

EMT-Basic Program Handbook

**Course Rubric: EMSP
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**Course Number: 1501
Course Number: 1001**

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EMSP Faculty***

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**AUSTIN COMMUNITY COLLEGE
EMERGENCY MEDICAL SERVICES
PROFESSIONS**



EMT-Basic Program Handbook

Student Name: _____

EMS Professions
Student Handbook

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Welcome

The Austin Community College EMS Professions Student Handbook has been compiled by the faculty to provide information pertinent to students enrolled in the EMS Professions program.

Welcome to the EMS Professions. The faculty and staff wish you success in the pursuit of your educational goals.

The purpose of this handbook is to detail policies and procedures specific to this program. The handbook is constructed to be used as a supplement to the Austin Community College Student Handbook and serves to bridge the overriding policies of the College with the policies specific to this program. The policies and procedures set forth in this handbook are designed to support the success of the student.

A copy of the Austin Community College Student Handbook is available at each campus's administrative offices or may be downloaded from the ACC website at:
<http://www/austincc.edu/handbook/index/htm>.

The EMS Professions is just one of the programs within the Division of Health Sciences. The Health Science Division is comprised of the following programs: Associate Degree Nursing, Licensed Vocational Nursing, Dental Hygiene, Diagnostic Medical Imaging (DMI – Radiology), Emergency Medical Services, Occupational Therapy Assistant, Physical Therapist Assistant, Medical Coding, Medical Laboratory Technology, Surgical Technology, Pharmacy Technician, and Sonography. The Division of Health Sciences is committed to providing quality educational programs for the purpose of developing successful health care professionals. Developing caring, competent health care professionals prepared for diverse contemporary practice requires interactions with patients and patient services, thereby resulting in an educational environment with unique characteristics and requirements.

The Health Sciences programs prohibit discrimination. Access to its programs or activities shall not be limited on the basis of race, color, religion, national origin, age, gender, sexual orientation, political affiliation, or disability.

II. Program Philosophy

The ACC EMS Professions program prepares students to care for people in the out-of-hospital setting. The primary focus of the educational process is on developing students' skills to make clinical assessments upon which to base treatment plans. While a large part of the curriculum focuses on preparing students with the skills to care for patients in a medical crisis, the program feels that it is equally important to recognize that the majority of what EMS does on a day-to-day basis is help people who are not in life-threatening situations. The ACC EMS Professions Program expects students to embrace this aspect of the profession by showing respect and compassion for every person they encounter during, and following, their education.

III. Program Outcomes/Goal/Objectives

Course Rationale:

EMSP 1501 and EMSP 1160 lead to a Marketable Skills Award. These courses are prerequisites to the Level One EMT Intermediate certificate, Level II Paramedic Certificate, and AAS in EMS Professions offerings. In addition, EMT-Basic is a required certification for all students seeking certification as a Fire Fighter in Texas.

Under certain circumstances, the Continuing Education courses (EMSP 1001 and EMSP 1060) may be accepted as two of the prerequisite courses for entry into the Austin Community College EMS Professions Paramedic program. Please contact the EMSP department admissions coordinator for rules regarding entry into the paramedic program.

Course Objectives:

The USDOT website contains the national standard curriculum for the EMT-Basic class. ACC EMS Professions follows this curriculum. You can find the objectives by following the link at <http://www.nhtsa.dot.gov/people/injury/ems/nsc.htm>.

Instructional Methodology:

LECTURE/LAB:

- Lecture presentation
- Small group activities
- Short scenarios
- Skills presentations
- Skills practice
- Real-time scenarios
- Guided discussion

Clinical:

- Demonstration
- Coaching
- Verbal Scenarios

IV. Scans Competencies:

SCANS Competencies for EMSP 1501/1001 and EMSP 1160/1101

In 1990, the U.S. Department of Labor established the Secretary's Commission on Achieving Necessary Skills (SCANS) to examine the demands of the workplace and whether our nation's students are capable of meeting those demands. The Commission determined that today's jobs generally require competencies in the following areas:

- Reading
- Writing
- Arithmetic or Mathematics
- Speaking and Listening
- Thinking Skills
- Personal Qualities
- Workplace Competencies
- Basic Use of Computers

The Texas Higher Education Coordinating Board requires that all degree plans in institutions of higher education incorporate these competencies and identify to the student how these competencies are achieved in course objectives.

This course, EMT- Basic, incorporates SCANS competencies in the following ways:

Competence	Example of the Level
Writing	Develop technical writing skills through patient documentation.
Speaking and Listening	Develop speaking skills through oral and radio reporting of patient findings
Thinking Skills	Understand how to develop a treatment plan based on patient condition and complaint; troubleshoot basic technology relevant to EMT.
Personal Qualities	Participate as a member of a team; demonstrate an understanding of the profession of Emergency Medical Technician; demonstrate ethical and professional behavior when interacting with patients, other medical professionals, and the teaching staff.
Workplace Competencies	Demonstrate proficiency in all psychomotor skills required for the EMT-Basic such as basic airway maintenance, bandaging and splinting, CPR, appropriate medication administration, assessment of the patient, spinal immobilization, and the automatic external defibrillator within a predetermined amount of time and using only necessary supplies; demonstrate mastery of the didactic content required for successful completion of the certification examination for EMT basic.
Basic Use of Computers	Use a PC to complete on-line testing requirements of the course; use a hand-held patient documentation system for written patient reporting and database entry; use the computer to complete assignments via the internet such as "Safe Environment of Care;" use the computer to reinforce concepts taught in class through the use of CD-ROM educational software.

V. Program Information:

Admission Requirements:

All students interested in taking the EMT-Basic classes must make written application for acceptance into the program. The application is found online at the end of the EMT-Basic Online Information Session. All students must participate in the online information session in order to download and print the EMT-Basic program application. The application is to be submitted following the instructions printed on it.

All Health Science students at ACC are required to show proof of immunity to the following diseases:

Hepatitis-B, via complete (three injection) series of vaccinations or positive titer
Varicella (chicken pox), via complete (two injection) series of vaccinations, history of disease as documented by a healthcare professional, or positive titer
Diphtheria and Tetanus, via proof of vaccination that was received less than 10 years prior to applying for admission to the EMS program

In addition to those listed above, all Health Science students at ACC who were born on or after January 1, 1957 are required to show proof of immunity to the following diseases:

Measles, via proof of two vaccinations or positive titer
Mumps, via proof of vaccination or positive titer
Rubella, via proof of vaccination or positive titer

Information on the required immunizations and the division form for proof of immunity may be found on the Health Sciences Division website at: <http://www.austincc.edu/hltsci/>

Furthermore, all Health Science students at ACC are required to show proof that they are free from tuberculosis infection via negative skin test that was received less than 180 days prior to applying for admission to the EMS program. The Health Data Form that is used to document an applicant's state of health upon application to the program may be found on the Health Sciences Division website at: <http://www.austincc.edu/hltsci/>

After provisional acceptance has been granted to a student, all Health Science students at ACC are required to pass a criminal background check using the process outlined by the Health Sciences Division. Information on the criminal background check process may be found on the Health Sciences Division website at: <http://www.austincc.edu/hltsci/>

Current CPR certification is required for all EMS classes. The certification must have been issued within the 6 months preceding the start of class and must have been taught by a nationally recognized agency. The certification must be targeted to the healthcare provider level. The following certifications are accepted by the program:

- American Heart Association - CPR for Healthcare Providers
- American Red Cross - CPR for the Professional Rescuer
- National Safety Council - Professional Rescuer CPR

ACC Health Professions Institute (HPI) offers the required CPR classes on a regular basis. You can contact HPI via telephone at (512) 223-7542. The HPI is located on the fourth floor of the ACC Highland Business Center campus. Interested applicants can also find several other sources for CPR training by looking under "CPR" in the Yellow Pages or searching the internet.

Technical Standards and Essential Functions:

Health Sciences programs establish technical standards and essential functions to insure that students have the abilities required to participate and potentially be successful in all aspects of the respective programs. Students are required to meet technical standards and essential functions for the (Program) as indicated below. If an applicant or student is unable to meet all of the outlined standards, he/she may be withdrawn from the program.

Technical Standards:

Technical Standards for the Emergency Medical Services EMT-Basic Program

The following technical standards and essential functions outline reasonable expectations of a student in the Emergency Medical Services EMT-Basic Program for the performance of common EMT-Basic functions. The EMT-Basic student must be able to apply the knowledge and skills necessary to function in a variety of classroom, lab and/or clinical situations while providing the essential competencies of an EMT. These requirements apply for the purpose of admission and continuation in the program.

A general summary of the technical standards follows in the table below, however, the student is encouraged to review Appendix A of the National Standard Curriculum for a complete position analysis as performed on behalf of the US Department of Transportation National Highway Safety Administration (a copy of Appendix A of the National Standard Curriculum is included in the "General Information" section of this handbook).

The student must demonstrate the following abilities:

Categories of Essential Functions	Definition	Example of Technical Standard
Observation	Ability to participate actively in all demonstrations, laboratory exercises, and clinical experiences in the professional program component and to assess and comprehend the condition of all patients assigned to him/her for examination, diagnosis, and treatment. Such observation and information usually requires functional use of visual, auditory, and somatic sensations.	<ul style="list-style-type: none">• Observing skill demonstrations• Reading small medication labels• Assessing patients, including color changes, distinguishing location and types of injuries, lung sounds, odors• Observing details about patient environment, including odors, colors, sounds• Reading small gauges on oxygen regulators and blood pressure cuffs• Listening to and distinguishing patient lung sounds, heart tones, and blood pressures using a stethoscope in noisy environments

Categories of Essential Functions	Definition	Example of Technical Standard
Communication	Ability to communicate effectively in English using verbal, non-verbal and written formats with faculty, other students, patients, families and other members of the healthcare team.	<ul style="list-style-type: none"> • Reading patient charts, medication labels, clinical documentation, physician orders, legal forms, email • Written communication with health care team, including physicians, dispatchers, supervisors, patients (may be done via charts, prehospital care forms, and/or narratives) • Verbal communication with health care team, including physicians, dispatchers, supervisors, patients (may be done in person, via telephone, and/or via two-way radio)
Motor	Sufficient motor ability and dexterity to execute the movement and skills required for safe and effective care and emergency treatment.	<ul style="list-style-type: none"> • Lifting and moving of patients with and without assistance • Performance of emergency skills such as bandaging, splinting, patient movement, application of oxygen, administration of medications (pill, spray, auto-injector) • Accessing patients on and extricating patients from irregular surfaces, stairs, trails, roadways, ditches, vehicles, dwellings, businesses, waterways, etc.
Intellectual	Ability to collect, interpret and integrate information and make decisions.	<ul style="list-style-type: none"> • Combine findings from patient and scene assessment with knowledge of anatomy/physiology to develop or follow treatment plans • Problem solving to meet challenges of emergency scenes • Recognition of and adaptation to changing patient conditions • Synthesizing patient treatment plans in the absence of concrete findings or in the presence of contradictory findings

Categories of Essential Functions	Definition	Example of Technical Standard
Behavioral and Social Attributes	<ul style="list-style-type: none"> • Possess the emotional health and stability required for full utilization of the student’s intellectual abilities, the exercise of good judgment, the prompt completion of all academic and patient care responsibilities and the development of mature, sensitive, and effective relationships with clients and other members of the health care team. • Possess the ability to tolerate taxing workloads, function effectively under stress, adapt to changing environments, display flexibility, and learn to function in the face of uncertainties inherent in clinical settings with patients. • Possess compassion, integrity, concern for others, and motivation. • Possess the ability to demonstrate professional behaviors and a strong work ethic. 	<ul style="list-style-type: none"> • Interacting with people (such as patients and their families, bystanders, health care team members, and members of the general public) from diverse socioeconomic, ethnic, educational, religious, moral, and cultural backgrounds in a professional and non-judgmental manner. • Responding to and managing emergency scenes under <u>stressful and time-pressured</u> circumstances. • Responding to and managing non-emergency situations during entire shift (up to 48 hours of continuous duty) while maintaining a compassionate, caring, and professional demeanor. • Interacting with people with learning, developmental, psychological, and/or behavioral disorders while maintaining a compassionate, caring, and professional demeanor.

Students should also be aware that the Texas Department of State Health Services EMS Division uses the National Registry of Emergency Medical Technicians (NREMT) written examination process for initial EMS certification in Texas. Students should contact NREMT directly to inquire about accommodations for disabilities during the certification exam. After successfully completing the course, students must pass the certification exam as a part of obtaining their EMS certification or license.

Qualified applicants with disabilities are encouraged to apply to the program. It is the responsibility of the student to contact the Office of Students with Disabilities if they feel they cannot meet one or more of the technical standards listed. Each ACC campus offers support services for students with documented physical or psychological disabilities. Students with disabilities must request reasonable accommodations through the Office for Students with Disabilities on the campus where they expect to take the majority of their classes. Students are encouraged to do this three weeks before the start of each semester.

Immunizations:

Healthcare professions include inherent health and safety risks. Therefore, all health sciences students are required to be compliant with Texas Administrative Code Rule 97.64 related to immunizations for the protection of themselves and patients. Additional information related to immunizations is available at: <http://www.austincc.edu/hltsci/>. Click on Immunizations.

Criminal Background Checks:

Successful completion of a criminal background check is required for admission and continuation in **ALL** Health Sciences Programs. Criminal background requirements are found at <http://www.austincc.edu/hltsci/>

Background checks will be honored for the duration of the student's enrollment in the clinical program if the participating student does not have a break in the enrollment in the program. A break in enrollment is defined as nonattendance of one full semester or more.

Once accepted into the program, it is the student's responsibility to immediately notify the Dean of Health Science in writing of any subsequent changes in criminal history that occur after the admission background check has been completed. Failure to do so may result in immediate withdrawal from the program. Students enrolled in programs longer than one year in length may be required to sign an affidavit at the beginning of the second year of the program attesting that their criminal history has not changed.

Additionally,

- Successful completion of a criminal background check for a Health Sciences Program does not ensure eligibility for licensure or future employment
- Clinical agencies can establish more stringent standards, if they so desire, to meet regulatory requirements for their facility
- Clinical agencies can conduct additional background checks at their discretion

If a student is found to be ineligible for clinical placement any time during the program, the student is unable to meet clinical learning objectives and will be withdrawn pending resolution of the situation.

Program Length and Description:

At the EMT-Basic level, two courses are required to be eligible to test for certification. There are two tracks available to the student: (1) College Credit, or (2) Continuing Education. The student must follow the same track for both the Lecture/Lab and Clinical portion of the program. A marketable skills award is available for students completing both college credit courses. See the current Austin Community College catalog for details.

