EMERGENCY MEDICAL TECHNOLOGY PROGRAM

Student Handbook

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1.1 Philosophy Statement

The Emergency Medical Technology program prepares Emergency Medical Responders at three levels to administer emergency medical care to victims at the site of out-of-hospital emergencies. Certificates of Completion are awarded for successful completion of the Emergency Medical Responder (EMR), Emergency Medical Technician (EMT) or the Paramedic course. Individuals who earn a Certificate of Completion are eligible to challenge the National Registry exam and apply for state certification(s) to practice at the achieved level. Interested individuals may also obtain an Associate Degree in Emergency Medical Technology with additional studies.

Because of the nature of the work, the faculty of the Emergency Medical Technology Program believes that individuals interested in becoming an Emergency Medical Technician should have broad-based educational preparation guided by the Department of Transportation National Standard Curriculum. In addition, these individuals should have certain personal abilities which are necessary in order to work compassionately with people who are ill or injured. Since the nature of the work involves long hours outdoors in bad weather, nights, weekends, and holidays, the labor is frequently very stressful and challenging. Emergency Medical Technicians must enjoy helping others, have high ethical standards, good psychomotor skills, adaptability, flexibility, and interpersonal skills beyond reproach.

In addition, Emergency Medical Technicians must possess leadership abilities and good judgment. Emergency Medical Technicians must recognize that the person who is ill or injured is not having a good day and will frequently not be in the most affable humor. Individuals who are unable to work with people in times of crisis need not give further consideration to becoming an Emergency Medical Technician. The faculty of the Emergency Medical Technology Program believes that the student Emergency Medical Technician must treat all people with respect and dignity including patients, other students, agency staff, and faculty. The Program has adopted The EMT Code of Ethics by the National Registry of Emergency Medical Technicians as the fundamental basis for determining ethical behavior and professionalism. Emergency Medical Technician students are subject to all rules and regulations of Texarkana College as published in the Texarkana College Student Handbook, EMT Student Handbook, and the respective course syllabi, including the grievance procedure and appeal process.

The journey to become an Emergency Medical Technician is exciting, rewarding, fulfilling, and tough. Once the commitment has been made, “to persevere and prevail” becomes the motto. The faculty of the Emergency Medical Technology Program is
dedicated to assisting each individual achieve this, the loftiest of goals...helping others in their greatest hour of physical and emotional need.

1.2 The EMT Code of Ethics

Professional status as an Emergency Medical Technician 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 at the basic or advanced level, I solemnly pledge myself to 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.
- The Emergency Medical Technician assumes responsibility in defining and upholding standards of professional practice and education.
- The Emergency Medical Technician has the responsibility to be aware of and participate in matters of legislation affecting the Emergency Medical Technician and the Emergency Medical Services System.
- The Emergency Medical Technician adheres to standards of personal ethics which reflect credit upon the profession.
- Emergency Medical Technician, or groups of Emergency Medical Technicians, who advertise professional services, do 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 nurse, the physician, 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.

1.3 NATIONAL ASSOCIATION OF EMERGENCY MEDICAL TECHNICIANS

“EMT Oath”

Be in pledged as an Emergency Medical Technician, I will honor the physical and judicial laws of God and man. I will follow that regimen which, according to my ability and judgment, I consider for the benefit of patients and abstain from whatever is deleterious and mischievous, nor shall I suggest any such counsel. Into whatever homes I enter, I will go into them for the benefit of only the sick and injured, never revealing what I see or hear in the lives of men unless required by law.

I shall also share my medical knowledge with those who may benefit from what I have learned. I will serve unselfishly and continuously in order to help make a better world for mankind. While I continue to keep this oath unviolated, may it be granted to me to enjoy life and the practice of the art, respected by all men, in all times. Should I trespass or violate this oath, may the reverse be my lot. So help me God.

*Adopted by the National Association of Emergency Medical Technicians, 1978.*

1.4 Functional Position Description

Introduction

The following general position descriptions for the EMR (ECA), EMT, Advanced EMT and Paramedic is provided as a guide for advising those interested in understanding the qualifications, competencies and tasks required for emergency medical services certification or licensure. It is the ultimate responsibility of the employer to define specific job descriptions with each Emergency Medical Services (EMS) entity.
Qualifications

To qualify for EMS certification or licensure an individual must successfully complete an Arkansas Department of Health and/or a Texas Department of State Health Services approved course and achieve competency in each of the psychomotor skills. In addition, the individual must achieve a passing score on the national written certification or licensure examination. EMS personnel must be at least 18 years of age. Generally, the knowledge and skills required show the need for a high school education or equivalent. EMS personnel must have the ability to communicate verbally via telephone and radio equipment; ability to lift, carry and balance up to 125 pounds (250 pounds with assistance); ability to interpret written, oral and diagnostic form instructions; ability to use good judgment and remain calm in high-stress situations; ability to work effectively in an environment with loud noises and flashing lights; ability to function efficiently throughout an entire work shift; ability to calculate weight and volume ratios and read small print, both under life threatening time constraints; ability to read and understand English language manuals and road maps; ability to accurately discern street signs and address numbers; ability to interview patients, family members and bystanders; ability to converse in English with coworkers and hospital staff as to status of patient. EMS personnel should possess good manual dexterity, with ability to perform all tasks related to highest quality patient care. Ability to bend, stoop and crawl on uneven terrain and ability to withstand varied environment conditions such as extreme heat, cold and moisture is vital. The ability to work in low light, confined spaces and other dangerous environments is required.

Competency Areas

ECA – Emergency Care Attendant and/or EMR – Emergency Medical Responder

The ECA and/or EMR must demonstrate competency handling emergencies utilizing all Basic Life Support equipment and skills in accordance with all behavioral objectives of the course and the Federal Emergency Management Administration (FEMA) document entitled “Recognizing and Identifying Hazardous Material,” and include aids for resuscitation, blood pressure by palpation and auscultation, oral suctioning, spinal immobilization, patient assessment and adult, child and infant CPR. Automated external defibrillation is a required skill.
EMT - Emergency Medical Technician

The EMT must demonstrate competency in handling emergencies utilizing all Basic Life Support equipment and skills in accordance with all behavioral objectives in the EMT national curriculum. The course shall include at least 150 clock hours of classroom, laboratory, clinical, and field instruction which shall include supervised experiences in the emergency department and with a licensed EMS provider. In addition, the information contained in the FEMA document entitled “Recognizing and Identifying Hazardous Material” shall be part of the course curriculum.

Advanced EMT

The minimum curriculum shall include all content required by the portions of the current National Paramedic Education Standards and competencies as defined by the DOT which address the following areas:
- Roles and responsibilities of the paramedic;
- Well-being of the paramedic;
- Illness and injury prevention;
- Medical/legal & Ethical issues;
- General principles of pathophysiology; Pharmacology;
- Venous access and medication administration;
- Therapeutic communications;
- Life span development;
- Patient assessment;
- Airway management and ventilation, including endotracheal intubation;
- Assessment and care of the trauma victim.

Paramedic

A minimum curriculum shall include all content required by the current National Paramedic Education Standards and competencies as defined by the DOT. The course shall consist of at least 1200 hours of classroom, laboratory, clinical and field instruction that shall include supervised experiences in the emergency department and with a licensed EMS provider and other settings as judged appropriate by the Program Coordinator and Program Medical Director. In addition, the information contained in the FEMA document entitled “Recognizing and Identifying Hazardous Material” shall be part of the course curriculum.
Manual external defibrillation is a required skill. Certification as an EMT is required as a pre-requisite to this course.

