



NTCC EMS PROGRAM

Policy & Procedures Manual

ver. S-2014

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BASIC: Vital Signs, Mechanical Aids to Breathing (5), Bronchodilators – Nebulizer, Epi-Pen, Bandaging, Bleeding & Shock Mgmt., Splinting (2), Traction Splinting, Spinal Immobilization – Supine & Seated, PASG, AED, Patient Assessment – Trauma & Medical

Mission Statement

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

Vision Statement

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

Core Values

We value all students.

We value all teachers.

We value continuous improvement and accountability for all.

We value lifelong learning.

Strategic Goal Statements

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

Statement of Philosophies

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

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

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

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

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

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

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

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

Teaching and Learning Strategies

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

Evaluation Policy

Specific course requirements and grade calculation will be distributed in each semester of learning. Sections A-F must receive a letter grade at least 'C', or be completed to the mastery level.

A. Exams

Major exams must be taken during the scheduled and allotted time. If circumstances require missing a major exam, the student must make arrangements with the assigned instructor to take a make-up exam prior to attending the next scheduled class session and within the next three business days. Failure to complete the makeup exam within three business days will earn the student a grade of zero (0) on the exam. Makeup tests will not be given without an appointment.

B. Clinical Sections

To pass clinical sections students must complete the minimum number of required contact hours. In addition, passing the clinical section requires that all minimum patient contacts and procedures be achieved, and that preceptor evaluations identify the student as competent. Preceptor evaluations which indicate unsatisfactory performance may result in failure of the clinical section. Grading for the clinical section is further defined in the "Clinical Policy and Procedure Manual".

C. Didactic Sections

Each didactic section has three grading domains. A passing grade must be achieved in each domain to pass the course. If all three domains are passed the letter grade will be assigned based on the performance in the Cognitive domain. Failure of the Affective or Psychomotor domain will earn a grade of "D". Failure of the cognitive domain will be given the earned grade.

D. Affective domain

Measures the student's attitudes, behaviors, an professional attributes, as well as classroom conduct. Passing is appropriate classroom behavior, professional ethics, and adherence to policy. Breaches will result in student conference. Significant behavioral issues may result in failure of the affective domain.

In most cases a written warning and time period for improvement will be given before assigning a failing grade. However, in cases where the behavior is significantly unacceptable, egregious, or poses a threat to the well-being of others the posting of a failing grade may be immediate and without warning.

The following are criteria of professional attributes that will be evaluated at LEAST once a semester:

1. INTEGRITY

Examples of professional behavior include, but are not limited to: Consistent honesty; being able to be trusted with the property of others; can be trusted with confidential information; complete and accurate documentation of patient care and learning activities.

2. EMPATHY

Examples of professional behavior include, but are not limited to: Showing compassion for others; responding appropriately to the emotional response of patients and family members; demonstrating respect for others ;demonstrating a calm, compassionate, and helpful demeanor toward those in need; being supportive and reassuring to others.

3. SELF - MOTIVATION

Examples of professional behavior include, but are not limited to: Taking initiative to complete assignments; taking initiative to improve and/or correct behavior; taking on and following through on tasks without constant supervision; showing enthusiasm for learning and improvement; consistently striving for excellence in all aspects of patient care and professional activities; accepting constructive feedback in a positive manner; taking advantage of learning opportunities

4. APPEARANCE AND PERSONAL HYGIENE

Examples of professional behavior include, but are not limited to: Clothing and uniform is appropriate, neat, clean and well maintained; good personal hygiene and grooming.

5. SELF - CONFIDENCE

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

6. COMMUNICATIONS

Examples of professional behavior include, but are not limited to: Speaking clearly; writing legibly; listening actively; adjusting communication strategies to various situations

7. TIME MANAGEMENT

Examples of professional behavior include, but are not limited to: Consistent punctuality; completing tasks, assignments on time, being to class on time, not leaving class early, no excessive absences.

8. TEAMWORK AND DIPLOMACY

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

9. RESPECT

Examples of professional behavior include, but are not limited to: Being polite to others; not using derogatory or demeaning terms; behaving in a manner that brings credit to the profession.

10. PATIENT ADVOCACY

Examples of professional behavior include, but are not limited to: Not allowing personal bias to or feelings to interfere with patient care; placing the needs of patients above self interest; protecting and respecting patient confidentiality and dignity.

11. CAREFUL DELIVERY OF SERVICE

Examples of professional behavior include, but are not limited to: Mastering and refreshing skills; performing complete equipment checks; demonstrating careful and safe ambulance operations; following policies, procedures, and protocols; following orders.

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

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

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

SCORING:

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

If any attributes are not yet competent, a list specific events leading to non-competency and a subsequent Improvement Plan will be given to the student to remediate the competency **PRIOR TO** the next evaluation for improvement. Students who do not improve and//or fail further competencies prior to/at the next performance rating will be subject to dismissal from the program.

E. Cognitive domain is the student’s knowledge as demonstrated by written exams and assignments.

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

| | |
|------------|---|
| 90 to 100 | A |
| 80 to 89.9 | B |
| 70 to 79.9 | C |
| 60 to 69.9 | D |
| Below 60 | F |

A grade of 75% or higher must be earned on major exams. Students will be advised of their grades at all times. Students scoring below 75% on a major exam will be placed on academic probation. **At the end of the program a final grade of 75% must be achieved.** Also, students **must achieve a 70% on the final exam.** If the student does not achieve a 70% on the final exam AND has a passing grade in the course, one re-attempt will be offered **ONLY** after **required** tutoring. The resulting re-test grade will be averaged with the previous grade to give the number that will be the final exam grade, which still **MUST** average 70 or above.

F. Psychomotor domain

The student’s ability to perform skills and tasks learned in the program. The student must pass each skill. Failure to pass all skills will constitute failure of the psychomotor domain.

Skills laboratory and scenarios will be evaluated as a cumulative portion of the grade. The students must show progress towards competence and mastery of skills as defined by the EMS course objectives, Following is a list of all required skills that both programs of students MUST pass prior to the end of the course to receive a Course Completion Certificate.

EMT-B Level Skills

Paramedic Level Skills

Bandaging/Bleeding and Shock
 Splinting
 Traction Splinting
 Mechanical Aids to Breathing (5)
 Vital Signs Assessment
 Seated & Supine Spinal Immobilization
 Automatic External Defibrillation
 Pneumatic Anti-Shock Garment
 Epinephrine Auto Injection
 Glucometer
 Bronchodilator Administration
 Broncho-Nebulizer Administration
 Basic Trauma Patient Assessment
 Basic Medical Patient Assessment

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

The above skills score sheets and criteria (EMT-B Level ONLY) are included in the Appendix of this Manual. Students MUST PASS ALL SKILLS proficiency verifications upon the third attempt. Students who fail the second attempt at skill proficiency verification will be required to go through a retraining program, before taking the third attempt. The retraining will include an improvement plan and more guided and directed practice. A numeric grade will be calculated from all skill-score sheets.

Calculation of final grades for EMT-Basic & Paramedic comes from the following formulas:

| EMT-B Program/Courses | Paramedic Program/Courses |
|---|---|
| Major Examinations -- 40% | Major Examinations / Research Projects -- 40% |
| Quizzes / Assignments / Extra Credit -- 20% | Daily Tests / Homework -- 10% |
| Affective Domain -- 10 % | Affective Domain – 10% |
| Psychomotor Domain—10% | Psychomotor Domain/SIMLab – 20% |
| Final Exam—20% | Final Exam—20% |

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

NOTE: In the Appendix of this Manual, EMT-B students will find a very detailed 2-page Performance Monitoring Record so that the student themselves can maintain a constant update of how his/her own personal grade stands within the program in all domains, as well as how the final grades are calculated.

Attendance Policy

The EMS Faculty takes EMS student course attendance VERY seriously. As we are the facilitators of training, we strongly believe a student is responsible for all knowledge and skills presented. And since a great deal of the material is very integral to the student's performance outcomes, the faculty strongly recommends students attend ALL sessions of classroom and laboratory.

If a student misses more than 15% of a semester (approximately 4 days of a 2-day-a-week class), dismissal from the program will be strongly considered. Students approaching the 10% mark (approximately 2 days of a 2-day-a-week class) will be counseled by the director. Absences will be considered to be Excused or Non-Excused, but WILL BE COUNTED THE SAME against the student's overall tally of attendance. However, exclusions and specifics for the Excused and Non-Excused absences are explained below.

A. Excused Absences

Excused absences include the following situations:

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

Absences not meeting the above criteria will be considered unexcused. The student is responsible to ensure evidence of any excused absence is provided within ONE WEEK of returning to class. Evidence for illnesses MUST be a physician's release that would include information allowing the student to resume normal learning activities.