EMT-Basic (Lecture / Lab)

EMSP 1501 – College Credit
EMSP 1001 – Continuing Education

EMT-Basic (Clinicals)

EMSP 1160 – College Credit
EMSP 1101 – Continuing Education

EMSP 1501/1001 EMT -- BASIC Introduction to the level of Emergency Medical Technician (EMT)-- Basic. Includes all the skills necessary to provide emergency medical care at a basic life support level with an ambulance service or other specialized services.

EMSP 1160/1101 EMT -- BASIC CLINICAL A method of instruction providing detailed education, training and work-based experience, and direct patient/client care, generally at a clinical site. Specific detailed learning objectives are developed for each course by the faculty. On-site clinical instruction, supervision, evaluation, and placement is the responsibility of the college faculty. Clinical experiences are unpaid external learning experiences. Course may be repeated if topics and learning outcomes vary.

The following are EMSP co-requisite courses that must be taken in conjunction with each other during the semester:

College Credit

EMSP 1501
EMSP 1160

Continuing Education

EMSP 1001
EMSP 1060

CPR Certification Requirements:

Students must have CPR certification current within six months from the start of the first semester of the Program. The ACC EMSP program recognizes the American Heart Association (AHA) Basic Life Support Health Care Provider Course and the American Red Cross (ARC) CPR for the Professional Rescuer Course or any equivalent course approved by the Department of State Health Services. As with any basic skill, CPR skills may be verified at any point during the course and are subject to the same rules for retesting. Failure to maintain CPR certification may be grounds for removal from the course.

Cost of Program:

Student costs are based on tuition, lab and clinical fees, college fees, and required accident insurance premiums. ACC tuition is based on a student's residency status. Please contact ACC's Admissions office if you are unsure of your residency status at ACC.

This information is for estimation purposes only and does not represent an agreement with the student for actual costs. The table below summarizes the costs for students as of the summer 2004 semester. Tuition and fee changes may cause actual costs to vary. In addition, the costs of student books, uniforms, and other miscellaneous items is not included in the table below.

Course Number	Course Title	In-District	Out of District	Out of State	Lab Fees	Rideout Fee	College Fees	Insurance Fee
EMSP 1160	EMT-Basic Clinical	\$56.00	\$114.00	\$201.00	None	\$46.60	\$14.00	\$63.50
EMSP 1501	EMT-Basic	\$268.00	\$558.00	\$993.00	\$24.00	None	\$70.00	\$3.50

Residency Status	Total Estimated Costs
In-District	\$ 545.60
Out Of District	\$ 893.60
Out Of State	\$ 1415.60

Grading Policy:

Course grades for EMSP 1501/1001 and EMSP 1160/1060 are awarded based on the following standards. Students must successfully complete all portions of each course in order to receive a Course Completion Certificate and to be eligible to sit for the National Registry exam.

A. Didactic Grading

1. **Grading Scale:** As per ACC Allied Health Sciences policy
2. **Successful Course Completion EMSP 1501/1001:** Students must maintain the minimum required grade (75%) in the didactic portion of the course as well as pass all of the designated skills.

Course grades are determined using the following combination of Module Exams, Quizzes, Homework, and Final Exam:

Four Module Exams (14% each)
Quizzes/Homework Average (14%)
Final Exam (30% final grade)*

3. **Successful Course Completion EMSP 1160/1060:** Students must maintain the minimum required grade (75%) in the didactic portion of the course as well as accurately complete and turn in all required clinical paperwork.

A student's course grade for this class is independent of his or her grade in EMSP 1501/1001 and is determined as shown below.

40% Documentation Assignments Grade Average
60% Final Exam (SOAPE & Multiple Choice)*

4. **Retests:** Students must pass every exam in the course with a C or better. Students will be allowed to take a total of two retests within the entire course, including the final. The final exam, however, may be retaken only once. The retest will be scored to a maximum score of 79. The student is responsible for maintaining a 75% overall semester average in each course.
5. **Missed Tests:** There should be no reason/ excuse for missing an exam. The exam dates are in the course schedule, which should give you every opportunity to adjust your schedule as needed. You will be required to schedule a make-up within one week of the last day of that exam. The missed exam will be scored to a **maximum** of 79 and counts as a retest. Prior notification by a student having to miss an exam will be reviewed on a case-by-case basis by the instructor.
6. ***Minimum Score on the Final Exam:** The minimum passing score on the final exam is 80%. If a student is required to take a retest of the final, the student must score at least 80% to pass, but a maximum of 79% will be used for calculating the course grade.

B. Skills Grading

1. The skills tested are on a **PASS/FAIL** basis. Each skill must be passed in order for the student to pass the course, regardless of didactic scores. One retest will be given for each skill failed, and a second retest may be used on one single skill during the class.
2. The following skills will be evaluated for each student:
 1. Patient Assessment - Trauma,
 2. Patient Assessment - Medical,
 3. Cardiac Arrest Management/ AED,
 4. Bleeding Control/ Shock Management,
 5. Bag-Valve-Mask - Apneic Patient,
 6. Supplemental Oxygen Administration,
 7. Upper Airway Adjuncts and Suction,
 8. Mouth-to Mask with supplemental Oxygen,
 9. Spinal Immobilization - Supine,
 10. Spinal Immobilization- Seated,
 11. Long Bone Immobilization,
 12. Joint Dislocation Immobilization,
 13. Traction splinting,
 14. Bandaging.
3. In addition, each student will be tested on a set of randomly selected skills to include:
 1. Epinephrine Auto-Injector,
 2. MDI,
 3. Nebulizer,
 4. PASG,
 5. Vital Signs
4. In addition, the student will be given three attempts to pass a written competency test over CPR with a minimum grade of 85%.

Incompletes:

All students are expected to complete all requirements of the course during the regular semester. For occasional, extreme circumstances, an incomplete may be considered if the following requirements are met:

Lecture/Lab

1. Student is in good standing (no disciplinary actions or probations not related to skills retesting)
2. Student has a passing (75%) average in the course
3. The cause of the incomplete is beyond the control of the student
4. The incomplete does not involve releasing the student from an existing attendance or testing policy.

Clinical

1. Student is in good standing with no disciplinary actions or probations
2. The cause of the incomplete is beyond the control of the student.
3. The causes of any missed clinicals are beyond the control of the student.

Completion Requirements

All incompletes will be granted in writing only and must be approved by the Department Chair. Unless specified otherwise, incomplete work must be completed before the end of the next offering of the course or the end of the next sixteen (16) week semester (Spring or Fall), whichever is earlier. Instructors may shorten this deadline as appropriate. To receive an incomplete, students will be required to sign a written contract specifying:

1. the coursework that must be completed,
2. the deadline for completion,
3. how to submit completed work, and
4. the consequences of non-compliance with the Student Incomplete Grade Contract.

Non-Passing Course Grade:

All EMSP co-requisite courses taken in a semester must be passed with a "C" or better in order to remain in the program and/or receive a course completion certificate. The student will be required to retake the course and all EMSP co-requisite courses (see "EMSP Co-Requisite Courses" section for definition), if allowed under the policy regarding repeating courses or re-entry into the program. If during a semester a student loses enough points so as not to be able to receive a passing grade for that class, then that student will be required to immediately withdraw from the program. The student may apply for readmission to the program if allowed under the policy regarding program re-entry.

Withdrawal:

Students may withdraw from the course(s) for partial refund as published in the ACC course schedule. The last day to withdraw is published in the course schedule.

A student will be required to withdraw from the EMSP program / courses if the student exceeds allowable absences, fails to meet testing requirements (see grading policy), or for violations of probationary status requirements. This list is for example only and should not to be considered all-inclusive.

A student who has been notified that he or she must withdraw from the program will not be allowed to attend lecture or skills labs/practice. Under no circumstances shall such a student be allowed to attend a clinical. These rules apply whether or not the student is withdrawn from the official course roll.

Students who have completed all requirements for an EMSP course at the time they are required to withdraw from the program will be awarded their earned grade for that course rather than be withdrawn from said course.

If a student has not completed all requirements for an EMSP course when he or she is required to withdraw from the program, he or she will be allowed to withdraw from the course. If it is past the last day in the semester to withdraw, the student may be awarded a grade of "F" for the course.

Any time a student is required by EMSP policy to withdraw from the EMSP program, EMSP faculty may initiate the withdrawal on behalf of the student. **Regardless of whether or not EMSP faculty initiate a withdrawal for the student, it is, and will remain, the responsibility of the student to insure that he or she is withdrawn from the course.**

Students who are not withdrawn from an EMSP course by the final date, and who have not completed all requirements or achieved a passing score for the course may be awarded a grade of "F" for the course.

Re-Admission Requirements:

EMT-Basic Level (EMSP 1501, 1160, 1001, 1060)

EMT-Basic level classes do not count toward program entry except as prerequisites. These courses may be taken as many times as the student requires.

EMT-Intermediate and Paramedic Level (All other EMSP classes)

A student is considered to have left the program when he or she:

1. withdraws from the program or an EMSP course,
2. is required by policy to withdraw from the program regardless of whether or not the student is withdrawn from the official course roll,
3. unsuccessfully completes one of the EMSP co-requisites courses listed in this handbook, or
4. takes a semester off without prior approval of the department.

A student who is considered to have left the program must apply for re-entry prior to being allowed to register for EMSP courses.

At the EMT-Intermediate and Paramedic level, a student is only allowed one re-entry into the EMSP program.

Students who leave the program and desire re-entry must sign an agreement detailing the terms under which they will be allowed re-entry into the program. Unless other arrangements are made in writing by the department, a student must re-enter the program in the next semester in which the appropriate courses are offered.

Textbook and Supplies:

Required textbooks may change without notice. Contact the ACC Bookstore for a current list of required materials prior to purchasing any book for EMSP program courses.

Lecture/Lab:

ISBN: 0131124870 Prehospital Emergency Care (7th Edition) - **Required**

EMT Basic Program Handbook - **Required**

ISBN: 0835953327 Workbook for Prehospital Emergency Care - *Recommended*

Clinical: (all Required)

Stethoscope

Penlight

Uniform (see "Dress Code" section for details)

Appearance and Hygiene:

Lecture/Lab

Students must dress comfortably but appropriately within the classroom and lab environment. Clothing should be loose enough to allow for freedom of movement but not so loose as to become a hazard around EMS related equipment. Low cut or very short attire is not appropriate to this environment due to amount of lifting, moving and bending required.

Acceptable levels of cleanliness are enforced within the classroom and lab. Fingernails, hair and clothing must be clean. Lab activities typically create perspiration so the student must be acutely

aware of his or her own hygiene status. Use of deodorant is a must. Perfumes and aftershave are discouraged due to the confined nature of the labs.

Clinical

See section titled "Dress Code".

Service Work Policy:

EMS Professions students are not expected to perform service work and are not allowed to take the place of qualified staff during any clinical or field rotation. At some of the clinical sites and during all field rotations, students are allowed to perform some patient care work. This work shall be under the close supervision of the clinical faculty or clinical site staff or field personnel.

Should a clinical institution or ambulance service wish to employ a currently enrolled EMS student, the institution or service contracts with the individual student for duty during non-instructional hours. This service work is paid according to the standard employee scale of the particular institution or service.

Licensure Eligibility:

All EMS courses at ACC are approved through the Department of State Health Services (DSHS) and meet or exceed all minimum requirements set forth by that agency. Where ACC requirements exceed the state minimums, the student must meet the ACC requirements in order to successfully complete the course. Under no circumstances will a student receive course completion based on the lesser standard.

Functional Position Description:

<http://www.tdh.state.tx.us/hcqs/ems/jobdescr.exe>

Competency Areas:

<http://www.tdh.state.tx.us/hcqs/ems/jobdescr.exe>

Disability Info:

<http://www.tdh.state.tx.us/hcqs/ems/sada.htm>

Certification and Application Requirements:

<http://www.tdh.state.tx.us/hcqs/ems/Stdiproc.htm>

Region 7 Testing Policy:

<http://www.r07.tdh.state.tx.us/EMS/appproc.htm>

Region 7 Test Sign Up Page:

<http://www.r07.tdh.state.tx.us/EMS/testregform.htm>

Recertification Requirements:

<http://www.tdh.state.tx.us/hcqs/ems/srecertimely.htm>

VI. Program Policies:

Attendance:

Lecture/Lab:

Students can only miss 10% of the total clock minutes within a Lecture/Lab section. Attendance is taken at the start of every class. Missed minutes are deducted for every minute that a student is late to class or late returning from breaks. Missed minutes are also deducted for time missed when a student leaves early. Once the maximum number of minutes is exceeded, the student must immediately withdraw from the program.

Clinical:

Attendance at clinical is mandatory. There is no percentage of allowable missed time. Missing a clinical may result in disciplinary action. Under certain circumstances, missed clinicals may be rescheduled if clinical time is available. Students not successfully completing all required clinical time will not be issued a course completion. The program cannot guarantee that missed clinicals can be made up within the same semester.

Grading and Grading System/Testing:

Lecture / Lab

Students will be graded on the following scale:

- A: 91-100
- B: 83-90
- C: 75-82
- D: 70-74
- F: 0-69

Where not specified otherwise, passing is considered a grade of "C" or better. Passing on a course Final Exam is considered a score of 80 or above.

Types of Exam Questions

Exams may consist of multiple choice, matching, fill-in-the-blank, short-answer, essay, labeling, and/or identification questions. Exams may be presented in written, video, lab practical, skills performance, and oral formats.

Students must pass all didactic exams in a course. Each didactic exam must be passed prior to taking the next scheduled exam in the course.

Students must pass all skills exams in a course.

Homework/Quizzes

Homework assignments and daily quizzes may be given in each class. Each class may have a different format/weighting for these assignments. The specific details will be provided by the lead instructor for each class.

Participation

The EMSP faculty have thought about all the work that this program requires in addition to the usual demands of a college class. Our classes require active participation on the part of the student, and we wanted to give each student credit for the work that he or she does.

Since our class meetings are longer than the usual college class, we want to give the student credit for being present for the entire class (arriving on time, returning from breaks at or before the assigned time, staying for the entire class).

Because this program requires clinicals and other class commitments, we are giving the student credit for staying focused on the assigned tasks or lecture (not working on other homework, run reports, papers, sleeping, etc., and not having to be prompted to complete assigned tasks).

This class, unlike some college classes, requires the student to be prepared when the student comes to class, so we are giving the student credit for this by giving points for completing the assignments (homework turned in on time, reading assignment completed, etc.).

This class is a hands on class and requires group participation to become proficient in skills and to extend the student's knowledge base, therefore, we are giving the student credit for active participation in group activities.

Most college classes do not have a skills component. The setup and take-down of skills stations is time consuming, so we need the student's assistance. We, therefore are giving the student credit for assisting with the restocking of kits, preparing equipment for the next use, and other skills station setup/take-down needs.

Because these classes require the student to commit a large amount of time away from family/friends, we want to give the student credit for this choice. The best way for us to do that is to give the student credit for keeping his or her cell phone/pager off or set so as not to disturb classroom activities.