Description of Tasks:

Receives call from dispatcher, responds appropriately to emergency call, reads maps, may drive ambulance to emergency site, uses most expeditious route and observes traffic ordinances and regulations. Determines nature and extent of illness, takes pulse, blood pressure, visually observes changes in skin color, auscultates breath sounds, makes determination regarding patient status, establishes priority for emergency care, renders appropriate emergency care, may administer intravenous drugs or fluid replacement as directed by physician medical director online. May use equipment such as but not limited to, defibrillator, electrocardiograph, performs endotracheal intubation to maintain an airway and ventilate.

Paramedics assist in lifting, carrying, and transporting patient to ambulance and on to a medical facility. Reassures patients and bystanders, avoids mishandling patient and undue haste, search for medical identification emblem to aid in care. Extricates patient from entrapment, assesses extent of injury, uses prescribed techniques and appliances, radios dispatcher for additional assistance or services, provides light rescue service if required, provides additional emergency care following established protocols.

A Paramedic complies with regulations in handling deceased, notifies authorities, arrange for protection of property and evidence at the scene. Determines appropriate facility to which patient will be transported, reports nature and extent of injuries or illness to the facility, asks for direction from hospital physician or emergency department. Observes patient en route and administers care as directed by physician or emergency department or according to published protocols. The paramedic identifies diagnostic signs that require communication with physician while moving the patient into the emergency facility from the ambulance. Reports verbally and in writing concerning observations about the patient, patient care at the scene and en route to facility, and provides assistance to emergency staff as required. Maintains familiarity with all specialized equipment, replaces supplies, sends used supplies for sterilization, checks all equipment for future readiness, maintains ambulance is operable condition, ensures ambulance cleanliness and orderliness of equipment and supplies, decontaminates vehicle interior, determines vehicle readiness by checking oil, gasoline, water in battery and radiator and tire pressure.
1.5 Entry Requirements

Applicants for any level of EMS-related program are encouraged to reference the specific course details and current class schedules available on the Texarkana College website at: www.TexarkanaCollege.edu. The Emergency Medical Responder (EMR or ECA) and Emergency Medical Technician (EMT) courses are offered through the Continuing Education Division. The Paramedic Program is part of the Health Sciences Division and consists of multiple academic courses of study. Due to the various complexities of pre-requirements related to certain courses, candidates are encouraged to start the application process as early as possible and contact the Emergency Medical Technology Program Coordinator or Enrollment Specialist to schedule a personal interview.

A pre-course checklist will be utilized to ensure that all requirements have been met. Initial applicants are only considered for admission after these have been done and submitted to the designated Program representative. Paramedic candidates, who have completed the Texarkana College EMT Program within the past year, or those who are employed and actively working as an EMS field provider, will only be required to repeat the urine drug screening prior to admission. It is the responsibility of every student to maintain and update their file as needed to maintain currency of all course requirements.

1.6 Re-Entry Procedure

Candidates for re-admissions to the EMT or Paramedic Programs may be considered on an individual case-by-case and/or space available basis. A student who leaves the program for non-academic reasons must have followed the appropriate withdrawal process and should have been in good standing with all Program and/or College policies. If accepted, the re-enrollment applicant will be assisted by the Program Coordinator to develop an individualized plan for successful completion of the specific course and/or program within the allowable time limits prescribed in the appropriate course syllabi.

Steps for Re-admission:

1. Schedule a personal guidance conference with the Program Coordinator.
2. The candidate must provide documentation that all pre-course requirements are still current.
3. A candidate for re-admission may be required to complete some remedial work.
4. The student accepted for re-entry will be under the current policy and procedures and course completion requirements of the EMT or Paramedic Program at the time of re-admission.

1.7 Substance Abuse Policy

PURPOSE

The Texarkana College Emergency Medical Technology Faculty believe that our major objective as educators is to prepare our students for the commercial workplace as well as to safeguard the public. To fulfill this purpose, students must be free of chemical impairment during participation in any part of the Program-sponsored activities including classroom, laboratory, and clinical settings. The impaired student is further defined as a person who, while in the academic or clinical setting, is under the influence of, or has abused, either separately or in combination: Alcohol, over-the-counter medications, illegal drugs, prescribed medications, inhalants, or synthetic designer drugs. Abuse of the substances includes episodic misuse or chronic use that has produced psychological and or physical symptoms.

It is against Texarkana College policy and professional standards for students to steal, purchase, manufacture, possess, consume, or sell drugs, alcohol, or controlled substances, or to be under their influence while on campus or at extended sites (i.e., agencies used for clinical laboratory learning). It is illegal to consume medications prescribed for others. All students enrolled in any EMS Program are expected to abide by this policy.

The intent of the Substance Abuse Policy is not just to identify those students chemically impaired, but it is also an attempt to assist the student in the return to a competent and safe level of practice as opposed to punitive action against the student. Emphasis is upon deterrence, education, and reintegration. All aspects of the policy are to be conducted in good faith with compassion, dignity, and confidentiality.

NOTIFICATION OF TESTING PRACTICES

The Substance Abuse Policy will be reviewed with all EMSP students during program orientations. Upon admission, students will be expected to certify in writing, that they are not engaging in any substance abuse behaviors. Furthermore, their signature will acknowledge that, in “for cause” situations,
they will be asked to submit to drug testing when their performance, conduct, or other actions indicate possible substance abuse/impairment.

**TESTING PROCEDURES**

**Program Administrator:** The Texarkana College Health Sciences Division Dean will appoint a qualified Program Administrator who shall be responsible for the overall administration and implementation of this policy and plan.

**When Testing May Occur:** The EMSP student will be required to submit to drug testing under the following circumstances:

**Pre-admission testing as part of the physical.**

For Cause:
- For reasonable cause/suspicion that substance abuse exists.
- May be part of a post-accident follow up.
- In the event of a substance abuse problem which is self-reported or reported by a credible source.
- As part of a substance abuse recovery program.

**Testing Facility:** The Texarkana College Health Sciences Division will identify a SAMHSA approved laboratory to perform testing utilizing the agency’s policies. The College will use a Certified Medical Review Officer (MRO) who will review and interpret test results and assure (by actual telephone interview with each donor whose test is “lab positive”) that no test result is reported as “positive” unless there is truly evidence of unauthorized use of the substance involved. The collection techniques will adhere to strict guidelines in accordance with US Department of Transportation Regulation 49 CFR Part 40 following chain-of-custody protocol. The chain of custody and collection protocol will include a copy (with legible phone numbers and a section for the MRO’s report) to be forwarded to the MRO’s work site.

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1 Consent will be kept in the student file and will remain in effect during the entire period of enrollment.
2 Substance Abuse and Mental Health Services Administration.

**Testing for Appropriate Substances:** Testing may include, but is not limited to, alcohol, and currently: amphetamines, barbiturates, cocaine, PCP, opiates, marijuana, benzodiazepine, methadone, and propoxyphene. The Program Administrator shall have the authority to change the panel of tests without
notice\textsuperscript{3} to include other illegal substances as suggested by local or national reports or circumstances.

**Positive Results:** Test results will be considered positive if substance levels meet or exceed the established threshold values for both immuno assay screening and gc/ms confirmation studies and the MRO’s verification interview verifies truly unauthorized use of the substance. Repeat drug screens are not done. In order to ensure accurate results, requests for any change in the testing facility’s procedure will be done only with written approval from the Health Sciences Division Dean or designee.

\textsuperscript{3} The Program Administrator will seek consultation with the Dean (or a designated faculty advisor) and the MRO before changing the drug panel.

**CONFIDENTIALITY**

All drug testing information, interviews, reports, statements, and test results specifically relating to individuals is confidential and will be treated as such by anyone authorized to review such information. Drug test results will be received from the lab by the Dean or designee. Records will be maintained in a safe, locked cabinet and/or password protected electronic database.

**PRE-ADMISSION DRUG TESTING**

The EMSP applicant will be required to successfully complete a physical examination, including drug testing as part of the admission process. The cost of the physical examination with drug testing will be paid for by the applicant.

