and Fahrenheit scales, and be able to use proper advanced life support equipment and supplies (i.e. proper size of intravenous needles) based on patient's age and condition of veins, and be able to locate sites for obtaining blood samples and perform this task, administer medication intravenously, administer medications by gastric tube, administer oral medications, administer rectal medications, and comply with universal precautions and body substance isolation, disposing of contaminated items and equipment properly.

The Paramedic must be able to apply knowledge and skills to assist overdosed patients to overcome trauma thought antidotes, and have knowledge of poisons and be able to administer treatment. The Paramedic must be knowledgeable as to the stages drugs/medications go through once they have entered the patient's system and be cognizant that route of administration is critical in relation to patient's needs and the effect that occurs.

The Paramedic must also be capable of providing advanced life support emergency medical services to patients including conducting of and interpreting electrocardiograms (EKGs), electrical interventions to support the cardiac functions, performing advanced endotracheal intubations in airway management and relief of pneumothorax and administering of appropriate intravenous fluids and drugs under direction of off-site designated physician.

The Paramedic is a person who must not only remain calm while working in difficult and stressful circumstances, but must be capable of staying focused while assuming the leadership role inherent in carrying out the functions of the position. Good judgment along with advanced knowledge and technical skills are essential in directing other team members to assist as needed. The paramedic must be able to provide top quality care, concurrently handle high levels of stress, and be willing to take on the personal responsibility required of the position. This includes not only all legal ramifications for precise documentation, but also the responsibility for using the knowledge and skills acquired in real life threatening emergency situations.

The Paramedic must be able to deal with adverse and often dangerous situations which include responding to calls in districts known to have high crime and mortality rates. Self-confidence is critical, as is a desire to work with people, solid emotional stability, a tolerance for high stress, and the ability to meet the physical, intellectual, and cognitive requirements demanded by this position.

Physical Demands

Aptitudes required for work of this nature are good physical stamina, endurance, and body condition that would not be adversely affected by frequently having to walk, stand, lift, carry, and balance at times, in excess of 125 pounds. Motor coordination is necessary because over uneven terrain, the patients, the Paramedics and other workers well-being must not be jeopardized.

Comments

The Paramedic provides the most extensive pre-hospital care and may work for fire department, private ambulance services, police departments or hospitals. Response times for nature of work are dependent upon nature of call. For example, a Paramedic working for a private ambulance service that transports the elderly from nursing homes to routine medical appointments and check-ups may endure somewhat less stressful circumstances than the Paramedic who works primarily with 911 calls in a district known to have high crime rates. Thus, the particular stresses inherent in the role of the Paramedic can vary, depending on place and type of employment.

However, in general, in the analyst's opinion, the Paramedic must be flexible to meet the demands of the ever-changing emergency scene. When emergencies exist, the situation can be complex and care of the patient must be started immediately. In essence, the Paramedic in the EMS system uses advanced training and equipment to extend emergency physician services to the ambulance. The Paramedic must be able to make accurate independent judgments while following oral directives. The ability to perform duties in a timely manner is essential, as it could mean the difference between life and death for the patient.

Use of the telephone or radio dispatch for coordination of prompt emergency services is required, as is a pager, depending on place of employment. Accurately discerning street names through map reading, and correctly distinguishing house numbers or business addresses are essential to task completion in the most expedient manner. Concisely and accurately describing orally to dispatcher and other concerned staff, one's impression of patient's condition, is critical as the Paramedic works in emergency conditions where there may not be time for deliberation. The Paramedic must also be able to accurately report orally and in writing, all relevant patient data. At times, reporting may require a detailed narrative on extenuating circumstances or conditions that go beyond what is required on a prescribed form. In some instances, the Paramedic must enter data on computer from a laptop in the ambulance. Verbal skills and reasoning skills are used extensively.

Description of tasks

(Encompasses the range of all tasks performed by lower level of EMTs)

1. Answers verbally to telephone or radio emergency calls from dispatcher to provide advanced efficient and immediate emergency medical care to critically ill and injured persons using a full range of equipment.
2. Drives ambulance to scene of emergency, reads map, responds safely and quickly to the address or location as directed by radio dispatcher, observes traffic ordinances and regulations. Visually inspects and assesses or size up the

scene upon arrival to determine if scene is safe, determines the mechanism of illness or injury, the total number of patients involved, and remains calm and confident while demonstrating leadership and responsibility.

3. Radios dispatcher for additional help or special rescue and/or utility services. Reports verbally to the responding EMS unit or communications center as to the nature and extent of injuries and the number of patients. Recognizes hazards. Conducts triage, sorting out and classifying priorities for most immediate need for treatment. Uses excellent judgment to identify priorities based on the most crucial needs for patient survival.

4. Searches for medical identification as clues in providing emergency care, i.e. identification bracelet for patient who is diabetic. Reassures patient and bystanders while working in a confident and efficient manner, avoids misunderstandings and undue haste while working expeditiously to accomplish the task. Extricates patients from entrapment, works with other EMS providers in rendering emergency care and protection to the entrapped patient. Performs emergency moves, assists other EMS providers in the use of prescribed techniques and appliances for safe removal of the patient.

5. Determines nature and extent of illness or injury in patient, takes pulse, blood pressure, and temperature, visually observes patient, recognizes the mechanisms of injury, and takes comprehensive medical history of patient, including patient's current usage of prescribed and not-prescribed medications/drugs. Communicates with and provides verbal direction to Basic EMT to assist with tasks within the basic's scope of practice. Obtains consent and refusal. Uses good judgment to draw conclusions with often, limited information; verbally communicates effectively to provide quality treatment to diverse age and cultural groups. Provides family support, manages the difficult patient, conducts fundamental mental status assessment, restrains patient, and intervenes pharmacologically.