Retests

Didactic Exams

In a given course, a student may be given a total of two retests to use on didactic exams. In order to achieve a passing score, both retests may be used on the same exam, or they may be used on two individual exams. Only one retest may be used on the final exam.

The maximum score on a retest that will be used to calculate the student's grade will be a 79, even if the score achieved on the retest exceeds this score. A student who receives a passing score on an exam may not use a retest in order to get a higher score.

A student who fails to pass an exam and has no allowed retests remaining for the course or fails a retest on a final exam, has not completed the requirements of the course and is required to immediately withdraw from the program. These rules apply whether or not the student is aware of his or her status on didactic retests.

Exams that a student does not take during the time period specified by the course instructor will be given a score of zero (0).

Skills Exams

Each skills exam in a course may be retested a single time. A student may retest a second time only one single skill in a course. A student who fails a second retest of a skill, or who fails initial retests on two skills in a course, has not completed the requirements of the course and is required to immediately withdraw from the program. These rules apply whether or not the student is aware of his or her status on skills retests.

Clinical

Students will be graded on the following scale:

- A: 91-100
- B: 83-90
- C: 75-82
- D: 70-74
- F: 0-69

Where not specified otherwise, passing is considered a grade of "C" or better. Passing on a course Final Exam is considered a score of 80 or above.

Each class may have a different format/weighting for determining grades. Specific information regarding how the grade will be calculated will be provided by the lead instructor for each class.

Clinical Dress Code:

While at clinical rotations, students must adhere to the appropriate dress code.

Identification name badges must be worn at all times at all clinicals.

SHORT, jacket-type white lab coats with lapels and long-sleeves must be worn at all clinical sites EXCEPT EMS rotations. Lab coat must be clean and neat for all clinicals.

Shirts must be conservative for clinical rotations (i.e. white knit shirts with collars or button-down oxford-type) and neat and clean. NO insignias should be on the shirt. A white uniform-style shirt (short or long sleeve) with no patches is also appropriate.

Slacks must be black or navy blue. No denim or other "jean" type material may be worn. Slacks must be hemmed, not tied. Uniform pants are acceptable.

Shoes or boots must be low-heeled, closed toe, black, and of a texture that can be polished. Pant leg must be worn outside of the boot.

Jackets may be worn in inclement weather, as long as they have been approved by the clinical coordinator.

Lab jackets and other clothes must be clean and unwrinkled. Soiled jackets must be replaced if they become stained to the point of being unprofessional.

Hands, including fingernails, must be clean and neat. Fingernails must be short and nail polish may not be chipped. Artificial nails and nail jewelry are not allowed.

Hair must be clean, combed neatly and pulled back/up. It must also be a color found naturally on humans.

Wear a watch with a second hand or digital display of seconds. Bring a stethoscope, penlight, small note pad, black pen, and clinical documentation to all clinical sessions. Eye protection is recommended but not required.

No excessive jewelry should be worn. One discreet earring in each ear lobe is permitted. No other facial jewelry or piercings (including tongue) are permitted.

Tattoos will be covered with either makeup or long-sleeves/high collars.

Students are responsible for maintaining good personal hygiene. All students are expected to smell clean. Minimal perfume or cologne should be worn and students will not smell of cigarette smoke or strong foods (i.e. garlic).

Violations of the Dress Code may result in the student being sent home from that clinical and may result in disciplinary action.

A student may incur incidental expenses due to the need of replacement badges or any other item provided to the student of no cost by the program.

Hospital Visitation:

While at any hospital, clinic or EMS unit, you must conduct yourself as a professional and show respect to all patients, families, hospital or ambulance staff, physicians and all other professionals. The need to conduct yourself in a professional manner is not limited to behavior during clinical and field rotations, but is equally applicable in the classroom, on any of the College campuses, or during any involvement in college-related activities.

Under the student Discipline Policy by Board of Trustees in the ACC Student Handbook, a student may be disciplined for "behavior that significantly interferes with or disrupts any college teaching, research, administrative disciplinary, public service, or other authorized activity." Any inappropriate, unprofessional, disrespectful or argumentative behavior at the college or in any hospital clinic, EMS unit, or other affiliate agency is disruptive and appropriate action will be taken as per the section on Investigative Procedures in the ACC Student Handbook.

Cell Phones and Pagers:

Cell phones and pagers must be turned off or set to the silent position during lecture and lab. Leaving class to return calls will be deducted from the amount of time the student can miss from class.

Office of Students with Disabilities:

Information about ACC's Office for Students with Disabilities can be found at <http://www2.austinctcc.edu/osd/index.html>. Students with disabilities who believe that they may need accommodations in this class are encouraged to contact the Office of Students with Disabilities Riverside Campus office at (512) 223-6244 (RVS Room 8138) as soon as possible to better ensure that such accommodations are implemented in a timely fashion. Students with disabilities are responsible for disclosing their disability to OSD if accommodations are required in the educational process. Please refer to the Texas Department of State Health Services Functional Position Description and Disability Information in the Appendix of this document. The following is taken from page 32 of the 2002-2003 Student Handbook:

Each ACC campus offers support services for students with documented physical or psychological disabilities. Students with disabilities must request reasonable accommodations through the Office for Students with Disabilities on the campus where they expect to take the majority of their classes. Students are encouraged to do this three weeks before the start of the semester.

VII. Academic Policies:

Academic Integrity:

Health professionals receive a high level of public trust and respect. Maintaining academic and clinical integrity is essential to the development of the characteristics required for ethical and professional practice. Therefore, health sciences students must demonstrate ethical, responsible, professional behavior and accountability for their actions throughout the program.

Academic Dishonesty:

Academic work submitted by students shall be the result of their own thought, research or self-expression. For purposes of these regulations, academic work is defined as, but not limited to exams and quizzes, whether taken electronically or on paper; projects, either individual or group; papers; classroom presentations; and homework. When students borrow ideas, wording or organization from another source, they shall reference that information in an appropriate manner.

ACC Health Science programs' definition of academic dishonesty and discipline policies follows.

Definition:

Academic dishonesty includes but is not limited to the following:

- Cheating on an exam or quiz by bringing information to the testing area (no use of cell phones or PDA's for calculation, approved calculators allowed), talking to another student during the test, or looking at another student's test during the examination, removal of privacy screen on computer
- Plagiarizing by borrowing ideas, wording or organization from another source, without appropriate referencing of the source.
- Unauthorized collaboration / collusion with another in preparing outside work for fulfillment of course requirements
- Unauthorized entry (hacking) into test banks or examinations
- Falsifying data in a patient health record
- Assisting others in academic dishonesty
- Discussing any assessment tools such as examinations or mastery check-offs with students who have not taken the exam or completed the check-off
- Having a copy of the examination outside the time and place of test administration
- Lying about or misrepresenting care given, clinical errors, or any action related to clinical experience
- Recording, taping, taking pictures without consent from instructor
- Submitting of another student's work as own

Since dishonesty harms the individual, fellow students, and the integrity of the program, policies on academic dishonesty must be strictly enforced. Any documented incidences of academic dishonesty will result in probation at a minimum and can result in withdrawal from the program. If the withdrawal is for academic dishonesty, the student is not eligible for readmission into the program.

Program Progression:

In order to successfully progress through Health Science programs, the student must:

- Complete pre-requisite courses before progressing in the program
- Be enrolled in co-requisite courses in the discipline at the same time
 - a. Withdrawal from any co-requisite course in the discipline prior to the college official withdrawal date may result in withdrawal from all other discipline specific co-requisite courses regardless of the current grade in the course
 - b. Students who fail a co-requisite course in the discipline may be required to retake all co-requisite courses in the discipline
 - c. Students who withdraw from a general education co-requisite course during the semester may be ineligible for progression to the next semester until that course is completed
- Achieve a minimum grade of "C" in all health science courses in the degree plan
- Satisfactorily meet course objectives

Progressive Discipline:

Faculty is committed to assisting students to be successful in the program. Therefore, Health Science students who are not meeting courses objectives in theory, lab, clinical or practicum will be apprised of their performance status using the progressive discipline process.

- **Step 1: Warning**

The instructor provides the student with a verbal warning or written feedback as to their status. The instructor counsels the student regarding criteria for successful completion of the course and makes recommendations for improvement. Recommendations may include but are not limited to – remediation by faculty, utilization of peer study groups, tutors, computer-assisted instruction, seeking assistance from ACC counselors.

At the discretion of the instructor and depending on the situation, this step may be skipped and a conference completed.

- **Step 2: Conference**

The student meets with the instructor in a formal conference to review the performance deficit. A written Health Science Conference Report will identify specific course or program objectives not met. A remediation contract including deadlines for completion will be developed to correct the deficit so the student can successfully progress through the program.

If at any time the student does not comply with all terms outlined in the conference report, the student may be placed on probation or withdrawn from the program, if applicable.

- **Step 3: Probation**

Probation may be implemented for, but not limited to the following behaviors:

- Academic dishonesty
- Unsatisfactory clinical or practicum performance
- Unsatisfactory clinical attendance and punctuality
- Unethical, unprofessional behavior, and/or unsafe clinical, lab, or practicum practice
- Refusal to participate with a procedure
- Behavior which compromises clinical or practicum affiliations

Probation is a trial period in which the student must improve or be withdrawn from the program.

The student meets with the instructor and department chair. An ACC counselor may be asked to assist in representing the student. The faculty will complete a Health Science Probation Report explicitly stating expectations that must be followed during the probationary period and signed.

The probation period for safety or professional conduct violation is until the student successfully completes all program requirements.

- **Step 4: Withdrawal**

If at any time during the probation period, the student fails to meet any of the conditions of the probation contract, the student may be withdrawn from the program. Accordingly, if at the end of the probation period the student has not met the criteria for satisfactory performance outlined in the probation contract, the student will be withdrawn from the program.

A student who is placed on probation for unsafe or unprofessional conduct will be withdrawn from the program for subsequent safety or professional conduct violations at any time during the program. (If the occurrence is past the official college date for withdrawal from a course, the student will receive a performance grade of "F" for failure or "U" for unsatisfactory).

Some situations do not allow for the progressive discipline process due to the severity of nature or the timing of their occurrence. Incidents of this nature may require the student to be immediately placed on probation or withdrawn from the program. Examples of these include, but are not limited to:

- Violations of patient confidentiality
- Academic dishonesty
- Falsification of documentation
- Unprofessional behavior that seriously jeopardizes patient, student staff, or preceptor safety

NOTE: If the occurrence is past the official college date for withdrawal from a course, the student will receive a performance grade of "F" for failure or "U" for unsatisfactory.

The withdrawing student must meet with the course instructor and/or department chair to complete all exit forms and have an **Exit Meeting** within two weeks of the withdrawal. The student is required to turn in their program student ID and any equipment or items that belong to the department. Failure to do so may compromise their standing at ACC.

Student Complaint Procedure:

Health science programs follow the college's general policy for student complaints as set forth in the **ACC Student Handbook**. A copy of the student handbook is available at each campus's administrative offices, or may be downloaded from the ACC website at: <http://www.austincc.edu>.

The purpose of student complaint procedure is to ensure students due process in the resolution of a complaint. Student complaints may include (but are not limited to) issues regarding classroom instruction or other college services and offices as well as discrimination based on race, color, gender, religion, age, national origin, disability or sexual orientation. This procedure does not apply to student disputes about course grades which are resolved under the supervision of the appropriate instructors and instructional administrators. The program will not retaliate against the student as a result of filing a complaint

Sexual and / or Racial Harassment Complaints:

If a Health Science student has a complaint regarding sexual or racial harassment then the student should refer to the **ACC Student Handbook** for the policy and procedure related to sexual and racial harassment. <http://www.austincc.edu/handbook/policies3.htm#sexual>.

Grade Change Policy and Procedures:

ACC Health science programs follow the college's general policy on grade change as set forth in the **ACC Student Handbook**. A copy of the student handbook is available at each campus's administrative offices, or may be downloaded from the ACC website at: <http://www.austincc.edu/handbook/>.

Assignment of Grades:

The instructor teaching the course shall assign grades. The instructor will provide information to the students at the beginning of the semester regarding the course, including the guidelines for grading. If the student has questions about or objections to the grading policy in a course, those must be brought up during the semester. Such questions or objections should first be addressed to the instructor and then, if the student believes it is appropriate, to the instructor's supervisor. These questions are not relevant when determining whether an error occurred in assigning a performance grade.

Grade Change Appeal:

If a student believes that an error has been made in the assignment of a grade, he or she should follow the "Procedure for Determination of Error of a Performance Grade" found in the **ACC Student Handbook** at www.austincc.edu.

VIII. Safety and Health Information:

Professional Risks:

Interactions with patients in the health care system carry inherent risks to both the patient and caregiver, including, but not limited to, communicable diseases. In the curriculum, students will be given information regarding known risks for various diseases and provided skills to implement precautions appropriate to these risks as part of the program curriculum.

All students are expected to provide appropriate care to all patients assigned to them in any setting. These assignments may include patients with medical diagnoses of tuberculosis, hepatitis A, B, or C or AIDS. Additionally, it is the responsibility of the student to implement standard precautions in the care of all assigned patients.

Health Insurance:

The College does not provide personal health insurance coverage for students. All Health Sciences students are encouraged to carry some type of personal health insurance. Information about health insurance is available at: <http://.austincc.edu/ehs/insurance.html>

Accidents/Exposure:

Medical Professional Liability Insurance:

Medical professional liability insurance is required for each Health Science student enrolled in a clinical course with patient contact. This insurance is purchased automatically through Austin Community College registration fees collected each semester.

Accident insurance:

Student accident insurance coverage is required for students participating in certain college sponsored laboratory / clinical activities. The maximum medical benefit is \$10,000 per student with a \$25.00 deductible. The student is responsible for the \$25.00 deductible. Payment for insurance coverage is assessed at registration.

The student accident policy provides insurance coverage only while participating in specified laboratory/clinical classes. It does not extend to accidents involving automobiles and incidents outside the laboratory/clinical/classroom.

Accident Procedures:

1. Provide first aid for the student sufficient to get the situation under control.
2. If the accident occurs on campus, campus police are notified.
3. If the accident occurs in the clinical area, faculty responsible for the course in which the student is injured must be notified immediately of the incident.
4. If it appears that a physician should see the student, he or she may choose to see his/her own physician, go to a minor emergency center, or be transported to a hospital. The student can pay the bill at the time of treatment or assign benefits and request reimbursement from ACC's insurance company.
5. The injured student will use the designated claim form. All components of the claim form must be completed. The completed form must contain the signatures of (1) the faculty/supervisor, and (2) the student/claimant and submission of an **itemized medical bill** before reimbursement will be made. Reimbursement requests along with completed claim form should be sent to:

Austin Community College
Risk Management Department
9101 Tuscan Way
Austin, TX 78754
Phone: 223-1015 Fax: 223-1035

6. The student submits a copy of the completed insurance form and HIPAA release form to the Assistant Dean of Health Sciences immediately after the incident.
7. The Faculty submits TWO copies of the Supervisor's Injury and Illness Analysis and Prevention Report; one copy to the Department Chair and one copy to the Assistant Dean of Health Sciences within 48 hours of the event.
8. The Assistant Dean of Health Sciences will communicate the official notification of the claim to the Risk Management Department who confirms insurance coverage with the carrier & medical provider.

