

# **N** **NORTHEAST TEXAS** **COMMUNITY COLLEGE**



## **EMT-BASIC PROGRAM**

### *Policy & Procedures Manual*

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**BASIC:** Vitals, Mech. Aids (4), Bronchodilator/Nebulizer, Epi-Pen, Bandaging, Bleeding & Shock, Splinting (2), Traction Splinting, Spinal Immob. – Supine & Seated, PASG, AED, Patient Assessments (2)

**Northeast Texas Community College**  
**SUMMER EMT-Basic COURSE SCHEDULE**  
**June 6, 2017 – August 10, 2017 /// Day Class --- 8:30am -- 4:00pm**

<u>DATE</u>	<u>TOPIC</u>	<u>CH.</u>
June 6	<p><b>ADMIN:</b> Accept any incoming student documents; Take pictures for student ID's; Pass out required forms &amp; get signed/returned – Review/Order Uniform Shirts TODAY; Review of P &amp; P / Course Requirements; Introduction to Course.</p> <p><b>LECTURE:</b> You &amp; the EMS System; Intro to EMS; Workforce Safety &amp; Wellness; Death &amp; Dying Philosophies; Overview of Medical Terminology</p> <p><b>VIDEOS:</b> Lecture supported material (as time allows)</p> <p><b>LAB:</b> DEMO / Practice Vital Signs – Pulse &amp; Respirations</p> <p><b>REVIEW:</b> Review reading assignment for Thurs (Ch. 3, 7, 8)</p> <p style="background-color: #90EE90; text-align: center;"><b>Assignment #1 (Medical Vocabulary) -- Due NEXT TUESDAY CLASS!</b>  <b>No late work accepted!</b>            Give info @ <u>NIMS ASSIGNMENT</u> (assignment is <b>MANDATORY</b> &amp; 2 sections are due on <b>JUNE 29th</b> &amp; 2 on <b>JULY 27th</b>. Will count as a <b>MAJOR EXAM</b> grade)</p>	<p>Syllabus</p> <p>Ch. 1 Ch. 2 Ch. 4</p> <p>Handouts</p>
June 8	<p><b>ADMIN:</b> Accept any student documents; Take payments for uniform shirts</p> <p><b>LECTURE:</b> Legal &amp; Ethical Issues; Life Span Development; Lifting &amp; Moving Pts.</p> <p><b>LAB:</b> DEMO / Practice Vital Signs – BP (palpation/auscultation); Practice skill to criteria for <b>testing NEXT TUESDAY</b></p> <p><b>REVIEW:</b> Skill Check-off Sheets; Next week agenda / Reminders</p>	<p>Ch. 3 Ch. 7 Ch. 8</p> <p>Handouts</p>
June 13	<p><b>ADMIN:</b> Accept any student documents; Take payments for uniform shirts</p> <p style="background-color: #90EE90; text-align: center;"><b>Turn in Assignment #1 -- Late work NOT accepted!</b></p> <p style="background-color: #FFFF00; text-align: center;"><b>1<sup>st</sup> Class for PARTIAL UNIFORM COMPLIANCE CHECK</b></p> <p style="background-color: #FFDAB9; text-align: center;"><b>QUIZ #1 -- Ch. 1-4, 7-8, &amp; Syllabus</b></p> <p><b>LECTURE:</b> Short Review of Quiz #1 Review reading assignment for Thurs (Ch. 5 &amp; 6)</p> <p><b>LAB: SKILLS TESTING:</b> Vital Signs; DEMO / Practice Lifting &amp; Moving; DEMO / Practice ALL Mech. Aids Skills; Practice Mech. Aids skills to criteria for <b>testing NEXT CLASS</b></p>	<p>Handouts</p>
June 15	<p><b>ADMIN:</b> Accept any student documents; <u><b>Final chance to pay for uniform shirts</b></u> Partial Uniform Compliance Check</p> <p><b>LECTURE:</b> Anatomy &amp; Physiology; Pathophysiology Review reading assignment for Mon (Ch. 9, 10, &amp; 11)</p> <p><b>LAB: SKILLS TESTING:</b> All Mech. Aids Skills; DEMO / Practice Bronchodilator, Nebulizer, and EPI Pen Skills; Practice Broncho/Neb &amp; EPI Pen skills to criteria for <b>testing NEXT CLASS</b></p> <p><b>VIDEO:</b> Lecture Supported Material</p> <p><b>REVIEW:</b> Review for TEST #1: Ch. 1-8; + Next week's Agenda / Reminders</p> <p style="background-color: #D8BFD8; text-align: center;"><b>REMINDER:</b> Next class will be LAST DAY to accept documents to qualify for clinical</p>	<p>Ch. 5 Ch. 6</p> <p>Handouts</p>

<b>SATURDAY</b> June 17 9am – 4pm	<p align="center"><b>SPECIAL CLASS SESSION:</b></p> <p align="center"><b>AHA CPR Class for students who <u>don't already have</u> CURRENT CPR cards.</b>  <b>Students who don't attend will be responsible for having completed course on own at their OWN COST NO LATER THAN JUNE 21st!</b>  <b>CPR Certification is MANDATORY &amp; REQUIRED for course completion.</b></p>	Handouts
June 20	<p><b>ADMIN:</b> Accept ALL <b>LAST</b> student documents for files – Student Personal Files that are NOT COMPLETE by this date are subject to being <b>DISMISSED from the Program</b>; There are NO EXCEPTIONS!</p> <p align="center"><b>1<sup>st</sup> Class for COMPLETE UNIFORM COMPLIANCE CHECK</b></p> <p align="center"><b>TEST #1 -- Ch. 1 - 8</b></p> <p><b>LECTURE:</b> Quick Review of TEST #1  Patient Assessment – General Overview; Vital Signs &amp; Medical History; Comms; Documentation; Review reading assign. for Thurs (Ch. 12- 15)</p> <p><b>LAB:</b> <b>SKILLS TESTING:</b> Bronchodilator, Nebulizer, and EPI Pen Skills</p> <p><b>REVIEW:</b> Next week's Agenda / Reminders;</p> <p align="center"><b>Offer Optional EXTRA CREDIT #1 -- Due 6/29!</b></p>	Ch. 9 Ch. 10 Ch. 11 Handouts
June 21 8:30a-4:00p	<p align="center"><b>FIRST CLASS FOR IN-HOUSE MANDATORY CLINICAL TRAINING</b>  – if you do not attend, you will NOT be allowed to go to the clinical sites, thus you will <b>FAIL CLINICAL AND the ENTIRE EMT course.</b>  <b>PLAN ACCORDINGLY TO MAKE SURE YOU ATTEND ENTIRE CLASS.</b>  <u><b>CLINICAL ASSIGNMENT #1 will be given and is DUE JULY 6<sup>th</sup>!!</b></u>  <b>NOTE:</b> <i>Any students who completed ALL documentation requirements &amp; have successfully completed Clinical Orientation can begin ER and/or OB clinical rotations FRIDAY (June 23)!</i></p> <p align="center"><b>**CLINICAL CALENDARS FOR ER &amp; OB AVAILABLE FOR JUNE &amp; JULY TODAY**</b></p>	Handouts
June 22	<p><b>ADMIN:</b> Complete Uniform Compliance Check</p> <p><b>LECTURE:</b> Patient Assessment – Scene Size-Up &amp; Primary/Initial Assessment; Managing Patient Airway &amp; Ventilation; Performing the Secondary Assessment; Approach to the Medical Patient vs. the Trauma Patient; Review reading assignment for Weds (Ch. 16, 17, 24, 21)</p> <p><b>LAB:</b> Review Patient Assessment Skill sheets; DEMO / Practice Medical &amp; Trauma Pt. Assessment ; Practice Patient Assessment Skills with Scenarios</p> <p><b>REVIEW:</b> Review for TEST #2: Ch. 9-15; + Next week's Agenda / Reminders</p>	Ch.12 Ch.13 Ch.14 Ch.15
June 27	<p><b>ADMIN:</b> Accept any Clinical documents; Complete Uniform Compliance Check</p> <p align="center"><b>TEST #2 -- Ch. 9 - 15</b></p> <p><b>LECTURE:</b> Quick Review of Test #2;  EMT Pharmacology; Respiratory Emergencies; Allergies &amp; Anaphylaxis; Toxicological Emerg; Review reading assign. for Thurs (Ch. 19, 20, 23)</p> <p><b>REVIEW:</b> Go to Computer Lab to sign up for FISDAP; Handout FISDAP info.</p> <p><b>REMINDER:</b> <b>NIMS 100/200 Completion Certificates are DUE next class</b>  <b>Optional EXTRA CREDIT #1 is DUE next class</b></p>	Ch. 16 Ch. 17 Ch. 24 Ch. 21 Handouts

<p><b>June 29</b></p>	<p><b>ADMIN:</b> Accept any Clinical documents; Complete Uniform Compliance Check  <b>Turn in Optional EXTRA CREDIT #1</b></p> <p><b>**TURN IN copies of NIMS 100/200 Completion Certificates -- Late work after today will be dropped to ½ credit, but they will still be REQUIRED to complete the course AND they count as an EXAM grade!</b></p> <p><b>LECTURE:</b> Altered Mental Status ; Seizures &amp; Syncope; Diabetic Emergencies  <b>REVIEW:</b> Next week's Agenda / Reminders; Study for Quiz #2 for next Weds.  Read Ch. 18 for next Weds.</p> <p><b>FISDAP AIRWAY EXAM (1<sup>st</sup> of 6) password functional Thursday and will shut down at 12a Sunday night!</b></p> <p><b>Handout CLASS ASSIGNMENT #2 (Medical Emergencies Review) – DUE JULY 11<sup>TH</sup> No late work accepted!!!</b></p>	<p>Ch. 20 Ch. 19 Ch. 23</p>
<p><b>July 4</b></p>	<p><b>NO CLASS TODAY!!!</b>  <b>NOTE RETURN TO REGULAR CLASS SCHEDULE ON THURSDAY!!</b>  <b>WORK ON ONGOING NIMS (700 &amp; 800); WORK ON ASSIGNMENT #2 &amp; FINISH CLINICAL ASSIGNMENT #1. Continue Clinical rotations at this time!</b></p>	
<p><b>July 6</b></p>	<p><b>ADMIN:</b> Accept any Clinical documents; Complete Uniform Compliance Check  <b>Turn in CLINICAL ASSIGNMENT #1 to Class Instructor</b>  <b>FISDAP Airway Exam should have been completed (1 of 6)</b></p> <p><b>QUIZ #2 -- Ch. 16-17, 19-21, &amp; 23-24</b></p> <p><b>LECTURE:</b> Short Review of Quiz #2; Review of 2<sup>nd</sup> half of course schedule;  Cardiac Emergencies  Review reading assignment for Mon (Ch. 18) + Study for Quiz #3  <b>LAB:</b> DEMO Oral Glucose administration; DEMO / Practice PASG;  Practice PASG skills to criteria for <b>testing NEXT CLASS;</b>  DEMO / Practice Bandaging &amp; Bleeding/Shock Management</p> <p><b>**Student / Instructor Conference – Mid-term Performance Updates**</b></p> <p><b>**Clinical Calendars for ER, OB, &amp; EMS available for JULY**</b>  <b>FISDAP CARDIO EXAM (2<sup>nd</sup> of 6) password functional after 12a Thursday night and will shut down at 12a Sunday night!</b></p>	<p>Handouts</p>
<p><b>July 11</b></p>	<p><b>ADMIN:</b> Accept any Clinical documents; Complete Uniform Compliance Check  <b>FISDAP Cardio Exam should have been completed (2 of 6)</b>  <b>Turn in Turn in CLASS ASSIGNMENT #2 -- Late Work NOT Accepted</b></p> <p><b>QUIZ #3 -- Ch. 18</b></p> <p><b>LECTURE:</b> Short Review of Quiz #3  Acute Abdominal Emergencies; Hematologic and Renal Emergencies  Environmental Emerg.; Review reading assign. for Weds (Ch.26, 40)  <b>LAB:</b> DEMO / Practice Splinting skills; DEMO / Practice Traction Splinting Skills;  <b>SKILLS TESTING: PASG</b></p> <p><b>Offer Optional EXTRA CREDIT #2 -- Due 7/20!</b></p>	<p>Ch. 22 Ch. 25 Ch. 37  Handouts</p>

July 13	<p><b>ADMIN:</b> Accept any Clinical documents; Complete Uniform Compliance Check</p> <p><b>LECTURE:</b> Behavioral Emergencies; Geriatric Patients; Special Populations Review reading assignment for Thurs (Ch. 27, 38)</p> <p><b>LAB:</b> FINISH ALL Bandaging/Splinting/Traction Splinting Skills and practice to criteria for <b>testing NEXT CLASS</b>; DEMO Poisoning Therapeutics; DEMO / Practice restraining skills; Interactive scenarios regarding Behavioral patients; Protocol-driven Advance Care Procedures; Review of clinical paperwork</p> <p><b>REVIEW:</b> Review for TEST #3: Ch. 16 – 26, 37, &amp; 40; Next week's Agenda / Reminders</p> <p><i><b>FISDAP MEDICAL EXAM (2<sup>nd</sup> of 6) password functional after 12a Thursday night and will shut down at 12a Sunday night!</b></i></p> <p><i><b>FISDAP CARDIO EXAM (3<sup>rd</sup> of 6) password functional after 12a Thursday night and will shut down at 12a Sunday night!</b></i></p>	<p>Ch. 26 Ch. 39 Ch. 40</p> <p>Handouts</p>
July 18	<p><b>ADMIN:</b> <b>LAST DAY FOR STUDENTS TO WITHDRAW WITH "W"</b> Accept any Clinical documents; Complete Uniform Compliance Check <i><b>FISDAP Medical and Cardio Exams should have been completed (2/3 of 6)</b></i></p> <p><b>TEST #3 -- CH. 16 – 26, 37, 39 -- 40</b></p> <p><b>LECTURE:</b> Quick Review Test #3 OB / Gyn - Care of the Newborn; Pediatric Review reading assignment for Weds (Ch. 28 - 32)</p> <p><b>LAB:</b> DEMO / Practice newborn delivery; <b>Trip to the SIMLab for practice!</b> <b>SKILLS TESTING:</b> Bandaging, Shock Mgmt., Splinting, Traction Splinting</p> <p><i><b>**Clinical Calendars available for FINAL JULY update**</b></i></p>	<p>Ch. 27 Ch. 38</p> <p>Handouts</p>
July 20	<p><b>ADMIN:</b> Accept any Clinical documents; Complete Uniform Compliance Check <b>Turn in Optional EXTRA CREDIT #2 – Late Work NOT Accepted</b></p> <p><b>LECTURE:</b> Approach to Trauma Patient; Soft Tissue Trauma; Control of Bleeding; Recognition/Treatment of Shock; &amp; Burns Review reading assignment for Weds (Ch. 33, 34, 35, &amp; 36 )</p> <p><b>LAB:</b> DEMO / Practice Spinal Immobilization – Seated &amp; Supine</p> <p><b>REVIEW:</b> Next week's Agenda / Reminders</p> <p><i><b>FISDAP OB/PEDS EXAM (4<sup>th</sup> of 6) password functional after 12a Thursday night and will shut down at 12a Sunday night!</b></i></p>	<p>Ch. 28 Ch. 31 Ch. 30 Ch. 29 Ch. 32</p> <p>Handouts</p>
July 25	<p><b>ADMIN:</b> Accept any Clinical documents; Complete Uniform Compliance Check</p> <p><i><b>FISDAP OB/PEDS Exam should have been completed (4 of 6)</b></i></p> <p><b>QUIZ #4 -- Ch. 27 – 32; 38-39</b></p> <p><b>LECTURE:</b> Short Review of Quiz #4 Musculoskeletal Trauma ; Chest, Abdominal, &amp; Genital Injuries; Trauma to Head; Neck &amp; Spine Trauma Review reading assignment for Weds (Ch. 41-46)</p> <p><b>LAB:</b> Finish practice on Seated/Supine Spinal Immobilization to criteria for <b>testing NEXT CLASS</b></p> <p><b>REMINDER:</b> NIMS 700 / 800 Completion Certificates are DUE next class!</p>	<p>Ch. 34 Ch. 33 Ch. 35 Ch. 36</p> <p>Handouts</p>

<p><b>July 27</b></p>	<p><b>ADMIN:</b> Accept any Clinical documents; Complete Uniform Compliance Check</p> <p><b>**TURN IN copies of NIMS 700/800 Completion Certificates -- Late work after today will be dropped to ½ credit, but they will still be REQUIRED to complete the course AND they count as an EXAM grade!</b></p> <p><b>LECTURE:</b> Overview of Ambulance Operations, NIMS &amp; Response to HAZMAT; Vehicle Extrication &amp; Air Medical Response; Mass Casualty Incidents; EMS Response to Terrorism;</p> <p><b>LAB:</b> Final practice for Patient Assessment skills (both Medical &amp; Trauma) to criteria for <b>testing NEXT CLASS</b></p> <p><b>SKILLS TESTING:</b> Seated &amp; Supine Spinal Immobilization</p> <p><b>REVIEW:</b> Next week's Agenda / Reminders</p> <p><i><b>FISDAP TRAUMA EXAM (5<sup>th</sup> of 6) password functional after 12a Thursday night and will shut down at 12a Sunday night!</b></i></p> <p><i><b>FISDAP OPS EXAM (6<sup>th</sup> of 6) password functional after 12a Thursday night and will shut down at 12a Sunday night!</b></i></p> <p><i><b>**Clinical Calendars <u>ONLY available</u> for students short on patient contacts, NOT for student mis-scheduled/missing clinical time – DUE Aug. 3rd **</b></i></p> <p><b>QUIZ #5 -- Take Home Packet over OPS (due 8/3)</b></p>	<p>Ch. 41 Ch. 42 Ch. 44 Ch. 45 Ch. 43 Ch. 46</p>
<p><b>Aug. 1</b></p>	<p><b>ADMIN:</b> Accept any Clinical documents; Complete Uniform Compliance Check</p> <p><i><b>FISDAP Trauma Exam should have been completed (5 of 6)</b></i> <i><b>FISDAP OPS Exam should have been completed (6 of 6)</b></i></p> <p><b>LECTURE:</b> Focused Review Session by Subject Matter; Students will be given a Review sheet of material that can to be covered in the Final Exam. Review assignments and agenda for Weds</p> <p><b>LAB:</b> <b>SKILLS TESTING:</b> Patient Assessment (both Medical &amp; Trauma) (students will stay after class if needed to complete)</p> <p><b>ACTIVITY:</b> Landing Zone Course? Review FISDAP Online Exam IN Class/Lab; Test taking techniques</p>	<p>INSIDE &amp; OUTSIDE ACTIVITY</p> <p>Computer Lab</p>
<p><b>Aug. 3</b></p>	<p><b>ADMIN:</b> Accept any Clinical documents; Complete Uniform Compliance Check</p> <p><b>Turn in QUIZ #5 -- Take Home Packet over OPS</b></p> <p><b>LECTURE:</b> Final Review for COURSE WRITTEN FINAL EXAM on Tuesday</p> <p><b>LAB:</b> <b>SKILLS TESTING:</b> Any skills that are deficient <b>MUST BE completed TODAY!! NO EXCEPTIONS!!!</b></p> <p><b>REVIEW:</b> Next week's Agenda / Reminders</p>	<p><b>ALL CHAPTERS</b></p> <p>Handouts</p>







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## **Mission Statement**

The mission of the NTCC EMS Program is to **educate** all students and **empower** them to **expand** their opportunities.

## **Vision Statement**

Quest for Excellence -- Success for All Students -- Whatever it Takes!

## **Core Values**

We value all students.

We value all teachers.

We value continuous improvement and accountability for all.

We value lifelong learning.

## **Strategic Goal Statements**

1. Raise the bar and optimize academic achievement for each student.
2. Increase the awareness and involvement of community in the success of students.
  3. Hire, develop, and retain exemplary teachers.
4. Ensure effective, efficient, and continuous quality improvement systems.

## **Statement of Philosophies**

A medical emergency is immediate, real, and a significant endangerment of the mental, emotional, and physical wellbeing of a person. Rapid and clear thought should prevail. The responding EMTs and Paramedics should take appropriate and aggressive action.

Health is a delicate and precarious state of existence, which is to be protected and maintained.

EMT's and Paramedic's are knowledgeable people who have achieved a discipline of science and understanding concerning holistic pre-hospital patient care.

EMT's and Paramedic's are health care professionals, which provide physiological as well as emotional supportive care to ill and injured persons.

EMT's and Paramedics have the responsibility to possess cognitive, psychomotor, and affective skills.

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 educational excellence.

## **The purposes of the NTCC EMS Program are to prepare a graduate to:**

- Function as a practitioner in the pre-hospital care and emergency medical environment at the desired certification level.
  - Have a general knowledge of mathematics, natural sciences, behavioral science, and humanities.
  - Serve as a self motivated and self directed practitioner in EMS, who strives for personal and professional educational development.
-

## **Teaching and Learning Strategies**

Teaching and learning strategies focus on individualization for student attainment. Interactive and engaging forms of lecture, discussion, Socratic chairs, demonstration, guided practice, directed practice, and teaching/learning for transfer are all utilized in varying degrees and by different Instructors. Teaching strategies are interchangeable and adaptable to meet student learning expectations.