**Positive Results for Student Applicants:** See “Substance Abuse Recovery Student/Applicant”.

**FOR CAUSE: ENROLLED STUDENTS**

Testing will be required when a faculty member reasonably suspects that a student is under the influence of a substance. In this case, the cost of testing will be assumed by Texarkana College. Drug testing based on a belief that a student is using or has used drugs in violation of the Substance Abuse Policy will be drawn from those facts in light of experience and may be based upon, among other things:
• Observable phenomena, such as direct observation of drug use and or the physical symptoms or manifestations of being under the influence of a drug.
• Conduct or erratic behavior that includes but is not limited to slurred speech, staggered gait, flushed face, dilated/pinpoint pupils, wide mood swings, and deterioration of work performance to include absenteeism and tardiness.
• A report of drug use provided by reliable and credible sources and which has been independently corroborated.
• Evidence that an individual has tampered with a drug test during his/her enrollment.
• Information that the student has caused or contributed to an accident that resulted in injury requiring treatment by a licensed health care professional.
• Evidence that the student is involved in the use, possession, sale, solicitation, or transfer of drugs.
• Conviction by a court, testing positive in a drug free workplace program, or being found guilty of a drug, alcohol, or controlled substance offense in another legitimate jurisdiction.

FOR CAUSE: PROCEDURE

Faculty will follow these procedures for reasonable suspicion/cause testing:

• Have another faculty or staff member immediately confirm the suspicious behavior.
• Immediately terminate any direct patient care or classroom participation by the student.
• Discuss the behavioral observations and or incident with the student.
• Document the behaviors observed.
• Report the incident to the Dean (or his/her designee) who, along with the faculty member, will review the incident or pattern of incidents that exposes or is likely to expose, a patient or another person to risk of harm.
• Advise the student of the need for immediate drug testing and explain the procedure as directed by the Dean. (A copy of the “Consent to Drug Testing and Authorization for Release of Test Results” can be obtained from the student’s file.)
• The outcome of the process is dependent upon the final drug test results. A final decision regarding disciplinary action may include any of the following: a warning, a learning agreement for behavioral change, referral for medical evaluation, or immediate suspension from the EMS Program. For any student
currently enrolled, there is a zero-tolerance policy regarding a positive test result for illegal or improperly-obtained substances. In these instances, a positive test result will result in immediate suspension of the student from the EMS Program.

- Confidentiality will be maintained at all times.
- Students are encouraged to take the responsibility for self-reporting and self-referral.

**SUBSTANCE ABUSE RECOVERY STUDENT/APPLICANT**

The Faculty believe that persons identified as having substance abuse problems can benefit from therapeutic counseling regarding substance withdrawal and rehabilitation from a reliable source. No recovering student shall be denied learning opportunities purely on the basis of a history of substance abuse. A student applicant with a positive pre-admission test result or with a prior history of substance abuse will be required to do the following before entering:

- Demonstrate at least one (1) year of abstinence immediately prior to application.
- Provide letters of reference from all employers within the last two (2) years.
- Provide a report of participation and current status from an acceptable treatment or support source(s).
- Sign an agreement to participate in monitoring by random drug screening consistent with this policy and the clinical agency where assigned for patient care. Testing will be paid for by the student.
EXAMPLES OF OBSERVABLE AND SUSPICIOUS BEHAVIORS

STUDENT: ________________________________ DATE: _________________

**Absenteeism**
- Frequent Monday or Friday absences
- Multiple unauthorized absences from class or the clinical unit
- Excessive tardiness
- Improbable excuses for absence
- Leaving school or the clinical agency early
- Prolonged breaks
- Frequent trips to the bathroom
- Illness on the job or in the classroom

**Unexpected Events** - Especially resulting in an injury or damages
- Falling asleep in class or in a setting where a student would be expected to maintain alertness
- Frequent or unexplainable accidents on campus or in the clinical area
- Frequent or unexplainable accidents away from the campus of the clinical area
- Any fall, fainting or loss of equilibrium or consciousness which occurs in a context which suggests impairment.

**Confusion and difficulty concentrating**
- Difficulty remembering details or directions
- Jobs/projects/assignments take excessive time
- Increasing difficulty with complex assignments
- General difficulty with recall

**Lowered efficiency**
- Mistakes of judgment
- Wasting materials
- Blaming or making excuses for poor performance
- Deterioration of ability to make sound decisions
- Sporadic work patterns or academic performance

**Poor Relationships with peers**
- Avoidance of others
- Hostile/irritable attitude
- Reacts rather than respond to others
- Over reacts to criticism or corrections
- Unreasonable resentments
- Unpredictable, rapid mood swings
- Borrowing money from peers
- Alcoholic or suspicious breath odors: frequent odor of mints, mouthwash

**Physical Signs**
- Temperature
- Pulse
- Respiration
- Blood Pressure
- Diaphoresis

FACULTY: _________________________ WITNESS: _________________________
CONSENT TO “FOR CAUSE” DRUG TESTING AND AUTHORIZATION FOR RELEASE OF TEST RESULTS*

I, ____________________________, hereby state that I understand the objectives of the Substance Abuse Policy and the need for continued verification that I am not impaired by any mind altering substance. I give my consent to participate in “For Cause” drug screening consistent with the policy of Texarkana College and the clinical agency where assigned. I understand that the testing may include any or all of the following: breath, urine, blood, or hair follicle samples. I understand that the test results will be released to the Program Administrator, the Dean of Health Sciences, and such other College officials as may be required to know the results in order to properly administer the program.

Name: ____________________________  SSN: ____________________________
(Print Name)

Signature: ____________________________  Date: _______________
(Signed Name)

*Refusal to consent to the above referenced testing or to cooperate fully with the appropriate health professionals may result in immediate suspension from the EMS Program.
1.8 Criminal History and Background Checks

In order for clinical affiliates to comply with Joint Commission accreditation standards pertaining to due diligence and competency assessment of all individuals whose assignments bring them in contact with patients or employees, employee prescreening requirements such as criminal background checks and drug screens are extended to clinical students. All students and faculty must have a criminal background check before starting clinical experiences.

The initial Background Checks for all EMSP students will be conducted by PreCheck, Inc. and each applicant will receive an instruction sheet during the enrollment process. Certain adverse findings on the criminal history report may prevent an applicant from being accepted into the EMS Program. The Arkansas Department of Health, Section of EMS; the Texas Department of State Health Services; and the National Registry of EMTs all have their respective application and criminal history processes that must be followed to determine eligibility for EMS license and/or certification. Some offenses will automatically prevent an individual from obtaining an EMS credential; and other lesser offenses are considered on a case-by-case basis. Any student applicant with a questionable background report will be referred to the appropriate state agency to petition for a pre-admission criminal history review. This process can take several months and the applicant will be responsible for any associated fees.

Any legal offenses occurring during enrollment in an EMS Course must be disclosed to the Program Coordinator within 10 (ten) days of the occurrence.

1.9 Confidentiality and the Health Insurance Portability and Accountability Act (HIPAA)

Students will maintain strict patient confidentiality at all times. Patients’ conditions will NOT be discussed with family, bystanders, media, or other non-medical personnel. In accordance with HIPAA – Health Insurance Portability and Accountability Act - computer generated and/or written information containing patient name, identification or other identifying factors will not be removed from the clinical facility. In addition, the action or actions of any medical and/or paramedical personnel will not be discussed. The gaining of knowledge, acquisition of skills, professional development, and honesty go hand-in-hand. The student is responsible for maintaining the highest possible standards personally, academically, clinically, and professionally.
Texarkana College Emergency Medical Technology Program

UNIVERSAL CONFIDENTIALITY STATEMENT

As a student in the EMT Program at Texarkana College, you are bound by the clinical Affiliation Agreements in place between the college and facilities used for clinical learning experiences. Per the guidelines outlined in the affiliation agreements and the EMT Student Handbook and the Health Insurance Portability and Accountability Act (HIPAA) the maintenance of confidentiality regarding patient information is of paramount importance. Information pertaining to patients, employees or individuals in the clinical setting from any source i.e.: paper records, oral communication, audio recording, electronic display, and/or data files is considered confidential information. Access to confidential patient information is allowed for students/faculty on a need-to-know basis only with the intended purpose of client care in the clinical learning process.