B. Unexcused Absences

These are absences without proper evidence or documentation supporting the reasoning behind an absence. Any deviation from the necessity of specific evidence of absences will be at the sole discretion of the Program Director. Students with unexcused absences will not be able to make up any testing or assignments due the day of the absence.

C. Tardiness & Leaving Class Early

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

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

Academic Dishonesty/Cheating Policy

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

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

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

A. Consequences

If the instructor believes a student is guilty of academic dishonesty, Director shall conduct a full investigation in accordance with the NTCC Student Manual. The minimum penalty for a student found guilty of academic dishonesty is a zero for the examination, project, or paper. The instructor may also require the student to resubmit another paper, project, or exercise or retake the exam. In cases of serious or repeated scholastic dishonesty offenses, the student may be referred to the Dean of Allied Health for disciplinary review subject to possible disciplinary action as listed in the NTCC Student Manual. NTCC may initiate disciplinary proceedings against a student accused of scholastic dishonesty. "Scholastic dishonesty" includes but is not limited to cheating on a test, plagiarism, and collusion. Additionally, the director may elect to report the incident of academic dishonesty to the Texas Department of State Health Services for consideration of decertification under EMS Rule §157.36 (b) 17 and 18. A student found guilty of academic dishonesty has the right to appeal the ruling under the grievance policy in this document.

Dress Code Policy

Students of the EMT-B and Paramedic programs are **REQUIRED** to attend clinical rotations as a part of each specific program. Several of the sites in which clinicals are performed have strict policies regarding personal appearance and hygiene. Professionalism, personal appearance and hygiene are also a requirement in the classroom and lab.

A. Clinical and Classroom Uniform

The following uniforms **WILL BE PROPERLY** WORN AT ALL TIMES in the classroom, lab, and clinical settings. Occasional spot inspections will be held to promote student compliance. Students who show up to class or lab improperly dressed or out of uniform will have demotions placed against their grade according to the described point system shown in the Appendix . Students who show up to clinical without a **TOTAL PROPER UNIFORM** will be sent home for that clinical and it will be logged in as an **UNEXCUSED ABSENCE** on the student's record.

PLEASE NOTE: It is **HIGHLY** recommended that each student have a second uniform with them on clinical rotations for use in the event the first uniform gets soiled or contaminated by blood or other body fluids.

MANDATORY MINIMUM UNIFORM / EQUIPMENT REQUIRED (all levels)

**** Official NTCC EMS shirt to appropriate certification level
(Red for Paramedic students / Blue for EMT-B students).**

****White crew neck undershirt (plain white without ANY designs or statements).**

NOTE: A royal blue long sleeve t-shirt or royal blue turtleneck may be worn under the uniform shirt of an EMT-B student whereas a red long sleeve t-shirt or red turtleneck may be worn under the uniform shirt of a Paramedic student in cooler weather conditions OR to conceal body tattoos.

****OFFICIAL Black EMS uniform cargo pants.
(OFFICIAL Blue uniform cargo pants acceptable for EMT-B level ONLY)**

****Black Boots or Shoes (no markings)
(Plain & polishable leather tennis/coaching shoes, plain toed boot/shoe; NO cowboy boots).**

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

****BLACK Pen AND Small Note Pad (fits in pocket).**

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

****Stethoscope with a MINIMUM of medium grade quality -- EMT-B students.**

****Stethoscope of HIGH grade quality -- Paramedic students.**

**** Penlight or Mini-Maglite PLUS EMS Scissors**

OPTIONAL / PERSONAL Items of Concern

**NTCC EMS Embroidery Navy Utility T-Shirt
(can be purchased by student to be worn to class ONLY)**

****Holster, if worn, must be black leather & carry NO MORE THAN 3 items. NO KNIVES!**

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

Light Jacket. Must be Black or Navy in outer color. No Hoodies.

B. Program ID

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

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

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

C. Grooming / Hygiene

- **HAIR (both males / females)**
BOTH male and female hair must be clean, neatly groomed and of a natural color. The length of the hair on males, must not fall below the bottom of the collar while standing. Female students may have longer hair, but are REQUIRED to wear their hair up AND away from the face. Styles such as a tightly-wrapped single ponytail/braid (on back of head) or having hair wrapped up completely (like a bun) is acceptable. If the sides or bangs hang into the students face where it touches the eyes or mouth, the hair MUST be clipped back. Hair accessories must be of neutral colors (black, brown, grey, or gold/silver metal). No color scrunchies or bows allowed. Both male and female hair styles MUST be such that remains neat and professional throughout the clinical rotation, and one which does not draw unnecessary attention with designs, coloring, styles, or accessories.
- **FACIAL HAIR (males)**
Beards of any kind are not permitted. Mustaches must be neatly cleaned and must not fall over the upper lip; sides of the mustache cannot extend more than 3/4 inch past the corner of the mouth nor drop more than 1/4 inch below the corner of the mouth. Sideburns must be neatly trimmed and groomed and cannot extend more than 1/2 inch below the auditory canal.
- **BODY ODORS, MAKE-UP, FINGERNAILS, & TOBACCO USE**
Perfumes, aftershaves, or colognes are not allowed in the classroom or lab, and especially in the clinical settings. The liberal use of sports-style deodorants and breath fresheners is highly recommended. Makeup, if worn, should be of a conservative/subtle nature. The wearing of false eyelashes is discouraged. Fingernails should be kept groomed short. Nail polish (if worn), needs to be of neutral colors that do NOT attract attention and cannot be peeling.
Smoking or other use of ANY tobacco products, (including E-cigarettes) while in uniform on either the campus or clinical setting is very restricted/prohibited. Reminder, NTCC is tobacco free campus and so are many of our clinical affiliates.
- **JEWELRY, PIERCINGS, & TATTOOS**
No jewelry may be worn at any time during clinical rotations with the following exceptions: watches (prefer breakaway style and not fabric band); wedding bands (NO engagement rings unless stones are channel-set); necklaces (MUST be worn out of site inside uniform shirt with chain long enough NOT to fall out when bending over, and it must have breakaway device); and Medic Alert

Bracelets. The wearing of religious emblems will be allowed with the uniform, to the extent it does not create a potential infection control or safety hazard. “Choker” style/type necklaces and rubber/fabric “support” bracelets are NOT allowed. Visible body piercings on males or females are not permitted. The exception is that female students may wear one stud earring per ear. Dangling, hoop, or multiple earrings are not permitted. Male students may not wear ear piercings at all. Tongue studs are not permitted. Visible tattoos are not permitted. Any/all visible tattoos **MUST** be covered by clothing and/or other approved coverings.

- **OUTERWEAR**

If the student wears a jacket, it should be completely NAVY BLUE or BLACK (if possible) without ANY patches, insignias, lettering, etc. Winter caps/hats are not permitted at any time other than conditions of extreme weather and must be of design for personal protection from heat loss. Ball caps are not permitted while in uniform in the classroom, lab, or clinical sites. Rain coats should be plain, without ANY designs, insignias, or statements and preferably yellow or orange with reflective tape. Camouflage design/material of ANY garment is not allowed. Umbrellas are not to be used on clinical rotations. While on EMS rotations, a reflective safety vest, provided by the EMS agency, **MUST** be worn as directed by the EMS staff.

- **FIREARMS & WEAPONS**

Firearms AND knives of any kind, are not allowed in the classroom or clinical rotations, whether on person OR in your vehicle. Law enforcement agencies which require Commissioned Texas Peace Officers or U.S. Federal Agents to carry a firearm at all times must notify the Instructor in WRITING of the intent to carry, and then subsequently obtain permission from each clinical site prior to the rotation. Special permission **MUST ALSO** be gained from NTCC security, the Dean of Allied Health, and NTCC president’s office **PRIOR TO** the student bringing a firearm into the classroom and campus. A letter from the student’s law enforcement chief authorizing the firearm must be on file.

****The EMS Program reserves the right to remove ANY student from the classroom, lab, and/or clinical sites for the reason of poor hygiene. This includes such things as strong body or breath odors, which includes tobacco odors (whether by primary or secondary smoke exposure), the failure of student to be clean shaven, and hair that is not meeting regulations.**

D. Consequences of Failure to Follow the Uniform Policy

Students are to report to the classroom and clinical site dressed completely in a CLEAN clinical uniform. Students who are found on a clinical rotation out of the proper uniform will be asked to leave the clinical site. All hours completed prior to leaving the rotation, including hours from previous clinical experiences, will not count toward the minimum requirement. Students who are reported by clinical sites or other third parties to have been out of the proper uniform, **WILL BE REQUIRED** to repeat the entire rotation before credit is received. The clinical uniform is graded through the clinical section of the program. Students who fail to represent the EMS Program in a positive light through unethical, immoral, abusive, belligerent, insubordinate, or illegal actions while in clinical uniform, will receive a failing grade for the clinical section, thus preventing the student from completing the program.