## **EVALUATION POLICY**

Specific course requirements and grade calculation will be distributed in each semester of learning. Sections A-B must receive a letter grade at least in the 'C' range (defined by section), to be considered successful completion.

### **A. Classroom Section: Skills, Quizzes, Exams, Homework, & Projects + AFFECTIVE**

Any quizzes or major exams **MUST** be taken during the scheduled and allotted time. IF circumstances require missing a quiz/exam, the **STUDENT** must make arrangements with the assigned Instructor to take a make-up test by the NEXT assigned day the student will return to class. Failure to complete the makeup test as the Student & Instructor arranges to do, or if the STUDENT fails to arrange a makeup, the Student will earn a grade of zero (0) on the quiz/exam. Makeup tests **WILL NOT BE GIVEN WITHOUT AN APPOINTMENT**.

### **B. Clinical Section: Rotations, Paperwork Return/Completion, + AFFECTIVE**

To pass the clinical section of the course, students **MUST** complete the minimum number of required contact hours **PLUS ALL** patient contacts and competencies. IF patient contacts and competencies are not achieved, the contact hours will most likely **INCREASE** to meet those requirements. In addition, passing the clinical section requires that Preceptor evaluations identify the student as competent. Preceptor evaluations which indicate unsatisfactory performance may result in extension **AND/OR** failure of the clinical section. Failure of clinical means failure of the **ENTIRE** course. Grading specifically for the clinical section of the program is further defined in the "Clinical Policy and Procedure Manual".

### **C. Grading Domain Sections**

The EMT course didactic section has three grading domains. A passing grade **MUST** be achieved in **EACH** domain to pass the course. If all three domains are passed, the letter grade will be assigned based on the performance in all 3 domains. Failure of **ANY** domain below the "C" range (as determined by the section) **WILL** constitute failure of the course **REGARDLESS** of the grades earned in the other 2 domains. Remember, it takes an actual **"75"** to pass the course **IN ALL SECTIONS & DOMAINS**, or you will fail the **ENTIRE** course.

## **I. AFFECTIVE DOMAIN**

Measures the student's attitudes, behaviors, and professional attributes, as well as classroom conduct. Passing is appropriate classroom behavior (e.g. doing required work, not sleeping, no side-bar/excessive talking, not arguing/being disrespectful to the Instructor), professional ethics (being on time [including from breaks], having **ALL** work ready at the **START** of class **AND COMPLETE**), and adherence to policy (e.g. being in uniform **AS PRESCRIBED**, personal hygiene to standards). Breaches in the Affective Domain will result in the Student getting a verbal warning to start. Afterwards, a student conference where a written warning will be issued. A short time period for improvement will be given before assigning a failing grade for Affective which means the student has failed the course. However, in cases where the behavior is significantly unacceptable, egregious, or poses a threat to the well-being of others, immediate suspension of the Student and a posting of a failing grade may be immediate and without the normal progressive warning procedures.

*The following page shows a list of criteria of professional attributes that are a part of the **AFFECTIVE DOMAIN** and will be evaluated during **ALL** of every semester:*

## **1. INTEGRITY**

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.

## **2. EMPATHY**

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 (INCLUDING all of the NTCC EMS faculty, staff, and Preceptors); demonstrating a calm, compassionate, and helpful demeanor toward those in need; being supportive and reassuring to others.

## **3. SELF - MOTIVATION**

Examples of professional behavior include, but are not limited to: Taking initiative to complete assignments and return them ON TIME; taking initiative to improve and/or correct poor personal 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

## **4. APPEARANCE AND PERSONAL HYGIENE**

Examples of professional behavior include, but are not limited to: Clothing and uniform is appropriate, neat, tucked in, belted, clean, and well maintained; good personal hygiene (no body odors/bad breath), and grooming (hair appropriate – both males/females); tattoos covered as prescribed; and limited jewelry as is policy.

## **5. SELF - CONFIDENCE**

Examples of professional behavior include, but not limited to: Demonstrating the ability to trust personal judgment; demonstrating an awareness of strengths and limitations; exercises good personal judgment.

## **6. COMMUNICATIONS**

Examples of professional behavior include, but are not limited to: Speaking clearly; not losing your temper; writing legibly; writing documentation AS PRESCRIBED by program standards; listening actively; adjusting communication strategies to various situations

## **7. TIME MANAGEMENT**

Examples of professional behavior include, but are not limited to: READING all assignments as required; completing tasks/assignments/documents ON TIME, coming/returning to class ON TIME, not leaving early, no excessive absences.

## **8. TEAMWORK AND DIPLOMACY**

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 (including the INSTRUCTOR); remaining flexible and open to change; using the proper chain of command to resolve issues.

## **9. RESPECT**

Examples of professional behavior include, but are not limited to: Being polite to others (including the Instructors); not using profanity, derogatory, demeaning terms; behaving in a manner that brings credit to yourself and the profession.

## **10. PATIENT ADVOCACY**

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.

## **11. CAREFUL DELIVERY OF SERVICE**

Examples of professional behavior include, but are not limited to: Mastering and refreshing skills constantly; performing complete equipment checks; demonstrating careful and safe field practices; following ALL policies, procedures, and ALL protocols WITHOUT arrogance or question; following orders.

**NOTE: Students will be evaluated in the Affective Domain using the following Scale:**

Grade of “**Competent**” = Compliance of an attribute.  
(Takes correcting or reminding twice or less during an evaluation period).

OR

Grade of “**Not Competent**” = Non-compliance of an attribute.  
(Takes correcting or reminding more than twice during an evaluation period.)

**SCORING:**

All Competencies met	=	A
1 Competency not met	=	B
2 Competencies not met	=	C
More than 2 competencies not met	=	Failing

If ANY attributes are not yet competent, a list specific events leading to non-competency and a subsequent Improvement Plan will be given to the student to remediate the competency PRIOR TO the next evaluation for improvement. Students who do not improve and/or fail further competencies prior to/at the next performance rating WILL BE SUBJECT TO DISMISSAL FROM THE PROGRAM.

**SPECIFIC POINT GRADING**

**PAPERWORK RELATED DEDUCTIONS**

**(Primarily related to CLINICAL PAPERWORK [grey areas], but can include class/lab/homework):**

<b><u>Deduction</u></b>	<b><u>Cause</u></b>
1pt	chronic exhibition of missed items on clinical paperwork
1pt	use of color of ink other than black (usu. in multiple locations)
1pt	messy and/or unreadable paperwork (usu. in multiple locations)
1pt	missed student signatures (per page)
1pt	missing/incorrect/incomplete administrative documentation on top of page
1pt	late return of paperwork (begins on class after paperwork due & accrues)
1pt	late entry of paperwork into FISDAP (begins on class after due & accrues)
2pts	missing Preceptor evaluation
2pts	missing student evaluation
2pts	missing daily run report (applies to 240 internship)
2pts	late entry into FISDAP beyond 24 hours after shift
2pts	not following SOAP format (applies AFTER 1 <sup>st</sup> rotation)
5pts	chronic late return of homework, assignments, or paperwork (beyond 1 week)
Refused	student turns in paperwork from wrong clinical site or date from schedule (will count as an UNEXCUSED absence)

**NON PAPERWORK RELATED DEDUCTIONS:**

0pts	first absence/missed clinical (per semester)
1pt	for each tardy or early class departure past the first 2 per class/lab/clinical
1pt	for EA. hygiene compliance issues past the first 2 per class/lab/clinical
2pt	for EA. uniform compliance violation past the first 2 per class/lab/clinical
2pt	for EA. violation of cell phone / computer policies
2pt	for EA. time student falls asleep in class, does not participate actively in class/lab
TBD	not achieving at least 80% of AFFECTIVE or clinical competencies
TBD	multiple absences from class or clinical sites (unless medically authorized)
TBD	affective deductions for insubordination or non-professional attitudes/behaviors
1 letter grade	not completing the course / clinical requirements within the time frame designed (depending on incompleteness, <u>may lower 2 letter grades</u> )

## II. COGNITIVE DOMAIN

The cognitive domain is the student's knowledge as demonstrated by written exams and assignments.

The cognitive domain scores are based on testing scores. As a formal evaluation tool and a training device to prepare the students for lengthy multiple-choice examinations at the certification/licensure level, quizzes and examinations are administered after certain modules and/or subscales. Faculty reviews each major exam and quiz and determines the validity of those testing modes through analysis. As such, final grades for quizzes/exams can OCCASIONALLY require adjustment.....but will NEVER be adjusted simply to allow student(s) to pass. Integrity of the quizzes/exams is of UTMOST importance to the NTCC Faculty, and all quizzes and exams are re-reviewed and re-validated EVERY semester. The answers of the quizzes and/or examinations are discussed within the classroom format. However, students are NOT allowed to take pictures OR record those discussions. The results (grades) of the quizzes/exams are kept confidential and not eligible for open discussion realms. Students will be advised of their grades and can track them at all times through the Instructor or on BlackBoard.

A grade above the MINIMUM PASSING SCORE MUST be earned on ALL major exams. If a student fails an Exam, he/she could be REQUIRED to take a secondary exam on that subscale within ONE WEEK, but OUTSIDE regular class hours. The re-taken test score WILL NOT replace the failure score, but WILL BE averaged with the previous score. The combined score WOULD represent a passing score at this point. If the student scores below the passing score at this point, he/she will be placed on **ACADEMIC PROBATION** until the next subscale exam. If the student fails the next subscale exam as well, his/her Academic Probation will be UPGRADED to an OFFICIAL ACADEMIC WARNING, which will put the student at risk for course failure for ANY further failing Cognitive Domain grades. At the end of the course, the student will take a Final Exam. The Final Exam will count 20% of the student's entire grade. The grade on that Exam MUST be 75% or higher (the national standard for EMT achievement in testing). If the student does not achieve the cut score on the Final Exam BUT has a passing grade in the course, one re-attempt will be offered ONLY after REQUIRED remediation. Refusal to do the prescribed remediation will result in an "F" being documented as the grade, thus resulting in failure of the course. When/If the student does re-attempt the finals, the resulting re-exam grades will be averaged with the previous grade to give the number that will be the final exam grade, which still MUST average above the 75% cut score.

**The grading scale for ALL EMS course(s) is/are:**

**92 to 100 -- A**

**84 to 91 -- B**

**75 to 83 -- C**

**74 to 67 -- D**

**Below 66 -- F**

## III. PSYCHOMOTOR DOMAIN

Skills laboratory and scenarios will be evaluated as a cumulative portion of the course grade. The students must show progress towards competence/mastery of skills as defined by the course objectives. Students MUST PASS ALL skills proficiency verifications and scenarios by the THIRD attempt. Students who fail the second attempt at skill proficiency verification or scenario will be required to go through a retraining program, before taking the third attempt. The retraining will include an improvement plan and more guided and directed practice. A numeric grade will be calculated from all skill-score and scenario sheets.

Students are provided more than ample time to practice skills during labs and with the Instructor(s) who are available for assistance/clarification. Students should be aware that Instructor(s) are VERY experienced and know EXACTLY when students "slack off" or "get lazy" during practices time and then ATTEMPT to do LAST MINUTE practices and/or attempt to delay their skill evaluation(s) because of their procrastination. Such activity observed will only count AGAINST the students' Affective grade and may cause the student to REPEAT the skill at a later "impromptu" date to CONFIRM competency, or it may cause the student to fail the course if the Instructor/Evaluator feels the student is NOT competent at all in their performance of the Psychomotor Domain.

All of the following skills are required to pass the psychomotor domain. These skills will be documented in an individual student portfolio. Each skill will be evaluated several times throughout the program. Progression in skill level is required. Skills will be evaluated individually or combined during a scenario for competency check.

### **Basic Skills**

Vital Signs Assessment  
 Oxygen Administration  
 Oropharyngeal Airways  
 Nasopharyngeal Airways  
 Suctioning  
 \*Mouth to Mask  
 \*Bag Valve Mask  
 Bronchodilator Administration  
 Broncho-Nebulizer Administration  
 Epinephrine Auto Injection  
 Pneumatic Anti-Shock Garment  
 \*Automatic External Defibrillation  
 Bleeding and Shock Management  
 Bandaging  
 Splinting (Long Bone & Joint)  
 Traction Splinting  
 Seated Spinal Immobilization  
 Supine Spinal Immobilization  
 Basic Trauma Patient Assessment  
 Basic Medical Patient Assessment  
 \*\*Glucometer Usage\*\*  
**\*\*(*requires additional special training*)**

### **Paramedic Skills**

(**MUST** also **PASS** EMT-Basic skills **AGAIN**)

Abnormal Newborn Delivery  
 Alternative Airway  
 Comprehensive Physical Assessment  
 CPAP - PEEP  
 Defibrillation / Cardioversion  
 Direct Oral Tracheal Intubation -Adult  
 Direct Oral Tracheal Intubation - Peds  
 Glucometer usage  
 IM and SC Medication Injection  
 Intraosseous Infusion  
 IV Therapy  
 IV Piggyback  
 IV Push  
 Medical and Cardiac Scenario  
 Nasotracheal Intubation  
 Needle Cricothyrotomy (PerTrach)  
 Normal Newborn Delivery  
 Documentation of Full Patient History  
 Pleural Decompression  
 12 Lead/Static ECG Interpretation  
 Team Member Evaluations  
 Team Leader Evaluations

High fidelity scenario cases are provided in the SimLab. Certain selected case scenarios can be substituted for actual patient contacts. The student must pass ALL summation airway, trauma, medical, cardiac, obstetric, pediatric and “Hot Seat” SimLab scenario cases. See the Appendix for the Skill Score Sheet to be used for all SimLab cases.

#### **D. Calculation of the Course final grade comes from the following:**

Major Exams / Research Project	-- 30%		
Quizzes / Homework / Extra Credit	-- 20%	Final Exam	-- 20%
Affective & Psychomotor Domain	-- 30%		

After ALL work has been completed, the students at ALL LEVELS of the program **MUST** have a final average of **75%** or better to receive a Course Completion Certificate which is needed to test for the National Registry to become certified in their field of discipline.

#### **E. Individual Assistance Within the Program**

Individual tutoring is always available while the student is within the program. However, any individualized instruction for a student, whether it is in didactic or skill areas, will need to be arranged by the student with the Instructor **BY APPOINTMENT ONLY**. The student should NOT expect tutoring at the last minute as all Instructors have schedules outside the classroom/lab that they must maintain. This is why we require scheduling by appointment. Also, if the student does not attend a scheduled appointment without prior notification, there **WILL NOT** be an opportunity to re-schedule.

## **ATTENDANCE POLICY**

The EMS Faculty takes EMS student course attendance VERY seriously. As we are the facilitators of training, we strongly believe the **student is responsible** for all knowledge and skills presented. And since a great deal of the material is very integral to the student's performance outcomes, the faculty strongly recommends students attend ALL sessions of classroom and laboratory. And as our classes are more extensive and longer than non-allied health courses on campus, missing even 1 class is the equivalency of missing nearly 2 weeks of an academic college course.

If a student misses more than 13% of a semester (approximately 4 days of a 2-day-a-week class), dismissal from the program WILL BE strongly considered. Students approaching the 10% mark (approximately 3 days of a 2-day-a-week class) will be counseled by the EMS Program Director. Absences will be considered to be Excused or Non-Excused, but **WILL BE COUNTED THE SAME** **against** the student's overall tally of attendance. However, exclusions and specifics for the Excused and Non-Excused absences are explained below.

### **A. Excused Absences**

Excused absences include the following situations:

1. Documented evidence of an illness being treated by a physician preventing in class participation.
2. Documented death in immediate family, extended family, or significant other.
3. Other situations at the discretion of the Instructor or Director.

Absences not meeting the above criteria will be considered unexcused. The **student is responsible** to ensure evidence of any excused absence is provided within ONE WEEK of returning to class. Evidence for illnesses MUST be a physician's release that would include information allowing the student to resume normal learning activities. Only EXCUSED absences will be given a lighter weight when deciding whether a student should be dismissed from the program or not.

### **B. Unexcused Absences**

These are absences without proper evidence or documentation supporting the reasoning behind an absence. This includes non-documented illnesses and absences because of work. Any deviation from the necessity of specific evidence of absences will be at the sole discretion of the Program Director. Students with unexcused absences will NOT be able to make up any testing nor assignments that were due the day of the absence.

### **C. Tardiness & Leaving Class Early**

A tardy will be logged for the student if he/she fails to be present **within five (5) minutes** of the official beginning of class start time. Under the same guidelines, a student who leaves more than five (5) minutes before the class is formally concluded, will also received a "Left Early" mark on their attendance record. After three (3) Tardies **AND/OR** three (3) Left Early marks are noted in the student's absence record, the student will be given an **UNEXCUSED ABSENCE** for the habitual tardiness/early departures from class. Students will be counseled after the second tardy/left early mark on their record.

The purpose of such strong attendance policies is twofold: 1) a student who is punctual and stays in full attendance of the class will always get the course objectives at the beginning of class as well as any updates given at the end of class that the student might need to continue forward in their education pursuit in the class, and 2) to help the student gain the necessary discipline and work ethic that will be expected of him/her once they become a part of the work force of this profession.

### **D. Student Employment**

It is understood that many students have obligations in addition to attending school. That being said, here are some things that need to be understood relating to the EMS program and employment:



- 1) Students should plan their work schedule so that they are not working while they are in class or lab. Leaving class to respond to a call is **NOT ACCEPTABLE AND WILL NOT BE TOLERATED**.
- 2) Students are highly discouraged from working a night shift prior to a day clinical/field experience. Sleep deprivation effects are similar to alcohol, thus jeopardizing yourself and patient care.
- 3) Many students will have clinical/field experiences at their place of employment. While you are participating in an assigned clinical/field experience at your place of employment, **UNDER NO CIRCUMSTANCES** will you be “on the clock”. Your time during the assigned clinical/field experience is as a “student”. The reasons for this are numerous: just think “scope of practice”, “medical liability” and “practicing medicine without a license”. If you are “on the clock” as an employee, and claiming the same time/contacts/skills performed as a student, you will be subject to dismissal from the program without the option to re-apply.

## **EMS Program Expectations of Students**

Success in the NTCC EMS Program is directly related to ACTIVE classroom, lab, and clinical/field attendance and participation. **Essential** to this success, you should do the FOLLOWING:

- 1) Always be AT LEAST 5 minutes early for class, lab, clinical or field experiences.
- 2) Never be late for class, lab, clinical or field experiences. And, **DO NOT** return late from break or lunch.
- 3) Get involved and participate in directed learning. This kind of learning is **NOT** a spectator sport.
- 4) Use all of the tools in your toolbox that we teach and show us you can learn, grow, and **ADAPT**.
- 5) Did we mention.....**DON'T BE LATE?**
- 6) Ask questions. The only dumb question is the one that isn't asked at all.
- 7) Well researched debate is encouraged. Arguing with the Instructors is prohibited. You are the student, ...they are the EXPERIENCED, LICENSED, & DEGREED Professionals. No matter HOW LONG you think you've done this.....you ARE NOT their superior in knowledge or experience. If you were.....you would not be in these classes. If you refuse to give up, you will need see the Program Director.
- 8) No matter how you learned it before or how you might have done it before, you **WILL** do the course as it is designed without resistance.....or you can exit. We strive for the highest standards a excellence and not old ways, traditionalism, mediocrity, excuses, and laziness. If you cannot conform to our philosophies that are designed for this program.....then you need to find another career. EMS is not for you.
- 9) **Respect is EARNED**. If you show it and give it, you are most likely to receive it. But if you don't show it/give it.....you will be dismissed from the program.
- 10) Follow the Chain of Command. Period. If you end-run your Instructor or the Program Director, you could be ending your time in this program.
- 11) Learning never ends.....not even when the class is over. Share what you have learned. Once you master something, teaching it makes you learn it better.
- 12) Practice makes perfect. Practice makes perfect. Practice makes perfect. Get the hint?
- 13) You are going to be a part of the worst day of a person's life. Be courteous, open-minded, compassionate, understanding, and make a positive difference. Don't be just a warm body occupying space “just doing a job” or “just doing what I gotta do to make a paycheck”.

## **ACADEMIC DISHONESTY/CHEATING POLICY**

**Cheating** is defined by NTCC as acts of academic dishonesty committed while taking a test, examination, or preparing an assignment. Cheating also includes getting help from another person, using notes, or preparing assignments with another person when the Instructor expressly states, the work should be done independently.

**Plagiarism** is a specific type of cheating. Plagiarism also occurs when a student claims that an original specific product, project, or paper are their own when in fact, they are derived from an existing work created by another person and the student gives no credit to the source.

**Collusion** is defined as intentionally aiding or attempting to aid another in an act of scholastic dishonesty. Students are guilty of collusion when they do any of the following: provide a complete paper or project to another student or; provide an inappropriate level of assistance to another student in the form of writing, e-phrasing, rewriting, or completing the paper or project.

**Copyright Infringement** is defined as is the use of works protected by copyright law without permission thereby infringing certain exclusive rights granted to the copyright holder, such as the right to reproduce, display, distribute, or perform the protected work. This includes students taking pictures of exam questions to distribute or display (such as on social media).

