|  |
| --- |
| **CENTRAL OREGON COMMUNITY COLLEGE** |
| ***Implementing*****OREGON HEALTH AUTHORITY****Division 30, Chapter 409*****Rules for******Health Professions Programs*** |
| **Programs: Emergency Medical Services**  |

|  |
| --- |
| **Dawn M. Lane RN, MSN****5/13/2014** |

**Program: EMERGENCY MEDICAL SERVICES**

**Program TITLE: Alcohol and Substance Abuse Policy**

**Author:** DAwn M. Lane RN, MSN [Dml]

**date:** March 6, 2014 [Dml]

**Reviewed:** April 14, 2014 [Dml]

**REvised:** April 14, 2014 [Dml]

**POLICY:** **Any EMS Program student exhibiting behaviors suggestive of alcohol or substance misuse, or that for any reason poses a threat to client safety; will be removed from client care responsibilities and sent for alcohol and drug screening. Students may not operate a vehicle until cleared by a physician at the testing facility.**

**EXPECTATION:**

1. It is the responsibility of students to notify the clinical instructor or preceptor, if they are taking any medications that have potential adverse effects on their ability to perform safely and effectively, including medications that are prescribed by a provider.
	* 1. Students may not attend clinical until they have completed a course of medication that may have a negative effect on their clinical performance.
2. If a student exhibits behaviors that suggest impairment, the EMS Program instructor, preceptor or college representative will arrange for the student’s safe transportation to the testing laboratory and home afterwards.
	1. Campus security will escort students to a designated facility for body fluid drug screening as soon as the student has been relieved of client care responsibility.
		1. Campus security will not to go alone with a student and a student must not be allowed to operate a motor vehicle.
			1. Taxi will be used when available
			2. The police will be called if the student enters their vehicle and attempts to drive it from the clinical site.
		2. The student will bear all expenses of program mandated testing.
		3. Students must give written consent for alcohol and drug screening and for results of the screening to be released to the EMS Program Director.
			1. Failure to give written consent or failure to provide a legitimate sample for screening will be considered implied admission of substance use in violation of this policy and grounds for dismissal from the EMS Program.
				1. The student involved in the alleged substance violation will be excluded from the EMS Program until the test results have been received and reviewed by the EMS Program Director or in her/his absence, the lead clinical instructor or preceptor.

If the alcohol and drug screen results are negative, the student may return to EMS Program activities.

The student will be expected to make up missed time and assignments.

Opportunity for make-up will be provided.

* + - * 1. If the alcohol and drug screen results are positive, the EMS Program Director will inform the student of their dismissal from the EMS Program on the grounds of substance use.
		1. A student who disagrees with the decision of the EMS Program can utilize the Central Oregon Community College grievance process outlined in the Student Rights and Responsibilities Handbook found on the COCC webpage.
		2. COCC EMS Program will exercise the obligation to act as a mandatory reporter in the event of a positive drug screen. Per OAR 333-265

**Program: Emergency medical services [ems]**

**Policy TITLE: Criminal Background Check**

**Author:** DAwn M. Lane RN, MSN [Dml]

**date:** November 6, 2013 [Dml]

**Reviewed:** April 14, 2014 [Dml]

**REvised:** April 14, 2014 [Dml]

**POLICY:** **All Emergency Medical Services [EMS] Program students who attend clinical and have patient contact as part of their training program, will undergo a criminal background check with Verified Credentials, the vendor approved by Central Oregon Community College. Students will be administratively withdrawn from class, if the required criminal background check is not initiated with the specified vendor, by the due date indicated on the pre-registration packet. Students with crimes on the DHS crimes list, would not be allowed to attend clinical and will be immediately dismissed from the EMS Program.**

**EXPECTATION:**

1. Students who have successfully registered in an EMSProgram must initiate a criminal background check on, or before the specified due date in the Pre-registration packet.
	1. Failing to meet this deadline will result in the student being administratively withdrawn from the program and their seat given to a waitlisted student.
	2. Only the vendor specified by Central Oregon Community College, Verified Credentials, may be used for the criminal background check.
	3. Students will be required to sign a waiver giving the vendor permission to share their background information with the EMS Program Director and, if requested, with the administrator of the assigned clinical placement site.
	4. Waitlisted students must initiate the criminal background check they have secured a seat in the EMS Program, no later than the due date specified by the EMS Department Administrative Assistant.
	5. The criminal background check is valid for the duration of the students program of study.
2. Students with crimes noted on the DHS permanent, 10-year or 5-year review list will be disqualified from attending the EMS Program until their criminal record has been cleared.
	1. The EMS Program Director will notify individual applicants of their disqualification.
		1. Any individual, who has been disqualified, based on the background check, may challenge the accuracy and completeness of their record check through Verified Credentials at 1-800-938-6790.
		2. Students deemed disqualified by the criminal background check have a right to appeal through the Central Oregon Community College student grievance process.
		3. Students may reapply to the program after their criminal record is cleared.
3. If a student is arrested, during the time they are enrolled in the EMS Program, the arrest must be reported to the EMS Program Director in writing within five business days or prior to the next scheduled clinical day, whichever comes first.
	1. Upon written notification, the Department Chair for the EMS Program and appropriate College representatives will review the student’s status in the EMS Program.
		1. A possible outcome of the review may be the student’s inability to continue in the Program