Classroom and Clinical Demeanor Policy

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

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

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

A. Cell Phones / Electronic Devices / Computers / Electronic Tablets

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

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

Students who violate this policy will be asked to leave the campus/clinical site for the remainder of the day/rotation on the first offense. A second offense will warrant reporting of the student to the Dean of Allied Health for action as a disruptive student which may result in removal from the program.

Social Media Policy

GENERAL INFORMATION:

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

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

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

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

POLICY:

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

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

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

CONSEQUENCES:

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

B. Skills Practice in Lab

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

C. Sexual Harassment and Hazing

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

D. Substance Abuse

The EMS Program requires that students remain drug-free while on campus or on clinical rotations. Students are required to take an IMPROMPTU urinalysis drug screen before beginning clinical rotation. A student testing positive on the urinalysis panel will be given another urinalysis. If the second urinalysis shows positive results, the student will not be allowed to start clinical rotations.

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

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

E. Criminal Background Check

All students entering the EMS program MUST pass an APPROVED criminal background check. The following is a statement from the Texas Department of State Health Services (DSHS) regarding criminal backgrounds. Students with criminal backgrounds, who are in the process of getting evaluation by DSHS, will be allowed to continue in the program. Ultimately, DSHS will decide on certification or denial of certification. Any student with any of the specific listed offenses will not be allowed to enroll in the program.

TDSHS Statement on Criminal Backgrounds

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

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

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

F. Threat Advisory

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

Students should also sign up for the NTCC Campus Alert System for instant notification off campus emergencies and personal safety instruction. Most likely, in the event of a campus emergency, lock-down procedures will be implemented.

G. Health and Welfare

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

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

- isolation
- inappropriate use of humor
- depression
- difficulty eating/lost appetite

- inability to concentrate
- indecisiveness
- difficulty sleeping and nightmares
- irritability with family and friends

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

H. Infection Control

It is the intent of NTCC that each student enrolled in a health related curriculum meet the objectives necessary for successful completion of that program. This enrollment is inclusive of clinical experience which entails potential exposure to individuals with communicable diseases.

Thus, all students enrolled in any program which includes clinical rotations **MUST** have a completed physical exam on file. This physical must be performed by a physician or mid-level provider and **MUST** attest to the following (via documentation):

The immunization or immunity to Tetanus/Diphtheria/Pertussis, Rubella, Mumps, Measles, Chickenpox, Hepatitis A/B, Influenza, and Meningitis (if non-exempt) AS WELL AS a RECENT test (within 1 year) for Tuberculosis which MUST remain current for the student's duration of the program. Thus for TB, the student MUST repeat the screening yearly for re-entry.

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

Because the student must know how to prevent the spread of infectious diseases for his or her safety and for the safety of others, it is the policy of NTCC that principles of infection control are included in the curricula of health occupation programs. It is then the responsibility of students to apply appropriate precautionary measures when providing services to all patients. These measures may include, but are not limited to, hand washing and the use of gloves, masks, protective glasses and gowns as indicated by the circumstances involved in the treatment of a particular patient.

Before beginning clinical rotations, each student must demonstrate a satisfactory understanding of the importance of body substance isolation, personal protection from airborne and blood borne pathogens, and the reporting/notification process for exposure to infectious patients.

In the event a student is exposed, they should immediately notify their Clinical Preceptor, then immediately contact their Instructor. The student will most likely be required to fill out an official Exposure Control Report at the facility as well as for NTCC.

Certain disinfection and prophylactic medications may be administered to the student after a known exposure. Any/all costs of the medications and/or treatments after exposures will be incurred by the student, therefore medical insurance is highly recommended.

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

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

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

I. Malpractice Insurance

Malpractice insurance for clinical area activity is provided with the cost of tuition to all EMS students.

J. School Closure due to Inclement Weather

The EMS Program will follow all college policies for closing during inclement weather, or other regional and/or national emergency. Students will be informed of college closure through the regular television and/or radio media. Do not call the EMS Program Instructors or Program Director about issues of concerning school closure. During times of official NTCC closure, students can/will be excused from clinical rotations (closures of clinical attendance will be MANDATORY if weather WARNINGS are issued – no exceptions) and will be no penalties for the necessary reschedules.

Campus closure due to water or electrical issue will NOT excuse the student from attending off-campus events.

Students should access www.ntcc.edu or tune in to the following radio stations for official NTCC closure information.

KPXI 100.7 FM
KXAL 103.1 FM
KYKM 97.7 FM
KIMP 960 AM
KEGG 1560 AM

Chain of Command / Conflict Resolution / Grievance Policy

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

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

A. Conflicts Occurring in the Classroom

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

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

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

B. Conflicts During Clinical Rotations

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

In the event the problem cannot be resolved at the clinical site, the student should report the situation to their course instructor or Program Director at their earliest opportunity. Reporting the problem directly to Program Faculty without consulting the clinical personnel is not permitted without extenuating circumstances. Students should understand that the clinical site has a vested interest in resolving the problem internally. It will be the prerogative and responsibility of the clinical site to report problems and resolution decisions to the EMS Program. The following chain of command should be followed for problems encountered during clinical rotations:

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

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

C. Grievance Procedure

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

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

Course Completion / Withdrawals / Re-Admission Procedures

A. Course Completion Policy

A student is considered to have successfully completed a course when ALL classroom affective, cognitive, and psychomotor objectives as well as all clinical competencies have been successfully completed according to program criteria. Upon completion of the course, the Course Instructor and Program Director will re-verify all required documents in the student's file.

Upon re-verification, if all documents are in place and correct, the student will receive an official course completion certificate. The certificate is individually numbered and can be cross referenced to the student. An exit interview will also be conducted with the student. Failure of either the didactic or clinical portion of the program constitutes the failure of the entire course, and hence the student would be required to complete BOTH portions again if re-application is made.

B. Withdrawing / Returning Students Policy

Students leaving the program are advised to contact their Instructor or the Program Director for an exit interview prior to withdrawing or immediately after receiving a failing grade. The exit interview will establish requirements for returning to the program at a later date.

Regardless of whether or not an exit interview is conducted, to be dropped from the program the students MUST officially drop the program courses through the Registrar's Office THEMSELVES. Failure to officially drop the course will result in the student receiving a grade of "F" in all EMSP courses in which the student is enrolled for the effected semester. Only the STUDENT can drop a class. Instructors cannot drop a student from a class.

C. Readmission / Reapplication Procedures:

- Any student who does not successfully complete all classes must reapply for the entire program.
- Students who do not complete an exit interview must reapply to the program from the beginning, regardless of the students last successful semester.
- Any student who does not successfully complete any part of the required classes in any semester will be dropped from the entire program. That student may reapply to the program and if selected, may be allowed to repeat the failed class and continue on through the program without having to repeat classes which have already been passed.
- The decision and determination of repeating classes will be determined by the Program Director, and will be based on the elapsed time from the unsuccessful semester to returning to the program. If the elapsed time is over 6 months, the student must repeat all classes in the program, and must reapply to the program as a new student.
- Students who are able to finish the didactic or clinical portion of the program but are unable to finish the other, must complete both components upon re-enrolling.
- Students who re-enroll must repeat all aspects of the course. No credit will be given for previously passed examinations, didactic or practical classrooms or labs.

Important Information about the National Registry

A. Timing of NREMT Examination

Students are encouraged to take the NREMT written and practical examination as quickly as possible after successful course completion. All clinical and classroom requirements must be completed before students are cleared to take the NREMT examination. EMT students have 60 days to complete all requirements after the last official day of class. Paramedic students have 90 days to complete all requirements after the last official day of class. Any student going beyond that time period, but before 6 months after the last official class day, will be required to take a refresher class and re-take the final exam. Students going beyond 6 months after the last official day of class will be required to follow the re-entering student guidelines policies. Extreme extenuating circumstances will always be considered.

B. Certification Application Procedures

While the student is nearing the completion of the course, applications for the National Registry of EMTs(NREMT) and Texas Department of State Health Services(TDSHS) applications should be completed. Directions for completing the NREMT application is contained in the index of this document. The TDSHS initial application is available on-line.

The NREMT written and practical is the examination required for certification in Texas. TDSHS certification/licensure is required in order to work or volunteer in Texas. These are separate application processes. In order to process applications, students are encouraged to send applications in as quickly as possible. TDSHS requires fingerprinting as a part of the application process.