### **A. Consequences**

If the Instructor believes a student is guilty of academic dishonesty, the Director shall conduct a full investigation in accordance with the NTCC Student Manual. The MINIMUM penalty for a student found guilty of academic dishonesty is a zero for the examination, project, or paper. The Instructor could require the student to resubmit another paper, project, or retake the exam. In cases of serious and/or repeated scholastic dishonesty offenses, the student will be referred to the Dean of Allied Health for disciplinary review subject to possible disciplinary action. NTCC may initiate disciplinary proceedings against a student accused of scholastic dishonesty.

"**Scholastic dishonesty**" includes but is not limited to cheating on a test, plagiarism, and collusion. Additionally, the EMS Program Director may elect to report the incident of academic dishonesty to the Texas Department of State Health Services for consideration of decertification under EMS Rule §157.36 (b) 17 and 18. If found guilty of academic dishonesty, the student has the right to appeal under the grievance policy listed within this document.

## **DRESS CODE POLICY**

Students of the EMT-B and Paramedic programs are **REQUIRED** to attend class, lab, and clinical rotations in full designated uniforms....AND AS PRESCRIBED. All of the sites in which clinicals are performed also have even further strict policies regarding personal appearance and hygiene. Professionalism, personal appearance and hygiene are also a graded requirement in the EMS classroom, lab and clinical.

### **A. Clinical and Classroom Uniform**

The following page describes the NTCC EMS Program uniform which **WILL BE PROPERLY WORN AT ALL TIMES** in the classroom, lab, and clinical settings. Occasional spot inspections will be held to promote student compliance. Students who show up to class or lab improperly dressed or out of uniform will be reminded and/or excused to come into compliance **PRIOR TO** being allowed to stay in class, and will have demotions placed against their grade if they do not do so immediately (point deduction system shown in the Affective Domain section). This would include such activities as tucking in shirts, having females put their hair up, or even having males shave **BEFORE** they can attend. While this sounds a bit extreme, the professional environment the student wishes to work in expects **NO LESS** than such when an EMS person shows up for duty/work. As such, students who come to class from work are **STILL** expected to be in full uniform. Simply take the program uniform to work with you to change **BEFORE** class. No excuses. Students who show up to clinical without a **TOTAL PROPER UNIFORM** will be sent home for that clinical and it will be logged in as an **UNEXCUSED ABSENCE** on the student's record. Therefore, it is **HIGHLY** recommended that each student have a second uniform with them on clinical rotations for use in the event the first uniform gets soiled or contaminated by blood/body fluids.

## **MANDATORY MINIMUM UNIFORM / EQUIPMENT REQUIREMENTS**

**\*\* Official NTCC EMS shirt to appropriate certification level (Navy Blue for EMT-B students)**

[Students will be fitted and have opportunity to order the FIRST DAY of class --

Both a short-sleeve and long-sleeve version is available for students to purchase]

**\*\*White crew neck undershirt (plain white without ANY designs or statements) or class Navy T-shirt.**

NOTE: A navy blue long sleeve t-shirt or navy blue turtleneck may be worn under the uniform shirt of an EMT-

B student in cooler weather conditions OR to conceal body tattoos. NO OTHER COLORS

(including white) are allowed to be worn under the primary uniform shirt and extend beyond the sleeves.

**\*\*OFFICIAL Black EMS uniform 6-pocket cargo pants**

[OFFICIAL navy blue uniform cargo pants are acceptable (but not encouraged) for EMT-B level ONLY]

NO detail/piping allowed on side of pants; No BDU/blousened pants.

**\*\*Black Boots/Shoes (NO MARKINGS OR OTHER COLORS ALLOWED ON SHOES, LACES, SOLES)**

(Shoes must be plain & polish-able leather tennis/coaching shoes; plain toe; NO cowboy boots).

**\*\*Black LEATHER Belt – 2” minimum width, no fabric belts (cordura weave rescue belts OK)**

(Plain without excessive tooling, plain/simple SILVER buckle or Hook/loop fastener).

**\*\*BLACK Pen, Small Note Pad (fits in pocket), an Enclosed Clipboard/Notebook.**

**\*\*Watch with a sweeping second hand or digital timer.**

**\*\*Stethoscope with a MINIMUM of medium grade quality (duel bell) -- EMT-B students.**

**\*\* Penlight or Mini-Maglite PLUS EMS 7” Scissors**

### **OPTIONAL / PERSONAL Items of Concern**

**\*\*NTCC EMS Embroidery Navy Utility T-Shirt (both short and long sleeve versions available)**

(can be purchased by student to be worn exteriorly to class or lab ONLY)

**\*\*Personal Eyewear - no brightly-colored lenses or frames. No sunglasses indoors unless Rx!**

**\*\*Light Jacket. MUST BE Black or Navy in outer color (with NO designs). No Hoodies.**

(However, rain jackets CAN BE Neon Yellow or Orange)

### **ITEMS NOT ALLOWED AS A PART OF THE EMS UNIFORM**

**\*\*NO KNIVES or WEAPONS of any design, style, or caliber!**

**\*\*No hats, caps, ear muffs, or wide winter headbands allowed in class, lab, or clinical.**

**\*\*JEWELRY:** No necklaces that can be viewed OUTSIDE the uniform shirt,  
no rings that have stones above the facing (and ONLY 1), no bracelets (excluding medic alerts),  
no more than 1 earring PER ear (and posts ONLY), NO piercings in nose, face, or tongue.

## B. Program ID

Within the first two days of class, a student's picture will be taken at the beginning of class and an official NTCC EMS Student ID will be made. However, students will NOT be given the ID until ALL program required entry documentation is in the student's file. Once issued, the program ID is to be worn by ALL students at ALL TIMES while actively participating in EMS Program activities. As such, once it is issued, the ID's will be worn during designated classroom/lab activities as well as ALL clinical rotations, on the RIGHT shirt collar WITH the picture showing. The picture ID is the property of the NTCC EMS Program and MUST be returned upon request at the END OF THE SEMESTER in order to be given a Course Completion Certificate. NO EXCEPTIONS.

### 1) Replacement ID's due to Loss, Name Change, or Appearance/Hair Change, Damage

Students are provided their FIRST ID free of charge. However, if the student loses their ID, drastically changes their appearance (such as changing hair color/style, shaves a beard/mustache), has a name change during their time in the program, or damages the ID through negligence (ie: washing) the student will be REQUIRED to PAY \$10.00 for EACH time the ID is replaced. Note that any such replacement may take a WEEK to get done and subsequently affect the student's clinical attendance. So PLEASE make every effort to keep up with these ID's and maintain a "neutral" look while within the EMS Program.

Program AND/OR Clinical faculty may confiscate the program ID AT ANY TIME, for violations of the uniform policy (both on campus or clinical sites), for violations of the professionalism policy, or for other issues related to ethical or moral behavior. Students are NOT ALLOWED to participate in ANY clinical rotations while the program ID is in the possession of the Program. The EMS Program may return the program ID to the student after the following condition(s) has been met:

- Formal WRITTEN request from the student detailing what actions will be taken to correct the issues which led to the confiscation of the ID.
- Conference with Program Director concerning the issue.

## C. Grooming / Hygiene

### • HAIR (both males / females)

BOTH male and female hair must be clean, neatly groomed and of a natural color. The length of the hair on males, must not fall below the bottom of the collar while standing. Female students may have longer hair, but are REQUIRED to wear their hair up AND away from the face. Styles such as a tightly-wrapped single ponytail/braid (on back of head) or having hair wrapped up completely (like a bun) is acceptable. If the sides/bangs hang into the face where it touches the eyes or mouth, the hair MUST be clipped back. Hair accessories must be of neutral colors (black, brown, grey, or gold/silver metal). No color scrunchies or bows allowed. Females will need to have their hair UP BEFORE class/lab begins. Both male and female hair styles MUST be such that remains neat and professional throughout the course, and one which does not draw unnecessary attention with designs, coloring, styles, or accessories. Reminders past the FIRST about hair issues will count as non-compliance to the Affective domain grade.

### • FACIAL HAIR (males)

**BEARDS OF ANY KIND ARE NOT PERMITTED.** Mustaches must be neatly cleaned and must not fall over the upper lip; sides of the mustache cannot extend more than 3/4 inch past the corner of the mouth nor drop more than 1/4 inch below the corner of the mouth (Maximum #3 trim guard depth). BEARDS ARE PROHIBITED EXCEPT for forward lower facial hair (goatee style) that remain within the realm of the upper corners of the mouth and cannot drop to the underside of the chin (Maximum #3 trim guard depth). Sideburns must be neatly trimmed and groomed and cannot extend more than 1/2 inch below the auditory canal. Males must shave for EVERY class, lab, and clinical. Males who show up for class/lab unshaven will be given a razor and shaving cream to comply before being allowed to participate. Reminders past the FIRST such incident will count negatively against the student as non-compliance to the student's Affective Domain grade.

- **BODY ODORS, MAKE-UP, FINGERNAILS, & TOBACCO USE**

Perfumes, aftershaves, or colognes are not allowed in the classroom or lab, and especially in the clinical settings. The liberal use of UNSCENTED sports-style deodorants and breath fresheners is highly recommended. Makeup, if worn, should be conservative/subtle. The wearing of false eyelashes is not allowed. Fingernails should be kept groomed short. Any nail polish needs to be of neutral colors and should NOT attract attention and cannot be peeling.

*Smoking or other use of ANY tobacco products, (including E-cigarettes) while in uniform on either the campus or clinical setting is very restricted/prohibited.*

*Reminder, NTCC is tobacco free campus and so are most of our clinical affiliates.*

- **JEWELRY, PIERCINGS, & TATTOOS**

No jewelry may be worn at any time during clinical rotations with the following exceptions: watches (prefer breakaway style and not fabric band); wedding bands (NO engagement rings unless stones are channel-set); necklaces (MUST be worn out of site inside uniform shirt with chain long enough NOT to fall out when bending over, and it must have breakaway device); and Medic Alert Bracelets. The wearing of religious emblems will be allowed with the uniform to the extent it does not create a potential infection control or safety hazard. “Choker” style/type necklaces and/or rubber/fabric “support” bracelets are NOT allowed. Visible body piercings on males or females are not permitted. The exception is that female students may wear ONE stud earring PER ear. Dangling, hoop, or multiple earrings are not permitted. Male students may not wear ear piercings at all. Tongue studs are also not permitted. **Visible tattoos are not permitted.** Any/all visible tattoos **MUST** be covered by clothing and/or other pre-approved coverings **AT ALL TIMES** while in uniform.

- **OUTERWEAR**

If the student wears a jacket, it should be completely NAVY BLUE or BLACK without ANY patches, insignias, lettering, etc. whether you are IN CLASS or at a CLINICAL SITE. **No Exceptions.** Winter caps/hats and wide hair/ear covers are not permitted at any time other than conditions of extreme weather and must be of design for personal protection from heat loss. Ball caps are not permitted while in uniform in the classroom, lab, or clinical sites. Rain coats should be plain, without ANY designs, insignias, or statements and preferably yellow or orange with reflective tape. Camouflage design/material of ANY garment is not allowed. Umbrellas are not to be used on clinical rotations. While on EMS rotations, a reflective safety vest, provided by the EMS agency, MUST be worn as directed by the EMS staff.

- **FIREARMS & WEAPONS**

Firearms AND knives of any kind, are NOT ALLOWED in the classroom, lab, or clinical rotations, whether on your person OR in your vehicle. While the 2015 Texas Legislature did pass provisions for Open Carry by Licensed Carriers on Texas Higher Education campuses, that law DOES NOT go into effect on Texas COMMUNITY COLLEGE campuses until September 1, 2017. And while there are Law enforcement agencies which require Commissioned Texas Peace Officers or U.S. Federal Agents to carry a firearm at all times, a student MUST notify the Instructor AND Program Director in WRITING of the request/intent to carry. With that request, the student must also submit a letter from the student’s Law Enforcement Chief authorizing the need to carry the firearm. The request will then be routed through the proper channels on campus (NTCC security, the Dean of Allied Health, and NTCC President’s office) for permission. This will ONLY pertain IF APPROVED to the student while he/she is on campus and **WITH GREAT RESTRICTIONS WITHIN THE CLASSROOM AND LAB**.....and will NOT EXTEND TO THE CLINICAL SITES. **NO EXCEPTIONS!!**

### **Consequences of Failure to Follow the Uniform Policy**

The EMS Program Director and Instructors and our clinical affiliates / Preceptors reserve the right to remove ANY student from the classroom, lab, and/or clinical sites for reasons of (but not limited to): bad/un-professional attitudes, reckless behavior, not following specified orders/requirements, poor hygiene, or non-uniform compliance. Hygiene issues can include such things as foul body/breath odors, which would include tobacco odors (whether by primary or secondary smoke exposure). Students are to report to the classroom and clinical site dressed completely in a CLEAN clinical uniform. Students who are found on a clinical rotation out of the proper uniform will be asked to leave the clinical site. All hours completed prior to leaving the rotation, including hours from previous clinical experiences, will NOT count toward the minimum requirement. Students who are reported by clinical sites or other third parties to have been out of the proper uniform, WILL BE REQUIRED to repeat the entire rotation before credit is received. The clinical uniform is graded through the clinical section of the program. Students who fail to represent the EMS Program in a positive light through unethical, immoral, abusive, belligerent, insubordinate, or illegal actions while in clinical uniform, will receive a failing grade for the clinical section, thus preventing the student from completing the program.

## **CLASSROOM AND CLINICAL DEMEANOR POLICY**

NTCC strives to provide a classroom culture and clinical experience which will optimize learning in an atmosphere where students are allowed to concentrate and expand their knowledge and skills. With this consideration, a classroom culture of mutual-respect, professionalism, and common courtesy/decency to the Instructor/Program Director AND to one another MUST be maintained at ALL times.

While on campus OR on clinical rotations, all students are expected to conduct themselves in a professional and ethical manner. This includes the proper wearing of the program uniform as well as the proper use of professional communication skills that would reflect well on NTCC and the EMS profession. The use of foul, profane, vulgar, or sexually explicit or illicit words or phrases are specifically prohibited. Failure to maintain a professional attitude and behave within ethical guidelines, or the use of inappropriate words or phrases may result in removal from the EMS Program.

NTCC may initiate disciplinary action or criminal complaint against any student involved in disruptive activities. ANY activity that interrupts scheduled activities or the process of education may be classified as disruptive. The following conditions shall normally be sufficient to classify such behavior as disruptive: 1) participation in or inciting others to violent behavior such as assault, physical abuses, or potential physical abuses to any person on campus or at any function off-campus sponsored by the NTCC; 2) loud, vulgar, or abusive language or any form of behavior acted out for the purpose of inciting others to disruptive action; 3) blocking or in any way interfering with access to any facility of NTCC; 4) holding rallies, demonstrations, or any other form of public gathering without prior approval of NTCC; or 5) conducting an activity which causes NTCC officials to interrupt their scheduled duties to intervene, supervise, or observe activities in the interest of maintaining order.

### **A. Guests / Children in the Classroom / Lab / Clinical Settings**

Students cannot invite guests to “sit in” during designated classroom, lab, or clinical times. On occasions, there may be a RARE exception given, as a professional courtesy, to a currently certified/licensed EMS person to attend once. But the request for this exception must be submitted IN WRITING no later than ONE class PRIOR TO the requested visit for possible (not guaranteed) approval. Also, children under the age of 17 are NOT ALLOWED AT ALL. EMS training and information and the manner to which it is conveyed can be graphic and is inappropriate for most children. As such, it is NOT the proper environment for them to be in, NO MATTER THE CIRCUMSTANCES. So if you cannot find appropriate supervision for your children while attending class, you cannot bring them to class OR let them sit in the hallway or lounge areas without appropriate supervision. You will simply have to acquire an UNEXCUSED absence.

## **B. Cell Phones / Electronic Devices / Computers / Electronic Tablets**

Cell phones are not to be used in the classroom, laboratory or clinical areas, or in hallways and common areas near the classroom. This includes use as a phone, text messaging device, music player, voice recorder, camera, video camera, or any other function which distracts the student from learning in class or disrupts others **AT ANY TIME**. This policy is not limited to devices sold as a cell phone. Any electronic device which meets the spirit of this policy is included. This policy is also in effect at ALL clinical sites while the student is on rotation. All cell phones, pagers, and other electronic devices which have an audible alert function must be turned OFF. Silent alerts may be used as long as they are truly silent and do not elicit a response from the owner or others.

Electronic devices that are used for audio recording or playback, or video recording or playback, are not to be used in the classroom, laboratory or clinical areas, or in hallways and common areas near the classroom.

Electronics devices with game functions are not to be used in the classroom or clinical settings. Personal laptop style computers and electronic tablets may be brought into the classroom, but can only be accessed with Instructor's permission and NOT during ANY lecture or skills lab/SIMlab participation time unless specifically directed by the Instructor.

Students who violate this policy will have their phone/computer, etc., confiscated and a verbal warning given at the end of class at which the property will be returned (on the 1st violation). On the 2nd violation, the student will be asked to leave the class/lab/clinical site for the remainder of the time and will result in a FORMAL reprimand on the student's record AND an UNEXCUSED absence. A 3rd offense will warrant reporting of the student to the Dean of Allied Health for action which may result in removal from the program.

## **C. Food & Drinks in the Classroom / Lab**

Commercially bought food (including from campus cafeteria) or food brought from home are NOT allowed in the classroom or lab UNLESS during designated meal/break times. The aroma and sounds of people eating have proven to be distractive to other students, so policy is now in place to remove the disruption. Commercially bought drinks are still allowed. And snacks and drinks will still be available inside the classroom. NO DRINKS OR FOOD are allowed in the LAB at all. NO EXCEPTIONS.

## **SOCIAL MEDIA POLICY**

### **GENERAL INFORMATION:**

Distribution of sensitive and confidential information is protected under Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Family Education Rights and Privacy Act (FERPA) whether discussed through traditional communication channels or through social media. Social media are defined as mechanisms for communication designed to be circulated through social interaction which is created using highly accessible publishing techniques. Social media is commonly thought of as a group of Internet-based applications that are built on the ideological and technological foundations of the web that allows the creation and exchange of user-generated content. Examples of social media formats include BUT ARE NOT LIMITED TO LinkedIn, Flickr, Wikipedia, Second Life, blogs, podcasts, RSS feeds, Allnurses.com, Twitter, Facebook, YouTube, and Vine.

Social media often spans traditional boundaries between professional and personal relationships and requires additional awareness to make sure that personal, professional, and college reputations are protected. When publishing information on social media sites, you must remain cognizant that this information may become public for anyone to see and can be traced back to you as the author. This form of two-way communications provides little control about how your posting will be used by others. As such, the student must always be cognizant that private social media sites do not exist. Search engines can turn up posts years after the publication date. Comments can be forwarded or copied. Archival systems save information, including deleted postings. If you feel angry or passionate about a subject, it's wise to delay posting until you are calm and clearheaded. Do not use ethnic slurs, personal insults, obscenity, pornographic images, or engage in any conduct that would not be acceptable in the professional workplace. **THINK TWICE BEFORE POSTING.** If you have a question or feel the slightest bit uncertain about a post or a comment you are about to publish, it is in your best interest to review the suggestions in this policy and to seek guidance from EMS faculty.



If you in any form/fashion identify yourself as a student of NTCC and/or of the EMS Program through postings, personal web pages, social media accounts, etc., you MUST ensure that the content you publish and/or acknowledge, be it personal or school related, is consistent with your professional ethics and is compliant to all confidentiality and privacy laws. You should always consider the legal liability of each post you make and the posts that are made on your site as well as on the sites of others.

As an EMS student, you must always be aware that you are building a reputation while preparing for a profession of public service. The public, along with your future employers, expect high standards of professional behavior. Your reputation can be revealed through social media. Employers consistently conduct Web searches on job candidates before extending offers. Be sure that what you post today will not come back to haunt you. A great suggestion is to regulate your social accounts with “Approval before Posting” reviews/commands to make sure that you are compliant with all current confidentiality, privacy, obscenity, laws etc., and to delete comments and to block any individuals who repeatedly post offensive or frivolous comments.

## **POLICY:**

HIPPA guidelines must be followed at all times. Identifiable information concerning clients/patients and clinical rotations must not be posted in any online forum or webpage. Zero-tolerance applies to anyone posting comments that violate HIPPA guidelines or this policy. Any infraction of this Social Media Policy will result in the IMMEDIATE dismissal from the EMS Program.

As an EMS Program Student, it is YOUR responsibility to:

1. Protect confidential, sensitive, and proprietary information: do not post confidential or proprietary information about the college, clinical EMS staff, students and peers, clinical facilities, clients/patients, or others you may come in contact with while in the role of NTCC EMS student.
2. Protect all private and confidential information related to you and to others. Be responsible for what you post and protect yourself and others.
3. Be aware that you are associated with Northeast Texas Community College and the EMS Program when engaging in online social networks. Regardless of how you identify yourself, be it personal or as a student, ensure that your profile and related content is consistent with how you wish to present yourself to colleagues, clients/patients, and potential employers.
4. Identify your views as your own. When posting your point of view, you should neither claim nor imply that you are speaking on NTCC’s behalf, unless you are authorized to do so in writing.
5. Respect copyright and fair use. When posting, be mindful of the copyright and intellectual property rights of others and of the college.
6. Refrain from using NTCC or the EMS Program logos and/or graphics on personal social media sites. Do not use Northeast Texas Community College’s name to promote a product, a cause, or a political party or candidate. Use of the EMS Department logos and/or graphics for School sanctioned events (posters, fliers, postings, or others) must be approved by the EMS Program Director.
7. Comply with the expectations for all electronic devices (such as PDAs, Notebooks, Tablets, and Smartphones) that are employed for social media communication during clinical activity. If a PDA is combined with a cell phone, cell phone aspect of the device must be silenced. Use of these devices will be authorized and approved/disapproved by EMS faculty.
8. Restrict the use of computers and electronic devices during class to note taking and approved classroom activities. Other methods of usage are not only distracting to yourself, but to the student within your immediate area.