6. Positions unresponsive patient, protects the seizing patient, identifies and treats the hypoglycemic patient, provides heating/cooling interventions, manages burns and exposures, overdoses, conducts ingestion management. Manually stabilizes neck and body of child and adult, immobilizes extremities, straightens selected fractures and reduces selected dislocations. Delivers newborn. Provides pre-hospital emergency care of simple and multiple system traumas such as controlling hemorrhage, bandaging wounds, manually stabilizing painful, swollen joints and injured extremities, and immobilizing spine.

7. Uses basic and advanced life support equipment to open airway and upper airway adjuncts, remove foreign bodies, uses upper airway suction devices, and performs orotracheal intubation, nasotracheal intubation, and oral intubation with pharmacological assistance and surgery on airway. Uses dual or single lumen airway devices. Provides mouth to mouth barrier device ventilation, oxygen administration, chest injury management, bag-valve mask resuscitation. Uses powered ventilation devices, hand held aerosol nebulizer. Performs cardio-pulmonary resuscitation, uses automatic defibrillator apparatus in application of electric shock to heart, manages amputation, uses anti-shock garment, conducts peripheral venous access, intraosseous infusion, manual defibrillation, interprets EKGs, uses external pacemaker.

8. Administers medications (narcotics), determines the patient's most appropriate body route based on patient diagnosis. Calculates amount of medication to be given in relation to patient's weight, age and other factors that warrant adjustment of volume. Uses oral, auto-injection, sublingual, inhalation, subcutaneous, intramuscular, intraosseous, transcutaneous, rectal, endotracheal, and intravenous routes including central and peripheral lines and venesection as well as infusion pumps to administer medications.

9. Assist other EMS providers in lifting patient onto stretcher, places patient in ambulance, secures stretcher. Continues to monitor patient en route to the hospital.

10. Checks, maintains vehicles, and provides mechanical report. Restocks and replaces used supplies, uses appropriate disinfecting procedures to clean equipment, checks all equipment to insure adequate working condition for next response. Takes inventory of and accounts for all medications (narcotics) given. Keeps log of all transactions. Prepares accurate and legible medical reports. Provides medical reports to staff.

11. Transports non-emergency patients to regularly scheduled appointments, for example, transport geriatric patients in nursing homes. Uses computer to enter date for EMS reports.

12. Supervises the activities and educational experiences of assigned observers and students. Complies with regulations in handling the deceased.

13. Functions as the primary direct care provider of emergency health care series to sick and injured patients in pre-hospital settings. Works primarily in advanced life support units affiliated with fire department, police departments, rescue squads, hospitals, or private ambulance services under the off-site supervision of a physician, usually through radio communication, is usually the senior level member of a two person team, working in conjunction with a basic EMT.

14. Accepts primary responsibility for all aspects of advanced life support given to the patient, including use of advanced life support equipment and administration of medication that includes narcotics; responsible for thorough written documentation of all activity related to patient care and medication dispensation. Successfully completes continuing education and refresher courses as required by employers, medical direction, and licensing or certifying agencies. Meets qualifications with the functional job analysis.

Qualifications

Must be at least 18 years of age and be a high school graduate or equivalent. Must have proof of a valid Ohio EMT certification or a National Registry Card and be eligible to get your Ohio certification. Ability to communicate verbally; via telephone and radio equipment; ability to lift, carry, and balance up to 125 pounds (250 with assistance); ability to interpret and respond to written, oral and diagnostic form instructions; ability to use good judgment and remain calm in high-stress situations and take on role of leader.

Must have the ability to read road maps; drive vehicle, accurately discern street signs and address numbers, read medication/prescription labels and directions for usage in quick, accurate, and expedient manner, ability to communicate verbally with patients and significant others in diverse cultural and age groups to interview patient, family members, and bystanders, and ability to discern deviations/changes in eye/skin coloration due to patient's condition and to the treatment given. Must be able to document, in writing, all relevant information in prescribed format in light of legal ramifications of such; ability to converse with dispatcher and EMS providers via phone or radio as to status of patient.

Good manual dexterity with ability to perform all tasks related to advanced emergency patient care and documentation. Ability to bend, stoop, balance, and crawl on uneven terrain, and the ability to withstand varied environmental conditions such as extreme heat, cold, and moisture. Ability to perform quickly, precise, practical mathematical calculations pertinent to ratio and proportion of medication and supplies used in emergency patient care. Must be independent, confident, able to work independently without defined structure, have good stable reasoning ability with ability to draw valid conclusions expediently relevant to patient's condition, often, using limited information. Must have knowledge and skills relevant to position and be able to implement them in stressful situations. Must be cognizant of all legal, ethical and moral obligations inherent within scope of practice.

Must be able to perform mathematical calculations/ratios and apply them in expedient, practical manner. Must be independent, confident, able to work independently without structure, have good stable reasoning ability and able to draw valid conclusions quickly relevant to patient's condition, often, using limited information. Must have knowledge and skills relevant to position and be able to implement them in practical fashion in stressful situations. Must be cognizant of all legal, ethical, and moral obligations inherent within scope of practice.

Must have successful completion of approved curriculum with achievement of passing scores on written and practical certification examinations as defined by programmatic guidelines. Re-certification is dependent upon an individual's successful completion of inter-agency approved paramedic continuing education refresher courses. At any given time, performs any or all tasks performed by a lower level EMT. May supervise activities of students or interns, and/or engage in writing of journal articles or teach. Meets qualifications within the functional job analysis.