The program makes best efforts to prepare students for the NREMT certification examination by providing sound teaching and testing strategies. If, for an unforeseen circumstance , a student fails an attempt on the NREMT written examination, free tutoring will be offered. The student must contact the Program Director to set up time and location for tutoring.

APPROXIMATE COST OF NTCC-EMS PROGRAM

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

College Costs:

| | | |
|-------------------|-------------------------|--|
| Tuition: | In District | \$31 per Semester Hour |
| | Out of District | \$68 per Semester Hour |
| | Gen. Service Fee | \$34 per Semester Hour |
| | Activity Fee | \$1.00 per Semester Hour |
| | Registration Fee | \$15 |
| | Graduation Fee | \$3 |
| Textbooks: | EMT | \$120 - \$150 |
| | Paramedic | \$300 - \$500 (multiple texts) |
| | Syllabus | \$30 - \$40 (both the General P & P <u>PLUS</u> Clinical P & P) |

Program Costs:

| | | |
|------------------------|--|---|
| Health Related: | To get updated immunizations &/or a physical: TB skin test (MUST be tested annually): | varies by needs for each \$10 - \$20 |
|------------------------|--|---|

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

L-1 Identity Solutions Criminal Background Check: \$50 - \$125

| | | |
|-----------------------|------------------|----------------------|
| FISDAP Access: | EMT | \$25 - \$35 |
| | Paramedic | \$150 - \$175 |

| | | |
|-----------------------------------|--------------|--|
| Testing and Certification: | NREMT | \$70 Written (both levels) \$125 Skills (Paramedic only) |
| | TDSHS | \$68 for EMT \$96 - \$126 for Paramedic \$20 - \$50 for Fingerprinting (both levels, but only once) |

List of Required Documents for Student's File

Student Name: _____

Course: _____

SEM/YR: _____

| REQUIRED DOCUMENT | DATE Due | DATE Received | Instr. Initials |
|--|----------|---------------|-----------------|
| Program Application or Director's Conference | | | |
| Acceptance Letter or Director's Consent | | | |
| Copy of DL or an Official Government ID | | | |
| Copy of High School Transcript or GED | | | |
| Copy of ALL College Transcripts (if applicable) | | | |
| Copy of In-Date CPR- HCP Level Card | | | |
| Copy of Registry/Tx. EMT Certs. (for Paramedics) | | | |
| Copy of other Healthcare Provider Certifications | | | |
| Program Information Sheet | | | |
| Signed Acknowledgement of Policies and Procedures (2) | | | |
| Signed Confidentiality Agreement | | | |
| Signed Wavier of Liability | | | |
| L-1 ID Solutions Criminal Background Report | | | |
| Signed Drug Screening Agreement | | | |
| Drug Screening Results | | | |
| IMMUNIZATION RECORD (COMPLETE): | | | |
| Hepatitis A/B (series of 3 within 6 mo. time frame) | | | |
| MMR (should have at least 2) | | | |
| Diphtheria/Tetanus/Pertusis (cuurent w/in 5 yrs) | | | |
| Tuberculosis Test Results (done yearly) | | | |
| Meningitis (current or waiver) | | | |
| Flu (current or waiver - annual) | | | |
| Pneumococcal (currently optional – but annual) | | | |
| Student Program ID | | | |
| Student Personal Memos & Incident Reports | | | |
| Student Performance Appraisals & Academic Advisements | | | |
| Commendations or Awards | | | |
| Copy of Course Completion Document | | | |
| Original Grade sheet with Final Average (for student) | | | |
| Original Graded Quizzes, Scantrons, Exams | | | |
| Original Fisdap Exam Results (Both Programs) | | | |
| Regular & Fisdap Final Exam Results (Both Programs) | | | |
| Original Completed Skills Testing Sheets | | | |
| Clinical Verification Cover Sheet – Filled/Signed (Basics) | | | |
| Original Clinical & Field Forms and Evaluations | | | |
| Original Key Performance Indicators (Paramedic) | | | |
| Original Research Papers and Projects | | | |
| Other: | | | |

All Required Documents must be COMPLETE & ORGANIZED in the Student's file before course completion can be issued.

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

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

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

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

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

By signing this document I understand and agree that:

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

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

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

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

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

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

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

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

I have read the above agreement and agree to comply with all its terms as a condition of internship in the NTCC EMS Program.

Signature of Student

Date

Printed Name of Student

Signature of Program Director

Date

Printed Name of Program Director

WAIVER OF LIABILITY

STATE OF TEXAS
Titus County

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

This release shall be binding upon my successors and heirs.

Signed: _____

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

Notary Public in and for Titus County, Texas

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

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

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

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

I will hold harmless Titus Regional Medical Center and Northeast Texas Community College, its company physician, and any testing laboratory that might used, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of clinical status as a result of the drug or alcohol test, even if a laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless the Titus Regional Medical Center and Northeast Texas Community College, its company physician, and any testing laboratory that might be used for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

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

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

Signature of Student

Date

Printed Student's Name

Attached Drug Screening

**ACKNOWLEDGMENT OF NTCC-EMS
GENERAL PROGRAM
POLICIES AND PROCEDURES**

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

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

NTCC-EMS policy and procedure manual, orientation, and have read and fully understand the outlined policies and procedures for the Northeast Texas Community College EMS Program. Furthermore, I agree to fully abide by these policies and procedures.

Printed Name

Signature

Date

Student's EMS Instructor (print)

NTCC EMS Director (print)

Signature

Signature

Date

Date

NTCC EMS Program Student Information Sheet

PERSONAL HISTORY

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

EDUCATION HISTORY

Highest Level of Formal Education Achieved (circle one)
 GED HS Diploma Associate Degree Bachelor's Degree Master's Degree or Higher
What YEAR was the highest level of education achieved? _____
What was the field of study in the degree earned? _____
Have you obtained Vocational Training? YES / NO If so, what field(s): _____

What kind of coursework have you taken here at NTCC? _____

Are you interested in a degree program? YES / NO If so, what field(s): _____

WORK HISTORY

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

MISCELLANEOUS HISTORY

Describe any experience with EMS (volunteer or paid) _____

Hobbies _____
Favorite Snack Foods _____ Favorite Sport _____

NTCC EMS
Performance Monitoring Record – p.2

QUIZ GRADES:

#1 - _____ #2 - _____ #3 - _____ #4 - _____ #5 - _____
 #6 - _____ #7 - _____ #8 - _____ #9 - _____ #10 - _____
 #11 - _____ [FSD Airway - _____ FSD Cardio - _____ FSD Med - _____
 FSD OB - _____ FSD Trauma - _____ FSD OPS - _____]
TOTAL FSD / 6 = average becomes Quiz #11

Drop lowest Quiz grade, add the remaining 10 together & divide total by 10 to get Quiz Avg. Grade

TOTAL for Quiz Grade: _____

NOW, take the Total Quiz Grade & ADD to the Total Assignments
 & Extra Credit Grade (from pg.1) and divide the total by 2 for the

2. TOTAL QUIZ, ASSIGNMENT, & EXTRA CREDIT AVERAGE: _____

TEST & FINAL EXAM GRADES:

#1 - _____ #2 - _____ #3 - _____ #4 - _____
 #5 - _____ [NIMS 100 - _____ NIMS 200 - _____ NIMS 700 - _____ NIMS 800 - _____]
TOTAL NIMS / 4 = average becomes TEST #5

[Test #5 is the NIMS grade – if all sections are turned in complete AND on time, the student receives a 100 for each completion. For later turn ins, use following deductions: turning in next class after due date: -25 points; turning in 1 week after due date: -50 points; turning in after that point: only worth 25 points. NOTE: While a student may get a failing grade in NIMS completion, the completion of ALL NIMS courses are REQUIRED to pass the course!]

Add ALL grades and divide total by 5 to get the student's TEST Average Grade

3. TOTAL FOR TEST GRADE: _____

FISDAP FINAL EXAM Grade: _____ X 20% = _____
 Written FINAL EXAM Grade: _____ X 80% = _____

4. COURSE FINAL EXAM GRADE: _____ (add above 2 percentaged grades)

FINAL GRADE CALCULATION

| | | | | |
|----------------------------------|-------|-------|---|-------|
| 1. Affective/Psychomotor Average | _____ | X 20% | = | _____ |
| 2. QUIZ, ASSIGN., & E.C. Average | _____ | X 20% | = | _____ |
| 3. TEST Average | _____ | X 40% | = | _____ |
| 4. COURSE FINAL EXAM Average | _____ | X 20% | = | _____ |

FINAL TOTAL GRADE (100% Reported) _____

DIRECTIONS FOR L-1 IDENTITY SOLUTIONS CRIMINAL BACKGROUND CHECK

1. Go to www.certifiedbackground.com
2. Enter all required data fields.
3. In the Package Code Box enter: **OH51**
4. Select method of Payment (credit/debit card or money order).
5. Results may take up to two weeks
6. The student will receive the background check results as well as the director.
7. The director will maintain and protect the confidentiality of such information to the greatest extent possible; and that will share such information only to the extent necessary to make EMS certification qualification decisions.