## **CONSEQUENCES OF VIOLATING SOCIAL MEDIA POLICY:**

Violations of client/patient privacy with an electronic device will be subject to HIPAA procedures and guidelines. Consequences can result in termination from the EMS Program as well as disciplinary action from the TDHHS. Each student is legally responsible for individual postings and may be subject to liability if individual postings are found defamatory, harassing, or in violation of any other applicable law. Students may also be liable if individual postings include confidential or copyrighted information from music, videos, text, and any other media. Students who share confidential or unprofessional information do so at the risk of disciplinary action including failure in a course and/or dismissal from the program.

### **C. Skills Practice in Lab / SIMLab**

Students usually practice simple and rudimentary skills on a partner of their choosing and/or manikins during the lab sessions. All lab sessions are strictly under supervision of the Instructor, and personal safety is the EMS Program's utmost concern which is why horseplay is absolutely forbidden and all standard safety precautions will be adhered to. Grades are given in lab for student's individual participation in the learning process. However, on occasion, a student may be asked by their Instructor to participate in scenarios or skills practice as a mock patient for all to learn from. This participation is voluntary and will not have an impact on the student's grade if he/she elects not to participate as a mock patient. The Instructor will immediately stop any scenario or skill if the student posing as the mock patient appears or vocalizes that he/she begins to feel uncomfortable. Any concerns about participation should be reported to the Program Director immediately.

### **D. Sexual Harassment and Hazing**

Sexual harassment is defined as any unwanted physical, verbal, or body language sexual advances by another person causing distress. Hazing is defined as any actions which seriously imperil the physical well-being of any student, activities which are by nature indecent, degrading, or morally offensive, and/or activities which by their nature may reasonably be assumed to have a degrading effect upon the mental attitude. All sexual harassment or hazing complaints will be immediately investigated by the Program Director. Any student found by an investigation to have committed sexual harassment or hazing will be dismissed from the Program and referral will be issued for criminal prosecution.

### **E. Substance Abuse**

The EMS Program requires that students remain drug-free while on campus or on clinical rotations. Students are required to take an IMPROMPTU urinalysis drug screens each semester before beginning any clinical rotations. A student testing positive on the urinalysis panel will be given another urinalysis. If the second urinalysis shows positive results (not accountable from the student's medical records), the student will not be allowed to start clinical rotations and likely be dismissed from the program.

The manufacture, sale, distribution, dispensation, possession, or use of alcohol, controlled substances, intoxicants, or by abusing or overdosing prescription or non-prescription over the counter medications, by EMS program students on campus, at program functions, clinical rotations, or while conducting business related to the EMS Program are prohibited. Students violating these policies are subject to disciplinary action, which may include removal from the program, referral to TDSHS for suspension order certification, and/or referral for criminal prosecution.

Students while in uniform and on campus, program supported activity, or at the clinical sites, who is suspected of impairment by illegal or legal medications, will be evaluated by the local police department. Students deemed impaired by intoxication from any substance will face disciplinary action to include criminal arrest for public intoxication. Students who approach EMS Program personnel to admit to a problem with substance abuse will be referred to student services for follow-up/assistance. Continuation in the program will be determined by amount of assistance needed. Students who cannot complete the semester will be given rights to re-enroll. Students found to violate the policy without asking for help BEFORE the problem is revealed, will be given NO consideration for re-entry into the program.

## **F. Criminal Background Check**

All students entering the EMS program MUST pass an NTCC APPROVED criminal background check. The NTCC EMS Program uses a VERY SPECIFIC company for its background checks due to their thoroughness and at a very reasonable cost. These searches include, but are not limited to: social security number search, lifetime addresses, name changes/aliases, local/state/regional criminal databases, Dept. of Homeland Security/international database, sex offender database. It is for the above reasons that MOST other forms of background searches from other companies will NOT generally be accepted. So please utilize the PROPER company for searches and avoid having us make you pay a second time for proper documents.

The following is a statement from TDSHS regarding criminal backgrounds. Students with criminal backgrounds, who are in the process of getting evaluation by TDSHS, will be allowed to continue in the program. Ultimately, TDSHS will decide on certification or denial of certification. Any student with any of the specific listed offenses will not be allowed to enroll in the program.

### **ATTENTION:**

#### **TDSHS Statement on Criminal Backgrounds**

*A person shall be disqualified from eligibility to acquire an EMS certification, or a person's initial or renewal application for EMS certification or paramedic licensure shall be denied, or a person's EMS certification or paramedic license, whether active or inactive, shall be revoked if the petitioner, applicant, certificant, or licensed paramedic is convicted of or place on deferred adjudication community supervision or deferred disposition for an offense committed on or after September 1, 2009 listed in Code of Criminal Procedure, Article 42.12, Sections 3g(a)(1)(A) through (H) as follows:*

- (1) murder;*
- (2) capital murder;*
- (3) indecency with a child;*
- (4) aggravated kidnapping;*
- (5) aggravated sexual assault;*
- (6) aggravated robbery;*
- (7) substance abuse offenses, as described in Health and Safety Code, Chapter 481, for which punishment is increased under:*
  - (a) Health and Safety Code, §481.140, regarding the use of a child in the commission of an offense; or*
  - (b) Health and Safety Code, §481.134(c), (d), (e) or (f), regarding an offense committed within a drug free zone, if it is shown that the defendant has been previously convicted of an offense for which punishment was increased under one of those subsections;*
- (8) sexual assault;*
- (9) An offense, other than an offense committed on or after September 1, 2009, for which the person is subject to register as a sex offender under Code of Criminal Procedure, Chapter 62.*

*Criminal offenses NOT LISTED ABOVE are subject to a department review which may lead to denial, suspension, or revocation.*

### **G. School Closure due to Inclement Weather**

The EMS Program will follow all college policies for closing during inclement weather, or other regional and/or national emergency. Students will be informed of college closure through the regular television and/or radio media. Do not call the EMS Program Instructors or Program Director about issues of concerning school closure. During times of official NTCC closure, students can/will be excused from clinical rotations (closures of clinical attendance will be MANDATORY if weather WARNINGS are issued – no exceptions) and will be no penalties for the necessary reschedules. Campus closure due to water or electrical issue will NOT excuse the student from attending off-campus events. Students should sign up at the beginning of the semester to get on the campus-wide emergency alert system. Otherwise, students can access [www.ntcc.edu](http://www.ntcc.edu) or tune in to the following radio stations for official closure info.

**KPXI 100.7 FM**

**KXAL 103.1 FM**

**KYKM 97.7 FM**

**KIMP 960 AM**

**KEGG 1560 AM**

### **H. Threat Advisory**

If any student receives information through any legitimate media source that our nation is under an emergency situation issued by the Department of Homeland Security or Texas Department of Public Safety, students may be asked to leave clinical rotations and/or classroom.

Again, students should also sign up for the NTCC Campus Alert System while they are a registered student on campus for instant notification off campus emergencies and personal safety instruction. Most likely, in the event of a campus emergency, lock-down procedures will be implemented.

### **I. Health and Welfare**

The EMT-Basic and Paramedic programs can be mentally and physically taxing at times. The Program Director and faculty recommend students develop a regular exercise regimen to keep in top physical shape and reduce stress. Exercise facilities are available at NTCC. It is also important for the student to develop regular and even study patterns and cooperative study groups, to avoid the stress involved in "cramming" for an exam. Regular sleep patterns and healthy eating are also encouraged.

Students involved in clinical rotations, have in greatly increased possibility of encountering uncontrolled situations, in which people of various ages and backgrounds will be experiencing the worst moments of their lives. These situations, either individually or through accumulation, can prove difficult to handle for both inexperienced and veteran personnel alike. Students who encounter an emotionally traumatic event or who begin to feel the accumulation of any of these events should notify their Instructor or the Program Director as soon as possible. All students should be aware that the following MAY be signs & symptoms of emotional stress:

- |                                    |   |
|------------------------------------|---|
| -- isolation                       | -- inability to concentrate             |
| -- inappropriate use of humor      | -- indecisiveness                       |
| -- depression                      | -- difficulty sleeping and nightmares   |
| -- difficulty eating/lost appetite | -- irritability with family and friends |

It is the goal of the EMS Program to provide each student with the tools and resources to deal with emotional stress related to critical incidents.

## J. Infection Control

It is the intent of NTCC that each student enrolled in a health related curriculum meet the objectives necessary for successful completion of that program. This enrollment is inclusive of clinical experience which entails potential exposure to individuals with communicable diseases. Thus, all students enrolled in the EMS Program MUST have completed physical records on file. These records MUST attest to the following inoculations (via documentation):

*The immunization or immunity to: Tetanus/Diphtheria/Pertussis(within last 10 years), Rubella, Mumps, Measles(2 vaccinations OR positive Titer), Varicella (or proof of illness), Hepatitis A(1-2 vaccines), Hepatitis B(series of 3 vaccines over 6 months), Influenza(annually or exempt w/ waiver & restrictions), and Meningitis (unless exempt WITH waiver) AS WELL AS a RECENT test (within 6 months) for Tuberculosis and MUST remain current for the student's duration of the program. Thus for TB, the student MUST repeat the screening yearly for re-entry. Same for Flu vaccine.*

These aforementioned immunizations and tests are requirements of the Texas State Department of Health Services AND our clinical affiliates. If the student refuses to obtain a vaccine or test, he or she MUST sign a declining waiver PLUS submit a baseline Titer. However, the student must acknowledge that the refusal of certain vaccines may be grounds to EXCLUDE the student from participating in some clinical areas, as this is those facilities' requirements by their own policies. As such, the student may then NOT to be able to successfully complete the program. The student should also be aware that he/she may also become more vulnerable and susceptible to some destructive/detrimental diseases without immunization protection, which will become his/her responsibility/liability for his/her choice.

Because the student must know how to prevent the spread of infectious diseases for his or her safety and for the safety of others, it is the policy of NTCC that principles of infection control are included in the curricula of health occupation programs. It is then the responsibility of students to apply appropriate precautionary measures when providing services to all patients. These measures may include, but are not limited to, hand washing and the use of gloves, masks, protective glasses and gowns as indicated by the circumstances involved in the treatment of a particular patient. Before beginning clinical rotations, each student must demonstrate a satisfactory understanding of the importance of body substance isolation, personal protection from airborne and blood borne pathogens, and the reporting/notification process for exposure to infectious patients.

In the event a student is exposed, they should immediately notify their Preceptor, then immediately contact their Instructor. The student will most likely be required to fill out an official Exposure Control Report at the facility as well as for NTCC. Certain disinfection and prophylactic medications may be administered to the student after a known exposure. **ANY/ALL COSTS OF THE MEDICATIONS AND/OR TREATMENTS AFTER EXPOSURES WILL BE INCURRED BY THE STUDENT, THEREFORE MEDICAL INSURANCE IS REQUIRED.** ANY MEDICAL OR HEALTHCARE needs incurred by the student while in the NTCC EMS Program are NOT COVERED by student fees, the NTCC EMS Program/Faculty or the EMS Clinical sites.

NTCC offers information concerning low cost medical insurance to students. Students assigned to affiliated clinical sites must comply with the infection control policy of the entity to which they are assigned. As new information becomes available, Instructors will disseminate the finding to all students.

Skills practice sessions will be conducted with the intent of preparing students for the practice of patient care on known or suspected infectious patients. All students will wear gloves at all times when in skills practice sessions. Eye protection will be worn during the practice of airway control procedures, peripheral venipuncture, medication administration, or other procedures which could potentially expose the student to the splash or spray of blood or body fluids. At the completion of each skill practice session, students must remove their gloves and wash their hands before handling personal equipment.

Students who may have an infectious disease such as a cold/flu, a fever or a productive cough should NOT attend class or clinicals. With a physician's release, this will count as an excused absence.

## **K. Malpractice Insurance**

Malpractice insurance for clinical area activity is provided with the cost of tuition to all EMS students. This however, does NOT include ANY incurred health costs related to clinical activities, whether by exposure or accident. Again it is why we STRONGLY recommend health coverage.

## **L. Personal Healthcare Insurance**

Students ARE REQUIRED to have their own Personal Healthcare Insurance. This is NOT provided by the program or the college and it is a FEDERAL LAW that you MUST have it. There are many avenues to which a student can get such insurance (private, Affordable Care Act [aka Obamacare], etc., and it MUST be in effect throughout the duration of the student's presence within the program. Any student found to be without a valid healthcare policy is subject to DISMISSAL from the EMS program.

## **Chain of Command / Conflict Resolution / Grievance Policy**

NTCC EMS faculty recognizes that students will, from time to time, encounter disheartening, unpleasant and occasionally hostile situations. These situations may stem from interaction between individual or groups of other students, faculty, clinical preceptors or clinical sites, the general public, or the witnessing of traumatic events.

While the EMS Program cannot protect students from the dangers and harsh realities of the world which are encountered on clinical rotations, every effort will be made to give the student the knowledge and skills necessary to protect themselves. To a great extent the student must take the responsibility to use these tools at the appropriate time. This includes situations in which the language, attitude, and behavior of other students, clinical personnel and program faculty may innocently or maliciously be offensive or derogatory based on race, religion, gender, ethnic background, national origin, age, veteran status, or disability. The first step in any of these cases is to notify the involved party of the offense. Should the offensive behavior continue, the student should notify the next person up the Chain of Command, as delineated below. In the best interest of all parties involved, students enrolled in the EMS Program MUST abide by the following procedures.

### **A. Conflicts Occurring in the Classroom**

Most student conflicts are expected to be handled between the parties involved. In the event that the situation cannot be resolved peaceably between the individual or group of students, the Course Instructor or Program Director should be notified PRIOR TO pursuing any other individual for conflict resolution. The situation will attempt to be corrected following program policies, grading criteria, instructional intent and course objectives. The following chain of command **MUST BE** followed by students for problems encountered with the instruction, lab practice, or clinical rotation portions of the EMS Program:

- #1 -- Parties involved
- #2 -- Instructor / Faculty / Staff present at time of incident
- #3 -- Program Director
- #4 -- Dean of Allied Health

This chain of command is expected to be followed. Any usurping of chain of command drastically slows the conflict resolution process and will likely create increased conflict.

### **B. Conflicts During Clinical Rotations**

Any situation occurring on clinical rotations are to be reported, immediately, to the student's immediate supervisor at the clinical site (usually the assigned Preceptor) and will subsequently progress up the chain of command for that clinical site. In the event the situation involves the immediate supervisor, an attempt at problem resolution should be made WITHOUT moving further up the chain of command. In the event the immediate supervisor cannot resolve the situation, the next person in the chain of responsibility should be contacted. Problems regarding differing protocols, treatment NTCC EMS Program Policies and Procedures modalities, or patient care philosophies should be addressed and resolved with an openness for these differences taking into consideration the wide variety of "correct" treatment.

In the event the problem cannot be resolved at the clinical site, the student should report the situation to their course Instructor or Program Director at their earliest opportunity. Students should understand that the clinical site has a vested interest in resolving the problem internally. It will be the prerogative and responsibility of the clinical site to report any problems and resolution decisions to the EMS Program. The following chain of command should be followed for problems encountered during clinical rotations:

- #1 -- Parties involved
- #2 -- Assigned Preceptor
- #3 -- Duty Supervisor / Station Officer / Charge Nurse
- #4 -- Course Instructor
- #5 -- Program Director
- #6 -- Dean of Allied Health

This chain of command is expected to be followed by all students without exception. Any usurping of the chain of command drastically slows the resolution process and will likely create increased conflict.

### C. Grievance Procedure

It is the practice of NTCC to assist all students in finding fair and just solutions to problems related to their education. As a general rule, problems can be resolved through the normal administrative structure (levels of supervision / chain of command). The grievance procedure is not intended to circumvent the normal channels of communications or to set aside the open door policy for students established by faculty. If students feel they have been discriminated against based on sex, race, color, national origin, veteran status, handicapped, or age, they are to follow the information and procedures described below:

- **Definition:** A grievance is an educational or personal problem or condition that a student believes to be unfair, inequitable, or discriminatory, or a hindrance to his/her education.
- **Scope and Limitations:** This grievance procedure is not designed to include changes in policy or educational programs. Recommendations for initiating new policy or changing established policy are handled through normal administrative channels.
- **Time Limitations:** Grievances shall be handled with reasonable promptness, both in submission and processing at each level. Reasonable promptness is defined as a maximum of five class days; however, this time may be extended with the agreement of both parties.
- **Presentation:** Initially, the presentation of a grievance may be made orally. When it reaches the appeal state, it must be made in written form. Students shall be given full opportunity to present their views without fear of coercion or reprisal.
- **Procedure:** Students who feel they have a College-related grievance should discuss it with the individual(s) involved. The simplest, quickest, and most satisfactory solution will be reached most often at this level. If the discussion at that level does not resolve the matter to a student's satisfaction, the grievance may be appealed to the next level of supervision, proceeding through the regular chain of command. At this point, if the matter is still not resolved to the satisfaction of the student, an appeal may be made to the Appeals Committee. The Appeals Committee shall hear only information pertaining to the grievance.
- **Appeals Committee:** The grievance must be stated in writing. The Appeals Committee shall hear the grievance and make a recommendation. The Appeals Committee shall be ad hoc and shall be composed of the Dean of Allied Health, three students, and three allied health faculty members. Majority vote and/or consensus will determine the outcome of the committee's decision.
- **Final Appeal:** The Vice President of Instruction, the NTCC President and/or the Board of Trustees of NTCC shall represent the final stage for review and any decision.



## **Course Completion & Extensions / Withdrawals / Re-Admission / Remediation**

### **A. Course Completion Policy**

A student is considered to have successfully completed a course when ALL classroom affective, cognitive, and psychomotor domain objectives as well as all clinical domain objectives and competencies have been successfully completed according to program criteria as set forth in both the General and Clinical Policy & Procedures Manuals. Upon completion of the course, the Course Instructor and Program Director will re-verify all required documents in the student's file. Upon re-verification, if all documents are in place, complete, and correct, the student will receive an official course completion certificate. This certificate is individually numbered and can be cross referenced to the student by both the program AND the State of Texas. Upon completion, an exit interview will also be conducted with the student. The student should understand that failure of any part of the didactic OR clinical portion of the program constitutes the failure of the ENTIRE COURSE, and hence the student would be required to complete **BOTH** portions again if re-application is made and accepted.

### **B. Course Extension Policy & Limitations**

If at the end of the course, a student has not completed their course requirements due to an extended personal illness or other "extenuating circumstance" during their time in the program (work issues are NOT considered "extenuating"), they can request IN WRITING a general extension. EMT-Basic students would then have 30 DAYS from the date of course completion to satisfy course requirements. Paramedic students would have 45 DAYS from the date of their course completion to satisfy course requirements. These days are ALL days...not just "business" days. It includes holidays and weekends as well in those 30/45 days. Students are told DAY 1 of their entry into the program and throughout the semester of the time constraints of this program, especially at the Paramedic level. So except for a unique or extenuating circumstance that may occur, the student has been advised of the demands of EMS training. However, we are fully aware that a rare, unique and/or extenuating circumstance may occur to a student during the course of their training (such as being personally involved in an accident resulting in injury for example). If such an incident occurs, the student may petition IN WRITING for an Extended Extension. Situations like this would be handled on a case by case basis with the Program Director.

### **C. Withdrawing / Returning Students Policy**

Instructors cannot and will not drop a student from a class for general reasons, including just having the student quit coming to class. It is the STUDENT'S responsibility to withdraw from their courses to receive a grade of "W" BEFORE the college-mandated drop date or they will have an "F" automatically registered for the course, even if they had a passing grade prior to the drop date. Students who quit coming to class for any reason and do not withdraw will simply receive an "F" for the course. And the only way students can erase an "F" from their transcript is to repeat the course and successfully pass it. Otherwise, it remains permanently on the transcript. For students on scholarships and financial aid, an "F" on your transcript will most likely cause a loss of funding. Therefore, students should be very attentive about their status as an active student at all times. Students choosing to leave the program are advised to contact their Instructor or the Program Director for an exit interview prior to withdrawing to avoid receiving a failing grade. The purpose of the exit interview is to establish any requirements for the student to possibly return to the program at a later date. The student must understand that withdrawal from the program is THEIR responsibility, and not their Instructor's. However, the student can be DISMISSED from the program by their Instructor or the Program Director for reasons already discussed within this manual. Dismissal is therefore under the jurisdiction of Instructors and the Program Director.