Forms are available in published course materials and on the web at:

- <http://accweb.austincc.edu/accforms/forms/HZCM004studentaccidentclaim.pdf>
- <http://accweb.austincc.edu/accforms/formsfrontpage/supersinjuryrep.html> (select view form)

Infectious Disease Exposure Response:

Students who experience an exposure to any potentially infectious materials (needle stick, mucous membrane, or non-intact skin) or airborne inhalation require specific follow-up. It is the responsibility of the individual to report the incident to the instructor and seek medical evaluation/care as soon as possible (preferable within one hour). Faculty will ensure that copies of the appropriate insurance forms will be made available to the students prior to their first clinical experience.

Environment of Care (EOC):

Austin Community College Health Science Students and faculty will follow procedures outlined in the Seton Safe Environment of Care (EOC) and the St. David's Mandatory Education Module and designed by Seton and St. David's and adapted for use at ACC in order to educate students and faculty in procedures mandated by health care facilities. All of the Seton Healthcare Network and St. David's Healthcare Partnership facilities, in which we are affiliated, have agreed to the use of these procedures in order to educate students and faculty prior to their clinical rotations in those facilities.

Students are required to complete these modules according to specified deadlines established by the program. The purpose of the test is not simply to pass it, but to understand the concepts presented in the Seton Safe EOC Manual and St. David's Mandatory Education Module. The scope of these tests includes general safety, hazardous materials and waste, medical equipment, security, emergency preparedness, life safety and building construction, utility systems and social environment.

These exams are available at: <http://www.austincc.edu/hltsci> or on departmental home pages. Specific instructions about how to access the test will be given to students by their instructor. When students have completed the test, they will be required to make a copy for themselves and electronically mail a copy to their program.

HIPAA:

The Health Insurance Portability Accountability Act (HIPAA) requires that all protected health information be kept private and secure by all persons that handle, or have access to that information. Since health sciences students, faculty, instructors, and staff use protected health information as part of the educational process (i.e. access to client health data to provide care and use of de-identified health data for educational assignments such as case students and care plans), all health science students must complete an online **HIPAA Training Module** on an annual basis to remain in compliance with HIPAA regulations. Students are not allowed to enter the clinical settings / fieldwork until this training has been completed. Any violations of HIPAA regulations will result in disciplinary actions up to and including withdrawal from the program.

Workplace Violence:

Students who are assigned a clinical or practicum experience in a Seton Healthcare facility are required to complete the **Safety Module for Non-Employees: Workplace Violence Module.**

Substance Abuse Policy:

The well-being of patients and clients cared for by our students is of primary concern in all Health Sciences programs and a carefully designed and administered drug and alcohol misuse procedure can reduce accidents. Therefore, the Health Sciences Department has adopted a substance abuse testing program wherein a student who is participating in clinical classes will be tested for drugs when there is reasonable suspicion that the student is under the influence of alcohol and/or illegal drugs, i.e., drugs which are controlled substances under federal law which are not being used under the supervision of a licensed health care professional, or otherwise in accordance with the law.

Students will be asked to submit to drug screening by their ACC clinical instructor at the expense of the college in the following circumstances:

1. Observable indication of actual use or impairment such as slurred speech, lack of co-ordination, incoherency, marijuana or alcohol odors
2. Possession of drugs, apparent paraphernalia or alcoholic beverages
3. Detailed, factual and persistent reports of misuse by multiple colleagues
4. Abnormal or erratic behaviors such as sudden outbursts, mood swings, hostility or unusual anxiety that suggests possible drug use or alcohol misuse
5. Involvement in suspicious accidents
6. Apparent lapses in judgment or memory
7. Unusual lethargy

Testing Procedure

1. Document student's behavior. Confer with department chair. If a department chair is the faculty member concerned about the student's behavior or if the department chair is unavailable, the conference will be with the dean or dean's designee.
2. If a student denies being under the influence of unauthorized substances, a request for a drug screen will be initiated.
 - a. The student will sign a consent to undergo drug screening.
 - b. If the student refuses to consent to drug screening, the student will be immediately dismissed from the program.
3. Arrange for transportation directly to a designated testing center by taxi accompanied by a Health Sciences representative.
4. After the drug screen specimen has been obtained, the student will be transported by taxi to home.
5. Student is excluded from all clinical activities pending results of the drug screen.
6. Drug screen findings will be interpreted by the designated testing center within 24-48 hours.
7. Results will be sent to the Dean of Health Sciences where they will be kept in a confidential, locked file. Results of the drug screen will be released to the department chair on a need to know basis only. Records may be released only to the student or the decision-maker in a lawsuit, grievance, or other legal proceeding against the College or its agents arising out of the positive drug test.
8. All positive drug screens will be reviewed by an independent Medical Review Officer. During the review process the student will have the opportunity to:
 - a) Explain the cause of the positive drug screen.
 - b) Provide the name of the physician authorizing any prescription medications. The Medical Review Officer will contact the attending physician for verification. If verification is obtained, the student will be placed on probation. Any subsequent evidence of substance abuse will result in a recommendation that the student be dismissed from the program. The student may appeal the recommendation using the Student Complaint Procedure in the ACC Student Handbook.
9. If drug screen is positive and unexplained, unverified via the Medical Review Officer, the student will be:
 - a. Dismissed from the program and
 - b. Report to the state licensing agency, if applicable.
10. A student who tests positive will be referred by the ACC counselor to a community resource for evaluation at the student's expense.
11. If the drug screen is negative, the student will be immediately reinstated in clinical by the department chair and will be provided opportunity to make up assignments. The student will be subject to all other objectives related to safe behavior and care of clients.
12. Readmission to the program is based on program admission policies. *Please refer to the Consent for Drug Screening form located in the Appendices section at the end of this handbook.

Note: Some clinical affiliates may require a preliminary drug screening prior to actual clinical practice in their facility. Students who do not pass a drug screen may be unable to continue in the program as alternative clinical arrangements may not be available.

III. Clinical and Lab Policies

Professional Behavior:

Austin Community College and the Health Sciences Programs have certain expectations of behavior. Health Science students while on campus or while representing Austin Community College at any clinical agency must conduct themselves in a professional manner as to reflect favorably upon themselves and the Program they represent. Students are expected to assume responsibility for their actions and will be held accountable for them. If at any time a student behaves in a manner which is inappropriate, unprofessional, disrespectful, argumentative, or endangers the health or safety of fellow students, instructors, patients, health care team, they will be referred to the "Student Discipline Policy and Procedures" as outlined in the **ACC Student Handbook** and administered through the office of Student Services. Students will abide by clinical agency policies during each clinical experience.

Students will also be disciplined for academic dishonesty and unprofessional conduct.

Unprofessional conduct includes, but is not limited to:

- Verbal or non-verbal language, actions, or voice inflections, or insubordination which compromise rapport or working relations with peers, faculty, patients and their family or healthcare team members.
- Any behavior that may compromise contractual agreements and /or working relations with clinical affiliates, or constitute violations of legal or ethical standards.
- Using or being under the influence of any drug (OTC, prescription, and /or illegal) or alcohol that may alter judgment and /or interfere with safe performance.

Violations of the professional behavior standards can result in immediate removal from the clinical site, probation, or withdrawal from the program.

Professional Ethics and Confidentiality:

Students must remember that the information concerning patients is confidential. Refer to the regulations in the Health Insurance Portability Accountability Act (HIPAA). Failure to comply with the above is cause for immediate dismissal from the program.

Safe/Unsafe Clinical Practices:

The Health Sciences Programs identify safety as a basic human need. A safety need can be identified as physical, biological, and /or emotional in nature. Safe practices are an academic requirement of each program.

Unsafe clinical practice shall be deemed to be behavior demonstrated by the student which threatens or violates the physical, biological, or emotional safety of the patients, caregivers, students, faculty, staff or self. Unsafe or unprofessional clinical practice may result in:

- a performance conference & written report
- a probation conference & written report
- immediate withdrawal from the program. (If the occurrence is past the official college date for withdrawal from a course, the student will receive a performance grade of "F" for failure or "U" for unsatisfactory.)

The following examples serve as guides to these unsafe behaviors, but are not to be considered all-inclusive.

Physical Safety: Unsafe behaviors include but are not limited to:

- inappropriate use of side rails, wheelchairs, other equipment
- lack of proper protection of the patient which potentiates falls, lacerations, burns, new or further injury
- failure to correctly identify patient(s) prior to initiating care
- failure to perform pre-procedure safety checks of equipment, invasive devices or patient status

Biological Safety: Unsafe behaviors include but are not limited to:

- failure to recognize and correct violations in aseptic technique
- improper medication administration techniques / choices
- performing actions without appropriate supervision
- failure to seek help when needed
- attending clinical while ill
- failure to properly identify patient(s) prior to treatments

Emotional Safety: Unsafe behaviors include but are not limited to:

- threatening or making a patient, caregiver, faculty, staff or bystander fearful
- providing inappropriate or incorrect information
- performing actions without appropriate supervision
- failure to seek help when needed, unstable emotional behaviors

Unprofessional Practice: Unprofessional behaviors include but are not limited to:

- Verbal or non-verbal language, actions, or voice inflections which compromise rapport and working relations with patients, family members, staff, or physicians, may potentially compromise contractual agreements and/or working relations with clinical affiliates, or constitute violations of legal/ethical standards
- Behavior which interferes with or disrupts teaching/learning experiences
- Using or being under the influence of any drug or alcohol that may alter judgment and interfere with safe performance in the clinical or classroom setting.
- Breach of confidentiality in any form

Clinical Guidelines:

Clinical rotations are a very important part of your training, and we are extremely fortunate to have excellent hospital facilities available to us in Austin.

As a student you will have the privilege of sharing many different learning experiences during your rotations in the various hospital departments. Please try to make the most of this privilege. Along with privilege, however, inevitably comes responsibility, and you are expected to accept that responsibility to behave in an intelligent, dignified, courteous and professional manner. The following guidelines are to help you to know what is expected of you.

Read the objectives for each clinical site before each shift.

- You must be present for the shift you signed up for, and you will not be allowed to take a shift that you have not signed up for. You should arrange your schedule so that you will be on time for your rotation. "On time" means 10 minutes before the start of your shift. You may not arrive at your clinical site more than 15 minutes prior to the start of your shift. Arrival at a clinical site more than 20 minutes after the start time will cause you to be sent home from the clinical and to receive an unexcused absence.
- Students should bring all relevant paperwork to the clinical. Failure to have the correct paperwork may be grounds for the student to be sent home and to receive an unexcused absence. Required paperwork includes the clinical evaluation form and accident report forms.
- Information concerning proper dress for clinicals is found under "Dress Code" section.

- You should report to the charge nurse or the clinical preceptor upon your arrival in the clinical area.
- You may sit in on patient reports / assessments but should ask for permission in advance.
- It is imperative that you maintain the patient's and the professional's right to confidentiality at all times. At no time should you discuss a patient with anyone other than the patient's doctor/nurse or your instructor. If you receive questions from family, friends, media or police, you should refer them to the attending nurse or charge nurse or preceptor. You may not remove any documentation from a clinical site that identifies a patient. You must follow HIPPA guidelines for all clinical contacts.
- In all hospital departments the student should perform patient assessments. These are skills which must be developed and require a great deal of practice. When possible, compare your assessments with that of the attending nurse and discuss ways you might improve your assessment skills.
- Because of patient availability, it is possible that all objectives may not be met and that all skills may not be performed. Nonetheless, the student should observe and practice as many skills as possible under the supervision of the clinical instructor.

Students will not perform invasive procedures.

As you read patient charts you will discover vocabulary words and procedures that are new to you. It is important to look up the meaning of these words and ask about the procedures as a means to increase your knowledge.

Understand that methods of treatment may vary depending on the patient's condition, the setting (i.e., pre-hospital or in-hospital) and preference of the physician in charge. Record any technique or procedure performed differently from the manner it was presented during your classroom training.

You are NOT to seek free medical advice for yourself or your family while at clinical.

For each in-hospital clinical which lasts at least six hours there will be one 30-minute break. There is no break for clinicals less than six hours in length. For out of hospital clinicals students should bring their own food AND money for meals (in case they are unable to get back to station).

Do not bring cell phones to the clinical site. Pagers will be left on silent or vibrate. Pages will only be returned during breaks, after the clinical, or with the permission of the clinical preceptor.

Read the objectives for each clinical prior to the shift.

Documentation:

It is the responsibility of the student to see that the documentation forms are completed properly and turned in by the due date. Where required, the clinical supervisor/preceptor (instructor, RN, Paramedic, or other professional) must sign the documentation forms *personally*. Any falsification of clinical documentation may result in dismissal from the program. Paperwork that has not been signed by the appropriate person will not be accepted.

It is YOUR responsibility to retain copies of all clinical documentation. The EMSP department will not be responsible for lost documentation.

Paperwork is due at or before the beginning of the class meeting immediately after the date of the clinical.

Clinical Scheduling and Absences:

The Department of State Health Services, EMS Trauma Systems requires a minimum number of clinical hours to be met in order to attain a specific EMS certification. Each individual EMS education program must meet those requirements; however, if the EMS education program wishes, it may require more than the minimum hours. Our program requires more than the minimum hour requirements and those minimums are on file with DSHS for our courses. *What this means is that you, as a student, must meet OUR minimum hourly requirements in order to be eligible to sit for certification as an EMS provider.*

You will receive a start date and end date for each clinical rotation. Due to constraints of available clinical time, there will be no make up clinicals scheduled after the end date. If you are unable to attend a clinical as scheduled, you will be able to change the date only if it can be arranged with another student or if there is an empty slot available on the clinical calendar. **All clinical changes must be made through the clinical coordinator.**

Clinical attendance is a vital part of EMT-Basic education. Students must attend every required clinical in order to complete the course successfully. It is expected that students will attend the clinicals for which they are scheduled. Under no circumstances may the student attend a clinical that has not been properly scheduled. Students are expected to be at the clinical site at least 10 (ten) minutes prior to the scheduled start of the clinical.