Follow These Steps to Take the NREMT Exam

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

Step 1: Create Your Account

-- Go to www.nremt.org and click on 'Create New Account'

Step 2: Login

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

Step 3: Manage Your Account Information

-- Complete all the information in the Personal Account Information fields as prompted. The name you include in this area should be the same as what appears on your driver's license (or the ID you will present at the testing center), and is what will appear on your application, National Registry certificate and card upon successful completion of the examination.

Step 4: Create a New Application

-- Click on 'Create a New Application' to apply to take your exam.

-- Review the Personal Information Summary – if any items are incorrect, you can make corrections by clicking on 'Manage Account Information'.

-- Select the application level you wish to complete.

Step 5: Pay Application Fee

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

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

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

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

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

Step 7: Print the ATT Letter to Schedule Your Exam

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

Step 8: Call Pearson VUE to Schedule Your Exam

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



ATTENTION

Persons applying for initial Texas EMS certification/licensure with a criminal conviction

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

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

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

AMERICANS WITH DISABILITIES ACT – ALLOWABLE ACCOMMODATIONS

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

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

The Functional Job Descriptions, outlined in the Appendix in the next section, describes the required skills and job requirements essential to EMS personnel. Those descriptions will guide any/all accommodations permitted for the EMT and Paramedic level students.

The following specific points about the Americans With Disabilities Act DO pertain to those involved in EMS training and education programs:

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

****PLEASE NOTE****

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

1. ***Students are not allowed additional time for skills with specific time frames.***
 - Obviously patients would suffer due to life threatening conditions in emergency situations if treatment were delayed.
2. ***Students are not allowed unlimited time to complete a written exam.***
 - This request is not considered reasonable because a candidate should be able to complete a test within a finite amount of time.
 - Students will be allowed a maximum of time and one-half to complete written exams.
3. ***Students are not allowed to have written exams given by an oral reader.***
 - The ability to read and understand small English print is an essential function of the profession, and written exams are designed, at least in part, to measure that ability.
4. ***Students are not provided a written exam with a reading level of less than grade eight.***
 - The EMS profession requires a reading level of at least grade eight to work safely and efficiently.
5. ***Students must take all exams during the scheduled time, as a member of the enrolled class.***
 - The ability to utilize knowledge on the spur of the moment is an essential task for EMTs and Paramedics.
 - Exams are given to elicit immediate recall and understanding of emergency situations.
 - Students will be permitted a private space to take the exam.
 - Refer to the written examination policy of missed exams due to excused absences.
6. ***Students must answer all written test questions as written. No explanation of the question can be provided by the test proctor or any other individual.***
 - Additional descriptions of test questions would not be a reasonable accommodation because reading and understanding written English is an essential part of EMS communication.
 - Student must be able to understand and converse in medical terms appropriate to the profession. Because of the critical nature of the tasks needed in emergency situations, accommodation requests are considered very carefully, on a case by case basis. The safety and welfare of the community must be insured while providing full protection of the certification applicant's rights. The main question to be considered is: with the accommodation being requested, can this individual perform the essential functions of the job safely and efficiently. The Program Director and NTCC student services can further define the American with Disabilities Act as needed.

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

Introduction

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

Qualifications

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

All EMS personnel MUST have the following abilities:

- Ability to communicate verbally via telephone and radio equipment
- Ability to lift, carry and balance up to 125 pounds (250 pounds with assistance)
- Ability to interpret written, oral and diagnostic form instructions
- Ability to use good judgment and remain calm in high-stress situations
- Ability to work effectively in an environment with loud noises and flashing lights
- Ability to function efficiently throughout an entire work shift
- Ability to calculate weight/volume ratios & read small print both under life threatening/time constraints
- Ability to read and understand English language manuals and road maps
- Ability to accurately discern street signs and address numbers; ability to interview patient, family members and bystanders
- Ability to document, in writing, all relevant information in prescribed format in light of legal ramifications of such
- Ability to converse in English with coworkers and hospital staff as to status of patient.

EMS personnel should also possess good manual dexterity, with ability to perform all tasks related to highest quality patient care. Ability to bend, stoop and crawl on uneven terrain and ability to withstand varied environmental conditions such as extreme heat, cold and moisture is vital. The ability to work in low light, confined spaces and other dangerous environments is required.

Description of Tasks:

- Receives call from dispatcher, responds appropriately to emergency calls, reads maps, may drive ambulance to emergency site, uses most expeditious route and observes traffic ordinances and regulations.
- Reassures patients and bystanders, avoids mishandling patient and undue haste, searches for medical identification emblem to aid in care.
- Determines nature and extent of illness or injury, takes pulse, blood pressure, visually observes changes in skin color, auscultates breath sounds, makes determination regarding patient status, establishes priority for emergency care, renders appropriate emergency care (based on competency level); may administer intravenous drugs or fluid replacement as directed by physician.
- May use equipment (based on competency level) such as but not limited to, defibrillator, electrocardiograph, performs endotracheal intubation to open airway and ventilate patient, inflates pneumatic anti-shock garment to improve patient's blood circulation or stabilize injuries.
- Assists in lifting, carrying, and transporting patient to ambulance and on to a medical facility.
- Extricates patient from entrapment, assesses extent of injury, uses prescribed techniques and appliances, radios dispatcher for additional assistance or services, provides light rescue service if required, provides additional emergency care following established protocols.
- Complies with regulations in handling deceased, notifies authorities, arranges for protection of property and evidence at scene.
- Determines appropriate facility to which patient will be transported, reports nature and extent of injuries or illness to the facility, asks for direction from hospital physician or emergency department.
- Observes patient in route and administers care as directed by physician or emergency department or according to published protocol.
- Identifies diagnostic signs that require communication with facility.
- Moves the patient into the emergency facility from the ambulance.
- Reports verbally and in writing concerning observations about the patient, patient care at the scene and in route to facility, provides assistance to emergency staff as required.
- Maintains familiarity with all specialized equipment.
- Replaces supplies, sends used supplies for sterilization, checks all equipment for future readiness, maintains ambulance in operable condition, ensures ambulance cleanliness and orderliness of equipment and supplies, decontaminates vehicle interior, determines vehicle readiness by checking oil, gasoline, water in battery and radiator and tire pressure.

Student Notes

PATIENT ASSESSMENT VITAL SIGNS

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

0 1 2 *1. Calculates and reports pulse

Candidate _____
Examiner _____
Difference _____

0 1 2 *2. Calculates and reports respiratory rate

Candidate _____
Examiner _____
Difference _____

0 1 2 *3. Palpates and reports systolic blood pressure

Candidate _____
Examiner _____
Difference _____

0 1 2 *4. Auscultates and reports auscultated blood pressure

Systolic
Candidate _____
Examiner _____
Difference _____

Diastolic
Candidate _____
Examiner _____
Difference _____

| | |
|--|--------------------------|
| ____ Candidate's Total Points (Minimum passing total: 6 points) | |
| Absolutes satisfied: ___ Yes ___ No (Must have at least one point for each step marked with an *) | ___ Pass ___ Fail |
| Examiner: | Cert. No. (if assigned): |

Documenting Comments:

NREMT OXYGEN ADMINISTRATION

Candidate: _____

Examiner: _____

Date: _____

Signature: _____

Approx. Station Time: 5 minutes

| | Points Possible | Points Awarded |
|---|-----------------|----------------|
| Takes or verbalizes body substance isolation precautions | 1 | |
| Assembles regulator to tank | 1 | |
| Opens tank | 1 | |
| Checks for leaks | 1 | |
| Checks tank pressure | 1 | |
| Attaches nonrebreather mask | 1 | |
| Prefills reservoir | 1 | |
| Adjusts liter flow to 15 L/min or greater | 1 | |
| Applies and adjusts mask to the patient's face | 1 | |
| <i>NOTE: The examiner must advise the candidate to apply a nasal cannula to the patient.</i> | | |
| Attaches nasal cannula to oxygen | 1 | |
| Adjusts liter flow up to 6 L/min | 1 | |
| Applies nasal cannula to the patient | 1 | |
| <i>NOTE: The examiner must advise the candidate to discontinue oxygen therapy.</i> | | |
| Removes the nasal cannula | 1 | |
| Shuts off the regulator | 1 | |
| Relieves the pressure within the regulator | 1 | |
| TOTAL: | 15 | |