It is the policy of Texarkana College that students/faculty maintain strict patient confidentiality at all times. Violation of the confidentiality policy include, but are not limited to:

• Accessing confidential information that does not pertain to assigned clients;
• Misuse, disclosure, or alteration of client information;
• Disclosing to another person a personal password that you have been issued for electronic charting that gives access to client information;
• Using a personal password of another individual to gain access to the client record;
• Leaving a client record open (electronic or paper) unattended with client information accessible to an unauthorized person;
• Removing a computer generated report sheet with client data (such as name, physician, diagnoses, hospital data) from the clinical facility;
• Writing any client specific information (such as name, address, hospital identification number) on paperwork taken out of the clinical facility;
• Discussing client information with visitors, students, staff, and/or family outside the clinical facility or off of the clinical unit in an unsecured area;

Violations of HIPAA are punishable by up to $50,000 fine for an individual and/or may carry up to a one-year jail sentence. The student must understand the importance of keeping client information confidential and agree to comply with the terms of the above policy/statement. This agreement will be binding for the duration of enrollment in the EMS Program.

______________________  ______________________
Student Printed Name and Date          Student Signature
1.10 Academic Standards

I. Didactic Domain

A. The faculty is committed to the preparation of EMT and Paramedic students with the knowledge, skills, and attitudes essential to care for ill and injured persons, and to pursue educational excellence.

B. The primary goals of the Texarkana College EMT Program are to prepare a graduate to:
   i. Function as an entry-level provider in the pre-hospital care and emergency medical environment within the appropriate scope of practice.
   ii. Have a general knowledge of mathematics, natural sciences, behavioral science, and humanities.
   iii. Serve as a self-motivated and self-directed practitioner in EMS, who strives for personal and professional educational development.

C. Teaching and learning strategies focus on individualization for student attainment. Interactive and engaging forms of lecture, discussion/case studies, demonstration, guided/directed practice, and teaching/learning simulation scenarios will all be utilized as needed to meet student learning expectations.

D. Specific course requirements and grade calculations will be distributed and explained in the related syllabi for each section of learning.

E. Academic dishonesty (cheating) will not be tolerated! Any time there is a suspicion of this activity, an investigation will be conducted and all involved parties will be subject to a disciplinary process that might include immediate suspension from the course with no option for re-entry.

F. All EMSP students will receive a personal academic status report interview session with their instructor at least once per course or semester.

G. If the student’s current performance is not meeting the course objectives, an individual improvement plan will be developed and follow-up sessions will be conducted in order to enhance the student’s opportunities for academic success and completion in the course and/or program.

H. Documentation of these counseling sessions will become part of the student’s permanent course record.
II.  **Psychomotor Domain**

1. The specific psychomotor objectives will be listed in each respective course syllabi and will be demonstrated, practiced and evaluated in the EMT Program Skills Laboratory.
2. All invasive skills MUST be practiced and tested in the Skills Laboratory BEFORE they can be performed in the clinical environment. Successful completion of individual skills exams requires a minimum score of 85% and ALL critical criteria must be satisfied.
3. All skills exams established for each course will be repeatedly practiced and evaluated by the faculty and the student’s peers until minimum competencies have been achieved.
4. Each student’s performance on the required psychomotor exams will be properly documented in both a written and electronic format.
5. Upon completion, these will be entered into their permanent record and used to develop a competency portfolio.
6. All students in all provider levels will be prepared to successfully complete end-of-section/course simulation-based patient scenario exams in order to meet final course requirements for graduation.

III.  **Affective Domain**

**Professional Behavior Evaluation and Counseling**

As with all professional education, it is critically important that EMT and Paramedic education programs be planned, executed and evaluated in a continuous quality improvement model. The overall goal of our program is to graduate competent, entry-level providers. To achieve this end result, various procedures and strategies will be developed and implemented to obtain a complete 360-degree evaluation of the faculty, students, preceptors, and clinical affiliation institutions.

The student’s cognitive and psychomotor abilities are constantly evaluated and enhanced by several methods throughout the program. In addition, the clinical education experience represents the most important component of the entire process since this is where the student learns to synthesize both the cognitive and psychomotor skills. To confirm competency in the affective domain, the student must demonstrate professionalism, conscientiousness and a sincere interest to perform at the highest possible level. The affective evaluation instruments
contained within the EMT and Paramedic curricula were developed using a valid process and their use is mandatory.

There are two primary purposes of an affective (professional behavior) evaluation system:

(1) To verify competence in the affective domain, and (2) to serve as a method to change behavior. The following tools were taken from the *EMT-Paramedic: National Standard Curricula* and were developed by the Joint Review Committee on Educational Programs for the EMT and Paramedic. They represent extensive experience in the evaluation of EMT and Paramedic student’s affective domain. The nature of this type of evaluation makes it impossible to achieve complete objectivity, but these strategies attempt to decrease the subjectivity and document affective evaluations.

In attempting to change behavior, it is necessary to identify, evaluate, and document the behavior that you want. The eleven affective characteristics that form the basis of this evaluation system refer to content in the “Roles and Responsibilities” unit of the curriculum. This information is presented early in the course and serves to inform the EMT and Paramedic students as to what type of behavior is expected of them. It is impossible to enumerate all of the possible traits that represent professional behavior in each of the eleven areas. For this reason, the evaluator should give specific examples of any “needs improvement” or “unacceptable” behavior in each of the eleven attributes. This affective evaluation system has two instruments: *Professional Behavior Evaluation* and *Professional Behavior Counseling*.

The **Professional Behavior Evaluation Form** (see pages 22 & 23) should be completed regularly by faculty and preceptors for each student. Ideally, an assessment of the student’s overall performance should be completed at the end of each clinical assignment. These forms will be made available to the Preceptors electronically so that they can be submitted to the Clinical Coordinator directly without possible alteration by the student. On this form, the student is rated according to the following scale: 4 = “Exceeds Expectations” 3 = “Meets Expectations” 2 = “Needs Improvement” 1 = “Unacceptable”

For each attribute, a short list of behavioral markers is included that indicates what is generally considered a demonstration of competence for entry-level providers. This is not an all-inclusive list, but serves to help the evaluator in making a fair assessment. The evaluator should focus on **patterns of behavior**, not isolated instances that fall outside the student’s normal performance.
At the conclusion of each semester, the Clinical Coordinator will average the numerical values from all behavior evaluation forms and that score will be used to calculate the final clinical grade. Three or more evaluations with <75% score will require a written counseling session to be conducted by the faculty with proper documentation completed, signed and placed in the student’s file.

A Professional Behavior Counseling Report will be used to clearly communicate to the student that his/her affective performance is unacceptable. This form will be used during counseling sessions between the student and the faculty and/or Program Coordinator after consultation with the preceptor if necessary. The Professional Behavior Counseling Report will serve as an important tracking mechanism to verify incompetence or patterns of uncorrected behavior. On the form, space is provided to document detailed observations, clearly defined expectations, specific actions that will be taken if the behavior continues, and dates of future counseling sessions as required.

While the intent of this evaluation tool is not meant to be punitive; if at any time the student’s conduct is deemed to be serious enough to cause an unsafe situation, then the faculty, preceptor or Program Coordinator who is in attendance will immediately suspend and/or remove the student from the course-related activity. The student will not be allowed to participate in any group or patient care sessions until a thorough investigation has been conducted.