If you are unable to attend a clinical for which you have been scheduled, you must notify the clinical coordinator in a timely manner. If the coordinator is unavailable then you are to contact one of the faculty members. The expectation is that notification will be made at least 12 hours in advance of the start of the clinical (whenever possible) but no less than 1 hour prior to the start of the clinical. If you are unable to make contact with any faculty members, you should leave a message with the department secretary. You may be asked to provide documentation for the reason for missing a clinical, including a doctor's note for illness. *Students with two clinical absences may be placed on probation.*

A missed clinical will count as an unexcused absence if the student fails to provide appropriate notification before the start of the clinical; if the student is sent home from the clinical by the clinical preceptor for reasons which may include, but are not limited to, improper dress or failure to bring correct clinical paperwork; if the student arrives more than 20 minutes late for the scheduled start of the clinical; or other reasons as determined by the department. **A student who has an unexcused absence will be placed on probation.**

Missed clinicals can only be rescheduled subject to availability of clinical time.

Situations Requiring Immediate Contact of Clinical Coordinator:

The student must immediately contact the clinical coordinator if they become ill, are sent home from the clinical, if the student has to leave the clinical early or if anything else unusual or problematic occurs at the clinical site.

The student must contact the clinical coordinator or an EMSP faculty member immediately if they are ever involved in an incident where the student is requested to make an official statement by a representative of the clinical site. **Under no circumstances will the student write an official incident report or be interviewed by staff regarding such events (for example, questions of patient care, inappropriate behavior, accident reports or procedural issues) occurring during the clinical rotation without the permission and/or representation of the clinical coordinator or another EMSP faculty member.**

The student must also notify the clinical coordinator immediately if the student is injured at a clinical site.

Open Lab Policy:

In an effort to maximize students' success in the EMS Professions program, we have adopted a new Open Lab Policy. Following a few simple rules of engagement listed below, students will have access to after-class, open lab practice times with available instruction/guidance from the EMSP Lab Coordinator. During this lab time, the students are responsible for checking out and returning the equipment used **in the same or better condition** as when it was checked out. A student will be issued a numbered airway bag, IV cart, etc. that the student is responsible for at all times. The student **MUST** check out and inspect the equipment before he/she signs out for it. If supplies are missing when they are issued the equipment, the student must inform the Lab Coordinator **IMMEDIATELY** so that it will be restocked and the student will not be held responsible. This inspection process can be accomplished by using the laminated restocking sheets found in the airway kits, drug boxes, and IV carts. When students use equipment in open lab sessions, they **MUST** fill out the **Equipment Check-Out Form**. Find the Lab Coordinator who will give you this form. If the form is not completed, equipment will not be issued.

After practice, the supplies must be placed in the proper location within the kits. For example, an adult BVM should be placed in the large inner pocket in the airway kits. This location can be found on all the laminated restocking cards within the kits or is actually labeled on the kits. The kits must be returned and **you must sign out on your form**. Upon return, please **indicate on the form what consumable items you used** (i.e. approximately how many 4x4s, needles/gauges, IV supplies, etc.) so that inventory can be taken. Notify the Lab Coordinator that you are leaving so that the kits can be restocked immediately. *A student maintains responsibility for all equipment he or she checks out until it is officially checked in by the ACC EMS Professions Lab Coordinator or designee.*

Once the equipment is returned, it will be inspected. If found to be broken, deficient in supplies (undocumented use of consumables) or disorganized, the student will be held accountable. The following steps will occur in this order if this policy is violated:

- 1) The student will receive a written counseling.
- 2) The student's class participation grade will be affected based on the equipment being used.
- 3) The student will lose open lab privileges for a specified time period as determined by the department.
- 4) The student will be placed on departmental probation.
- 5) The student will be dismissed from the EMS program.

While every effort will be made to follow this progressive disciplinary plan, certain situations may arise that warrant immediate action up to, and including, dismissal from the EMS program (for example, returning equipment in a manner that poses a risk to the health and safety of students, faculty, or staff, such as leaving an exposed or contaminated needle in a kit).

Open Lab Rules:

In order to run the EMSP lab efficiently, we must all play by some simple rules. If you follow these rules, this program will make sure to have the lab open and available at your request.

GENERAL RULES: Open Lab is not a "walk-in" practice at your leisure. Although weekly lab times are posted, they will only be made available when a student requests an open lab appointment **at least 24 hours in advance**. This gives ample time for the Lab Coordinator to set up and resolve any conflicts. Preferably have a group of students meet at once to maximize resources and learning opportunities. However, the Lab Coordinator is always available for individual tutoring and skills help. If you schedule an appointment and you

fail to show up without calling or emailing, you will be penalized according to the progressive disciplinary process listed in the EMSP Open Lab Policy.

CHECK-OUT: Find the Lab Coordinator
Inspect the equipment using the restocking sheets
Fill out the **Equipment Check-Out Form**

DURING PRACTICE: Be safe - It will be unsupervised practice
Be willing to clean up after yourself and put things away in the right place during practice
Re-use as much equipment as appropriate (with exception of sharps, of course)
BRING YOUR OWN IV SUPPLIES (if supplied to you)
Lab Coordinator WILL BE available to help instruct, "practice test," or guide students through skills as requested by student (upon availability of Lab Coordinator)
Lab Coordinator WILL NOT be a "patient" nor any part of a team assisting the application of any skill
Lab Coordinator WILL NOT skills test anyone unless specifically requested by faculty (not student)

CHECK-IN: Students are expected to return equipment to appropriate locations in kits, drug boxes, IV carts, etc. and clean up after themselves
Students are expected to return the equipment used in the same or better condition as when it was checked out
Students are expected to complete the restocking section of the Equipment Check-Out Form and **sign out**

OPEN LAB HOURS:

Monday 2-4, Tuesday 1-3, Wednesday 2-4, Thursday 1-3, Friday 8-12

LAB MANAGER CONTACT: Steven Villavicencio

Svillavi@austincc.edu

Office Phone: 223-5926

Emergency Contact: 606-0108

EVC 9119

X. General Information

Counseling Services:

Student Services Counselors help students define educational and career goals, learn methods for benefiting from instruction and manage life challenges that may reduce the chance for success in college. Counselors offer workshops on topics such as motivation, learning styles, study skills, communication and time management. Counselors provide information on college resources and refer students to community resources when needed.

Contact Information:

Margie Sandoval-Samilpa, M.Ed.

Counselor, Health Sciences

Bldg. 9000, rm. 9102

(512)223-5810

msamilpa@austincc.edu

Office Hours: M-F 8:30-5pm

Appointments can be made by calling 223-5810 or 223-5129.

Financial Aid:

The ACC Financial Aid Office is available to assist you locate resources to finance your education. Each campus has a Financial Aid Office or you can go online to the Financial Aid website at: www.austincc.edu/finaid

Library:

Library Services <http://library.austincc.edu/>

ACC's libraries feature more than 130,000 items including books and other print materials, audiovisuals, electronic resources, and computer software available to students. Reference librarians are available at each campus or via e-mail or phone to assist students in finding resources and information, saving students both time and frustration. The EVC Campus Library focuses on health sciences resources in support of the health sciences programs located there.

Some useful phone numbers

Reference: 223-5116 Circulation: 223-5109

Checking Out Materials

Students need an ACC ID and a photo ID in order to borrow items from campus libraries. (Students may have their ID validated each semester at a campus library.) Checkout and Fines policies can be found online at

<http://library.austincc.edu/gen-info/lending-about.htm>

On-Line Resources <http://library.austincc.edu/>

Students may use the library web site from campus or home in order to access:

- ACC's library web catalog
- Full-text periodical articles
- Electronic reference sources
- Electronic reserves
- Study guides
- Tutorials and recommended web sites

The availability of information and articles from encyclopedias, handbooks, reference books, newspapers, popular magazines, and scholarly journals using print or online library resources makes research for assignments or personal information easy for you. In many cases, you don't even touch paper; the entire text of the article is on the web.

Some of indexes or reference sources are general and are useful for almost any topic., e.g., Academic Search Premier or Masterfile Premier. Others are specialized, such as science, business, nursing, etc., e.g., AccessScience or Cumulative Index to Nursing and Allied Health Literature (CINAHL). We recommend that health sciences student start their research by starting online at <http://library.austincc.edu/eresources/subj-health.htm>

Testing Center:

Current Testing Center guidelines may be viewed at: <http://www.austincc.edu/testctr/student.html>. The following summary guide to the use of ACC Testing Centers was published in the Spring of 2002:

Student Summary Guide For Use Of ACC Testing Centers

In order to ensure test integrity and adequate space for testing, the following *summary* guidelines have been established; the *entire* guidelines are available in any Testing Center and will be issued by your instructor via course syllabi or other verbal or written information – which you are expected to follow.

1. You are required to have a current ACC student I.D. **and** an acceptable photo I.D. in order to test. An official fee receipt marked "Paid" may be substituted temporarily until your ACC student I.D. is obtained. An acceptable photo I.D. includes:

- Current Drivers License, Department of Public Safety I.D., or Department of Defense I.D.;
- Current Resident Alien Card or Passport;
- Digitally-produced photo from a recognized company (i.e. Sam's Club), bearing your name;
- A temporary ACC Testing Center photo I.D. (\$5.00 fee); or
- Accompanied by an instructor for personal I.D. (student must take test at that time).

2. You are required to complete the *Student Test Request Form*. For **re-testing**, you must provide the **yellow student copy** from the original test. Initial and re-testing on the same day is not allowed. If the test deadline has passed, you must also bring *written permission* from your instructor.

3. Any student suspected of and/or caught cheating (including the use of unauthorized materials during testing) is considered **scholastic dishonesty**. You will be referred to the appropriate administrator. Disciplinary actions for scholastic dishonesty range from exclusion from Testing Centers to expulsion from ACC. You may refer to the ACC Student Handbook for disciplinary policies and procedures. You may also be subjected to disciplinary action for behavior that significantly interferes with or disrupts Testing Center operations.

4. Bring *only* the materials allowed by your instructor for the given test. Approved items such as English dictionaries (non-electronic), Scantron answer sheets, and all types of paper are provided

by the Testing Centers. All other items (pagers, cell phones, laptops, purses/wallets, calculator/pencil cases, food/tobacco items, etc.) must be stored elsewhere, in a locker, or shelved in the Testing Center at your own risk. **Children are not allowed in the Testing Centers.**

5. You are responsible for the return of your locker key to Testing Center staff. Your property will not be surrendered in the case of a lost key until a report is filed with Campus Police. The incident will be reported to Student Services and a hold will be placed on your record until the key is returned or replaced.

6. You may be assigned seating in the Testing Center. When the Testing Center is full, you will be placed on a waiting list, issued a ticket, or be asked to line up outside the Testing Center. Only *one test* is allowed per sitting; you must leave the Testing Center and begin the process again for a second test. You **may not** leave the Testing Center for breaks while testing (except for a medically verified reason), otherwise, your test must be turned in to be graded.

7. Testing for a grade of Incomplete requires an *Incomplete Grade Form* or verification from Admissions and Records and instructor signature.

8. If an answer key is available, your test will be graded and you will be given your raw score. Once the test has been scored, it cannot be reviewed or examined again in the Testing Center; contact your instructor for feedback. Keep the yellow copy of the *Student Test Request Form* for the remainder of the semester for proof you took the exam and that the grade was posted.

9. All exams must be turned in no later than thirty (30) minutes after closing - **NO EXCEPTIONS**. No students will be admitted and no distribution of new test materials will be allowed *after closing time*. Hours of operation for the Testing Centers are located at <http://www2.austin.cc.tx.us/testctr/>.

The functional job analysis was developed by The Psychoeducational Clinic of the Ohio State University. It has been endorsed by the National Association of State EMS Directors and the National Council of State EMS Training Coordinators. It may be used to assist in student selection.

FUNCTIONAL JOB ANALYSIS

The following functional job analysis was developed by the Psychoeducational Clinic of the Ohio State University, at the request of the Board of Directors of the National Registry of Emergency Medical Technicians. This job analysis was later endorsed by a committee comprised of members of the National Association of State EMS Directors and the National Council of State EMS Training Coordinators. The NREMT Board utilized this functional job analysis in the development of examination accommodations to meet the requirements of the Americans with Disabilities Act. Readers and persons interested in utilizing this functional job analysis should refer questions related to specific indicators to occupational rehabilitation specialists for interpretation.

EMT-Basic Characteristics

EMT-Basics work as part of a team. Thorough knowledge of theoretical procedures and ability to integrate knowledge and performance into practical situations are critical. Self-confidence, emotional stability, good judgement, tolerance for high stress, and a pleasant personality are also essential characteristics of the successful EMT-Basic at any level. EMT-Basics also must be able to deal with adverse social situations, which include responding to calls in districts known to have high crime rates.

Physical Demands

Aptitudes required for work of this nature are good physical stamina, endurance, and body condition which would not be adversely affected by lifting, carrying, and balancing at times, patients in excess of 125 pounds (250, with assistance). EMT-Basics must be able to work twenty-four-hour continuous shifts. Motor coordination is necessary for the well-being of the patient, the EMT-B, and co-worker over uneven terrain.

Comments

Driving the ambulance in a safe manner, accurately discerning street names through map reading, and the ability to correctly distinguish house numbers or business locations are essential to task completion in the most expedient manner possible. Use of the telephone for transmitting and responding to physician's advice is also essential. The ability to concisely and accurately describe orally to physicians and other concerned staff one's impression of the patient's condition is critical as EMT-Basics work in emergency conditions in which there may be no time for deliberation. EMT-Basics must also be able to accurately summarize all data in the form of a written report. Verbal and reasoning skills are used more extensively than math. Math does play a part, however, in determining medication ratios per patient's body weight.

Job Analysis Schedule

1. **ESTABLISH JOB TITLE:** Emergency Medical Technician - Basic
2. **CODE 079026 WTA GROUP:** Occupations in medicine and health
3. **JOB SUMMARY:** Administers life support care to injured and sick persons in prehospital settings as authorized and directed by physician. Assesses nature and extent of injury or illness to establish and prioritize medical procedures to be followed.

4. **WORK PERFORMED RATINGS:**

Worker Functions	Data	People	Things	
		3	7	4

Work Field: 930
M.P.S.M.S: 939 Medical and other health services. (Materials, Products, Subject Matter, and Services)

5. **WORKER TRAITS RATINGS:**

Scale: Level 6, highest level; level 1, lowest level.
G.E.D. 1 2 3 4 5 6
General Education Development
Overall Rating - Level 4

Reasoning development (R)

Level 4 - Apply principles of rational systems to solve practical problems and deal with a variety of concrete variables in situations where only limited standardization exists. Interpret a variety of instructions furnished in written, oral, diagrammatic, or schedule form.

* **NOTE:** There appears to be components of level 5 in terms of dealing with several abstract and concrete variables. There were not enough components to rate this as a level 5.

Mathematical development (M)

Level 3 - Compute discount, interest, profit, and loss; commission, markup, and selling price; ratio and proportion and percentage. Calculate surfaces, volumes, weights, and measures.

Language development (L)

Level 4 - Reading: Reads novels, poems, newspapers, periodicals, journals, manuals, dictionaries, thesauruses, and encyclopedias.

Writing: Prepare business letters, expositions, summaries, and reports, using prescribed format and conforming to all rules of punctuation, grammar, diction, and style.