#### **D. Readmission / Reapplication Procedures:**

- ❖ Any student who does not successfully complete ALL classes must reapply for the ENTIRE program; there is NO taking “certain” sections over again.
- ❖ Students who did not complete an exit interview from a previous withdrawal must reapply to the program and take it from the beginning, regardless of the students last successful semester.
- ❖ The decision and determination of repeating the program, from an audit perspective, will be determined by the Program Director. This type of re-entry must be done on the VERY NEXT SEMESTER the program begins again. If the elapsed time is over 1 semester, the student must repeat all classes in the program again, and must reapply to the program as a new student.
- ❖ Students who are able to finish the didactic or clinical portion of the program but are unable to finish the other, must complete both components upon re-enrolling.
- ❖ Students who re-enroll must repeat all aspects of the course. No credit will be given for previously passed examinations, classroom & lab activities, or clinicals.

#### **E. Remediation**

Students who may have failed a certain segment of the course, may be granted a REMEDIATION exemption. Such an exemption is only given to students who have shown didactic competency, but may have failed the final exam. If this does occur, the student will be given a second opportunity to take a different second comprehensive exam. If the student fails that exam, the student will be offered a formal remediation whose sessions are scheduled appointments with an EMS faculty Instructor. If the student fails to show up or complete the appointments as scheduled, the student will receive a failing grade for the course.

Students who have successfully completed the program but have not passed the Registry exam, may approach the Program Director to possibly arrange some private tutoring with an EMS faculty member. However, private tutoring will be an expense TO THE STUDENT at this point. Instructor knowledge, experience, and time are valuable, and once the student has left the program, it is no longer covered by NTCC academic policy. Students are given valuable resources for studying and test taking upon completion of the course to assist them to successfully pass the Registry exam. However, if the student wants to engage an Instructor beyond the point of the class, a contract can be set up through Continuing Education to reimburse the Instructor for their continued time.

#### **F. Previous Certified/Licensed Personnel Who Have Lapsed**

A student entering the program who has previous experience as a certified or licensed EMS person (whether civilian or military) who has allowed such credentials to lapse beyond any renewability by the State of Texas or National Registry standards, MUST begin the program as an EMT-Basic and work their way through the ENTIRE program from square one. Even if the student took the EMS program previously, passed the program (proven on transcripts), but neglected to take or pass the Registry Exam(s) in the allotted time allowed, MUST ALSO begin the program in its entirety all over again. There are NO EXCEPTIONS to this policy.

#### **G. Requirements for Entrance to the Paramedic Program**

ALL students must at LEAST have their National Registry and/or TDSHS EMT-Basic certifications IN HAND **PRIOR TO** being allowed into the Paramedic program. This is a requirement by the State and cannot be abridged since the student cannot complete ANY clinical until they can function as an EMT-Basic legally within the State of Texas.

## **IMPORTANT INFORMATION ABOUT THE NATIONAL REGISTRY**

### **A. Timing of NREMT Examination**

Students are **GREATLY** encouraged to take the NREMT written AND practical examination as soon as possible after successful course completion. Endless studies have continually shown that the longer a student waits to take the exams (both written AND practical) post the last day of their class, the less likely they are to pass the exams on the first attempt. And while this does not sound like a big deal, remember that the student **MUST PAY** for each attempt **PLUS** they have to travel for these attempts....sometimes staying overnight somewhere the day before....another expense. AND the student must understand that they are only allowed a maximum of 3 attempts. After failing the 3<sup>rd</sup> attempt, the student would be required to sit through a formal remediation (anywhere from 28-60 structured lecture hours – depending on whether a Basic/Paramedic) by State standards prior to being allowed another attempt. Don't waste your time, money, or attempts.

### **B. Registry and State of Texas Certification Application Info & Procedures**

The National Registry of EMTs(NREMT) written and practical exams are required for certification post successful completion of an EMS course in Texas. The written exams (both Basic & Paramedic) are online exams that can be taken at different locations (predominantly Texarkana, Tyler, and Dallas in relation to NTCC). EMT-Basics do their practical exams within the constraints of the program. Paramedic students **MUST** do their preliminary skills testing within the program and then have those skills validated at a **FORMAL** NREMT skills testing session (predominant locations include Paris, Denton, and Houston).

TDSHS certification/licensure (whether EMT-B or Paramedic) is **REQUIRED** to have **IN ADDITION** to the National Registry certification in order to work or volunteer in Texas. These are separate application processes. In order to process applications, students are encouraged to send applications in as quickly as possible. TDSHS also will require fingerprinting as a part of their application process. While the student is nearing the completion of the EMT-B or Paramedic course, applications for the National Registry of EMTs (NREMT) and Texas Department of State Health Services (TDSHS) applications should be completed and paid for. Both can be done online. Directions for completing the NREMT application is contained in the Appendix of this document. The TDSHS initial application is available on-line and is self explanatory. However, with NREMT, it should be noted that the student has 90 days from application/payment to test or will have to re-submit and pay again. You also **ONLY** have 1 year from the date of the course ending to attempt the Registry exam or your training becomes void without addition training and testing.....again.

The program makes best efforts to prepare students for the NREMT certification examination by providing sound teaching and testing strategies. If, for an unforeseen circumstance, a student fails an attempt on the NREMT written examination, a limited amount of tutoring might be available. As stated previously in the Remediation segment, the student must contact the Program Director to possibly set up any possibilities.

### **C. NTCC A.A.S. in EMS Graduation & Certificate of Completion for Paramedics**

ALL students of the EMS Paramedic program are eligible for a Certificate of Completion from NTCC upon successfully completing the program. This technical workforce certificate is **SEPARATE** from the Course Completion Certificate given to the student from the Program Director upon completion of the Paramedic course. The Certificate of Completion shows that the student has completed the requisite 42 credit hours at NTCC (for both EMT-Basic AND Paramedic programs) which is necessary for the certificate. The student need to only file for the certificate towards the end of the Paramedic program and pay a nominal fee. The student will have the option of actually walking the stage at graduation like an Associate's degree student or simply picking up the Certificate after graduation from the Admissions office.

Students who take the additional 6 classes from the EMSP curriculum while in the program, can **ALSO** graduate with an Applied Arts & Science degree (A.A.S) in EMS **IN ADDITION** to also gaining the college's technical workforce certificate. This degree would also allow the student to apply for Licensure as a Paramedic for the State of Texas versus just being certified.

# Functional Position Descriptions for ECA / EMT / EMT-I / EMT-P

## Introduction

The following general position descriptions for the positions of EMS in Texas are for Emergency Care Attendants (ECA – more currently referred to as First Responders), Emergency Medical Technician – Basic (EMT-B), Emergency Medical Technician – Intermediate (EMT-I), and Emergency Medical Technician – Paramedic (EMT-P – includes the description for Licensed Paramedic (LP)) are provided as a guide for advising those interested in understanding the qualifications, competencies and tasks required for emergency medical services certification and/or licensure. It is the ultimate responsibility of an employer to define specific job descriptions within each Emergency Medical Services (EMS) entity.

## Qualifications

To qualify for EMS certification or Licensure in Texas, an individual must successfully complete a State approved EMS course, achieve competency in each of the psychomotor skills within that course, and proficiently complete the clinical requirements of that course. Subsequently upon passing the course, the individual must achieve a passing score on the National Registry written examination. Upon passing the National Registry Exam, the individual may then make application to the Texas Department of State Health Services for either certification or Licensure (if making application with both a passing National Registry AND an appropriate college degree). All EMS personnel must be at least 18 years of age to be certified/Licensed. All EMS personnel must either have a high school diploma or its equivalent (GED).

All EMS personnel MUST have the following abilities:

- 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/volume ratios & 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 patient, family members and bystanders
- Ability to document, in writing, all relevant information in prescribed format in light of legal ramifications of such
- Ability to converse in English with coworkers and hospital staff as to status of patient.

EMS personnel should also 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 environmental 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.

## Description of Tasks:

- Receives call from dispatcher, responds appropriately to emergency calls, reads maps, may drive ambulance to emergency site, uses most expeditious route and observes traffic ordinances and regulations.
- Reassures patients and bystanders, avoids mishandling patient and undue haste, searches for medical identification emblem to aid in care.
- Determines nature and extent of illness or injury, 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 (based on competency level); may administer intravenous drugs or fluid replacement as directed by physician.
- May use equipment (based on competency level) such as but not limited to, defibrillator, electrocardiograph, performs endotracheal intubation to open airway and ventilate patient, inflates pneumatic anti-shock garment to improve patient's blood circulation or stabilize injuries.
- Assists in lifting, carrying, and transporting patient to ambulance and on to a medical facility.
- 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.
- Complies with regulations in handling deceased, notifies authorities, arranges for protection of property and evidence at 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 in route and administers care as directed by physician or emergency department or according to published protocol.
- Identifies diagnostic signs that require communication with facility.
- Moves 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 in route to facility, 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 in 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.

## **AMERICANS WITH DISABILITIES ACT – 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 one dealing with 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 the Appendix in the next section, describes the required skills and job requirements essential to EMS personnel. Those descriptions will guide any/all accommodations permitted for the 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 allowed to have written exams given by 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.
4. ***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.
5. ***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.
  - Students will be permitted a private space to take the exam.
  - Refer to the written examination policy of missed exams due to excused absences.
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 the job safely and efficiently. The Program Director and NTCC student services can further define the American with Disabilities Act as needed.



## **EMT Code of Ethics**

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.*

## **EMT Oath**

Be it 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 all 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.

*Written by: Charles B. Gillespie, M.D. Adopted by the National Association of Emergency Medical Technicians, 1978*

## **APPROXIMATE COST OF NTCC-EMS PROGRAM**

The following is an **ESTIMATE** of the cost of each level of the EMS program. Cost may vary with economic conditions as well as where the student may obtain the required or optional supplies.

### **College Costs:**

<b>Tuition:</b>	<b>In District</b>	<b>\$38 per Semester Hour</b>
	<b>Out of District</b>	<b>\$100 per Semester Hour</b>
	<b>Gen. Service Fee</b>	<b>\$46 per Semester Hour</b>
	<b>Activity Fee</b>	<b>\$4.00 per Semester Hour</b>
	<b>Special EMS Fees</b>	<b>\$150-\$180</b>
	<b>Registration Fee</b>	<b>\$18</b>
	<b>Graduation Fee</b>	<b>\$3</b>
<b>Textbooks:</b>	<b>EMT</b>	<b>\$140 - \$190</b>
	<b>Paramedic</b>	<b>\$350 - \$500 (multiple texts)</b>
	<b>Syllabus</b>	<b>\$30 - \$40 (both the General P &amp; P <u>PLUS</u> Clinical P &amp; P)</b>

### **PROGRAM COSTS:**

<b>Health Related:</b>	<b>To get updated immunizations &amp;/or a physical:</b>	<b>varies by needs for each</b>
	<b>Current Flu vaccination (Done annually):</b>	<b>\$15 - \$25</b>
	<b>TB skin test (MUST be tested ANNUALLY):</b>	<b>\$10 - \$20</b>

<b>Uniform:</b>	<b>Uniform Shirt</b>	<b>\$35 - \$42/ea. (+ optional uniform t-shirt for \$25)</b>
	<b>Crew Neck T-Shirt</b>	<b>\$3 - \$10/ea. (standard white)</b>
	<b>Black 6 pocket EMS Pants</b>	<b>\$40 - \$60/pr.</b>
	<b>Black Belt</b>	<b>\$10 - \$30/ea.</b>
	<b>Boots/Shoes</b>	<b>\$40 - \$120/pr.</b>
	<b>EMS Scissors</b>	<b>\$5 - \$15/pr.</b>
	<b>Mini-Maglite</b>	<b>\$5 - \$20/ea.</b>
	<b>Stethoscope</b>	<b>\$15 - \$120/ea.</b>
	<b>Replacement Name Tag</b>	<b>\$10/ea. (first one is free to student)</b>

**CastleBranch Certified Background Check:** **\$45 - \$55 (a \$450 value)**

<b>FISDAP Access:</b>	<b>EMT</b>	<b>\$85 - \$95 (required)</b>
	<b>Paramedic</b>	<b>\$175 - \$225 (required)</b>
	<b>EMS Testing</b>	<b>\$50+</b>

<b>Testing and Certification:</b>	<b>NREMT</b>	<b>\$80 Written</b>
		<b>\$125 Skills (Paramedic only)</b>
	<b>TDSHS</b>	<b>\$64 for EMT</b>
		<b>\$96 - \$126 for Paramedic (Certified vs. Licensed)</b>
		<b>\$40 - \$50 for Fingerprinting (both levels, but only once)</b>

# **List of Required Documents for Student's File – Student Copy**

Student Name:

Course:

SEM/YR:

REQUIREMENTS	DATE Due	COMPLETED?		
		Y	N	N/A
Program Application				
Conference w/ Director				
Copy of DL or an Official Government ID				
Copy of High School Transcript or GED				
Copy of ALL College Transcripts (if applicable)				
Copy of In-Date CPR- AHA BLS Level Card (must be valid)				
Copy of Registry/Tx. EMT Certs.				
Copy of other Healthcare Provider Certifications				
Program Information Sheet				
Signed Acknowledgement of Policies and Procedures (Course)				
Signed Acknowledgement of Policies and Procedures (Clinical)				
Signed Confidentiality Agreement				
Signed & Notarized Wavier of Liability				
Signed Social Media Policy				
Consent for Photo / AV Release				
CastleBranch Certified Background Report				
Signed Drug Screening Agreement				
Drug Screening Results				
Hepatitis A (series of 2 within 5 yr. time frame)				
Hepatitis B (series of 3 within 6 mo. time frame)				
Varicella (or proof of previous infection)				
MMR (should have at least 2 OR Positive Titer)				
Diphtheria/Tetanus/Pertussis (current w/in 10 yrs)				
Tuberculosis Test Results (done yearly)				
Meningitis (current or waiver on file)				
Flu (current or waiver on file & Restrictions - annual)				
Pneumococcal (currently optional – but annual)				
FEMA Courses: 100, 200, 700, 800				
Student Program ID				
Student Personal Memos & Incident Reports				
Student Performance Appraisals & Academic Advisements				
Commendations or Awards				
Copy of Course Completion Document				
Original Grade sheet with Final Average (for student, not file)				
Original Graded Quizzes, Exams/Scantrons, Final Exam				
Original Completed Skills Testing Sheets				
Clinical Verification Cover Sheet – Filled/Signed (Basics)				
Original Clinical & Field Forms and Evaluations				
Original Research Papers and Projects				
Other:				

**\*\*\*All Required Documents must be COMPLETE & ORGANIZED in the Student's file before ANY course completion document will be issued.\*\*\***

# NTCC EMS Program

## Student Information Sheet

### **PERSONAL HISTORY**

Full Name \_\_\_\_\_ Age \_\_\_\_\_  
Nickname or Name Preferred Called By \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_  
Email Address \_\_\_\_\_  
If we try to contact you, list the order of contact preference (#1, #2, #3, etc):  
Cell Phone (voice contact) \_\_\_\_\_ Cell Phone (texting) \_\_\_\_\_  
Email \_\_\_\_\_ Home Phone \_\_\_\_\_  
Other \_\_\_\_\_ (describe: \_\_\_\_\_)  
Marital Status (circle current):    Single    Married    Divorced    Widowed  
If married, Spouse's Name \_\_\_\_\_  
# Children Under 18 \_\_\_\_\_ # Children Over 18 \_\_\_\_\_ # Children At Home \_\_\_\_\_  
Allergies \_\_\_\_\_  
ANY Medical or Learning Condition that we should be aware of? YES / NO    If yes, please describe:  
\_\_\_\_\_

### **EDUCATION HISTORY**

Highest Level of Formal Education Achieved (circle one)  
GED    HS Diploma    Associate Degree    Bachelor's Degree    Master's Degree or Higher  
What YEAR was the highest level of education achieved? \_\_\_\_\_  
What was the field of study in the degree earned? \_\_\_\_\_  
Have you obtained Vocational Training? YES / NO    If so, what field(s): \_\_\_\_\_  
What kind of coursework have you taken here at NTCC? \_\_\_\_\_  
Are you interested in a degree program? YES / NO    If so, what field(s): \_\_\_\_\_

### **WORK HISTORY**

Are you currently employed? YES / NO    Full Time / Part Time / PRN / N/A  
If you are employed, name of Employer \_\_\_\_\_  
General Hours/Days Work \_\_\_\_\_  
Type of Work You Do \_\_\_\_\_

### **MISCELLANEOUS HISTORY**

Describe any experience with EMS (volunteer or paid) \_\_\_\_\_  
Hobbies \_\_\_\_\_  
Favorite Snack Foods \_\_\_\_\_ Favorite Beverage \_\_\_\_\_  
Favorite Sports \_\_\_\_\_ Favorite Pastime \_\_\_\_\_

# **ACKNOWLEDGMENT OF NTCC-EMS GENERAL PROGRAM POLICIES AND POCEDURES**

**This is to affirm that each student has received an orientation to the policies and procedures, and they have read and understand all facets therein. The following confirms this understanding:**

**I \_\_\_\_\_, have received the official  
(Print Student's Name)**

**NTCC-EMS policy and procedure manual, orientation, have been instructed completely of its contents, and have read and fully understand the outlined policies and procedures for the Northeast Texas Community College EMS Program. Furthermore, I agree to fully abide by these policies and procedures. I further understand that ANY non-compliance to items discussed within the General Policy & Procedure Manual, are subject to various levels of disciplinary action up to and including dismissal from the program.**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Student's EMS Instructor (print)**

\_\_\_\_\_  
**NTCC EMS Director (print)**

\_\_\_\_\_  
**Instructor Signature**

\_\_\_\_\_  
**Date**

## **Northeast Texas Community College - Emergency Medical Services CONFIDENTIALITY AGREEMENT**

I understand that as a student in the NTCC EMS Program, I have an opportunity to observe and participate in the classroom clinical environment, and to be involved in patient care.

I understand that I have a legal and ethical responsibility to maintain the privacy, to protect the patient confidentiality, and to safeguard the personal health information of all patients.

In addition, I understand that during the course of my internship in the classroom and clinical areas, I may see and/or hear confidential information such as operational or individual information that clinical affiliate is obligated to maintain as confidential.

As a condition of my internship with the NTCC EMS Program clinical affiliates, I understand that I must sign and comply fully with this agreement.

**By signing this document I understand and agree that:**

I will disclose patient care information and/or confidential information only if such disclosure complies with the clinical policies, and is required for the performance of my clinical competencies;

I will not access or view any information other than what is required to complete my clinical competencies;

If I have any question about whether access to certain information is required for me to complete my clinical competencies, I will immediately ask my Preceptor or Instructor for clarification;

I will not discuss any information pertaining to confidential information in an area where unauthorized individuals may hear such information (for example, in hallways, in the station, or public);

I understand that it is not acceptable to discuss any patient care information in public areas even if specifics such as a name are not used;

I will not inquire about or facilitate the relay of any confidential information for any individual or party who does not have proper authorization to access such information; and

I will not make any unauthorized transmissions, copies, disclosures, inquiries, modifications, or purging of patient information or confidential information. Such unauthorized transmissions include, but are not limited to removing and/or transferring confidential information from the clinical affiliate area.

I understand that violation of any part this Agreement may result in disciplinary action, up to and including removal from the Program; and/or potential personal civil and criminal legal penalties in accordance with the patient confidentiality rules contained in the Health Information Portability Accountability Act (HIPAA) of 1996.

I have read the above agreement and FULLY AGREE to comply with **ALL** its terms as a condition of internship in the NTCC EMS Program.

\_\_\_\_\_  
**Signature of Student**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name of Student**

\_\_\_\_\_  
**Printed Name of Course Instructor**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Course Instructor**

\_\_\_\_\_  
**Printed Name of Program Director**

# WAIVER OF LIABILITY

STATE OF TEXAS

Titus County

Know all men by these presents that I, the undersigned, a private person, for and in consideration of the privilege of participating in any event sponsored and sanctioned by Northeast Texas Community College., and in recognition that such participation involves certain inherent dangers, do hereby agree to assume the recognized risk to such participation, to include but not limited to, personal injury and even death, and do hereby release the Northeast Texas Community College , its administrators, agents, and employees in both their public and private capacity from any and all liabilities, claims, suits, demands, or causes of action which may arise from my participation as aforementioned.

This release shall also be binding upon my successors and/or heirs.

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_  
(do NOT sign until in the presence of a Notary & MUST present picture ID)

Subscribed and swore to me before me, the undersigned authority, on this  
\_\_\_\_\_ day of \_\_\_\_\_, A.D. 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for Titus County, Texas

# **Social Media Policy**

## **GENERAL INFORMATION:**

Distribution of sensitive and confidential information is protected under Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Family Education Rights and Privacy Act (FERPA) whether discussed through traditional communication channels or through social media. Social media are defined as mechanisms for communication designed to be circulated through social interaction which is created using highly accessible publishing techniques. Social media is commonly thought of as a group of Internet-based applications that are built on the ideological and technological foundations of the web that allows the creation and exchange of user-generated content. Examples of social media formats include BUT ARE NOT LIMITED TO LinkedIn, Wikipedia, Second Life, Flickr, blogs, podcasts, RSS feeds, Allnurses.com, Twitter, Facebook, YouTube, and Vine.