CRITICAL CRITERIA

- _____ Did not take or verbalize body substance isolation precautions
- _____ Did not assemble the tank and regulator without leaks
- _____ Did not adjust the device to the correct liter flow for the non-rebreather mask (15 L/min)
- _____ Did not prefill the reservoir bag
- _____ Did not adjust the device to the correct liter flow for the nasal cannula (up to 6 L/min)

Documenting Comments:

NREMT AIRWAY MAINTENANCE -- OROPHARYNGEAL AIRWAY

Candidate: _____

Examiner: _____

Date: _____

Signature: _____

Approx. Station Time: 2 minutes

| | Points Possible | Points Awarded |
|--|-----------------|----------------|
| Takes or verbalizes body substance isolation precautions | 1 | |
| Selects appropriate size airway | 1 | |
| Measures airway | 1 | |
| Inserts airway without pushing the tongue posteriorly | 1 | |
| <i>NOTE: The examiner must advise the candidate that the patient is gagging and becoming conscious</i> | | |
| Removes oropharyngeal airway | 1 | |

SUCTIONING

Approx. Station Time: 2 minutes

| <i>NOTE: The examiner must advise the candidate to suction the patient's oropharynx/nasopharynx</i> | | |
|---|---|--|
| Turns on/prepares suction device | 1 | |
| Assures presence of mechanical suction | 1 | |
| Inserts suction tip without suction | 1 | |
| Applies suction to the oropharynx/nasopharynx | 1 | |

NASOPHARYNGEAL AIRWAY

Approx. Station Time: 2 minutes

| <i>NOTE: The examiner must advise the candidate to insert a nasopharyngeal airway</i> | | |
|---|----|--|
| Selects appropriate size airway | 1 | |
| Measures airway | 1 | |
| Verbalizes lubrication of the nasal airway | 1 | |
| Fully inserts the airway with the bevel facing toward the septum | 1 | |
| TOTAL: | 13 | |

CRITICAL CRITERIA

_____ Did not take or verbalize body substance isolation precautions

Documenting Comments:

NREMT MOUTH-TO-MASK WITH SUPPLEMENTAL OXYGEN

Candidate: _____

Examiner: _____

Date: _____

Signature: _____

Approx. Station Time: 4 minutes

| | Points Possible | Points Awarded |
|---|-----------------|----------------|
| Takes or verbalizes body substance isolation precautions | 1 | |
| Connects one-way valve to mask | 1 | |
| Opens airway (manually or with adjunct) | 1 | |
| Establishes and maintains a proper mask to face seal | 1 | |
| Ventilates the patient at the proper volume and rate (800-1200 ml per breath/10-20 breaths per minute) | 1 | |
| Connects mask to high concentration oxygen | 1 | |
| Adjusts flow rate to greater than 15 L/min or greater | 1 | |
| Continues ventilation at proper volume and rate (800-1200 ml per breath/10-20 breaths per minute) | 1 | |
| NOTE: the examiner must witness ventilations for at least 30 seconds | | |
| TOTAL: | 8 | |

CRITICAL CRITERIA

- _____ Did not take or verbalize body substance isolation precautions
- _____ Did not adjust liter flow to 15 L/min or greater
- _____ Did not provide proper volume per breath
(more than 2 ventilations per minute are below 800 ml)
- _____ Did not ventilate the patient at 10-20 breaths per minute
- _____ Did not allow for complete exhalation

Documenting Comments:

BAG-VALVE-MASK WITH SUPPLEMENTAL OXYGEN

| | | |
|-----------------------------------|-------------|----------------|
| CANDIDATE'S NAME: | | DATE: |
| __ ECA | __ EMT | __ EMTI |
| __ EMTP | COURSE #: | |
| __ INITIAL | __ RENEWAL | __ EQUIVALENCY |
| | | __ RETEST |
| BAG-VALVE-MASK [3 MINUTES] | START TIME: | END TIME: |

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

| | |
|--|--------------------------|
| ____ Candidate's Total Points (minimum passing total: 7 points) | |
| Absolutes satisfied: ____ Yes ____ No (Must have at least one point for each step marked with an *) | ____ Pass ____ Fail |
| Examiner: | Cert. No. (if assigned): |

Documenting Comments:

BRONCHODILATOR ADMINISTRATION-HANDHELD METERED DOSE INHALER

| | | |
|-------------------------|-------------|----------------|
| CANDIDATE' S NAME: | | DATE: |
| __ EMT | __ EMTI | __ EMTP |
| COURSE #: | | |
| __ INITIAL | __ RENEWAL | __ EQUIVALENCY |
| __ RETEST | | |
| STATION TIME: 5 MINUTES | START TIME: | END TIME: |

- | | | | |
|---|---|------|--|
| 0 | 2 | *1. | Avoids contamination of equipment /replaces contaminated equipment prior to use. |
| 0 | 2 | *2. | Confirms order (medication, dosage and route) |
| 0 | 1 | 2 | *3. Informs patient of order for medication and inquires about allergies and recent doses of other bronchodilators |
| 0 | 2 | *4. | Selects correct medication from drug box as requested by Examiner |
| 0 | 2 | *5. | Verbalizes check of medication for contamination and expiration date |
| 0 | 2 | *6. | Shakes the inhaler |
| 0 | 2 | 7. | Attaches spacer to inhaler, if ordered |
| 0 | 2 | 8. | Verbalizes recheck of the medication label |
| 0 | 2 | 9. | Removes nonrebreather mask from patient |
| 0 | 2 | 10. | Verbalizes recheck of the medication label |
| 0 | 2 | *11. | Performs steps 1-10 prior to step 12 and performs at least one (1) recheck of the medication label |
| 0 | 2 | 12. | Instructs patient to exhale deeply |
| 0 | 2 | *13. | Instructs patient to put the mouthpiece in mouth and make a seal with lips |
| 0 | 2 | *14. | Instructs patient to depress the inhaler canister while inhaling and then hold breath as long as comfortable |
| 0 | 2 | *15. | Replaces non-rebreather mask on patient |

| | |
|--|--------------------------|
| ____ Candidate' s Total Points (Minimum passing total: 21 points) | |
| Absolutes satisfied: ____ Yes ____ No (Must have at least one point for each step marked with an *) | ____ Pass ____ Fail |
| Examiner: | Cert. No. (if assigned): |

Documenting Comments:

BRONCHODILATOR ADMINISTRATION-SMALL VOLUME NEBULIZER

| | | |
|-------------------------|-------------|----------------|
| CANDIDATE' S NAME: | | DATE: |
| __ EMT | __ EMTI | __ EMTP |
| COURSE #: | | |
| __ INITIAL | __ RENEWAL | __ EQUIVALENCY |
| __ RETEST | | |
| STATION TIME: 5 MINUTES | START TIME: | END TIME: |

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

| | |
|--|--------------------------|
| ____ Candidate' s Total Points (Minimum passing total: 17 points) | |
| Absolutes satisfied: ____ Yes ____ No (Must have at least one point for each step marked with an *) | ____ Pass ____ Fail |
| Examiner: | Cert. No. (if assigned): |

Documenting Comments:

EPINEPHRINE AUTO INJECTOR

| | | |
|----------------------------------|----------------------------------|--------------------------------------|
| Candidate's Name: | | Date: |
| <input type="checkbox"/> EMT | <input type="checkbox"/> EMTI | <input type="checkbox"/> EMTP |
| COURSE #: | | |
| <input type="checkbox"/> Initial | <input type="checkbox"/> Renewal | <input type="checkbox"/> Equivalency |
| <input type="checkbox"/> Retest | | |
| Station Time: 5 Minutes | Start Time: | End Time: |

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

| | |
|--|--------------------------|
| _____ Candidate's Total Points (minimum passing total: 21 points) | |
| Absolutes satisfied: _____ Yes _____ No (Must have at least one point for each step marked with an *) | _____ Pass _____ Fail |
| Examiner: | Cert. No. (if assigned): |

Documenting Comments:

BANDAGING
[STATION TIME 10 MINUTES]

| | | |
|---|-------------|-----------|
| CANDIDATE'S NAME: | | DATE: |
| __ ECA __ EMT __ EMTI __ EMTP | | COURSE #: |
| __ INITIAL __ RENEWAL __ EQUIVALENCY __ RETEST | | |
| INJURY: | START TIME: | END TIME |

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

| | |
|---|--------------------------|
| _____ Candidate's Total Points (minimum passing total: 7 points) | |
| Absolutes satisfied: _____ Yes _____ No (Must have at least one point for each step marked with an *) | _____ Pass _____ Fail |
| Examiner: | Cert. No. (if assigned): |