Speaking: Participate in panel discussions, dramatizations, and debates. Speak extemporaneously on a variety of subjects.

* **NOTE:** In the analyst's opinion, the General Educational Development level appears to be an area in which skill levels could be separated, particularly the math. Precise reading of medications, however, is essential, e.g., Tylenol vs. Tegretol.

SVP 1 2 3 4 5 6 7 8 9
Special Vocational Preparation (Time requirement)
Level 4 - Over three months and including six months

Aptitudes: G 3 V 3 N 3 S 3 P 2 Q 2/3 K 2 F 1/2 M 2 E 2 C 1

Scale: Level 1, highest degree of particular aptitude; level 5, lowest degree of particular aptitude.

G - Intelligence

Level G-3:1 Renders general nursing care to patients in hospital, infirmary, sanitarium, or similar institution:
Intelligence is required to learn and apply principles of anatomy, physiology, microbiology, nutrition, psychology, and patient care used in nursing; to make independent judgments in absence of doctor; and to determine methods and treatments to use when caring for patients with varying illnesses or injuries.

V - Verbal Aptitude

Level V-3:9 Questions patients to obtain their medical history, personal data, and to determine if they are allergic to dental drugs or have any complicating illnesses. Converses with patient in reassuring manner; explains post-operative care, oral hygiene, and importance of preventive dentistry to patients.

N - Numerical Aptitude(The ability to perform arithmetic operations quickly and accurately)

Level 3 - No illustrations in EMS field.

Level N-3:2 Treats patients with disabilities, disorders, and injuries to relieve pain, develop or restore function, and maintain maximum performance, using physical means such as exercise, massage, heat, water, light, and electricity as prescribed by physician:

Numerical aptitude is required to interpret clinical tests such as range of motion, muscle response, and functional tests to ascertain extent of physical loss; to determine intensity and duration of manual or mechanical therapy treatment or procedures such as weight lifting, diathermy, traction, or electro-therapy.

S - Spatial Aptitude

Level S-3:1 Treats patients with disabilities, disorders, and injuries to relieve pain, develop or restore function, and maintain maximum performance, using physical means such as exercise, massage, heat, water, light, and electricity, as prescribed by doctor:

Spatial aptitude is required to visualize anatomic positions and the relationship between the point of forces and the area affected (as in traction); and to place treatment devices or administer manual treatment in relationship to the affected body part.

P - Form Perception

Level P-2:6 Diagnoses and treats diseases and disorders of animals. Ability to make visual comparisons and discriminations and see slight differences in shapes and shadings of figures and widths and lengths of lines. Form perception is required to perceive pertinent details of size, shape, and form in skeletal structure, organs, tissue, and specimens of various animals.

Q - Clerical Perception

Level Q-2:19 (for Paramedic and Intermediate) - Renders general nursing care to patients in hospital, infirmary, sanitarium, or similar institution:

Notes pertinent detail in written instructions, especially amounts and strengths of medications to administer; accurately perceives numbers when reading instruments, preparing medications, and filling syringes for injections; accurately records data on patients' charts such as temperature, respiration, pulse count, blood pressure, medications and dosage administered.

Level Q-3:3 (for Basic) - Prepares and compiles records in hospital nursing unit, such as obstetrics, pediatrics, or surgery:

Clerical perception is required to post information to patients' charts from doctors' and nurses' notes and laboratory reports; to file charts in chart racks; to make up daily diet sheet for unit; and to maintain inventory of drugs and supplies.

K - Motor Coordination

K-2:5 Renders general nursing care to patients in hospital, infirmary, sanitarium, or similar institution:

Coordinates vision and finger and hand movements to give injections with hypodermic needle, medication, position or remove dressings, and to measure medicines.

F - Finger Dexterity

F-1:2 No description for EMT-Basic, however, Level 2 is recommended due to ability to wrap bandages and apply splints.

M - Manual Dexterity

Level M-2:12 Renders general nursing care to patients in hospital, infirmary, sanitarium, or similar situation. Controls and extinguishes fires, protects life and property, and maintains equipment as volunteer or employee of city, township, or industrial plant. Manual dexterity is required during emergency situations, in positioning ladders and nets; clasping rungs to climb ladders; and in giving artificial respiration.

E - Eye-Hand-Foot Coordination

No description given. Level 2 recommended as job may require balancing of ladders, stairs, or walking on uneven terrain while carrying patient. Eye-Hand-Foot coordination required to permit ambulance operation and balancing, lifting, positioning, and transporting patient.

C - Color Discrimination

C-1:4 Performs surgery to correct deformities, repair injuries, prevent diseases, and to improve functions in patients:

Uses color discrimination and color memory in making diagnosis of patient's affliction or condition, by recognizing any deviations in color of diseased tissue from healthy tissue; evaluating color characteristics such as hue and saturation of affected body parts; and making determination as to extent or origin of condition.

Temperaments D F I J M P R S T V

- J - Adaptability to making generalizations, evaluations or decisions based on sensory or judgmental criteria.
- M - Adaptability to making generalizations, judgments, or decisions based on measurable or verifiable criteria.
- P - Adaptability to dealing with people beyond giving and receiving instructions.
- S - Adaptability to performing under stress when confronted with emergency, critical, unusual, or dangerous situations; or in situations in which working speed and sustained attention are 'make or break' aspects of the job.
- T - Adaptability to situations requiring the precise attainment of set limits, tolerances, or standards.
- V - Adaptability to performing a variety of duties, often changing from one task to another of a different nature without loss of efficiency or composure.

Interests 1a 1b 2a 2b 3a 3b 4a 4b 5a 5b

2b - A preference for activities of a scientific and technical nature.

4a - A preference for working for the presumed good of the people.

Physical Demands S L M H V 2 3 4 5 6

Explanation of terms:

1. Strengths
2. Climbing and/or balancing
3. Stooping, kneeling, crouching and/or crawling
4. Reaching, handling, and fingering and/or feeling
5. Talking and hearing
6. Seeing

Environmental Conditions I O **B 2 3 4 5 6 7**

Explanation of terms:

1. Work location (I = Indoors, O = Outdoors, B = Both)
2. Extreme cold, with or without temperature changes
3. Extreme heat, with or without temperature changes
4. Wet and/or humid
5. Noise and/or vibration
6. Hazards
7. Atmospheric conditions

**U.S. DEPARTMENT OF LABOR
MANPOWER ADMINISTRATION
Physical Demands and Environmental Conditions**

ESTAB. JOB TITLE EMT-Paramedic **ESTAB. & SCHED. NO.**
DOT TITLE & CODE 079.010

Code: F = Frequently
O = Occasionally
NP = Not present

PHYSICAL DEMANDS

COMMENTS

1. STRENGTH

a.	Standing	45%	1a.	Very little time is spent sitting down, except for incident report writing.
	Walking	50%		
	Sitting	5%		
b.	Lifting	F	1b.	EMTs are required to assist in lifting and carrying injured or sick persons to ambulance, removal from ambulance, and into emergency care setting.
	Carrying	F		
	Pushing	O		
	Pulling	O		
2.	CLIMBING BALANCING	F F	2.	Climbing and balancing are required for safe transport of patient.
3.	STOOPING KNEELING CROUCHING CRAWLING	F F F F	3.	Patients are often found injured or sick in locations where removal is possible only through EMT's stooping, kneeling, crouching, or crawling.
4.	REACHING HANDLING FINGERING FEELING	F F F F	4.	Transporting life saving equipment, arm extension, handling carefully patients in fragile conditions, feeling to assess vital signs are part of the nature of this position.

- | | | | |
|-------------------|----|----|---|
| 5. TALKING | | 5. | Responding to patients, physicians, and co-workers through hearing is necessary in transmitting patient information and following directions. |
| Ordinary | F | | |
| Other | NP | | |
| HEARING | | | |
| Ord. Conv. | F | | |
| Other | F | | |
| 6. SEEING | | 6. | Sight is used to drive ambulances, distinguish landmarks, and visually inspect patients. |
| Acuity, Near | F | | |
| Acuity, Far | F | | |
| Depth Percptn | F | | |
| Accommodat | F | | |
| Color Vision | F | | |
| Field of Vision | F | | |

RATINGS: S L M H VH 2 3 4 5 6

Analyst Cathy Cain **Date** 1/25/92 **Estab. Reviewer**
Reviewer **Date** **Title** **Date**

- 7. GENERAL EDUCATION** High school graduate or equivalent. Must be at least 18 years old.
- 8. VOCATIONAL PREPARATION**
- a. **College:** None, however, some EMT courses are taught at local colleges.
 - b. **Vocational Education Courses:** For EMT-Basic - 110 hours specialized training.
 - c. **Apprenticeship:** None
 - d. **Implant Training:** None
 - e. **On-the-Job Training:** During course of training, students will have engaged in various clinical experiences in supervised hospital and field settings. Amount of time spent varies.
 - f. **Performance on Other Jobs:** None
- 9. EXPERIENCE** None
- 10. ORIENTATION** None
- 11. LICENSES, ETC.** Certification or Licensure.
- 12. RELATION TO OTHER JOBS AND WORKERS**
- Promotion:** From EMT-Basic to EMT/ Intermediate to (based on training)
- Transfers:** None
- Supervision Received:** Physicians
- Supervision Given:** None
- 13. MACHINES, TOOLS, EQUIPMENT, AND WORK AIDS** Ambulance, radio, telephone, extrication devices, cardiac monitors, defibrillator, injection needles, pneumatic anti-shock garments, stretchers, "jaws-of-life".
- 14. MATERIALS AND PRODUCTS** Bandages and tape

Student Signature Sheet

Please read each statement below. Initial each statement in the space indicated and provide your name, signature, and date below.

1. ____ I have read and agree to, and will comply with the student policies as outlined in the Student Handbook. Furthermore, I will agree to and will comply with the course requirements as listed in the Syllabus and Student Policies of (program).
2. ____ I understand that while performing my regularly assigned duties, I may be exposed to blood, body fluids, or tissues. I will use the appropriate personal protective equipment required when there is an inherent potential for mucous membrane or skin contact with blood, body fluids or tissues, or a potential for spills or splashes of them. Appropriate protection may include the use of gloves, gowns, masks, face shields, eye protection, mouthpieces, resuscitation bags, and other protective equipment. I understand that if I fail to use available personal protective equipment, I may be subject to disciplinary action.
3. ____ I have been informed regarding the inherent health/safety hazards in the health care field and release ACC from any liability for such hazards.
4. ____ I have read and agree to the "Substance Abuse Administrative Policy."
5. ____ I agree to criminal background checks and agree to immediately notify the Dean of Health Sciences in writing of any subsequent changes in criminal history that occur after the admission background check has been completed.
6. ____ I will complete all clinical educational training modules and submit signed documentation to the Program as required.

Printed Name _____ Date _____

Signature _____ Date _____

EMSP OPEN LAB POLICY CONTRACT

I, _____, have read and understand
(Student name—PRINTED)

the EMSP Open Lab Policy and Rules. I agree to abide by them as stated.

(Student signature) (Date)

(Instructional Lab Coordinator) (Date)

(Department Chair) (Date)

ACC Report Writing Tutorial:

Rules for Review

#1 Rule of Exclusion - if it is not assessed, state "not assessed"; if it is not assessed because it is medically inappropriate or if the patient condition does not allow it, indicate why. ("Pertinent Negatives not assessed secondary to patient's inability to speak" or "Back not assessed secondary to being secured to a spineboard.")

#2 Rule of Ownership - assessments performed by your crew are documented as your own assessments; if your partner gets vitals, record them as your own, if they get breath sounds, document what they found. (Obviously, you need to trust those people you work with or cleverly reassess to ensure accuracy.)

#3 Rule of Credit - when something is told to you about the situation or patient, give credit to whoever gave this information. This credit does not have to be by name, but should be by "relationship". Some common sources of information are: husband/wife, son/daughter, <other family members>, friend, bystander, first responder, law enforcement, etc. This is so, if you have to testify, you identify that which is subjective (arguable). Thus, the only area of your report where the rule of credit applies is, you guessed it, the Subjective section.

Subjective

Who/What

Age/Sex: _____

Description of where they are found (especially in trauma): _____

Chief Complaint (use the patient's words): _____

For the report: You are trying to build a picture of the situation. Start by identifying who your patient is by sex and age. If age is unknown, use an approximate age. Please state where they are located, as best you can. This is something like "the bathroom floor", "bedroom", or "rear right passenger seat of car." Identify the patient's complaint and include the words they use to describe it, in quotes, when you can. If a person cannot tell you their complaint, you state this or identify that the patient has an altered level of consciousness (which in actuality is their complaint!). You should also put other people's observations that are related to the complaint in this section. For instance, if the patient's wife told you he had slurred speech prior to going unconscious, this would be good to include. Remember the **Rule of Credit**.

Events/MOI/ "History of Present Illness or Injury" (Some of these questions may be repetitive.)

Medical Patients

Onset/Provocation/Quality/Radiation/Severity/Time as is appropriate for the complaint: _____

First time or recurring event: _____

Recalls events and what was going on when it happened/why it happened: _____

Trauma Patients

What happened: _____

When did it happen: _____

Quantities (how fast, how far, angle of entry, length of blade, caliber of weapon, etc.) _____

Description of damage: _____

Recalls events and what was going on when it happened/why it happened: _____

For the report: This section is just a continuation of the subjective report and will describe the events surrounding the patient's complaint. You should indicate everything you can related to OPQRST and the trauma events. This section can be confusing because each call will be different. List out the information such that your reader can recreate the scene, in his/her mind, from what you wrote. This should include "clues" that could contribute to the patient's condition, like windshield damage with hair on the glass, steering wheel deformity, or multiple empty medication bottles around the bedside. Again, the **Rule of Credit** applies. This is not an area where the **Rule of Exclusion** is used. If the mechanism of injury is unknown, you should write "unknown mechanism" (and/or timeframe, events, etc.) as is appropriate to the situation.

Medical History

Ongoing medical problems: _____

Ongoing medical treatments (prescription & over-the-counter meds and procedures (like chemotherapy & dialysis)): _____

Past medical problems: _____

Allergies to medications & other substances: _____

Last oral intake: _____

Current medications: _____

For the report: This is where we list other clues and potential complications. The **Rule of Exclusion** may be needed here, if the history cannot be obtained or if it is not available. Please list out medications, history, and allergies, somewhere on your report. If there is a separate list elsewhere on the report, you can document, in your subjective "Patient's allergies, medications, and past medical history listed <above, below, on separate sheet>." For the medical history the **Rule of Credit** applies: "Patient states no known drug allergies", "Mother states no meds". If there is a separate list for any of this information on the report form, still use the **Rule of Credit**: Medications: (per patient), Allergies: (per family). etc.

For the patient's past medical problems, focus on that which required treatment and all medical conditions of the past 1-3 months, depending on the patient's complaint. Be careful how much information you include as some 85 year old people can't remember their names but can remember every cough, band aid, cramp, and strange bowel movement over the past 60 years!