Social media often spans traditional boundaries between professional and personal relationships and requires additional awareness to make sure that personal, professional, and college reputations are protected. When publishing information on social media sites, you must remain cognizant that this information may become public for anyone to see and can be traced back to you as the author. This form of two-way communications provides little control about how your posting will be used by others. As such, the student **MUST ALWAYS** be cognizant that private social media sites do not exist. Search engines can turn up posts years after the publication date. Comments can be forwarded or copied. Archival systems save information, including deleted postings. If you feel angry or passionate about a subject, it's wise to delay posting until you are calm and clearheaded. Do not use ethnic slurs, personal insults, obscenity, pornographic images, or engage in any conduct that would not be acceptable in the professional workplace. Think twice before posting. If you have a question or feel the slightest bit uncertain about a post or a comment you are about to publish, it is in your best interest to review the suggestions in this policy and to seek guidance from EMS faculty **PRIOR TO** any posting.

If you in any form/fashion identify yourself as a student of Northeast Texas Community College and/or of the EMS Department through postings, personal web pages, social media accounts, etc., you **MUST** ensure that the content you publish and/or acknowledge, be it personal or school related, is consistent with your professional ethics and is compliant to all confidentiality and privacy laws. This means you **CANNOT** post **ANY** information that could give even the ordinary person out there a means to be able to identify any patient you have on any rotation. You should always consider the legal liability of each post you make and the posts that are made on your site as well as on the sites of others. A good rule to follow is that if you would not shout out what you are about to post in a room of television cameras, litigation attorneys, and criminals, then just **DON'T POST**.

As an EMS student, you must always be aware that you are building a reputation while preparing for a profession of public service. The public, along with your future employers, expect high standards of professional behavior. Your reputation and character can easily be revealed through social media. Employers consistently conduct Web searches on job candidates before extending offers. Be sure that what you post today will not come back to haunt you. A great suggestion is to regulate your social accounts with "Approval before Posting" reviews/commands to make sure that you are compliant with all current confidentiality, privacy, obscenity, laws etc., and to delete comments and to block any individuals who repeatedly post offensive or frivolous comments.

## **POLICY:**

HIPPA guidelines **MUST** be followed **AT ALL TIMES**. ANY identifiable information concerning clients/patients and/or clinical rotations **MUST NOT** be posted in any online forum or webpage. **ZERO-TOLERANCE** applies to anyone posting comments that violate HIPPA guidelines or this policy. **ANY INFRACTION** of this Social Media Policy can result in the immediate dismissal from the EMS Program.

As an EMS Program Student, it is your responsibility to:



1. NOT to use any personal electronic devices while on any clinical rotations EXCEPT to temporarily use the device for reference needs. As such, the device will be in SILENT mode and ONLY be used for a maximum of a few minutes. Any phone use during break MUST be kept to a MINIMUM and CANNOT be on ANY social network.
2. Protect confidential, sensitive, and proprietary information: do not post confidential or proprietary information about the college, clinical EMS staff, students and peers, clinical facilities, clients/patients, or others you may come in contact with while in the role of Northeast Texas Community College EMS student on a clinical rotation.
3. Protect all private and confidential information related to you and to others. Be responsible for what you post and protect yourself and others.
4. Be aware that you are associated with Northeast Texas Community College and the EMS Department when engaging in online social networks. Regardless of how you identify yourself, be it personal or as a student, ensure that your profile and related content is consistent with how you wish to present yourself to colleagues, clients/patients, and potential employers.
5. Identify your views as your own. When posting your point of view, you should neither claim nor imply that you are speaking on Northeast Texas Community College's behalf, unless you are authorized to do so in writing.
6. Respect copyright and fair use. When posting, be mindful of the copyright and intellectual property rights of others and of the college.
7. Refrain from using Northeast Texas Community College or the EMS Department marks, such as logos and graphics, on personal social media sites. Do not use Northeast Texas Community College's name to promote a product, a cause, or a political party or candidate. Use of the EMS Department logos and/or graphics for School sanctioned events (posters, fliers, postings, or others) must be approved by the EMS Program Director.
8. Comply with the expectations for all electronic devices (such as PDAs, Notebooks, Tablets, and Smartphones) that are employed for/during a clinical activity (such as for a drug reference). If a PDA is combined with a cell phone, cell phone aspect of the device must be silenced. Use of ANY electronic devices must be authorized and approved/disapproved by EMS faculty PRIOR TO the beginning of the use and/or clinical.
9. Restrict the use of computers and electronic devices during class to note taking and approved classroom activities. Other methods of usage are not only distracting to yourself, but to the student within your immediate area.

## CONSEQUENCES:

Violations of ANY client/patient privacy with an electronic device will be subject to HIPAA procedures and guidelines and are subject to both criminal and civil prosecutions. Consequences to the student can and will most likely result in termination from the EMS Department of Northeast Texas Community College.

Each student is **LEGALLY RESPONSIBLE** for individual postings and may be subject to liability if individual postings are found defamatory, harassing, or in violation of any other applicable law. Students may also be liable if individual postings include confidential or copyrighted information from music, videos, text, and any other media.

Students who share confidential or unprofessional information do so at the risk of disciplinary action including failure in a course and/or dismissal from the program.

## SIGNATURE OF SOCIAL MEDIA POLICY COMPLIANCE

I have fully read and understand the Social Media Policy presented to me by the Northeast Texas Community College EMS Program. I understand and accept without grievance ANY disciplinary action posted to me for any infraction of the policy's guidelines.

**PRINT NAME**

**SIGNATURE**

\_\_\_\_\_

\_\_\_\_\_

**Date:** \_\_\_\_\_

**Witnessed & Verified by (can be classmates):**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)



## ***CONSENT FOR PHOTO/AV RELEASE***

I hereby give Northeast Texas Community College and its affiliated EMS Program, their successors and assigns and those acting under their permission or upon their authority or those by whom they are commissioned, the unqualified right and permission to video and/or photograph my performance during EMS Program activities. These photographs could be used educational, EMS program marketing, or EMS program student functions and that a Confidentiality Agreement will be signed by other fellow learners as well as all faculty to protect my privacy and discourage inappropriate distribution of any photos I am involved in. I furthermore give permission to reproduce, copyright, publish, circulate or otherwise use any such photographs and/or videos of me or comments from me, alone or in conjunction with other persons or characters real or imaginary, in any media of advising, publicity or trade in any part of the world for an unlimited period, and I hereby waive the opportunity or right to inspect or approve the finished text or photograph or the use to which it may be put or the advertising copy or photograph caused by optical illusion, distortion, alteration or made by retouching or by using parts of several photographs or by any other method.

I hereby assign and transfer to *Northeast Texas Community College* all my rights, title and interest in and to all negatives, prints and reproductions thereof; and I hereby warrant and state that I have not limited, restricted or excepted to the use of my quotes or photograph with any organization or person; and do hereby release the said *Community College* and their successors and assigns of and from any and all rights, claims, demands, actions or suite which I may or can have against them on account of the use of publication of said photographs or text and release and hold harmless Northeast Texas Community College and any of its affiliates from any and all liability arising from any photographed/videoed sessions in question and any subsequent broadcasting or publication thereof. I hereby I further relinquish any/all expectations of remuneration.

I further attest that I am 18 years of age or older and freely & legally capable of signing this document.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Witness to Signature \_\_\_\_\_

Witness Printed Name \_\_\_\_\_

Witness Relation to Student \_\_\_\_\_

## **Northeast Texas Community College – EMS Education Drug Screening Authorization**

I hereby agree, upon a request made under the drug/alcohol testing policy of Northeast Texas Community College EMS Education Program to submit to a drug or alcohol test and to furnish a sample of my urine for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate removal from the clinical site and most likely dismissal from the program.

I further authorize and give full permission to have Titus Regional Medical Center send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Northeast Texas Community College EMS Program Director.

I understand that only duly-authorized Titus Regional Medical Center and Northeast Texas Community College officers, employees, and agents will: 1) have access to information furnished or obtained in connection with the test; 2) that they will maintain and protect the confidentiality of such information to the greatest extent possible; 3) and that they will share such information only to the extent necessary to make clinical readiness decisions.

I will COMPLETELY hold harmless Titus Regional Medical Center and Northeast Texas Community College, its company physician, and any testing laboratory that might used, meaning that I will not sue nor hold responsible such parties for any alleged harm to me that might result from such testing, including loss of clinical status as a result of the drug or alcohol test, even if a laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold COMPLETELY harmless the Titus Regional Medical Center and Northeast Texas Community College, its Medical Director, and any testing laboratory that might be used for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

This policy and authorization have been explained to me in a language that I fully understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

**I UNDERSTAND THAT NORTHEAST TEXAS COMMUNITY COLLEGE WILL REQUIRE A DRUG SCREEN AND/OR ALCOHOL TEST UNDER THIS POLICY WHENEVER I AM INVOLVED IN AN ACCIDENT OR INJURY WHILE ON CLINICAL ROTATION, UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLVEMENT OR INFLUENCE OF DRUGS OR ALCOHOL IN THE ACCIDENT OR INJURY EVENT, AND I FULLY AGREE TO SUBMIT TO ANY SUCH TEST.**

---

Signature of Student

---

Date

---

Printed Student's Name

# **Student Notes**

# **APPENDIX**

## **DIRECTIONS FOR CASTLEBRANCH CERTIFIED BACKGROUND CHECKS**

1. Go to [www.castlebranch .com](http://www.castlebranch.com)
2. Enter all required data fields.
3. In the Package Code Box enter: **OH51**
4. Select method of Payment (credit/debit card or money order).
5. Results may take anywhere from 5-10 business days.
6. The student will receive the background check results.
7. The student then needs to MAKE A COPY to bring to class.
8. The Program Director will maintain and protect the confidentiality of such information to the greatest extent possible; and that will share such information only to the extent necessary to make EMS certification qualification decisions.

# How to take a FISDAP Unit Exam

1. Go to **www.fisdap.net** and click on the Member Log In link in the upper right hand corner.
2. Enter your FISDAP username and password.
3. From the My FISDAP page, click on FISDAP Testing (secure) under the Quick Links menu.
4. Click on the course category that corresponds to the exam you are scheduled to take.
5. A page will appear asking whether you wish to enroll yourself in the course. Click "Yes."
6. Click on the name of the exam you are scheduled to take. If this is your second time taking the exam, remember to choose the Reattempt.
7. Click "attempt quiz now." At this point, you will need to enter the password given to you for THAT TEST on THAT DAY by the Instructor.
8. You may now begin answering the multiple choice questions.
9. If you would like to save your work at any time, click "save without submitting." You will still be able to go back and change your answers.
10. When you have completed the test, you must click the "submit all and finish" button located at the bottom of the last page of the exam. **By clicking "submit all and finish," you are indicating that you have finished the entire exam and will NOT be allowed to attempt that SAME test again.** If you do not "submit and finish" the exam before you leave the website, your scores will not be saved.
11. However, you will have 2 attempts on EACH unit test that you submit properly. After completing the first one, simply sign in at another time (no sooner than 24 hours later) and attempt the same test again following the above procedures.

# **Follow These Steps to REGISTER / TAKE the NREMT Exam**

**Follow these easy steps 3 to 4 weeks in advance of when you plan to test. If you need additional assistance, please contact the NREMT at 1-614-888-4484. They're ready to help!**

## **Step 1: Create Your Account**

-- Go to [www.nremt.org](http://www.nremt.org) and click on 'Create New Account'

## **Step 2: Login**

-- After you have completed Step 1, you can return to the home page and login with the username and password you created.

## **Step 3: Manage Your Account Information**

-- 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 driver's license (or the ID you will present at the testing center), and is what will appear on your application, National Registry certificate and card upon successful completion of the examination.

## **Step 4: 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.

## **Step 5: Pay Application 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.

-- To pay at a later date, go to 'Check Application Status' and choose 'Application Payment'.

-- You can pay by credit/debit online or print a money order tracking slip for mailing your money order to the NREMT.



### **Step 6: Check to see if You Are Approved to Take Your Exam**

- When all areas of the application process are completed and have been verified, you will see the following link: 'Print ATT Letter'.
- Monitor the progress of your application and watch for your Authorization to Test (ATT) Letter by going to the NREMT home page and logging in using your username and password.
- Click on 'My Application'.
- Click on 'Check Application Status'.
- If you see 'Submitted' next to the 'Course Completion Verification', this means the NREMT has submitted your information to the program you indicated, and is waiting for authorization from the program indicating that you have completed the course.
- If you see 'Not Submitted' next to the 'Application Payment', you must pay the fee prior to receiving an ATT Letter.
- If you see the link 'Print ATT Letter', click on the link.

### **Step 7: Print the ATT Letter to Schedule Your Exam**

- Scroll down to see if the 'Print ATT Letter' appears.

### **Step 8: Call Pearson VUE to Schedule Your Exam**

- Your ATT Letter will contain the Pearson VUE phone number to call to schedule your examination.
- Your ATT Letter will also include other important information you should read carefully!

## Scenario Score Sheet:

Scenario Name and Category\_\_\_\_\_

Student Name:\_\_\_\_\_ Date:\_\_\_\_\_

Instructor Name\_\_\_\_\_

N/A = Not applicable for this patient

0 = Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent

1 = Successful; competent; no prompting necessary

\_\_\_ **Takes charge. Addresses safety concerns and is safety conscious at all times\***

\_\_\_ Creates, implements and revises an action plan

\_\_\_ Assesses situation and resources and modifies accordingly

\_\_\_ Receives, processes, verifies and prioritizes information

\_\_\_ Performs tasks accurately and in a timely manner

\_\_\_ Utilizes appreciative inquiry

\_\_\_ Uses closed-loop communication

\_\_\_ Reports progress on tasks

\_\_\_ Communicates accurately and concisely while listening and encouraging feedback

\_\_\_ Reconciles incongruent information

\_\_\_ Leaves ego/rank at the door

\_\_\_ Demonstrates confidence, compassion, maturity and command presence

\_\_\_ **Maintains situational awareness\***

\_\_\_ Maintains accountability for team's actions/outcomes

\_\_\_ **Provides appropriate medical care to scenario standard. \***

**TOTAL SCORE = 15      STUDENT SCORE= \_\_\_\_\_**

### **Critical Criteria**

\_\_\_ Failure to recognize life-threatening injuries or illness

\_\_\_ Failure to take or verbalize appropriate PPE precautions

\_\_\_ Failure to address safety concerns

\_\_\_ Failure to provide spinal precautions when indicated

\_\_\_ Failure to assess or appropriately manage problems w/ airway, breathing, oxygenation or ventilation

\_\_\_ Failure to complete management of the patient within the given time limit

\_\_\_ Failure to initiate transport within 10 minutes for trauma patients

\_\_\_ Exhibits unacceptable affect with patient or other personnel

\_\_\_ Uses or orders a dangerous or inappropriate intervention

\_\_\_ Requires excessive prompting or a single critical prompt by team members

\_\_\_ Failure to receive a total score of 11 or greater

\_\_\_ **Failure to complete absolutes\***

\_\_\_ PASS

\_\_\_ FAIL

\_\_\_ RETEST #1

\_\_\_ RETEST #2

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\_\_\_ PASS

\_\_\_ FAIL

\_\_\_ RETEST #1

\_\_\_ RETEST #2

## PATIENT ASSESSMENT VITAL SIGNS

CANDIDATE'S NAME:		DATE:	
___ ECA      ___ EMT      ___ EMTI      ___ EMTP		COURSE #:	
___ INITIAL      ___ RETEST #1      ___ RETEST #2      ___ RENEWAL			
STATION TIME: <b>5 MINUTES</b>	START TIME:	END TIME:	

0      2      **\*1.** Takes or verbalizes body substance isolation precautions

0    1    2      **\*2.** Calculates and reports pulse

Candidate \_\_\_\_\_  
Examiner \_\_\_\_\_  
Difference \_\_\_\_\_

0    1    2      **\*3.** Calculates and reports respiratory rate

Candidate \_\_\_\_\_  
Examiner \_\_\_\_\_  
Difference \_\_\_\_\_

0    1    2      **\*4.** Palpates and reports systolic blood pressure

Candidate \_\_\_\_\_  
Examiner \_\_\_\_\_  
Difference \_\_\_\_\_

0    1    2      **\*5.** Auscultates and reports auscultated blood pressure

**NOTES FROM EXAMINER:**

**Systolic**

Candidate \_\_\_\_\_  
Examiner \_\_\_\_\_  
Difference \_\_\_\_\_

**Diastolic**

Candidate \_\_\_\_\_  
Examiner \_\_\_\_\_  
Difference \_\_\_\_\_

### CRITICAL CRITERIA

Did not take or verbalize body substance isolation precautions = 0  
Pulse difference greater than 6 but less than 11; No quality/regularity = 1 / Pulse difference 11+ = 0  
Resp. difference greater than 4 but less than 6; No quality/regularity = 1 / Resp. difference 7+ = 0  
Systolic difference greater than 6 but less than 11 = 1 / Systolic difference 11+ = 0  
Diastolic difference greater than 6 but less than 11 = 1 / Diastolic difference 11+ = 0

_____ Candidate's Total Points (Minimum passing total: <b>8 points</b> )	
Absolutes satisfied: _____ Yes    _____ No <b>(Candidate MUST have at least one point for each step marked with an *)</b>	_____ Pass _____ Fail
Examiner Print Name:	Signature:

## OXYGEN ADMINISTRATION

CANDIDATE'S NAME:		DATE:
<input type="checkbox"/> ECA <input type="checkbox"/> EMT <input type="checkbox"/> EMTI <input type="checkbox"/> EMTP		COURSE #:
<input type="checkbox"/> INITIAL	<input type="checkbox"/> RETEST #1	<input type="checkbox"/> RETEST #2 <input type="checkbox"/> RENEWAL
STATION TIME: <b>5 MINUTES</b>	START TIME:	END TIME:

- |   |   |   |  |
|---|---|---|--|
| 0 | 2 |   | *1. Takes or verbalizes body substance isolation precautions                     |
| 0 | 1 | 2 | 2. Identifies criteria for O2 tank (3 methods)                                   |
| 0 | 1 | 2 | 3. Opens tank & checks for O-ring on regulator                                   |
| 0 | 1 | 2 | *4. Assembles regulator to tank / Checks for leaks                               |
| 0 | 2 |   | 5. Checks tank pressure  |
| 0 | 2 |   | *6. Adjusts liter flow to 15 L/min (or flow designated by Examiner)              |
| 0 | 1 | 2 | 7. Attaches nonrebreather mask to tank / Prefills reservoir                      |
| 0 | 1 | 2 | 8. Applies and adjusts mask to the patient's face                                |
| 0 | 1 | 2 | 9. After orders, removes nonrebreather mask & attaches nasal cannula to oxygen   |
| 0 | 2 |   | *10. Adjusts liter flow between 2-6 L/min  |
| 0 | 2 |   | 11. Applies nasal cannula to the patient AFTER liter flow adjustment             |
| 0 | 2 |   | 12. After advised "Tank running out of Oxygen" Student removes the nasal cannula |
| 0 | 2 |   | 13. Shuts off the regulator  |
| 0 | 1 | 2 | 14. Relieves the pressure within the regulator PRIOR TO taking of regulator      |

### NOTES FROM EXAMINER:

### CRITICAL CRITERIA

Did not take or verbalize body substance isolation precautions = 0

Did not check for O-ring = 1 / Did not correct leakage by shutting down tank immediately = 0

Did not adjust the device to the correct liter flow for the non-rebreather mask (15 L/min or designated flow) = 0

Did not fully prefill the reservoir bag = 1 / Did not prefill reservoir bag at all = 0 / Did not adjust face mask when applied = 1

Did not adjust the device to the correct liter flow for the nasal cannula (between 2-6 L/min) = 0

Did not relieve pressure in regulator before removal = 1

<input type="text"/> Candidate's Total Points (Minimum passing total: <b>22 points</b> )	
Absolutes satisfied: <input type="text"/> Yes <input type="text"/> No <b>(Candidate MUST have at least one point for each step marked with an *)</b>	<input type="text"/> Pass <input type="text"/> Fail
Examiner Print Name:	Signature:



## AIRWAY MAINTENANCE -- OROPHARYNGEAL AIRWAY

CANDIDATE'S NAME:		DATE:	
___ ECA      ___ EMT      ___ EMTI      ___ EMTP		COURSE #:	
___ INITIAL		___ RETEST #1      ___ RETEST #2      ___ RENEWAL	
STATION TIME: <b>2 MINUTES EACH</b>		START TIME:      END TIME:	

- |  |        |   |
|--|--------|---|
| 0  | 2      | *1. Takes or verbalizes body substance isolation precautions                |
| 0  | 1    2 | *2. Measures and selects appropriate size airway                            |
| 0  | 1    2 | 3. Uses appropriate technique to open mouth while monitoring safety         |
| 0  | 2      | 4. Inserts airway WITHOUT pushing the tongue posteriorly                    |
| <b>NOTE: The examiner must advise the candidate when the patient begins to gag</b> |        |   |
| 0  | 1    2 | 5. Removes oropharyngeal airway and turns patient's head (or body on board) |