### PROFESSIONAL BEHAVIOR EVALUATION FORM

<table>
<thead>
<tr>
<th>1. INTEGRITY</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
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<tbody>
<tr>
<td>Examples of professional behavior include, but are not limited to: Consistent honesty; being able to be trusted with the property of others; can be trusted with confidential information; complete and accurate documentation of patient care and learning activities.</td>
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<thead>
<tr>
<th>2. EMPATHY</th>
<th>4</th>
<th>3</th>
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<tbody>
<tr>
<td>Examples of professional behavior include, but are not limited to: Showing compassion for others; responding appropriately to the emotional response of patients and family members; demonstrating respect for others; demonstrating a calm, compassionate, and helpful demeanor toward those in need; being supportive and reassuring to others.</td>
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<thead>
<tr>
<th>3. SELF-MOTIVATION</th>
<th>4</th>
<th>3</th>
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<tbody>
<tr>
<td>Examples of professional behavior include, but are not limited to: Taking initiative to complete assignments; taking initiative to improve and/or correct behavior; taking on and following through on tasks without constant supervision; showing enthusiasm for learning and improvement; consistently striving for excellence in all aspects of patient care and professional activities; accepting constructive feedback in a positive manner; taking advantage of learning opportunities</td>
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<thead>
<tr>
<th>4. APPEARANCE AND PERSONAL HYGIENE</th>
<th>4</th>
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<tbody>
<tr>
<td>Examples of professional behavior include, but are not limited to: Clothing and uniform is appropriate, neat, clean and well maintained; good personal hygiene and grooming.</td>
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<tr>
<th>5. SELF-CONFIDENCE</th>
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<tbody>
<tr>
<td>Examples of professional behavior include, but are not limited to: Demonstrating the ability to trust personal judgment; demonstrating an awareness of strengths and limitations; exercises good personal judgment.</td>
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### 6. COMMUNICATIONS

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<tr>
<td>Examples of professional behavior include, but are not limited to: Speaking clearly; writing legibly; listening actively; adjusting communication strategies to various situations</td>
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### 7. TIME MANAGEMENT

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<tbody>
<tr>
<td>Examples of professional behavior include, but are not limited to: Consistent punctuality; completing tasks and assignments on time</td>
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### 8. TEAMWORK AND DIPLOMACY

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<tr>
<td>Examples of professional behavior include, but are not limited to: Placing the success of the team above self-interest; not undermining the team; helping and supporting other team members; showing respect for all team members; remaining flexible and open to change; communicating with others to resolve problems</td>
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### 9. RESPECT

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<tr>
<td>Examples of professional behavior include, but are not limited to: Being polite to others; not using derogatory or demeaning terms; behaving in a manner that brings credit to the profession</td>
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### 10. PATIENT ADVOCACY

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<tr>
<td>Examples of professional behavior include, but are not limited to: Not allowing personal bias to or feelings to interfere with patient care; placing the needs of patients above self-interest; protecting and respecting patient confidentiality and dignity</td>
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### 11. CAREFUL DELIVERY OF SERVICE

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<td>Examples of professional behavior include, but are not limited to: Mastering and refreshing skills; performing complete equipment checks; demonstrating careful and safe ambulance operations; following policies, procedures, and protocols; following orders</td>
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### III. Final Comprehensive Exams

1. Comprehensive exams will be given at the conclusion of each section and/or course.
2. All students MUST pass the required final examination process to receive a course completion certificate and to be eligible for the National Registry application and exam process.
3. Passing for EMR = 70%, EMT = 75% and Paramedic = 80%.
4. After each unsuccessful attempt, remediation will be available which might include having to repeat the exam, section and/or course if applicable. If the student does not pass the Final Exam after three attempts, an individualized plan between the student and Program Coordinator will be mutually developed and implemented. The student will be responsible for any additional fees associated with this reformative process.
5. A Terminal Competency Form will be completed for each EMSP student and verified by the Program Coordinator and Program Medical Director documenting that the student has achieved the established terminal competencies for all phases of the course and/or program.
1.11 Personal Electronic Devices

With the constant evolution of technological enhancements, it is extremely difficult to adopt an all-inclusive policy to address every possible scenario that could present itself. In an attempt to encourage the prudent usage of these various devices, the EMT Program faculty and students will be expected to follow these general guidelines in the classroom, lab and clinical areas.

- All electronic devices should remain in the “silent” or “vibration” mode in order to not disturb others in close proximity to the user.
- AT NO TIME will the use of any personal electronic device be allowed while the student is engaged in direct patient contact or in a patient care area. The ONLY exception is with faculty or preceptor permission if the student needs the device to contact on-line medical control or to summon emergency assistance if there is an immediate threat to their safety.
- AT NO TIME will any personal electronic device be used to acquire a visual or verbal recording of anyone or any object unless expressed consent has been previously obtained. **Photography and verbal recordings are strictly prohibited in all clinical areas.**
- Anytime the use of an electronic device becomes disruptive or distracting; the student, faculty member and/or preceptor will be asked to either immediately cease usage of the device or remove themselves and the device from the classroom, lab or clinical area. The Program Coordinator will maintain the final authority and enforcement related to this policy.

1.12 Use of the Testing Center

Exams will be scheduled and given at periodic intervals as specified in the course syllabus. Some exams will be administered in the Texarkana College Testing Center located in the Palmer Memorial Library. The current Testing Center hours will be posted on the college website and no exams will begin within one hour of closing AND MUST be completed by closing. In order to take a test, you will need the following:

1. **CURRENT STUDENT PICTURE ID,** or a valid picture ID (driver’s license/state ID) and documentation of your T-Number.
2. The name of your instructor.
3. The name and section of the course.
4. The name of the test or exam you wish to take.

ALL APPLICABLE TESTING CENTER RULES WILL BE STRICTLY ENFORCED AND ARE DETAILED IN THE TEXARKANA COLLEGE STUDENT HANDBOOK.

1.13 Attendance

Students are expected to regularly attend all classes for which they are registered. Responsibility for making up coursework missed because of illness, employment or family commitments, and/or other circumstances is placed on the student. Poor class attendance will result in the student being counselled and may ultimately be dropped from a course by the instructor with a grade of “F”.

Students who return to class/clinical following delivery, surgery, infections or major illness MUST bring a release verification form from their medical provider approving full functioning in the student role. Release for “light duty” is not acceptable. The college is not responsible for exacerbation of illness, injury, or infectious contact while enrolled in a Health Science course. Failure to meet class requirements, protracted fatigue, and sleepiness can lead to omissions in learning and errors in performance of care. Such circumstances may lead to disciplinary actions up to and including being dropped from the course.

1.14 Remediation Policy

Due to the extremely fast-paced nature of these courses and the amount of subject matter that has to be covered, it is recommended that all EMSP students should make every effort to attend each assigned class and clinical session. However, if an absence is inevitable then it is the student’s responsibility to make arrangements for a meeting with faculty in order to develop a plan of how to make-up any work that might have been missed. In the event a student has an expected or planned absence, they should discuss this with faculty ahead of time so that efforts can be made to complete the work in advance if possible. Any condition or situation that causes an unforeseen lengthy absence period may require the student to either withdraw from the course or sign an “Incomplete Grade Contract” in order to avoid receiving a failing grade or risk jeopardizing re-entry eligibility at a later date. Our goal is to give every student the optimal opportunity to be successful in this program. Please discuss any potential problems or issues with faculty that might distract you from achieving satisfactory results.
1.15 Dress Code

I. Classroom – comfortable clothing; no revealing garments are allowed.

II. Laboratory – students will wear appropriate personal protection equipment (PPE) as required for the skill or exercise; minimum will be exam gloves and eye protection.