Documenting Comments:

NREMT BLEEDING CONTROL/SHOCK MANAGEMENT

Candidate: _____

Examiner: _____

Date: _____

Signature: _____

Approx. Station Time: 5 minutes

| | Points Possible | Points Awarded |
|--|-----------------|----------------|
| Takes or verbalizes body substance isolation precautions | 1 | |
| Applies direct pressure to the wound | 1 | |
| Elevates the extremity | 1 | |
| Applies a dressing to the wound (see exception on next step) | 1 | |
| Bandages the wound(verballyize this/above step if bandaging skill already passed) | 1 | |
| <i>Note: The examiner must now inform the candidate that the wound is still continuing to bleed.</i> | | |
| Applies an additional dressing to the wound | 1 | |
| <i>Note: The examiner must now inform the candidate that the wound is still continuing to bleed. The second dressing does not control the bleeding.</i> | | |
| Locates and applies pressure to appropriate arterial pressure point | 1 | |
| <i>Note: The examiner must now inform the candidate that the bleeding is controlled and the patient is in compensatory shock.</i> | | |
| Applies high concentration oxygen | 1 | |
| Properly positions the patient | 1 | |
| Initiates steps to prevent heat loss from the patient | 1 | |
| Indicates need for immediate transportation | 1 | |
| TOTAL: | 11 | |

CRITICAL CRITERIA

- _____ Did not take or verbalize body substance isolation precautions
- _____ Did not apply high concentration of oxygen
- _____ Applies tourniquet before attempting other methods of bleeding control
- _____ Did not control hemorrhage in a timely manner
- _____ Did not indicate a need for immediate transportation

Documenting Comments:

NREMT IMMOBILIZATION SKILLS -- LONG BONE

Candidate: _____

Examiner: _____

Date: _____

Signature: _____

Approx. Station Time: 10 minutes

| | Points Possible | Points Awarded |
|---|-----------------|----------------|
| Takes or verbalizes body substance isolation precautions | 1 | |
| Directs application of manual stabilization | 1 | |
| Assesses motor, sensory and distal circulation | 1 | |
| <i>NOTE: The examiner acknowledges present and normal</i> | | |
| Measures splint | 1 | |
| Applies splint | 1 | |
| Immobilizes the joint above the injury site | 1 | |
| Immobilizes the joint below the injury site | 1 | |
| Secures the entire injured extremity | 1 | |
| Immobilizes hand/foot in the position of function | 1 | |
| Reassesses motor, sensory and distal circulation | 1 | |
| <i>Note: The examiner acknowledges present and normal</i> | | |
| TOTAL: | 10 | |

CRITICAL CRITERIA

- _____ Grossly moves injured extremity
- _____ Did not immobilize adjacent joints
- _____ Did not assess motor, sensory and distal circulation after splinting

Documenting Comments:

NREMT IMMOBILIZATION SKILLS -- JOINT INJURY

Candidate: _____

Examiner: _____

Date: _____

Signature: _____

Approx. Station Time: 10 minutes

| | Points Possible | Points Awarded |
|---|-----------------|----------------|
| Takes or verbalizes body substance isolation precautions | 1 | |
| Directs application of manual stabilization of the injury | 1 | |
| Assesses motor, sensory and distal circulation | 1 | |
| <i>NOTE: The examiner acknowledges present and normal</i> | | |
| Selects proper splinting material | 1 | |
| Immobilizes the site of the injury | 1 | |
| Immobilizes bone above injured joint | 1 | |
| Immobilizes bone below injured joint | 1 | |
| Reassesses motor, sensory and distal circulation | 1 | |
| <i>NOTE: The examiner acknowledges present and normal</i> | | |
| TOTAL: | 8 | |

CRITICAL CRITERIA

_____ Did not support the joint so that the joint did not bear distal weight

_____ Did not immobilize bone above and below injured joint

_____ Did not reassess motor, sensory and distal circulation after splinting

Documenting Comments:

TRACTION SPLINTING

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

| CANDIDATE PULLING TRACTION | CANDIDATE APPLYING SPLINT |
|---|---|
| 0 1 2 *1. Checks circulation, motor function, and sensation distal to injury before applying ankle hitch | 0 1 2 1. Prepares equipment |
| 0 2 *2. Applies ankle hitch | 0 2 *2. Stabilizes fracture while ankle hitch applied |
| 0 1 2 *3. Applies and maintains traction, elevation, and gentleness | 0 2 *3. Positions splint |
| | 0 1 2 4. Fastens ischial strap |
| | 0 1 2 5. Connects hitch to frame |
| | 0 2 *6. Tightens mechanical device to achieve traction and immobilize injury |
| 0 2 *4. Monitors circulation, motor function, and sensation distal to injury after procedure is completed | 0 1 2 *7. Secures cravats or velcro straps without aggravating injury |
| | 0 2 8. Verbalizes securing torso and splint to longboard to immobilize hip and prevent movement of splint |
| 0 1 2 5. Communicates with partner & patient | 0 1 2 9. Communicates with partner & patient |
| Minimum passing total: 7 points | Minimum passing total: 15 points |

| | | |
|--|--------------------------|--|
| Candidate's Total Points | Partner's Name (Print): | |
| Absolutes satisfied: <input type="checkbox"/> Yes <input type="checkbox"/> No (Must have at least one point for each step marked with an *) | | <input type="checkbox"/> Pass <input type="checkbox"/> Fail |
| Examiner: | Cert. No. (if assigned): | |

Documenting Comments:

NREMT SPINAL IMMOBILIZATION -- SUPINE PATIENT

Candidate: _____

Examiner: _____

Date: _____

Signature: _____

Approx. Station Time: 10 minutes

| | Points Possible | Points Awarded |
|---|-----------------|----------------|
| Takes or verbalizes body substance isolation precautions | 1 | |
| Directs assistant to place/maintain head in neutral in-line position | 1 | |
| Directs assistant to maintain manual immobilization of the head | 1 | |
| Assesses motor, sensory and distal circulation in extremities | 1 | |
| Applies appropriate size extrication collar | 1 | |
| Positions the immobilization device appropriately | 1 | |
| Moves patient onto device without compromising the integrity of the spine | 1 | |
| Applies padding to voids between the torso and the board as necessary | 1 | |
| Immobilizes the patient's torso to the device | 1 | |
| Evaluates and pads behind the patient's head as necessary | 1 | |
| Immobilizes the patient's head to the device | 1 | |
| Secures the patient's legs to the device | 1 | |
| Secures the patient's arms to the device | 1 | |
| Reassesses motor, sensory and distal circulation in extremities | 1 | |
| TOTAL: | 14 | |

CRITICAL CRITERIA

- _____ Did not immediately direct or take manual immobilization of the head
- _____ Releases or orders release of manual immobilization before it was maintained mechanically
- _____ Patient manipulated or moved excessively causing potential spinal compromise
- _____ Device moves excessively up, down, left or right on patient's torso
- _____ Head immobilization allows for excessive movement
- _____ Upon completion of immobilization, head is not in the neutral position
- _____ Did not reassess motor, sensory and distal circulation after immobilization
- _____ Immobilizes head to the board before securing torso

Documenting Comments:

NREMT SPINAL IMMOBILIZATION -- SEATED PATIENT

Candidate: _____

Examiner: _____

Date: _____

Signature: _____

Approx. Station Time: 10 minutes

| | Points Possible | Points Awarded |
|--|-----------------|----------------|
| Takes or verbalizes body substance isolation precautions | 1 | |
| Directs assistant to place/maintain head in neutral in-line position | 1 | |
| Directs assistant to maintain manual immobilization of the head | 1 | |
| Assesses motor, sensory and distal circulation in extremities | 1 | |
| Applies appropriate size extrication collar | 1 | |
| Positions the immobilization device behind the patient | 1 | |
| Secures the device to the patient's torso | 1 | |
| Evaluates torso fixation and adjusts as necessary | 1 | |
| Evaluates and pads behind the patient's head as necessary | 1 | |
| Secures the patient's head to the device | 1 | |
| Verbalizes moving the patient to a long board | 1 | |
| Reassesses motor, sensory and distal circulation in extremities | 1 | |
| TOTAL: | 12 | |

CRITICAL CRITERIA

- ___ Did not immediately direct or take manual immobilization of the head
- ___ Releases or orders release of manual immobilization before it was maintained mechanically
- ___ Patient manipulated or moved excessively causing potential spinal compromise
- ___ Device moves excessively up, down, left or right on patient's torso
- ___ Head immobilization allows for excessive movement
- ___ Torso fixation inhibits chest rise resulting in respiratory compromise
- ___ Upon completion of immobilization, head is not in the neutral position
- ___ Did not reassess motor, sensory and distal circulation after immobilization
- ___ Immobilized head to the board before securing the torso