TOTAL: \_\_\_\_\_ MINIMUM POINTS: 7

## AIRWAY MAINTENANCE -- SUCTIONING

**NOTE: The examiner must advise the candidate to suction the patient's oropharynx/nasopharynx**

- |   |        |  |
|---|--------|--|
| 0 | 1    2 | 1. Turns on/prepares suction device  |
| 0 | 1    2 | 2. Assures presence of mechanical suction (but does NOT contaminate to check)          |
| 0 | 1    2 | 3. Inserts suction tip without suction appropriate distance (repeats at least 3 times) |
| 0 | 1    2 | 4. Applies suction to the oropharynx/nasopharynx < 15 seconds                          |

TOTAL: \_\_\_\_\_ MINIMUM POINTS: 6

## AIRWAY MAINTENANCE -- NASOPHARYNGEAL AIRWAY

**NOTE: The examiner must advise the candidate the patient now requires a nasopharyngeal airway**

- |   |        |   |
|---|--------|---|
| 0 | 1    2 | *1. Measures and selects appropriate size airway with minimal contamination |
| 0 | 2      | 2. Verbalizes lubrication of the nasal airway                               |
| 0 | 1    2 | 3. Fully inserts the airway w/ bevel facing toward septum; not forceful     |

TOTAL: \_\_\_\_\_ MINIMUM POINTS: 4

**NOTES FROM EXAMINER:**

### CRITICAL CRITERIA

Did not take or verbalize body substance isolation precautions = 0

Chose airway 1 size larger or smaller than correct one = 1 / Contaminated airway excessively during selection/insertion = 1

Does not use proper suctioning technique = 1 / Causes undue contamination during procedure should reduce grade 1 point

Candidate's Total Points (Minimum passing total: <b>17 points</b> )	
Absolutes satisfied: ___ Yes    ___ No (Candidate MUST have at least one point for each step marked with an *)	___ Pass ___ Fail
Examiner Print Name:	Signature:

## MOUTH-TO-MASK WITH SUPPLEMENTAL OXYGEN

CANDIDATE'S NAME:		DATE:
<input type="checkbox"/> ECA <input type="checkbox"/> EMT <input type="checkbox"/> EMTI <input type="checkbox"/> EMTP		COURSE #:
<input type="checkbox"/> INITIAL <input type="checkbox"/> RETEST #1 <input type="checkbox"/> RETEST #2 <input type="checkbox"/> RENEWAL		
STATION TIME: <b>4 MINUTES</b>	START TIME:	END TIME:

- |   |          |   |
|---|----------|---|
| 0 | 2        | *1. Takes or verbalizes body substance isolation precautions  |
| 0 | 1      2 | 2. Connects one-way valve to mask   |
| 0 | 2        | *3. Opens airway (manually or with adjunct)   |
| 0 | 1      2 | 4. Establishes and maintains a proper mask to face seal   |
| 0 | 1      2 | *5. Ventilates the patient at the proper volume and rate<br>(800-1200 ml per breath / 10-20 breaths per minute) |
| 0 | 2        | 6. Connects mask to high concentration oxygen   |
| 0 | 2        | *7. Adjusts flow rate to greater than 15 L/min or greater   |
| 0 | 1      2 | 8. Continues ventilation at proper volume and rate<br>(800-1200 ml per breath/10-20 breaths per minute)         |

***NOTE: the examiner must witness ventilations for at least 30 seconds***

### NOTES FROM EXAMINER:

### CRITICAL CRITERIA

Did not take or verbalize body substance isolation precautions == 0  
 Did not open the airway or assure that it was opened = 0  
 Did not adjust liter flow to 15 L/min or greater = 0  
 Did not provide proper volume per breath = 1  
     *(more than 2 ventilations per minute are below 800 ml)*  
 Did not ventilate the patient at 10-20 breaths per minute = 1

<input type="text"/> Candidate's Total Points (Minimum passing total: <b>11 points</b> )	
Absolutes satisfied: <input type="checkbox"/> Yes <input type="checkbox"/> No <b>(Candidate MUST have at least one point for each step marked with an *)</b>	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Examiner Print Name:	Signature:

## BAG-VALVE-MASK WITH SUPPLEMENTAL OXYGEN

CANDIDATE'S NAME:		DATE:	
<input type="checkbox"/> ECA <input type="checkbox"/> EMT <input type="checkbox"/> EMTI <input type="checkbox"/> EMTP		COURSE #:	
<input type="checkbox"/> INITIAL		<input type="checkbox"/> RETEST #1	
<input type="checkbox"/> RETEST #2		<input type="checkbox"/> RENEWAL	
STATION TIME: <b>4 MINUTES</b>		START TIME:	
		END TIME:	

- |   |   |   |   |
|---|---|---|---|
| 0 | 2 |   | *1. Takes or verbalizes body substance isolation precautions  |
| 0 | 1 | 2 | *2. Positions mask properly and opens airway  |
| 0 | 1 | 2 | 3. Maintains adequate seal around mouth and nose  |
| 0 | 1 | 2 | *4. Begins effective ventilations (chest or lung inflation) within 30 seconds of beginning of station time                              |
| 0 | 1 | 2 | *5. Performs effective ventilations for one (1) minute at a rate of 10-20 ventilations per minute                                       |
| 0 | 2 |   | 6. Connects BVM to oxygen source and adjusts liter flow   |
| 0 | 2 |   | *7. Resumes ventilations within 15 seconds and continues effective ventilations for 30 seconds at rate of 10-20 ventilations per minute |

***NOTE: the examiner must witness ventilations for at least 30 seconds***

### NOTES FROM EXAMINER:

### CRITICAL CRITERIA

Did not take or verbalize body substance isolation precautions = 0  
 Did not open the airway or assure that it was opened = 0  
 Did not adjust liter flow to 15 L/min or greater = 0  
 Did not provide proper volume per breath = 1  
*(more than 2 ventilations per minute are below 800 ml)*  
 Did not ventilate the patient at 10-20 breaths per minute = 1

<input type="text"/> Candidate's Total Points (minimum passing total: <b>12 points</b> )	
Absolutes satisfied: <input type="checkbox"/> Yes <input type="checkbox"/> No <b>(Candidate MUST have at least one point for each step marked with an *)</b>	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Examiner Print Name:	Signature:

# BRONCHODILATOR ADMINISTRATION-HANDHELD METERED-DOSE INHALER

CANDIDATE'S NAME:	DATE:
___ ECA      ___ EMT      ___ EMTI      ___ EMTP	COURSE #:
___ INITIAL      ___ RETEST #1      ___ RETEST #2      ___ RENEWAL	
STATION TIME: <b>5 MINUTES</b>	START TIME:      END TIME:

- |   |   |      |  |
|---|---|------|--|
| 0 | 2 | *1.  | Takes or verbalizes body substance isolation precautions   |
| 0 | 2 | *2.  | Avoids contamination of equipment /replaces contaminated equipment prior to use.                                   |
| 0 | 2 | *3.  | Confirms order (medication, dosage and route)  |
| 0 | 1 | 2    | *4. Informs patient of order for medication and inquires about allergies and recent doses of other bronchodilators |
| 0 | 2 | *5.  | Selects correct medication from drug box as requested by Examiner  |
| 0 | 2 | *6.  | Verbalizes check of medication for contamination and expiration date   |
| 0 | 2 | *7.  | Shakes the inhaler   |
| 0 | 1 | 2    | 8. Attaches spacer to inhaler, if ordered ( <b>automatic 1 if not ordered</b> )                                    |
| 0 | 2 |      | 9. Verbalizes recheck of the medication label  |
| 0 | 2 |      | 10. Removes non-rebreather mask from patient   |
| 0 | 2 |      | 11. Verbalizes recheck of the medication label   |
| 0 | 2 | *12. | Performs steps 1-11 prior to step 12 and performs at least one (1) recheck of label                                |
| 0 | 2 |      | 13. Instructs patient to exhale deeply   |
| 0 | 2 | *14. | Instructs patient to put the mouthpiece in mouth and make a seal with lips   |
| 0 | 2 | *15. | Instructs patient to depress the inhaler canister while inhaling and then hold breath as long as comfortable       |
| 0 | 2 | *16. | Replaces non-rebreather mask on patient  |

## CRITICAL CRITERIA

Did not take or verbalize body substance isolation precautions = 0  
 Did not confirm all of order (3 parts) = 0 / Did not select correct medication = 0  
 Did not inform patient of order = 1; Did not inquire about allergies = 1  
 Did not check medication for contamination AND expiration = 0 / Did not do at least 1 re-check = 0  
 Did not shake inhaler / Did not give adequate instructions about how to self-administer / Did not put O2 back on patient = 0

_____ Candidate's Total Points (Minimum passing total: <b>28 points</b> )	
Absolutes satisfied: _____ Yes    _____ No <b>(Candidate MUST have at least one point for each step marked with an *)</b>	_____ Pass _____ Fail
Examiner Print Name:	Signature:

## BRONCHODILATOR ADMINISTRATION-SMALL VOLUME NEBULIZER

CANDIDATE'S NAME:	DATE:
___ ECA      ___ EMT      ___ EMTI      ___ EMTP	COURSE #:
___ INITIAL      ___ RETEST #1      ___ RETEST #2      ___ RENEWAL	
STATION TIME: <b>5 MINUTES</b>	START TIME:      END TIME:

- |   |   |      |   |
|---|---|------|---|
| 0 | 2 | *1.  | Takes or verbalizes body substance isolation precautions  |
| 0 | 2 | *2.  | Avoids contamination of equipment or replaces contaminated equipment prior to use.                                    |
| 0 | 2 | *3.  | Confirms order (medication, dosage and route)   |
| 0 | 1 | 2    | *4. Informs patient of order for medication and inquires about allergies and recent doses of other bronchodilators    |
| 0 | 2 | *5.  | Selects correct medication from drug box as requested by Examiner   |
| 0 | 2 | *6.  | Verbalizes check of medication for contamination and expiration date  |
| 0 | 2 | *7.  | Adds appropriate volume of medication to the nebulizer  |
| 0 | 2 | *8.  | Assembles nebulizer according to the manufacturer's standard (or local protocol) and connects to oxygen regulator     |
| 0 | 2 | 9.   | Verbalizes recheck of the medication label  |
| 0 | 1 | 2    | *10. Adjusts oxygen liter flow as ordered and allows mist to fill breathing tube or mask prior to applying to patient |
| 0 | 2 | 11.  | Verbalizes recheck of the medication label  |
| 0 | 2 | *12. | Performs steps 1-11 prior to step 12 and performs at least one (1) recheck of the label                               |
| 0 | 2 | *13. | Removes non-rebreather mask and positions nebulizer device on patient   |
| 0 | 2 | 14.  | Instructs the patient how to breathe through device given   |

### CRITICAL CRITERIA

Did not take or verbalize body substance isolation precautions = 0  
 Did not confirm all of order (3 parts) / Did not select correct medication = 0  
 Did not inform patient of order = 1; Did not inquire about allergies = 1  
 Did not check medication for contamination AND expiration = 0 / Did not do at least 1 re-check = 0  
 Adjusted oxygen 3 Lpm or less difference than ordered = 1; Adjusted oxygen 4 Lpm or greater than ordered = 0  
 Did not give adequate instructions after placement of nebulizer on patient = 0

_____ Candidate's Total Points (Minimum passing total: <b>20 points</b> )	
Absolutes satisfied: _____ Yes    _____ No <b>(Candidate MUST have at least one point for each step marked with an *)</b>	_____ Pass _____ Fail
Examiner Print Name:	Signature:

# EPINEPHRINE AUTO INJECTOR

CANDIDATE'S NAME:	DATE:
__ ECA      __ EMT      __ EMTI      __ EMTTP	COURSE #:
__ INITIAL      __ RETEST #1      __ RETEST #2      __ RENEWAL	
STATION TIME: <b>5 MINUTES</b>	START TIME:      END TIME:

- |   |     |      |  |
|---|-----|------|--|
| 0 | 2   | *1.  | Takes or verbalizes body substance isolation precautions   |
| 0 | 2   | *2.  | Avoids contamination of equipment or replaces contaminated equipment prior to use.                                   |
| 0 | 2   | *3.  | Confirms order (medication, dosage and route)  |
| 0 | 1 2 | *4.  | Informs patient of order for medication and inquires about allergies   |
| 0 | 2   | *5.  | Selects correct medication from drug box as requested by Examiner  |
| 0 | 2   | *6.  | Verbalizes check of medication for contamination and expiration date   |
| 0 | 1 2 | *7.  | Selects appropriate site and identifies it by pointing to (touching) the site ON SELF                                |
| 0 | 2   | 8.   | Verbalizes recheck of the medication label   |
| 0 | 1 2 | 9.   | Prepares the injection site  |
| 0 | 2   | 10.  | Verbalizes recheck of the medication label   |
| 0 | 2   | *11. | Removes safety cap from the injector   |
| 0 | 2   | *12. | Performs steps 1-10 prior to step 12 and performs at least one (1) recheck of the label                              |
| 0 | 2   | *13. | Places the tip of auto-injector against the injection site and pushes the injector firmly against the injection site |
| 0 | 2   | *14. | Holds auto-injector against the site for 10 seconds  |
| 0 | 2   | 15.  | Removes auto-injector and applies pressure   |
| 0 | 2   | *16. | Disposes of contaminated equipment   |

## CRITICAL CRITERIA

Did not take or verbalize body substance isolation precautions = 0  
 Did not confirm all of order (3 parts) = 0; Did not select correct medication = 0  
 Did not inform patient of order = 1; Did not inquire about allergies = 1  
 Did not check medication for contamination AND expiration = 0 / Did not do at least 1 re-check = 0  
 Did not give directions pointing to SELF = 0; Gave injection in opposite leg than pointed to on self = 1  
 Did less than adequate job in prepping injection site = 1; Did not remove "safety" cap = 0  
 Did not hold injector firmly; Did not hold for 10 seconds; Did not dispose in PROPER container = 0

_____ Candidate's Total Points (Minimum passing total: <b>26 points</b> )	
Absolutes satisfied: _____ Yes    _____ No <b>(Candidate MUST have at least one point for each step marked with an *)</b>	_____ Pass _____ Fail
Examiner Print Name:	Signature:

# BANDAGING

[STATION TIME: 10 MINUTES]

CANDIDATE'S NAME:		DATE:
<input type="checkbox"/> ECA <input type="checkbox"/> EMT <input type="checkbox"/> EMTI <input type="checkbox"/> EMTP		COURSE #:
<input type="checkbox"/> INITIAL <input type="checkbox"/> RETEST #1 <input type="checkbox"/> RETEST #2 <input type="checkbox"/> RENEWAL		
INJURY:	START TIME:	END TIME:

- |   |   |   |  |
|---|---|---|--|
| 0 | 2 |   | *1. Takes or verbalizes body substance isolation precautions   |
| 0 | 2 |   | *2. Checks circulation (pulse or capillary refill), motor function and sensation distal to injury before bandaging |
| 0 | 2 |   | 3. Covers injury completely with clean dressing(s) demonstrating aseptic technique                                 |
| 0 | 1 | 2 | *4. Secures dressing using appropriate pressure with no excessive movement   |
| 0 | 1 | 2 | *5. Uses bandaging technique appropriate to injury   |
| 0 | 2 |   | *6. Checks circulation (pulse or capillary refill), motor function and sensation distal to injury after bandaging  |

## NOTES FROM EXAMINER:

## CRITICAL CRITERIA

Did not take or verbalize body substance isolation precautions = 0

Did not confirm pulse, motor, or sensory (MUST be ALL three) = 0

Created some movement of bandaging material, but not agitating = 1 / Created excessive bandage material movement = 0

Used bandaging technique NOT LIKELY to create agitation or further injury = 1 / Used technique NOT LIKELY to accomplish bandaging goal of bleeding control, minimize contamination, and not create further complications = 0

Did not confirm pulse, motor, or sensory AFTER skill complete (MUST be ALL three) = 0

_____ Candidate's Total Points (Minimum passing total: <b>9 points</b> )	
Absolutes satisfied: _____ Yes    _____ No <b>(Candidate MUST have at least one point for each step marked with an *)</b>	_____ Pass _____ Fail
Examiner Print Name:	Signature:

## BLEEDING CONTROL / SHOCK MANAGEMENT

CANDIDATE'S NAME:		DATE:	
<input type="checkbox"/> ECA <input type="checkbox"/> EMT <input type="checkbox"/> EMTI <input type="checkbox"/> EMTP		COURSE #:	
<input type="checkbox"/> INITIAL		<input type="checkbox"/> RETEST #1	
<input type="checkbox"/> RETEST #2		<input type="checkbox"/> RENEWAL	
STATION TIME: <b>5 MINUTES</b>		START TIME:	
		END TIME:	

- |  |   |   |  |
|--|---|---|--|
| 0  | 2 |   | *1. Takes or verbalizes body substance isolation precautions   |
| 0  | 2 |   | *2. Applies direct pressure to the wound   |
| 0  | 2 |   | *3. Elevates the extremity   |
| 0  | 1 | 2 | 4. Applies a dressing to the wound (see exception on next step)  |
| 0  | 1 | 2 | 5. Bandages wound (verbalize this/above step if bandaging skill already passed)                              |
| <i><b>Note: The examiner must now inform candidate that the wound is still continuing to bleed.</b></i>                                  |   |   |  |
| 0  | 1 | 2 | *6. Applies an additional dressing to the wound  |
| <i><b>Note: The examiner must now inform the candidate that the wound is still continuing to bleed.</b></i>                              |   |   |  |
| <i><b>The second dressing does not control the bleeding.</b></i>   |   |   |  |
| 0  | 1 | 2 | 7. Locates & applies pressure to appropriate arterial pressure point (per protocol)<br>OR applies tourniquet |
| <i><b>Note: The examiner must now inform the candidate that the bleeding is controlled and the patient is in compensatory shock.</b></i> |   |   |  |
| 0  | 2 |   | *9. Controls bleeding in timely manner.  |
| 0  | 2 |   | *8. Applies high concentration oxygen  |
| 0  | 1 | 2 | 9. Properly positions the patient  |
| 0  | 1 | 2 | *10. Initiates steps to prevent heat loss from the patient   |
| 0  | 1 | 2 | *11. Indicates need for immediate transportation   |

### CRITICAL CRITERIA

Did not take or verbalize body substance isolation precautions = 0  
 Applies tourniquet BEFORE attempting at least 2 other methods of bleeding control = 1  
 Did not control hemorrhage in a timely manner (subjective to Examiner)  
 Laid patient down but DID NOT elevate feet = 1 / Did not position properly for injury = 0  
 Did not apply high concentration of oxygen (at LEAST 12 Lpm via non-rebreather) = 0  
 Did not indicate a need for immediate transportation = 0 / Indicated only need for transport but not high priority/immediate = 1

_____ Candidate's Total Points (Minimum passing total: <b>16 points</b> )	
Absolutes satisfied: _____ Yes    _____ No <b>(Candidate MUST have at least one point for each step marked with an *)</b>	_____ Pass _____ Fail
Examiner Print Name:	Signature:



**IMMOBILIZATION SKILLS -- LONG BONE**  
**[STATION TIME: 10 MINUTES]**

CANDIDATE'S NAME:		DATE:
___ ECA      ___ EMT      ___ EMTI      ___ EMTP		COURSE #:
___ INITIAL      ___ RETEST #1      ___ RETEST #2      ___ RENEWAL		
INJURY:	START TIME:	END TIME:

- |   |   |  |
|---|---|--|
| 0 | 2 | *1. Takes or verbalizes body substance isolation precautions               |
| 0 | 2 | 2. Directs application of manual stabilization (if a partner is available) |
| 0 | 2 | *3. Assesses motor, sensory and distal circulation                         |

***NOTE: The examiner acknowledges present and normal***

- |   |   |   |  |
|---|---|---|--|
| 0 | 1 | 2 | 4. Measures splint   |
| 0 | 1 | 2 | *5. Applies splint   |
| 0 | 1 | 2 | *6. Immobilizes the joint above the injury site                |
| 0 | 1 | 2 | *7. Immobilizes the joint below the injury site                |
| 0 |   | 2 | *8. Secures the entire injured area.                           |
| 0 | 1 | 2 | 9. Immobilizes hand/foot in the position of function as needed |
| 0 | 1 | 2 | *10. Grossly moves injury likely to cause further damage       |
| 0 | 1 | 2 | *11. Reassesses motor, sensory and distal circulation          |

***Note: The examiner acknowledges present and normal***

**NOTES FROM EXAMINER:**

**CRITICAL CRITERIA**

Did not take or verbalize body substance isolation precautions = 0  
 Did not assess motor, sensory and distal circulation BEFORE or AFTER splinting = 0  
 Grossly moves injured extremity likely to cause further injury = 0 / Moves area but not likely to cause too much damage = 1  
 Did not immobilize PROXIMAL or DISTAL joint at all = 0; DISTAL or PROXIMAL joint somewhat moveable = 1

_____ Candidate's Total Points (Minimum passing total: <b>16 points</b> )	
Absolutes satisfied: _____ Yes    _____ No <b>(Candidate MUST have at least one point for each step marked with an *)</b>	_____ Pass _____ Fail
Examiner Print Name:	Signature:

**[STATION TIME: 10 MINUTES]**

CANDIDATE'S NAME:		DATE:
___ ECA          ___ EMT          ___ EMTI          ___ EMTP		COURSE #:
___ INITIAL          ___ RETEST #1          ___ RETEST #2          ___ RENEWAL		
INJURY:	START TIME:	END TIME:

- |   |     |  |
|---|-----|--|
| 0 | 2   | <b>*1.</b> Takes or verbalizes body substance isolation precautions                      |
| 0 | 1 2 | 2. Directs application of manual stabilization of injury if partner available (1 if not) |
| 0 | 2   | <b>*3.</b> Assesses motor, sensory and distal circulation                                |

**NOTE: The examiner acknowledges present and normal**

- |   |   |   |   |
|---|---|---|---|
| 0 | 1 | 2 | 4. Selects proper splinting material that will accomplish the skill |
| 0 |   | 2 | <b>*5.</b> Immobilizes the site of the injury                       |
| 0 | 1 | 2 | <b>*6.</b> Immobilizes bone/joint above the injured joint           |
| 0 | 1 | 2 | <b>*7.</b> Immobilizes bone/joint below the injured joint           |
| 0 | 1 | 2 | <b>*8.</b> Grossly moves injury likely to cause further damage      |
| 0 |   | 2 | <b>*9.</b> Reassesses motor, sensory and distal circulation         |

**NOTE: The examiner acknowledges present and normal**

**NOTES FROM EXAMINER:**

## CRITICAL CRITERIA

Did not take or verbalize body substance isolation precautions = 0

Did not assess motor, sensory and distal circulation BEFORE or AFTER splinting = 0

Did not support the joint so that the joint did not bear distal weight = 1

Grossly moves injured extremity likely to cause further injury = 0 / Moves area but not likely to cause too much damage = 1

Did not immobilize PROXIMAL or DISTAL joint at all = 0; DISTAL or PROXIMAL joint somewhat moveable = 1

_____ Candidate' s Total Points (Minimum passing total: <b>14 points</b> )	
Absolutes satisfied: _____ Yes _____ No <b>(Candidate MUST have at least one point for each step marked with an *)</b>	_____ Pass _____ Fail
Examiner Print Name:	Signature:

## TRACTION SPLINTING

CANDIDATE'S NAME:		DATE:
<input type="checkbox"/> ECA <input type="checkbox"/> EMT <input type="checkbox"/> EMTI <input type="checkbox"/> EMTP		COURSE #:
<input type="checkbox"/> INITIAL <input type="checkbox"/> RETEST #1 <input type="checkbox"/> RETEST #2 <input type="checkbox"/> RENEWAL		
STATION TIME: <b>10 MINUTES</b>	START TIME:	END TIME:

CANDIDATE PULLING TRACTION		CANDIDATE APPLYING SPLINT	
0	2	0	*1. Takes or verbalizes BSI precautions
0	2	0   1   2	2. Prepares equipment
0	2	0	3. Stabilizes fracture while CMS checked
0	2	0	*4. Stabilizes fracture while ankle hitch applied
0	2	0	*5. Positions splint
0	1   2	0	5. Fastens ischial strap
0	1   2	0	6. Connects hitch to frame
0	2	0	*7. Tightens mechanical device to achieve traction and immobilize injury with minimal movement
0	1   2	0	*8. Secures cravats or velcro straps without aggravating injury
0	2	0	9. Verbalizes securing torso and splint to longboard to immobilize hip and prevent movement of splint
0	1   2	0	10. Communicates with partner & patient
Minimum passing total: <b>9 points</b>		Minimum passing total: <b>16 points</b>	

### CRITICAL CRITERIA

Did not take or verbalize body substance isolation precautions = 0

Did not assess motor, sensory and distal circulation BEFORE or AFTER splinting = 0

Excessive movement by Candidate pulling or excessive movement by Candidate Applying = 0; Moderate amt. of movement = 1

Loose Ischial strap = 1; Starts applying straps PRIOR TO connecting hitch to frame and tightening = 1

Very little or no communication = 0; Moderate communication (cannot include ANY instructing by partner) = 1

<input type="text"/> Candidate's Total Points	Partner's Name (Print):
Absolutes satisfied: <input type="text"/> Yes <input type="text"/> No <b>(Candidate MUST have at least one point for each step marked with an *)</b>	
<div style="display: flex; justify-content: flex-end; align-items: center;"> <input type="text"/> Pass  <input type="text"/> Fail       </div>	
Examiner Print Name:	Signature:

## SPINAL IMMOBILIZATION -- SUPINE PATIENT

CANDIDATE'S NAME:	DATE:
__ ECA      __ EMT      __ EMTI      __ EMTTP	COURSE #:
__ INITIAL      __ RETEST #1      __ RETEST #2      __ RENEWAL	
STATION TIME: <b>10 MINUTES</b>	START TIME:      END TIME:

- |   |   |   |   |
|---|---|---|---|
| 0 | 2 |   | <b>*1.</b> Takes or verbalizes body substance isolation precautions   |
| 0 | 2 |   | <b>*2.</b> Directs assistant to place/maintain head in neutral in-line position & maintain manual immobilization throughout skill |
| 0 | 2 |   | <b>*3.</b> Assesses motor, sensory and distal circulation in extremities  |
| 0 | 1 | 2 | <b>*4.</b> Applies appropriate size extrication collar  |
| 0 | 1 | 2 | 5. Positions the immobilization device appropriately  |
| 0 | 1 | 2 | <b>*6.</b> Moves patient onto device without compromising the integrity of the spine  |
| 0 | 1 | 2 | 7. Applies padding to voids between torso and board as necessary (1 if none needed)   |
| 0 | 1 | 2 | <b>*8.</b> Immobilizes the patient's torso to the device <b>FIRST</b>   |
| 0 | 1 | 2 | 9. Evaluates and pads behind the patient's head, back, or knees as necessary  |
| 0 | 1 | 2 | 10. Secures the patient's legs to the device  |
| 0 | 1 | 2 | 11. Secures the patient's arms to the device as necessary   |
| 0 | 1 | 2 | <b>*12.</b> Immobilizes the patient's head to the device <b>LAST</b>  |
| 0 | 1 | 2 | <b>*13.</b> Undue patient manipulation/movement minimized   |
| 0 | 2 |   | <b>*14.</b> Reassesses motor, sensory and distal circulation in extremities   |

**NOTES FROM EXAMINER:**

### CRITICAL CRITERIA

Did not take or verbalize body substance isolation precautions = 0

Did not immediately direct or take manual immobilization of the head OR allows manual stabilization to stop BEFORE completely done with skill = 0

Did not assess motor, sensory and distal circulation BEFORE or AFTER splinting = 0

Cervical collar 1 size too large = 0; Cervical collar 1 size too small = 1

Moved patient to board in uncoordinated method = 1 / Applies minimal padding to voids = 1

Immobilized head to device before torso = 0 / Immobilized head to device after torso BUT before feet = 1

Patient manipulated or moved excessively causing potential spinal compromise = 0 / Moderate manipulation/movement noted = 1

_____ Candidate's Total Points (Minimum passing total: <b>21 points</b> )	
Absolutes satisfied: _____ Yes    _____ No <b>(Candidate MUST have at least one point for each step marked with an *)</b>	_____ Pass _____ Fail
Examiner Print Name:	Signature:

## SPINAL IMMOBILIZATION -- SEATED PATIENT

CANDIDATE'S NAME:	DATE:
__ ECA      __ EMT      __ EMTI      __ EMTP	COURSE #:
__ INITIAL      __ RETEST #1      __ RETEST #2      __ RENEWAL	
STATION TIME: <b>10 MINUTES</b>	START TIME:      END TIME:

- |   |   |      |  |
|---|---|------|--|
| 0 | 2 | *1.  | Takes or verbalizes body substance isolation precautions   |
| 0 | 2 | *2.  | Directs assistant to place/maintain head in neutral in-line position & maintain manual immobilization throughout skill                                       |
| 0 | 2 | *3.  | Assesses motor, sensory and distal circulation in extremities  |
| 0 | 1 | 2    | *4. Applies appropriate size extrication collar  |
| 0 | 1 | 2    | 5. Positions the immobilization device behind the patient  |
| 0 | 1 | 2    | 6. Applies padding to voids between head/torso & device as needed (1 if none needed)   |
| 0 | 1 | 2    | 7. Secures the ischial straps BEFORE securing torso  |
| 0 | 1 | 2    | *8. Secures the device to the patient's torso BEFORE head  |
| 0 | 2 | *9.  | Evaluates torso fixation & respiratory compromise and adjusts as necessary   |
| 0 | 1 | 2    | *10. Secures patient's head to device & instructs assistant to stop manual stabilization   |
| 0 | 1 | 2    | *11. Undue patient manipulation/movement minimized   |
| 0 | 2 | *12. | Reassesses motor, sensory and distal circulation in extremities  |
| 0 | 1 | 2    | *13. Verbalizes moving the patient to a long board; AND releases ischial straps FIRST; AND verbalizes reassessment of motor, sensory, and distal circulation |

### NOTES FROM EXAMINER:

### CRITICAL CRITERIA

- Did not take or verbalize body substance isolation precautions = 0
- Did not immediately direct or take manual immobilization of the head OR allows manual stabilization to stop BEFORE completely done with skill = 0
- Did not assess motor, sensory and distal circulation BEFORE or AFTER splinting = 0
- Cervical collar 1 size too large = 0; Cervical collar 1 size too small = 1
- Device moves excessively up, down, left or right on patient's torso = 1 / inhibits chest rise resulting in respiratory compromise = 0
- Patient manipulated or moved excessively causing potential spinal compromise = 0 / Moderate manipulation/movement noted = 1
- Verbalizes movement to long board but does not release ischial straps = 1

_____ Candidate's Total Points (Minimum passing total: <b>20 points</b> )	
Absolutes satisfied: _____ Yes    _____ No <b>(Candidate MUST have at least one point for each step marked with an *)</b>	_____ Pass _____ Fail
Examiner Print Name:	Signature:

## PNEUMATIC ANTI-SHOCK GARMENT (P.A.S.G.)

CANDIDATE'S NAME:	DATE:
__ ECA      __ EMT      __ EMTI      __ EMTP	COURSE #:
__ INITIAL      __ RETEST #1      __ RETEST #2      __ RENEWAL	
STATION TIME: 8 MINUTES	START TIME:      END TIME:

0                      2                      **\*1.**      Takes or verbalizes body substance isolation precautions

**NOTE: EXAMINER GIVES MEDICAL ORDER FOR INFLATION OF DEVICE**

(Examiner's choice as to compartments used & mmHg)

0                      2                      2.      Prepares patient for application of the P.A.S.G. (Candidate MUST state "Clothing has been removed," PRIOR TO beginning rest of skill)

0              1              2                      **\*3.**      Positions and aligns garment

0              1              2                      **\*4.**      Secures leg sections

0              1              2                      **\*5.**      Secures abdominal section

0                      2                      **\*6.**      Inflates garment (Three (3) compartments all at one time or leg sections then abdominal section dependant on Medical Order)

**NOTE: DO NOT ALLOW INFLATION.**

0                      2                      **\*7.**      Sets valves to prevent loss of air from garment

**NOTES FROM EXAMINER:**

**CRITICAL CRITERIA**

Did not take or verbalize body substance isolation precautions = 0

Garment not aligned evenly to possibly cause uneven inflation = 1 / Abdominal section OVER/ON lateral lower rib cage = 0

Leg Sections loose = 1; Abdominal section loose = 1 / Inflates wrong section(s) = 0

Inflates garment with valves closed and does not correct = 0

Does not close valves after inflation and does not immediately correct = 0

_____ Candidate's Total Points (Minimum passing total: <b>10 points</b> )	
Absolutes satisfied: _____ Yes      _____ No <b>(Candidate MUST have at least one point for each step marked with an *)</b>	_____ Pass _____ Fail
Examiner Print Name:	Signature:

## CARDIAC ARREST MANAGEMENT/AED

CANDIDATE'S NAME:	DATE:
___ ECA      ___ EMT      ___ EMTI      ___ EMTP	COURSE #:
___ INITIAL      ___ RETEST #1      ___ RETEST #2      ___ RENEWAL	
STATION TIME: 5 MINUTES	START TIME:      END TIME:

- |   |        |      |  |
|---|--------|------|--|
| 0 | 2      | *1.  | Takes or verbalizes body substance isolation precautions                       |
| 0 | 2      | *2.  | Directs rescuers to stop CPR   |
| 0 | 1    2 | *3.  | Checks pulse   |
| 0 | 2      | *4.  | Directs rescuers to continue CPR   |
| 0 | 2      | 5.   | Turns on power to AED  |
| 0 | 2      | *6.  | Attaches pads to cables  |
| 0 | 2      | *7.  | Properly places pads on patient  |
| 0 | 2      | *8.  | Directs rescuers to stop CPR and to firmly states CLEAR (+ visually checks)    |
| 0 | 2      | 9.   | Initiates analysis of rhythm   |
| 0 | 2      | *10. | Confirms that personnel are clear  |
| 0 | 2      | *11. | Delivers shock   |
| 0 | 2      | *12. | Repeats steps 9, 10 & 11 until three (3) successive shocks have been delivered |
| 0 | 1    2 | *13. | Checks pulse   |
| 0 | 2      | *14. | Directs rescuers to continue CPR   |

### NOTES FROM EXAMINER:

### CRITICAL CRITERIA

- Did not take or verbalize body substance isolation precautions = 0  
 Did not tell others to stop CPR & check pulse = 0; Does not place pads in correct place = 0; Does not attach cables correctly = 0  
 Did not give CLEAR & FIRM command AND/OR do visual check of entire patient area BEFORE defibrillating = 0  
 Does not do 3 consecutive sequences = 0  
 Does not check pulse immediately after last sequence, but does check = 1; No pulse check after sequences = 0

_____ Candidate's Total Points (Minimum passing total: <b>22 points</b> )	
Absolutes satisfied: _____ Yes    _____ No <b>(Candidate MUST have at least one point for each step marked with an *)</b>	_____ Pass _____ Fail
Examiner Print Name:	Signature:

# PATIENT ASSESSMENT/MANAGEMENT -- TRAUMA

Candidate: \_\_\_\_\_

Examiner Print: \_\_\_\_\_

Date: \_\_\_\_\_

Examiner Signature: \_\_\_\_\_

Station Time: 20 minutes

START \_\_\_\_\_

FINISH \_\_\_\_\_

\_\_\_\_\_**PASS**

\_\_\_\_\_**FAIL**

\_\_\_\_\_**RETEST #1**

\_\_\_\_\_**RETEST #2**

		Points Possible	Points Awarded
Takes or verbalizes body substance isolation precautions		1	
<b>SCENE SIZE-UP</b>			
Determines the scene is safe		1	
Determines the mechanism of injury		1	
Determines the number of patients		1	
Requests additional help if necessary		1	
<b>INITIAL ASSESSMENT</b>			
Verbalizes general impression of patient		1	
Determines responsiveness / Determines chief complaint/apparent life threats		1	
Assesses airway and breathing	Assesses adequate airway and treats / secures	1	
	Assures adequate ventilation and treats appropriately if needed	1	
	Initiates appropriate oxygen therapy	1	
Assesses circulation	Assesses pulse	1	
	Assesses for and controls major bleeding	1	
	Assesses skin (color, temperature and condition)	1	
Identifies priority patients / makes transport decision		1	
<b>FOCUSED PHYSICAL EXAM AND HISTORY/RAPID TRAUMA ASSESSMENT</b>			
Selects appropriate assessment (focused or rapid assessment)		1	
Obtains baseline vital signs		1	
Obtains S.A.M.P.L.E. history		1	
<b>DETAILED PHYSICAL EXAMINATION</b>			
Assesses the head - DCAPBTLS	Inspects and palpates the head/scalp and ears	1	
	Assesses the face, eyes (plus PERL), mouth, and nose	1	
Assesses the neck - DCAPBTLS	Inspects and palpates the neck	1	
	Assesses for JVD & tracheal deviation	1	
Assesses the chest – DCAPBTLS	Inspects & palpates anterior chest	1	
	Auscultates for breath sounds (4 quadrants)	1	
Assesses the abdomen - DCAPBTLS	Assesses the abdomen	1	
	Checks for masses, rebound tenderness, abnormal findings	1	
Assesses the pelvis - DCAPBTLS	Inspects and palpates pelvis; gives gentle posterior stress push	1	
	Verbalizes assessment of genitalia/perineum as needed	1	
Assess the extremities - DCAPBTLS	1 point for each extremity -- Includes inspection, palpation, assessment of pulses, sensory & motor functions	4	
Assesses the posterior - DCAPBTLS	Assesses thorax	1	
	Assesses lumbar	1	
Manages secondary injuries and wounds appropriately		1	
Verbalizes reassessment of the vital signs AND reassessment of CRITICAL areas		2	
<b>MINIMUM TOTAL REQUIRED</b>		<b>36</b>	

## CRITICAL CRITERIA

- |  |   |
|--|---|
| <p>____ Did not take or verbalize body substance isolation precautions</p> <p>____ Did not provide for spinal protection when indicated</p> <p>____ Did not evaluate/find conditions of airway, breathing, circulation immediately</p> <p>____ Does other detailed physical examination before assessing airway, breathing and circulation</p> | <p>____ Did not provide high concentration of oxygen</p> <p>____ Did not differentiate transport decision or transport within 10 min.</p> <p>____ Did not manage/provide hemorrhage control/treat for shock</p> |
|--|---|



# PATIENT ASSESSMENT/MANAGEMENT -- MEDICAL

Candidate: \_\_\_\_\_

Date: \_\_\_\_\_

Station Time: 20 minutes

Examiner Print: \_\_\_\_\_

Examiner Signature: \_\_\_\_\_

START \_\_\_\_\_

FINISH \_\_\_\_\_

\_\_\_\_\_**PASS**

\_\_\_\_\_**FAIL**

\_\_\_\_\_**RETEST #1**

\_\_\_\_\_**RETEST #2**

							Points Possible	Points Awarded
Takes or verbalizes body substance isolation precautions							1	
SCENE SIZE-UP								
Determines the scene is safe							1	
Determines the mechanism of injury/nature of illness							1	
Determines the number of patients							1	
Requests additional help if necessary							1	
INITIAL ASSESSMENT								
Verbalizes general impression of the patient							1	
Determines responsiveness / level of consciousness							1	
Determines chief complaint / any apparent life threats							1	
Assesses airway and breathing			Assesses adequate airway and treats / secures				1	
			Assures adequate ventilation and treats appropriately if needed				1	
			Initiates appropriate oxygen therapy				1	
Assesses circulation			Assesses pulse				1	
			Assesses/controls major bleeding				1	
			Assesses skin (color, temperature and condition)				1	
Identifies priority patients / makes transport decision							1	
FOCUSED PHYSICAL EXAM AND HISTORY/RAPID ASSESSMENT								
Performs focused physical examination -- DCAPBTLS of area of complaint PLUS area above & below / Other PHYSICAL assessments of area of complaint							2	
Signs and Symptoms (Assess history of present illness)							1	
Respiratory	Cardiac	Altered Level of Consciousness	Allergic Reaction	Poisoning/ Overdose	Environmental Emergency	Obstetrics	Behavioral	
*Onset? *Provokes? *Quality? *Radiates? *Severity? *Time? *Interventions	*Onset? *Provokes? *Quality? *Radiates? *Severity? *Time? *Interventions	*Description of the episode *Onset? *Duration? *Associated symptoms? *Evidence of trauma? *Interventions? *Seizures? *Fever?	*History of allergies? *What were you exposed to? *How were you exposed? *Effects? *Progressions? *Interventions	*Substance? *When did you ingest/exposed? *How much did you ingest? *Over what time period? *Interventions? *Estimated weight? *Effects?	*Source? *Environment? *Duration? *Loss of consciousness? *Effects - General or local?	*Are you pregnant? *How long have you been pregnant? *Pain/contractions? *Bleeding or discharge? *Do you feel the need to push? *Last menstrual period? *Crowning?	*How do you feel? *Determine suicidal tendencies *Is the patient a threat to self or others? *Is there a medical problem? *Past medical history? *Interventions? *Medications?	
S.A.M.P.L.E. History – COMPLETE							1	
VITALS (Obtains baseline vital signs)							1	
INTERVENTIONS      Obtains medical direction or verbalizes standing order for medication interventions and verbalizes proper additional intervention/treatment							1	
TRANSPORT (Re-evaluates transport decision)							1	
ONGOING ASSESSMENT (verbalized)								
Repeats initial assessment							1	
Repeats vital signs							1	
Repeats focused assessment regarding patient complaint or injuries							1	
Checks interventions							1	
CRITICAL CRITERIA							26	
MINIMUM TOTAL REQUIRED:								

## CRITICAL CRITERIA

- |   |   |
|---|---|
| <p>_____ Did not take or verbalize body substance isolation precautions if necessary</p> <p>_____ Did not evaluate and find conditions of airway, breathing, circulation immediately</p> <p>_____ Did not obtain medical direction or verbalize standing orders for medication interventions</p> <p>_____ Did not manage/provide hemorrhage control or treatment for shock</p> <p>_____ Did not differentiate patient needing transportation versus continued assessment at the scene</p> <p>_____ Does detailed or focused history/physical examination BEFORE assessing airway, breathing and circulation</p> | <p>_____ Did not determine scene safety</p> <p>_____ Did not provide high concentration of oxygen</p> |
|---|---|