III. For hospital and EMS clinical, the following uniform is required. If a student reports for duty and the preceptor determines their attire is not appropriate, the student must immediately correct the problem or they will not be allowed to continue the shift. The EMT Program Clinical Coordinator should be notified as soon as possible if this occurs.

   A. Polo style shirt with collar and no logos (the specific color and type will be announced during orientation). The program approved uniform shirt will have a Texarkana College Emergency Medical Technology Program patch sewn on the left sleeve centered two (2) inches below top shoulder seam. The official program patch is available for purchase in the Texarkana College Bookstore.

   B. Picture ID name tag provided by the college must be worn in clear view at all times.

   C. Black or Navy uniform style pants (EMS six-pocket pants are optional).

   D. Black leather belt (with Velcro closure or modest medal buckle) and black leather shoes or boots (zipper or laces): NO CANVAS TENNIS OR SPORTS SHOES & NO WESTERN STYLE POINTED OR BLUNT-TOE BOOTS.

   E. Watch with a sweeping second hand, stethoscope, and personal protection equipment (eye protection at a minimum).

   F. Uniform must be clean and pressed and boots or shoes must be polished at all times NO EXCEPTIONS.

IV. Personal Appearance:

1. Clothing: clean, neat, and pressed. Shirts are to be buttoned and tucked in at all times.

2. Shoes or boots: polished and clean. Laces must be kept clean. Pants are not to be tucked into the boots at any time.
3. Hair: must be clean and kept pulled away from the face in a pony-tail or bun to ensure that hair remains behind the shoulders throughout patient contact. No hair ornaments and no extreme hairstyles or colors allowed. Beards and mustaches are to be clean and well groomed.

4. Fingernails: short and clean with NO nail polish or ornaments.

5. Cosmetics: make-up should be conservative. Avoid heavy perfumes and aftershave lotions.

6. Jewelry: NO jewelry with the following exceptions: a plain watch with sweeping second hand, one plain band ring may be worn on one finger, one stud or button style earring per earlobe, religious or medic-alert medals should be on a chain long enough to be concealed under the uniform. This includes NO jewelry on the face or tongue.

7. Tattoos: all attempts should be made to cover tattoos while in the clinical setting.

8. Any dress code or personal appearance issues that arise will be handled by the Program Coordinator on an individualized basis.

1.16 Pre-Clinical Requirements

All EMSP students are required to have completed the pre-course checklist and must have negative background and drug screen results in addition to all required immunizations prior to attending any direct patient care areas. Due to the various skill sets within the scope of practice for each level of EMS education, the specific psychomotor competencies that a student must demonstrate prior to providing direct patient care will be detailed in the respective course syllabus.

1.17 Personal Health Precautions

Guidelines for Isolation: In 1994, the Center for Disease Control (CDC) drafted new procedures that combined blood and body fluid precautions and body substance isolation into a set of precautions now called “Standard Precautions”. Since medical history and examination cannot reliably identify all patients infected with HIV or other blood-borne pathogens, Standard Precautions should be used in the care of all patients, especially those in emergency care settings in
which the risk of blood exposure is increased and the infection status of the patient is usually unknown.

Here are some examples:

1. Wear gloves when there is direct contact with blood, body fluids, secretions, excretions, and contaminated items. This includes a neonate before first bath. Wash as soon as possible when unanticipated contact with these body substances occurs.
2. Protect clothing with gowns or plastic aprons if there is a possibility of being splashed or direct contact with contaminated material.
3. Wear masks, goggles, or face shield to avoid being splashed; includes during suctioning, irrigations, and deliveries.
4. Wash hands thoroughly after removing gloves and before and after all patient contact.
5. Do not break or recap needles, discard them intact into puncture-resistant containers, located near where they were used.
6. Place all contaminated articles and trash in leak-proof bags.
7. Clean spills quickly with a 1:10 solution of bleach if spill occurs in an HIV/AIDS patient’s room.
8. Place patients at risk for contaminating the environment in a private room or with another patient with the same infectious organism.

These standard precautions apply to blood, all body fluids, secretions, and excretions, whether or not they contain visible blood; non-intact skin; and mucous membranes. These precautions are designed to reduce the risk of transmission of both recognized and unrecognized sources of infection in hospitals (Adapted from Garner, J. S. et al (1994). Retrieved from internet www.cdc.gov).

**Hepatitis B Vaccination:** The Texas Department of State Health Services implemented rules regarding vaccinations effective April 2004. The rules are Texas Administrative Code, Title 25, Part I, Chapter 97, Subchapter B, Rule 97.62, 97.64, and 97.65.

These rules mandate that all health profession students shall receive a complete series of hepatitis B vaccine prior to the start of direct patient care or show serologic confirmation of immunity to hepatitis B virus. All students in the Health
Sciences programs are affected by these rules. The complete hepatitis B series requires three injections over a six-month period. [Note: Some clinics will administer the series over a 4-month period. Students who receive the accelerated series should contact their health care provider regarding the need for an additional injection after one year.]

**Emergency Evaluation of Students in the Clinical and/or Field Setting:** Neither Texarkana College nor the affiliating clinical agency to which students are assigned are responsible for any costs related to the medical care of students. The student is responsible for payment for any medical care that the student requires and receives while in the facility used for learning.

In the event a student experiences an accident or sudden illness while on the premises of the clinical site, the facility and/or clinical faculty will provide an emergency evaluation of the student to determine if transferal to an emergency care facility or clinic is warranted. Charges associated with emergency treatment and/or transportation are the responsibility of the student. If a student is injured or becomes ill, they must immediately report it to their preceptor and the department supervisor. The Program Faculty and/or Coordinator will need to be notified as soon as possible. Once the student has received any required evaluation and/or treatment; the appropriate investigation and documentation will be completed.

**Medical, Surgical or Psychological Conditions:** Upon meeting admission requirements, students with an acute or chronic, medical, surgical or psychological condition may choose to continue in an EMSP course. The student understands that absenteeism or inability to perform activities related to learning objectives can result in being unable to complete a program. If the student experiences a serious illness, injury, surgery, hospitalization or emergency room visit, a **Return to School Statement** (see Page 30) must be obtained from the attending health care provider releasing the student to perform all duties without limitation. Students who enter a health-related program during pregnancy, or who become pregnant while enrolled, must obtain consent from their health care provider for entering and continuing class and clinical activities with no limitations. The pregnant student must submit a signed **Return to School Statement** at least once per month or after each prenatal and postpartum check-up. It is the student’s responsibility to obtain the **Return to School Statement** prior to attending class and/or clinicals. This information is to be given to the Program Coordinator and will be shared with the appropriate Faculty as needed. The College is not responsible for exacerbations of illness, injuries, or infectious contact. **NOTE:** To continue in clinical courses, EMSP students cannot have limitations. **There is no provision for limited or light duty.**
TEXARKANA COLLEGE EMT PROGRAM

RETURN TO SCHOOL STATEMENT

STUDENT NAME: ________________________________ DATE: ____________

Please indicate the situation for which the student is/was receiving treatment.