Documenting Comments:

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

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

- | | | | |
|---|---|-----|--|
| 0 | 2 | 1. | Prepares patient for application of the P.A.S.G. (Removes clothing or states "Clothing has been removed," as appropriate) |
| 0 | 1 | 2 | *2. Positions and aligns garment |
| 0 | 1 | 2 | *3. Secures leg sections |
| 0 | 1 | 2 | *4. Secures abdominal section |
| 0 | 2 | *5. | Inflates garment (Three (3) compartments all at one time or leg sections then abdominal section) NOTE: DO NOT ALLOW INFLATION. |
| 0 | 2 | *6. | Sets valves to prevent loss of air from garment |

| | |
|--|--------------------------|
| _____ Candidate's Total Points (Minimum passing total: 8 points) | |
| Absolutes satisfied: _____ Yes _____ No (Must have at least one point for each step marked with an *) | _____ Pass _____ Fail |
| Examiner: | Cert. No. (if assigned): |

Documenting Comments:

CARDIAC ARREST MANAGEMENT/AED

| | | |
|-------------------------|-------------|-----------------|
| CANDIDATE'S NAME: | | DATE: |
| ___ EMT | ___ EMTI | ___ EMTP |
| COURSE #: | | |
| ___ INITIAL | ___ RENEWAL | ___ EQUIVALENCY |
| ___ RETEST | | |
| STATION TIME: 5 MINUTES | START TIME: | END TIME: |

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

| | |
|--|--------------------------|
| ___ Candidate's Total Points (Minimum passing total: 18 points) | |
| Absolutes satisfied: ___ Yes ___ No (Must have at least one point for each step marked with an *) | ___ Pass ___ Fail |
| Examiner: | Cert. No. (if assigned): |

Documenting Comments:

NREMT PATIENT ASSESSMENT/MANAGEMENT -- TRAUMA

Candidate: _____
 Date: _____
 Approx. Station Time: 20 minutes

Examiner: _____
 Signature: _____

| | | Points Possible | Points Awarded |
|---|---|-----------------|----------------|
| Takes or verbalizes body substance isolation precautions | | 1 | |
| SCENE SIZE-UP | | | |
| Determines the scene is safe | | 1 | |
| Determines the mechanism of injury | | 1 | |
| Determines the number of patients | | 1 | |
| Requests additional help if necessary | | 1 | |
| Considers stabilization of spine | | 1 | |
| INITIAL ASSESSMENT | | | |
| Verbalizes general impression of patient | | 1 | |
| Determines chief complaint/apparent life threats | | 1 | |
| Determines responsiveness | | 1 | |
| Assesses airway and breathing | Assessment | 1 | |
| | Initiates appropriate oxygen therapy | 1 | |
| | Assures adequate ventilation | 1 | |
| | Injury management | 1 | |
| Assesses circulation | Assesses for and controls major bleeding | 1 | |
| | Assesses pulse | 1 | |
| | Assesses skin (color, temperature and condition) | 1 | |
| Identifies priority patients/makes transport decision | | 1 | |
| FOCUSED PHYSICAL EXAM AND HISTORY/RAPID TRAUMA ASSESSMENT | | | |
| Selects appropriate assessment (focused or rapid assessment) | | 1 | |
| Obtains baseline vital signs | | 1 | |
| Obtains S.A.M.P.L.E. history | | 1 | |
| DETAILED PHYSICAL EXAMINATION | | | |
| Assesses the head | Inspects and palpates the scalp and ears | 1 | |
| | Assesses the eyes | 1 | |
| | Assesses the facial area including oral and nasal area | 1 | |
| Assesses the neck | Inspects and palpates the neck | 1 | |
| | Assesses for JVD | 1 | |
| | Assesses for tracheal deviation | 1 | |
| Assesses the chest | Inspects | 1 | |
| | Palpates | 1 | |
| | Auscultates the chest | 1 | |
| Assesses the abdomen/pelvis | Assesses the abdomen | 1 | |
| | Assesses the pelvis | 1 | |
| | Verbalizes assessment of genitalia/perineum as needed | 1 | |
| Assesses the extremities | 1 point for each extremity Includes inspection, palpation, assessment of pulses, sensory & motor functions | 4 | |
| Assesses the posterior | Assesses thorax | 1 | |
| | Assesses lumbar | 1 | |
| Manages secondary injuries and wounds appropriately 1 point for appropriate management of each injury/wound up to a maximum of 2 points | | 2 | |
| Verbalizes reassessment of the vital signs | | 1 | |
| TOTAL: | | 41 | |

CRITICAL CRITERIA

- | | |
|---|---|
| _____ Did not take or verbalize body substance isolation precautions | _____ Did not assess for spinal protection |
| _____ Did not provide for spinal protection when indicated | _____ Did not provide high concentration of oxygen |
| _____ Did not evaluate/find conditions of airway, breathing, circulation | _____ Did not transport patient in 10 minute time limit |
| _____ Did not manage/provide airway, breathing, hemorrhage control/treat for shock | _____ Did not differentiate transport decision |
| _____ Does other detailed physical examination before assessing airway, breathing and circulation | |

NREMT PATIENT ASSESSMENT/MANAGEMENT -- MEDICAL

Candidate: _____

Examiner: _____

Date: _____

Signature: _____

Approx. Station Time: 20 minutes

| | | Points Possible | Points Awarded |
|--|--|--|--|
| Takes or verbalizes body substance isolation precautions | | 1 | |
| SCENE SIZE-UP | | | |
| Determines the scene is safe | | 1 | |
| Determines the mechanism of injury/nature of illness | | 1 | |
| Determines the number of patients | | 1 | |
| Requests additional help if necessary | | 1 | |
| Considers stabilization of spine | | 1 | |
| INITIAL ASSESSMENT | | | |
| Verbalizes general impression of the patient | | 1 | |
| Determines chief complaint/apparent life threats | | 1 | |
| Determines responsiveness/level of consciousness | | 1 | |
| Assesses airway and breathing | Assessment Initiates appropriate oxygen therapy Assures adequate ventilation | 1 1 1 | |
| Assesses circulation | Assesses/controls major bleeding Assesses pulse Assesses skin (color, temperature and condition) | 1 1 1 | |
| Identifies priority patients/makes transport decision | | 1 | |
| FOCUSED PHYSICAL EXAM AND HISTORY/RAPID ASSESSMENT | | | |
| Signs and Symptoms (Assess history of present illness) | | 1 | |
| Respiratory | Cardiac | Altered Level of Consciousness | Allergic Reaction |
| *Onset? *Provokes? *Quality? *Radiates? *Severity? *Time? *Interventions | *Onset? *Provokes? *Quality? *Radiates? *Severity? *Time? *Interventions | *Description of the episode *Onset? *Duration? *Associated symptoms? *Evidence of trauma? *Interventions? *Seizures? *Fever? | *History of allergies? *What were you exposed to? *How were you exposed? *Effects? *Progressions? *Interventions |
| Poisoning/Overdose | Environmental Emergency | Obstetrics | Behavioral |
| *Substance? *When did you ingest/exposed? *How much did you ingest? *Over what time period? *Interventions? *Estimated weight? *Effects? | *Source? *Environment? *Duration? *Loss of consciousness? *Effects - General or local? | *Are you pregnant? *How long have you been pregnant? *Pain/contractions? *Bleeding or discharge? *Do you feel the need to push? *Last menstrual period? *Crowning? | *How do you feel? *Determine suicidal tendencies *Is the patient a threat to self or others? *Is there a medical problem? *Past medical history? *Interventions? *Medications? |
| Allergies | | 1 | |
| Medications | | 1 | |
| Past medical history | | 1 | |
| Last meal | | 1 | |
| Events leading to present illness (rule out trauma) | | 1 | |
| Performs focused physical examination Assesses affected body part/system or, if indicated, completes rapid assessment | | 1 | |
| VITALS (Obtains baseline vital signs) | | 1 | |
| INTERVENTIONS Obtains medical direction or verbalizes standing order for medication interventions and verbalizes proper additional intervention/treatment | | 1 | |
| TRANSPORT (Re-evaluates transport decision) | | 1 | |
| Completes detailed physical examination | | 1 | |
| ONGOING ASSESSMENT (verbalized) | | | |
| Repeats initial assessment | | 1 | |
| Repeats vital signs | | 1 | |
| Repeats focused assessment regarding patient complaint or injuries | | 1 | |
| Checks interventions | | 1 | |
| TOTAL: | | 31 | |

CRITICAL CRITERIA

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