Med History Pertinent Negatives (These should be listed above, in the medical history section)

Person giving information:

History of cardiac problems denies states:

History of respiratory problems: denies states:

History of diabetes: denies states: _____

History of epilepsy/sz disorder: _____ denies states:

Recent illnesses/trauma: denies states: _____

For the report: This is a continuation of the medical history section and is just a simple denial statement, for those elements that the patient denies. Use the **Rule of Credit:** "Patient denies cardiac, respiratory, diabetic, or epileptic history. Patient denies recent trauma or illness." If the patient does state a positive on any of these, the specific condition should be listed as an ongoing or a past medical condition. If these specific questions are not asked, the **Rule of Exclusion** is used: "Patient denies cardiac & respiratory history; *diabetic and epileptic history not assessed.*"

Detailed Pertinent Negatives

headache	<input type="checkbox"/> not assessed	<input type="checkbox"/> patient states	<input type="checkbox"/> patient denies
vertigo	<input type="checkbox"/> not assessed	<input type="checkbox"/> patient states	<input type="checkbox"/> patient denies
auditory	<input type="checkbox"/> not assessed	<input type="checkbox"/> patient states	<input type="checkbox"/> patient denies
visual disturbances	<input type="checkbox"/> not assessed	<input type="checkbox"/> patient states	<input type="checkbox"/> patient denies
dysphagia	<input type="checkbox"/> not assessed	<input type="checkbox"/> patient states	<input type="checkbox"/> patient denies
dysphasia	<input type="checkbox"/> not assessed	<input type="checkbox"/> patient states	<input type="checkbox"/> patient denies
neck pain	<input type="checkbox"/> not assessed	<input type="checkbox"/> patient states	<input type="checkbox"/> patient denies
chest pain	<input type="checkbox"/> not assessed	<input type="checkbox"/> patient states	<input type="checkbox"/> patient denies
SOB	<input type="checkbox"/> not assessed	<input type="checkbox"/> patient states	<input type="checkbox"/> patient denies
nausea	<input type="checkbox"/> not assessed	<input type="checkbox"/> patient states	<input type="checkbox"/> patient denies
vomiting	<input type="checkbox"/> not assessed	<input type="checkbox"/> patient states	<input type="checkbox"/> patient denies
diarrhea	<input type="checkbox"/> not assessed	<input type="checkbox"/> patient states	<input type="checkbox"/> patient denies
changes in bowel/bladder habits		<input type="checkbox"/> not assessed	<input type="checkbox"/> patient states <input type="checkbox"/> patient denies
last/changes menstrual period		<input type="checkbox"/> not assessed	<input type="checkbox"/> patient states <input type="checkbox"/> patient denies
pregnancy	<input type="checkbox"/> not assessed	<input type="checkbox"/> patient states	<input type="checkbox"/> patient denies
numbness	<input type="checkbox"/> not assessed	<input type="checkbox"/> patient states	<input type="checkbox"/> patient denies
tingling	<input type="checkbox"/> not assessed	<input type="checkbox"/> patient states	<input type="checkbox"/> patient denies
weakness	<input type="checkbox"/> not assessed	<input type="checkbox"/> patient states	<input type="checkbox"/> patient denies
pain/painful movement	<input type="checkbox"/> not assessed	<input type="checkbox"/> patient states	<input type="checkbox"/> patient denies

For the report: List all of the "patient states" together as: Patient states _____, _____, _____...; list all of the "patient denies" as Patient denies _____, _____, _____...; and list those things you did not assess (shame on you, unless they are unconscious) as _____, _____, _____... not assessed. Remember the **Rule of Exclusion!**

OBJECTIVE

Initial

- Position of patient: _____
- Level of consciousness (AVPU or A&O Scale, whichever is more accurate): _____
- Airway (patent vs. non-patent, manual/mechanical assistance): _____
- Breathing (presence vs. absence, assistance measures, rhythm, work /quality): _____
- Circulation (location/presence of pulses, rhythm, quality and assistance measures): _____
- Skin (color of mucosa/general temperature/moisture of skin): _____
- General Impression / obvious hemorrhage/deformity: _____
- Other obvious interventions initiated prior to arrival (integrated with other elements of this section): _____

For the report: This is the section where you paint the picture of the call. You will provide concise and accurate information that will ultimately support your "load and go" or "stay and play" decision. Please start with how you found the patient, in correct anatomical terms ("prone" or "left lateral recumbent with legs crossed at knees"). The next item to include is the level of consciousness. Use the most appropriate scale. The A&O scale is most accurate, but remember to include that which they know or don't know if they are not A&Ox3. You should

then give information about the ABCs, including assistance with the airway and breathing and include any CPR measures initiated prior to your arrival. Do include the skin temperature, and moisture as well as the mucosa color. This sounds like a whole lot, but it is easy to write: "Patient found supine, unresponsive, airway opened with jaw thrust and OPA, breathing deep/regular assisted by BVM, Carotid vs. radial equal with weak/regular/slow pulse; skin: cool/diaphoretic/mucosa ashen. No obvious hemorrhage. Constricting band on right arm proximal to elbow."

Interventions can be included as they effect your findings: the jaw thrust and the OPA indicates that the patient has no gag reflex and probably can't maintain their own airway. If I was reading this patient report (for the sample in the paragraph above), I would hope that the First Responders would tell me why they had done a jaw thrust and used the OPA. Something like: "First Responders state finding vomitus in the airway and after suctioning had snoring respirations." But again, this is something that listed in the Subjective section that would support the Objective findings in the Initial Assessment.

Detailed Survey

HEENT

Findings: "no pain/deformity on vis/palp" or "<specific findings> on vis/palp": _____

pupils: PERRL other (specify): _____

discharge/odors – include where they are from (do NOT state "ETOH on breath"): _____

JVD/trachea midline: _____

pain in C-spine on palpation: _____

CHEST

Findings: "no pain/deformity on vis/palp" or "<specific findings> on vis/palp": _____

expansion/excursion of chest: _____

note bilateral breath sounds: _____

ABDOMEN

Findings: "no pain/deformity on vis/palp" or "<specific findings> on vis/palp": _____

comparison of 4 quadrants : _____

PELVIS

Findings: "no pain/deformity on vis/palp" or "<specific findings> on vis/palp": _____

urinary/fecal incontinence: _____

LOWER EXTREMITIES

Findings: "no pain/deformity on vis/palp" or "<specific findings> on vis/palp": _____

circulation (present? where/how assessed): _____

bilateral sensation (present? equal?): _____

bilateral movement (present? equal?): _____

push/pulls (strong? equal?): _____

UPPER EXTREMITIES

Findings: "no pain/deformity on vis/palp" or "<specific findings> on vis/palp": _____

circulation (present? where/how assessed): _____

bilateral sensation (present? equal?): _____

bilateral movement (present? equal?): _____

grips (strong? equal?): _____

Back

Findings: "no pain/deformity on vis/palp" or "<specific findings> on vis/palp": _____

note bilateral breath sounds: _____

For the report: This is the simplest of the sections. Write what you find and how you assessed it. There are just a few exceptions to this "how you assessed it". One exception is on breath sounds... sounds are heard so the only way to assess breath sounds is by auscultation. It is acceptable not to state how you assessed breath sounds, although not incorrect to state: "clear/equal bilateral breath sounds by auscultation" . Grips and push/pulls in the extremities are another exception, as the only physical way to assess is by palpation. As for what you are looking for, we use pain and deformity as this simplifies "DCAP-BTLS". (NOTE: Although WCEMS will use "DCAP-BTLS" as an abbreviation, ACC EMS Professions does **NOT** want you to use the "DCAP-BTLS" as a part of your written evaluation.)

Assessment

Summary of complaint and mechanism: _____

Category of patient (MEDIC): _____

Code and destination of transport: _____

For the report: This is the summary of your findings; you will state what it is you suspect and why. This section is the statement, which should support all of your treatment decisions. This section is very concise: "Chest pain secondary to exertion, Delayed category patient, Code 1 to South Austin Medical Center" or "Abdominal pain secondary to pigmy goat stampede, Immediate category patient, Code 3 to Brack Crash."

PROCEDURES

Professional Demeanor ("Calm/reassure")

Surveys/Assessments

scene size-up performed not performed

initial assessment performed not performed

focused exam performed not performed

detailed assessment performed not performed

vitals/orthostatics (tilt tests) performed not performed

specific monitoring equipment (glucometer, pulse oximeter, etc.) performed not performed

Treatments

positioning on stretcher or in truck for treatment/transport performed not performed

oxygen/airways (mechanical aids to breathing) performed not performed

spinal motion restriction (c-collar, blocks, board, straps, KED, etc.) performed not performed

BLS and ALS procedures performed not performed

medications (albuterol nebulizer, Nitroglycerin, etc.) performed not performed

Transportation

patient transport safety precautions performed not performed

(how they were secured in the ambulance)

destination

performed not performed

(this is the specific room number and person receiving the patient)

patient property (what property was left with patient)

performed not performed

For the report: This is a chronological list of everything you performed with the patient. This section does not require the **Rule of Exclusion** to complete. List everything you have done for this person *in the order that it was performed*, starting with "calm and reassure" and ending with the report and patient property information. It is appropriate for you to include all elements of each procedure you perform, if it is a variable like a liter flow for an oxygen delivery device, size of OPA, etc.. You would also state things like the number and amount of doses of a medication or the total number of AED shocks delivered.

Enroute

Changes in complaint: _____

Changes in therapy: _____

Complications enroute: _____

For the report: This section is the one where the national standards show the greatest variance. This is where changes in complaint, treatments and condition are documented. Most of the time we state: "No changes to complaint enroute" or "patient states decrease in chest pain from a '7' to a '3' after third NTG, NRB decreased from 15 lpm to 10 lpm."

Gentle Reminders

If you are going to use abbreviations in your report, please be sure to review your approved abbreviation list beforehand. It is always appropriate to fully write out a word rather than abbreviating.

Utilize punctuation to make the meaning of your document clear. Remember, this document is primarily used to convey information to people who did not see/smell/hear what you did when you were with the patient. You *must* be accurate, concise, and clear in order to build a picture of the call for the remainder of the health care team. If they can't understand your writing or it is ambiguous, then your documentation is not doing its job.

Completely fill out any charts, diagrams, or blanks on your run form. There should be no place for someone to add information to these sections when you are done with your report. If the information requested does not apply to this call, draw a single line through the section or write "N/A" in the blank. Every patient has an age (if you don't know it, document an approximate age, such as "approximately 60"), every patient has a weight (again, approximate it if you don't know the exact weight), and even a dead squirrel has a Glasgow Coma Score of 3!

When writing your narrative, don't color outside the lines! You should stay within the area given by the lines of your narrative section. If you need more lines, use a continuation form or a second run form. Be sure to indicate that the narrative is continued on a separate sheet and include enough information on the second sheet so it can be matched with the first sheet if they were accidentally separated.

Everyone makes mistakes when writing the narrative. If you make an error, put a single line through it, initial the cross-out, and write the correct information. This is best done on the line of the run form rather than above or below the error. It is also a good idea to do something to set off your initials as separate from the actual text of the narrative. One suggestion is to circle them. For example, if your name was J. Smith, this would be the best way to correct a spelling error in your narrative:

Patient states that he was a ~~retained~~^{JS} restrained passenger in the front seat.

This makes it clear that you were the one to change the document, and it makes it clear that you were just correcting a spelling error. Doing this inline shows that you corrected the error at the time that the document was written, not just after it was subpoenaed. If you correct the document by writing above the crossed-out line of text or in the margins, the correction may be challenged or used to try to discredit you as a witness, were it to be reviewed in court.

EMSP Official Abbreviations:

A	
\bar{a}	Before
A&Ox__	Alert and oriented x 1,2,3 with qualifiers (to name, to date, to place)
A/TCEMS	Austin/Travis County Emergency Medical Services
AAA	Abdominal aortic aneurysm
ABDO	Abdomen
ABG	Arterial blood gas
AC	Antecubital
AFD	Austin Fire Department
AIDS	Acquired immune deficiency syndrome
AKA	Above knee amputation
a.m.	Morning
AMA	Against medical advice
AMI	Acute myocardial infarction
APAP	Acetaminophen (Tylenol)
APD	Austin Police Department
ARDS	Adult respiratory distress syndrome
ARF	Acute renal failure
ASA	Acetylsalicylic acid (aspirin)
ausc.	Auscultation
B	
b.i.d.	Twice daily
BBB	Bundle branch block
BCP	Birth control pills
BER	Brackenridge Hospital Emergency Room
BiPap	Bi-level Positive Airway Pressure
BKA	Below knee amputation
BM	Bowel movement
BP	Blood pressure
BPM	Beats per minute
BSA	Body surface area
C	
C	Centigrade
\bar{c}	With
c/o	Complains of
C1...C7	Cervical vertebrae 1-7
CA	Carcinoma (cancer)
CABG	Coronary artery bypass graft
CAD	Coronary artery disease
CAT	Computerized axial tomography
cath	Catheter; catheterization
CBC	Complete blood count
cc	Cubic centimeter

CCU	Coronary care unit
CF	Cystic fibrosis
chemo	Chemotherapy
CHF	Congestive heart failure
CHI	Closed head injury
CHOA	Children's Hospital of Austin
chr	Chronic
cm	Centimeter
CNS	Central nervous system
CO	Carbon monoxide
CO ₂	Carbon dioxide
COPD	Chronic obstructive pulmonary disease
CPAP	Continuous positive airway pressure
CPR	Cardiopulmonary resuscitation
CRF	Chronic renal failure
C-section	Cesarean section
CSF	Cerebrospinal fluid
CT	Computed tomography
CT-scan	Computed tomography scan
CVA	Cerebrovascular accident
D	
D&C	Dilation and curettage
d/c	Discontinue, discharge
D ₅ W	Dextrose 5% in water
D ₁₀ W	Dextrose 10% in water
D ₅₀	Dextrose 50%
Dept.	Department
DIC	Disseminated intravascular coagulation
DKA	Diabetic Ketoacidosis
DM	Diabetes mellitus
DOA	Dead on arrival
DOB	Date of birth
DOS	Dead on scene
dsg	Dressing
DT's	Delirium tremens
DVT	Deep venous thrombosis
Dx	Diagnosis
E	
ECG	Electrocardiogram
ED	Emergency department
EDC	Estimated date of confinement (delivery date)
EENT	Ears, eyes, nose and throat
EKG	Electrocardiogram
EMS	Emergency medical services
epi	Epinephrine