_____ Pregnancy (estimated due date) ________________________________________

_____ Delivery (specify type) ________________________________________________

_____ Surgery (specify type) ________________________________________________

_____ Fracture (specify) ___________________________________________________

_____ Infections (specify) __________________________________________________

_____ Other medical condition (specify) ______________________________________

_____ Psychological condition (specify) _______________________________________

Does the student have any limitations relating to this condition? _______ Yes _______ No

If yes, please explain _______________________________________________________

+++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++

A. The student may attend classes? _______ Yes _______ No

*B. The student may attend clinicals? (see below) _______ Yes _______ No

Signature_________________________________________________________ MD/NP/PA

Print name ___________________________________________________________

Address ____________________________________________________________

*TO CONTINUE IN CLINICAL COURSES, ALL EMSP STUDENTS MUST BE ABLE TO MEET CLINICAL OBJECTIVES. THEY MUST ADHERE TO INFECTION CONTROL GUIDELINES AND BE PHYSICALLY ABLE TO PROVIDE PATIENT CARE AND HAVE NO LIMITATIONS. THERE IS NO PROVISION FOR LIMITED OR LIGHT DUTY. THE PROGRAM COORDINATOR RETAINS THE AUTHORITY TO MAKE A FINAL DECISION REGARDING THE STUDENT’S ABILITY TO MEET CLINICAL OBJECTIVES.
1.18 Clinical Guidelines

A. Clinical Coordinator Duties and Authority

The Texarkana College EMT Clinical Coordinator is the Program’s liaison between the students and the clinical sites. The Clinical Coordinator is the student’s PRIMARY contact when any issues or concerns regarding the clinical shift arise. The Clinical Coordinator is also the person who manages all student scheduling at all clinical sites, monitors all students within the clinical sites by doing spontaneous checks, and reviews all clinical documentation that is submitted and may request corrections as needed. If necessary, the EMT Program Coordinator can be brought into any situation to assist in the resolution of issues, but the formal Chain of Command begins with the Clinical Coordinator.

The Clinical Coordinator, the EMT Program Coordinator and/or a clinical site Preceptor has the authority to dismiss a student from the field or clinical setting when indicated by a critical incident, as defined by the Preceptor or other clinical site and/or Program authority. The student will leave the clinical site immediately upon ANY request to do so and then contact the Clinical Coordinator. The Clinical Coordinator will then conduct an investigation into the incident, complete a written report detailing the findings, and then subsequently schedule a meeting between the student, the Clinical Coordinator, and the EMT Program Coordinator concerning the critical incident. The final outcome of the student’s status within the Program will then be at the sole discretion of the Program Coordinator. However, the Program Coordinator’s focus will be to determine if the student behaved in a manner not congruent to the EMT Program’s general conduct, policies, and procedures. INAPPROPRIATE BEHAVIOR WILL NOT BE TOLERATED AT ANY TIME! REMEMBER: We are “guests” in the clinical agencies. This privilege has taken the Texarkana College EMT Program faculty, staff and former students many years to develop. However, this privilege could be removed very quickly by the clinical agencies. The EMT Program faculty is committed to doing everything within their power to maintain our welcome.

We expect you to assist us by maintaining yours!

B. Scheduling

In order for EMSP students to be eligible to attend clinical and/or field rotations, they must have completed ALL pre-clinical requirements and maintain a passing grade in the didactic, psychomotor and affective domains. The Clinical Coordinator will manage ALL clinical site schedules for ALL EMT Program
students for ALL clinical rotations. Under NO circumstance are students allowed to make their own clinical arrangements with individual agencies or Preceptors. Scheduling is done on an individualized basis and ONLY on the designated days available on the clinical calendar. Some shifts may only be accessible to certain student groups and the priority will be determined by the Clinical Coordinator. Once a student has been assigned to a particular shift and the schedule has been posted and distributed to the clinical agencies, the schedule may not be changed unless EXTREME extenuating circumstances exist. However, if the calendars are still in their “sign-up” phase, any changes can be made without penalty. The Clinical Coordinator has the Master Set and ONLY that set can have changes made to it IF the Clinical Coordinator approves.

C. Clinical / Field Documentation for ALL EMSP Students

Students should take ALL appropriate paperwork to their clinical rotation (preferably in a clipboard), as well as a BLACK PEN (pencils and other colored pens are NOT allowed). While in the clinical area, the student will be required to document patient contacts and care provided by both the Preceptors and the student. The clinical forms are designed to document needed information that describes not only the call and patient, but administrative data, etc. Each respective clinical form MUST be completed by the student at the clinical site PRIOR TO leaving at the end of shift. This allows the Preceptor time to read and review the student’s work and offer any constructive advice. It is also the time when the Preceptor will fill out the section on each form to evaluate the student’s performance for that clinical rotation and subsequently sign it. **Forms that are returned without a Preceptor’s signature will not be accepted.** All paper documentation will be added to the student’s course file after being reviewed by the Clinical Coordinator.

All EMT and Paramedic students will be required to utilize FISDAP (Field Internship Student Data Acquisition Project) Scheduler and Skills Tracker. Students need to have reliable internet access to use FISDAP. Computers with internet access are available in the college library for students without other computer resources. New students will receive instructions during orientation on how to access the website (www.fisdap.net) and set-up their account. Prior to going to any clinical site the student must sign-up for the shift by utilizing the Program’s approved clinical scheduling system. Following the completion of a clinical shift, students will have **no more than 72 hours** to enter their information for that experience into the FISDAP skills tracker or they will not get credit for those skills or hours. Any requests for changes or additions to the clinical
schedule must be submitted by email to the Clinical Coordinator. At the discretion of the Clinical Coordinator any unexcused clinical absences, requests to change the posted schedule or unlock a shift will be considered an “occurrence”. Each occurrence will result in a **5-POINT reduction** to the student’s overall Clinical Course grade. The Clinical Coordinator will randomly audit a minimum of 10% of the FISDAP entries. Students must truthfully and honestly enter their completed hours and skills on FISDAP. Any student found falsifying clinical data or records will be subject to immediate dismissal from the Program.

### 1.19 Licensures & Certifications

Upon successful completion of your EMSP Course here at Texarkana College, you will be prepared to apply for and challenge the National Registry Examination. Since our EMT and Paramedic courses are approved by both the Arkansas Department of Health (ADH) Section of EMS and the Texas Department of State Health Services (TDSHS), we will also assist you with the application process for each respective state. This will actually start before or during the first week of classes and more specific instructions will be provided to each candidate throughout the semester as appropriate.

**Arkansas:** The Arkansas Department of Health (ADH) Section of EMS has a web-based registration process for all students seeking initial licensure as an Emergency Medical Service Provider (EMSP). All students must create an account and complete the on-line registration form within ten (10) days after the start of class. In addition, State and when applicable, Federal background forms and fingerprints will be completed and submitted with a course roster to the Section of EMS within the same 10-day period. During the initial course orientation, you will receive detailed instructions and specific information regarding required fees associated with this application process.

**National Registry:** Prior to the end of the course, you will receive instruction regarding the process to access the National Registry website to create an account and make application for the NR computer-based test (CBT). There will also be an end of course practical examination conducted here at Texarkana College and further details are included in the current semester course calendar that will be given to each student during orientation.

**Texas:** After you have successfully passed the National Registry examination and received written documentation, the EMT Program faculty will assist you with the application process for the Texas Department of State Health Services (TDSHS). It is recommended to visit the appropriate website for more information regarding the current required fees.
1.20 Student Organizations

All EMSP students are encouraged to become active in local, state and national organizations that represent the EMS professions. The National Association of EMTs (NAEMT) is the professional organization for EMS workers. The NAEMT is the advocacy agency for EMTs. They provide a variety of continuing education courses, host a national conference, and represent EMS providers on a variety of national EMS committees. Many EMS professionals are members of NAEMT and other state recognized EMT associations.

1.21 Disability Act Statement

The policy of Texarkana College is to accommodate students with disabilities, pursuant to all applicable Federal and/or State laws. Any student with a documented disability (e.g.; physical, learning, psychiatric, visual, hearing, etc.) who needs to arrange reasonable accommodations must contact the Program Coordinator and the Counselor for Special Populations in the college counseling office prior to attending the first class session.

Title II of the ADA prohibits discrimination against a “qualified individual with a disability.” This term is defined as an individual with a disability who can perform the “essential functions” of a position, with or without reasonable accommodation. In order for a student with a disability to be admitted to any health-related program at Texarkana College, the student must:

- Meet the prerequisite admission standards as defined in the college catalog.
- Perform the essential functions for participation in the respective program with or without reasonable accommodation.