ER	Emergency room
ESRD	End stage renal disease
ET	Endotracheal
ETOH	Alcohol
ETT	Endotracheal tube
ext	Extremities
F	
F	Fahrenheit
FB	Foreign body
Fe	Iron
FH	Family history
FHTs	Fetal heart tones
fib	Fibula; fibrillation
FiO ₂	Fractional inspired oxygen concentration
Fr.	French
fx	Fracture
G	
g (gm)	Gram
ga	Gauge
GB	Gallbladder
GER	Georgetown Hospital Emergency Room
GI	Gastrointestinal
gr.	Grain
GSW	Gunshot wound
gtts	Drops
gtts/min	Drops per minute
GU	Genitourinary
G _x P _y A _z	Gravidity, parity, abortions (subscripts are #'s of each)
GYN	Gynecology
H	
H ₂ O	Water
HA	Headache
HCO ₃	bicarbonate
HEENT	Head, eyes ears, nose, throat
Hg	Mercury
HHOA	Heart Hospital of Austin
HIV	Human immunodeficiency virus
hr	Hour
HR	Heart rate
HTN	Hypertension
Hx	History
I	
ICP	Intracranial pressure
ICU	Intensive care unit
IDDM	Insulin dependent diabetes mellitus

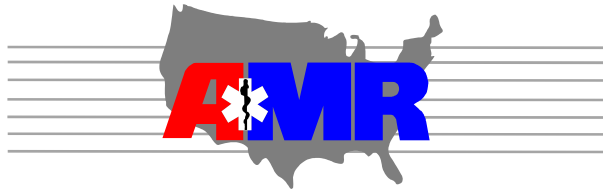
IM	Intramuscular
irreg	Irregular
irrig.	Irrigate
IV	Intravenous
IVF	Intravenous fluid
IVPB	Intravenous piggyback
J	
JCH	John's Community Hospital
JVD	Jugular vein distension
K	
K	Potassium
kg	Kilogram
KVO	Keep vein open
L	
l	Liter
L	Left
L&D	Labor & delivery
L1...L5	Lumbar vertebrae 1-5
lb.	Pound
LLQ	Left lower quadrant (abdomen)
LMP	Last menstrual period
LOC	Loss of consciousness
lpm	Liters per minute
LRS	Lactated ringers solution (also LR, RL, RLS)
LUQ	Left upper quadrant (abdomen)
M	
MAE	Moves all extremities
mcg	microgram
mEq	Milliequivalents
mg	Milligram
MgSO ₄	Magnesium sulfate
MI	Myocardial infarction
min	Minute
ml	Milliliter
mm	Millimeter
mmHg	Millimeters of mercury
MSO ₄	Morphine Sulfate
MVA	Motor vehicle accident
MVC	Motor vehicle collision
N	
n/a	Not applicable
N/V/D	Nausea, vomiting, diarrhea
NaCl	Sodium chloride
NAMC	North Austin Medical Center
neb	Nebulizer treatment or Nebulizer

neg	Negative
neuro	Neurological
NG	Nasogastric
NG tube	Nasogastric tube
NIDDM	Non-Insulin Dependant Diabetes Mellitus
NKDA	No known drug allergies
NPO	Nothing by mouth
NRB	Nonrebreather mask
NS	Normal Saline
NTG	Nitroglycerine
O	
O ₂	Oxygen
OB	Obstetrics
OB/GYN	Obstetrics and gynecology
OD	Overdose
OR	Operating room
OTC	Over the counter
oz	Ounce
P	
p̄	After
P	Pulse
palp.	Palpation
Para _x	Live births (subscript = number of live births)
PCN	Penicillin
PCO ₂	Partial pressure of carbon dioxide
PDR	Physician's desk reference
pedi	Pediatrics
per	By or through
PERRL	Pupils equal, round, and reactive to light
PICU	Pediatric intensive care unit
PID	Pelvic inflammatory disease
p.m.	Afternoon
PMD	Private medical doctor
PMH	Past or pertinent medical history
PND	Paroxysmal nocturnal dyspnea
PO	By mouth
PO ₂	Partial pressure of oxygen
preg.	Pregnancy
prima	Prima gravida (1 st pregnancy)
prn	Whenever necessary
pt	Patient
PTA	Prior to arrival
PTL	Pharyngeal tracheal lumen airway
Q	
q̄	Every

qd	Every day
qh	Every hour
q.i.d.	Four times a day
R	
R	Right
R/O	Rule out
RBC	Red blood cell
RDS	Respiratory distress syndrome
reg.	Regular
resp.	Respiration
RLQ	Right lower quadrant (abdomen)
RN	Registered nurse
ROM	Range of motion; Rupture of Membranes
RRER	Round Rock Hospital Emergency Room
RUQ	Right upper quadrant
Rx	Prescription
S	
\bar{s}	Without
S/S	Signs and symptoms
S ₁ ...S ₄	(Heart) sound 1- sound 4
SAH	South Austin Hospital
SC	Subcutaneous (see also SQ)
SIDS	Sudden infant death syndrome
SL	Sublingual
SMC	Seton Medical Center
SNW	Seton Northwest Hospital
SOAPE	Subjective, Objective, Assessment, Plan and Enroute
SOB	Shortness of breath
SQ	Subcutaneous (see also SC)
SSW	Seton Southwest Hospital
stat	Immediately, at once
STD	Sexually transmitted disease
STDER	Saint David's Hospital Emergency Room
strep.	Streptococcus
SVT	Supraventricular tachycardia
SWER	Scott & White Hospital Emergency Room
Sx	Symptoms
Sz	Seizure
T	
T1...T12	Thoracic vertebrae 1 through 12
tab	Tablet
TB	Tuberculosis
Tbs	Tablespoon
TCP	Transcutaneous pacing
TIA	Transient ischemic attack

tib	Tibia
t.i.d.	Three times a day
TKO	To keep open
TMJ	Temporomandibular joint
TPA	Tissue plasminogen activator
TPN	Total parenteral nutrition
tsp.	Teaspoon
Tx	Treatment
U	
U	Unit
URI	Upper respiratory infection
US	Ultrasound
UTI	Urinary tract infection
UTL	Unable to locate
V	
vag	Vagina; vaginal
vent	Mechanical ventilator
vis.	Visual; visualization
VS	Vital signs
W	
W/D	Warm and dry
WBC	White blood cell
WCEMS	Williamson County Emergency Medical Service
WPW	Wolff-Parkinson-White Syndrome
X	
x	times
Y	
y/o	Years old
yoa	Years of age
Arrhythmia Section	
1° AVB	First degree atrioventricular block
2° AVB	Second degree atrioventricular block
3° AVB	Third degree atrioventricular block
AF	Atrial flutter
Afib	Atrial fibrillation
BBB	Bundle branch block
EMD	Electro-mechanical disassociation
IVR	Idioventricular rhythm
JER	Junctional escape rhythm
NSR	Normal sinus rhythm
PAC	Premature atrial contraction
PAT	Paroxysmal atrial tachycardia
PEA	Pulseless electrical activity
PJC	Premature junctional contraction
PVC	Premature ventricular contraction

SB	Sinus bradycardia
SR	Sinus rhythm
ST	Sinus tachycardia
SVT	Supraventricular tachycardia
VF	Ventricular fibrillation
VT	Ventricular tachycardia
WAP	Wandering atrial pacemaker
Symbols	
Δ	Change
↓	Down; Lower
⊖	Equal
♀	Female
♂	Male
∅	Negative; not; none
⊗	Not equal
⊕	Positive
↑	Up; Upper



AMERICAN MEDICAL RESPONSE, INC.

RIDE-ALONG
GENERAL RELEASE
OF ALL CLAIMS

This agreement is entered into on _____, 20____ between _____
Who is headquartered at _____ ("Company/ company").

You have asked to participate in the aforementioned Company's ride-along program which involves accompanying and observing the Company's personnel in providing emergency and non-emergency ambulance and related services.

You may have asked to participate in the ride-along program to assist you in your training as a paramedic or emergency medical technician for the general purpose of observing the operations of an ambulance service. No matter what your reason, participation in the ride-along will require you to occupy buildings and other facilities and vehicles used by the Company in the course of its business day and by doing so, you understand that you are exposing your self to certain risks, including possible dangerous activity. These risks include, but are not limited to, being hurt or injured; for example by exposure to contagious diseases such as the Hepatitis B virus and the Human Immunodeficiency Virus (" HIV ") or being involved in an automobile accident.

By participating in the ride-along program you understand and agree that you are participating at your own risk and that the Company is not accepting responsibility for your safety.

By signing this document you are giving up your rights under this law and you, not the Company, are assuming complete and total responsibility for any and all injuries, damages or losses that you may suffer as a result of participating in the Company's ride-along program.

In summary, by signing this document, your are agreeing to the following:

1. If something bad or unpleasant happens to you while participating in the ride-along Program, you will be financially responsible, not the Company.
2. You understand that you could be exposed to blood or other potentially infectious materials which puts you at risk of acquiring the Hepatitis B virus. Your doctor or the City Health Department can provide you information as to where you can obtain a vaccination, at your own cost, for the prevention of the Hepatitis B virus. Regardless of whether you elect to have or not have this vaccination, you agree to hold the Company harmless if you contact any communicable disease.
- 3 You understand that your participating in the Company's ride-along program is **limited to the role of observing and you are not expected to and you should not agree to assist or help the Company's personnel in the performance of their jobs.** Should you decide to offer or extend help or assistance, you do so at your own risk and you assume financial responsibility for anything bad or unpleasant that may happen to you as a result.

4. You understand that no one who works for the Company or represents the Company has the authority to change the terms of this Release and that you cannot rely on any statements told to you that change or contradict this Release.
5. You will wear a seat belt at all times during the ride-along.
6. You have read and completely understand what this Release says and means.
7. You understand that this Release will remain in effect and apply for all Company ride-alongs in which you participate for a period of one (1) year from the date you sign this Release.
8. You certify that you are at least eighteen (18) years old.

_____ Date: _____
Signature

Print Name

Address: _____

I certify that this General Release of All Claims was signed in my presence and that the person who signed it told me that he/she had read it and that he/she fully understands the meanings and consequences of signing this Release.

_____ Date: _____
Signature

Print Name

Address: _____

**EMS Professions
Student Clinical Contract**

I _____ acknowledge that I have received and read the Clinical Course Policies for the EMT-Basic Clinical course EMSP 1060/1160. In signing this form I specifically acknowledge the policies listed below:

Clinical Documentation is due at the beginning of class the next class day after the clinical rotation. Documentation will not be accepted unless complete with appropriate signatures.

Each class day that a Clinical Document is late will result in 5 points off the grade for the rotation.

Missing a clinical rotation without notifying the Clinical Coordinator of his/her designee **at least an hour in advance**, or being sent home from a clinical rotation is considered an Unexcused Absence. This will result in the student being placed on Departmental Probation. A second unexcused absence will result in withdrawal from the program. Clinicals will not be rescheduled around work or personal life.

While I am student in this program, I may not attend any ride-outs or shifts with any of the agencies with which this program is associated outside my scheduled clinicals.

Professional conduct is expected at all times and unprofessional conduct may be grounds for probation or even withdrawal from the program.

I understand that the Clinical Coordinator is _____, and I have received all necessary contact numbers for him/her.

I agree to abide by the policies of this program and understand the consequences for failing to do so.

Student Signature

Date

Instructor Signature

Date

Clinical Goals and Objectives:

Four-Hour Communications Clinical Goals and Objectives

Goals:

To expose the EMT-B student to the culture of a 911 EMS system call-taking and dispatch system.

Objectives:

1. Listen to multiple calls to 911
2. Observe call processing including
 - a. call taking
 - b. call management
 - c. call prioritization
 - d. unit dispatch based on need
 - e. interagency communications

*B. Duke Kimbrough, MD
Medical Director
Last Review Summer 2004*

Eight-Hour BLS EMS Service Clinical Goals and Objectives

Goals:

To expose the EMT-B student to the culture of a 911 EMS system and patient care on an eight-hour shift.

Objectives:

1. Observe and assist with multiple patient EMS calls
2. Perform skills:
 - a. patient assessment
 - b. oxygen administration appropriate to patient type
 - c. administer BLS medications (Nitroglycerine, Albuterol, glucose, aspirin)
 - d. spinal motion restriction
 - e. assist with movement of patients
 - f. bandaging
 - g. splinting
 - h. transfer of patient care
 - i. perform or observe patient care reports
3. Accurately assess vital signs including:
 - a. blood pressure
 - b. pulses
 - c. respirations
 - d. temperature
 - e. pulse oximetry

*B. Duke Kimbrough, MD
Medical Director
Last Review Summer 2004*

Eight-Hour Emergency Department Clinical Goals and Objectives

Goals:

To expose the EMT-B student to varied patient conditions and give the student patient assessment and patient care opportunities on an eight-hour shift.

Objectives:

1. Observe and assist with patient assessment and care on a variety of patients
2. Perform skills:
 - j. acquire vital signs including blood pressure, pulse, respirations, temperature and pulse-oximetry
 - k. oxygen administration appropriate to patient type
 - l. administer BLS medications (Nitroglycerin, Albuterol, glucose, aspirin)
 - m. spinal motion restriction
 - n. assist with movement of patients
 - o. bandaging
 - p. splinting
3. Accurately assess vital signs including:
 - a. blood pressure
 - b. pulses
 - c. respirations
 - d. temperature
 - e. pulse oximetry

*B. Duke Kimbrough, MD
Medical Director
Last Review Summer 2004*

Labor and Delivery Goals and Objectives:

Goals:

At the end of the L&D clinical experience the student will be able to:

1. perform an EMT patient assessment and develop a treatment plan
2. understand the continuum of care throughout the process of labor and delivery

Objectives:

1. Identify patients' stage of labor based on assessment and history
2. Observe fetal vital signs per monitor/fetal heart tones
3. Time and assess contractions
4. Observe/assist in normal delivery
5. Observe/assist in complicated delivery
6. Observe C-section
7. Perform Uterine Massage
8. Assist in management of newborn
9. Observe/assist with newborn assessment
10. Assist in APGAR scoring
11. Observe/assist with any newborn resuscitations
12. Discuss steps of newborn resuscitation with staff
13. Inspect umbilical cord
14. Inspect the delivered placenta
15. Evaluate mother for post-partum bleeding or other complications
16. Discuss common post-partum complications with staff
17. Discuss patient's care plan with staff

*B. Duke Kimbrough, MD
Medical Director
Last Review Summer 2004*

Student Name _____ **Course:** _____
Clinical Site: _____ **Semester/Year:** _____

Student Evaluation of Clinical Unit

1. What is the best learning experience you have had in this clinical site?
2. What is the experience from which you gained the least amount of knowledge?
3. Who has helped you the most?
4. What procedures, techniques or practices would you consider changing, if it were possible?
5. Was your clinical supervisor there when needed? Was support adequate?
6. Did you understand explanations of the clinical site objectives?
7. Did you understand explanations of procedures and techniques?
8. Please rate this clinical experience on a scale of 1 to 10, with 1 being of no value, and 10 being very valuable. Please feel free to make additional comments.