Generally, the term essential functions include those fundamental duties that the individual who holds the position must be able to perform, either unaided or with the assistance of a reasonable accommodation. A reasonable accommodation is “any change in the student environment or in the way things are customarily done that enables an individual with a disability to enjoy equal opportunities.” In order to be considered for appropriate accommodations, the student must make a request with the Director of Disabilities Services, located in the Palmer Memorial Library, at least two weeks before most accommodations are needed (Texarkana College Handbook for Students with Disabilities). Since the ADA expressly prohibits inquiries regarding disabilities, the responsibility of disclosure is borne solely by the individual having the disability. The reasonableness of an accommodation is determined on a case by case basis. The accommodation offered does not have to be the “best available” but
needs to be sufficient to meet the needs of the individual being accommodated. The required Terminal Competencies that have been pre-determined in order to meet the minimum educational standards for the particular course of study dictates the student must be able to perform specific, defined essential functions in order to successfully complete the classroom, lab and clinical components of the course and/or program. These essential functions include but are not limited to the following:

**Essential Mental Abilities:**

- Maintain reality orientation accompanied by short and long-term memory.
- Adapt to school and clinical environment.
- Follow rules and instructions.
- Assimilate and apply knowledge acquired through lectures, discussions, demonstrations, and readings.
- Comprehend and apply basic mathematical skills.
- Demonstrate safe patient care practice within the defined clinical time period.
- Demonstrate critical thinking skills by the comprehension and application of abstract concepts.
- Demonstrates a quick response to a critical and stressful event while maintaining accuracy in technical skills, verbal responses, and documentation.

**Essential Communication Skills:**

- Speak clearly in order to communicate with patients, families, other health care team members, peers, and faculty.
- Interact appropriately and communicate effectively with individuals, families, and groups from a variety of social, cultural, and intellectual backgrounds.
- Communicate and organize thoughts in order to prepare written documents.
- Prepare written documents that are correct in style, grammar and mechanics.

**Essential Physical Abilities:**

- Stand and/or walk for prolonged periods of time
- Bend, squat, and kneel.
- Assist in lifting or moving patients of all age groups and weights.
- Perform CPR, i.e., position yourself above patient to compress chest and manually ventilate them.
- Work with arms fully extended overhead.
- Use hands for grasping, pushing, pulling, and fine manipulation.
✓ Demonstrate eye/hand coordination for manipulation of equipment, i.e., syringes, procedures, etc.

**Essential Sensory Abilities:**

✓ Possess tactile ability to differentiate changes in sensation.
✓ Possess tactile ability sufficient for physical assessment.
✓ Possess auditory acuity to note slight changes in the patient’s condition, i.e., lung sounds, etc.
✓ Possess auditory acuity to hear patient calls for assistance without facing the patient.
✓ Possess auditory acuity to interpret various equipment signals and use the telephone.
✓ Possess visual acuity to read and distinguish colors, to read handwritten orders, and other handwritten and printed data.
✓ Possess visual acuity to clearly view monitors and scales in order to correctly interpret data.
✓ Possess olfactory ability sufficient to detect differences in odor.

**ADA – ALLOWABLE ACCOMMODATIONS**

The Americans with Disabilities Act (ADA) of 1990 has implications that pertain to licensure or certification. The law permits testing that requires the use of sensory, manual or speaking skills where the tests are intended to measure essential functions of the profession. For example, an applicant with reading difficulties is required to take a written exam since the ability to read is an essential function of EMS.

- Exams are designed at least in part to measure the student’s ability to read.
- A second example is regarding skills proficiency verifications that must be performed within established time frames. Performing a skill within established time frames is required because speed of performance is an integral part of patient care.
- Both the ability to read and the ability to perform skills within time frames are essential functions for an EMS provider. Therefore, in EMS, a person with a disability may not be denied the opportunity to take an examination; but this person shall be required to take a written exam and pass the skills proficiency verifications within established criteria.

The Functional Job Descriptions, outlined in section 1.4 of this handbook, describes the required skills and job requirements essential to EMS personnel. Those descriptions will guide any/all accommodations permitted for the EMR (ECA), EMT and Paramedic level students.
The following specific points about the Americans with Disabilities Act DO pertain to those involved in EMS training and education programs:

-- Students cannot be discriminated against on the basis of a disability in the offering of educational programs or services.
-- There can be no accommodation during screening, evaluation or course examinations that will compromise or fundamentally alter the evaluation of skills that are required to function safely and efficiently in the profession.
-- Students who have received an accommodation during the course need to fully understand that there is a separate process for requesting an accommodation for the written certification exam and eligibility for an accommodation is determined on a case-by-case basis. In other words, just because a student was allowed an accommodation during the course does not guarantee an accommodation for the National Registry exam. Documentation confirming and describing the disability should be submitted according to policy for consideration.

**PLEASE NOTE**

There are accommodations that are NOT ALLOWED in the EMS Program because they are not in compliance with the essential job functions of an EMT or paramedic as outlined in the Functional Job Descriptions. These include, but are not limited to:

1. **Students are not allowed additional time for skills with specific time frames.**
   -- Obviously patients would suffer due to life threatening conditions in emergency situations if treatment were delayed.
2. **Students are not allowed unlimited time to complete a written exam.**
   -- This request is not considered reasonable because a candidate should be able to complete a test within a finite amount of time.
   -- Students will be allowed a maximum of time and one-half to complete written exams.
3. **Students are not provided a written exam with a reading level of less than grade eight.**
   -- The EMS profession requires a reading level of at least grade eight to work safely and efficiently.
4. **Students must take all exams during the scheduled time, as a member of the enrolled class.**
   -- The ability to utilize knowledge on the spur of the moment is an essential task for EMTs and Paramedics.
-- Exams are given to elicit immediate recall and understanding of emergency situations.

5. **Students should not be allowed to have written exams given with an oral reader.**
-- The ability to read and understand small English print is an essential function of the profession, and written exams are designed, at least in part, to measure that ability.
-- Students will be permitted a private space to take the exam.

6. **Students must answer all written test questions as written. No explanation of the question can be provided by the test proctor or any other individual.**
-- Additional descriptions of test questions would not be a reasonable accommodation because reading and understanding written English is an essential part of EMS communication.
-- Student must be able to understand and converse in medical terms appropriate to the profession. Because of the critical nature of the tasks needed in emergency situations, accommodation requests are considered very carefully, on a case by case basis. The safety and welfare of the community must be insured while providing full protection of the certification applicant’s rights.

**The main question to be considered is:**

“With the accommodation being requested, can this individual perform the essential functions of an EMS field provider safely and efficiently?”

Source: Texas Department of State Health Services *EMS Education and Training Manual*, (last updated October 23, 2009)
1.22 Handbook Agreement / Student Contract

I have read the **Texarkana College Emergency Medical Technology Handbook** and understand the policies and procedures stated therein. I agree to comply with all of these regulations in order to meet at least the minimum academic standards required for course and/or program completion. I have also been advised by the Program Faculty that I am responsible for being familiar with and adhering to the contents of the **Texarkana College Student Handbook** as it relates to my attendance and conduct as a student of this College and Program. I am fully aware that non-compliance with any of these policies and/or procedures will result in the applicable consequences that may include suspension and/or expulsion from the course or program.

I also fully understand that this is a mentally and physically challenging course. At all times during classroom, laboratory and clinical or field activities; I will maintain a professional demeanor and will refrain from any behavior that could cause a negative reflection on me or any other involved parties. Due to the demanding nature of the emergency response environment, I will make every effort to abide by the recognized safety precautions and guidelines that have been established. If I do become a victim of an injury or illness as a result of my careless actions, then I will not hold Texarkana College, any faculty or staff or any other agency that is affiliated with this institution responsible for the outcome.

________________________________________
Student Name (Printed)

________________________________________
Student Signature

________________________________________
Date