**Program: Emergency Medical Services**

**Policy TITLE: Drug Screening – SUBSTANCES of Abuse and Misuse**

**Author:** DAwn M. Lane RN, MSN [Dml]

**date:** March 6, 2014 [Dml]

**Reviewed:** April 14, 2014 [Dml]

**REvised:** May 05, 2014 [Dml]

**POLICY: All EMS Program students who attend clinical and have patient contact as part of their training program, will undergo a 10-panel drug screen, with Verified Credentials, the vendor approved by Central Oregon Community College. Students will be administratively withdrawn from class if the required urine drug screen is not completed with the specified vendor, by the due date indicated in the pre-admission packet. Students with a positive urine drug screen would not be allowed to attend clinical and will be immediately dismissed from the EMS Program.**

**EXPECTATION:**

Students will submit a urine drug screen with the vendor, selected by the college, on or before the date designated by the EMS Program Administrative Assistant.

1. The 10 panel drug screen will include the following drugs:
	1. Amphetamines [including methamphetamine]
		1. A positive drug screen for stimulants used in the treatment of Attention Deficit Disorder [ADD] may be approved only after verification of need with the applicant’s Health Care Provider. A letter must be sent by your provider on letterhead, directly to the EMS Program Director.
	2. Barbiturates
	3. Benzodiazepines
		1. A positive drug screen for benzodiazepines, used in the treatment of seizure or anxiety related disorders, may be approved only after verification of need with the applicant’s Health Care Provider. A letter must be sent by your provider, on letterhead, directly to the EMS Program Director.
	4. Cocaine
	5. Marijuana
	6. Methadone
	7. Opiates
		1. Students taking opiate medications under the supervision of a health care provider, may be allowed to attend lecture class, only after verification of need with the applicant’s Health Care Provider and Pharmacy. A letter must be sent by your provider, on letterhead, directly to the EMS Program Director.
		2. Students taking opiate medications under the supervision of a health care provider will not be allowed to participate in the care of individuals in clinical or in lab. *[See attendance policy in the EMS Program Student Handbook].*
	8. Phencyclidine
2. Students must sign a waiver giving the vendor the right to send the results of the drug screen to the EMS Program Director and, if requested, to the administrators of clinical sites. This will be done at the lab.
3. Students who believe their urine drug screen results are erroneous should contact VCI at 1-800-938-6790.
4. The EMS Program may rescreen any student, for cause, at the student’s expense.
	1. Concerns that may trigger a rescreen for substance abuse:
		1. Performance, behavior, appearance or breath odor may suggest the use of alcohol or other drugs. These behaviors include but are not limited to:
			1. A change in a person’s behavior, such as
			2. inappropriate emotional responses
			3. inappropriate response/laughter
			4. irritable, restless manner
			5. impulsive actions
			6. repeated tardiness or absence
			7. accidents or near-misses involving patients or equipment
			8. diminished work performance
		2. A change in a person’s apparent cognitive function, such as
			1. slowed thinking
			2. immobilization with resulting inability to think or act
			3. threats to kill or harm oneself or another person
			4. poor judgment regarding safety issues for self, patients, and coworkers
		3. A change in a person’s apparent physical symptoms, such as
			1. complaints of blurred vision; dilated or constricted pupils; bloodshot eyes
			2. slurred speech breath odors or general odor of alcohol
			3. excessive sweating
			4. emaciated or unusual weight loss
			5. tremor or twitching, especially early morning
			6. poor coordination or unstable gait
			7. complaints of morning headache; abdominal or muscle cramps; diarrhea
			8. severe physical distress; e.g., seizures, chest pain, respiratory distress
		4. Violations of law, such as:
			1. possessing a weapon or hazardous object
			2. possessing, using, or transferring any narcotics, hallucinogen, stimulant, sedative or similar drug other than in accordance with a licensed healthcare provider’s order

**Program:** **EMergency Medical Services**

**Policy TITLE: Immunizations, TB Testing & CPR**

**Author:** DAwn M. Lane RN, MSN [DML / MD]

**date:**  June 17, 2012 [Dml / MD]

**Reviewed:** APRIL 14, 2014 [dml / MD]

**REvised:** May 05, 2014 [Dml / MD]

**POLICY: Copies of current immunization records and a photocopy of the front and back of an American Heart Association, compliant Healthcare Provider CPR card, valid through the end of the term, must be presented to the EMS Program Administrative Assistant no later than the due date indicated on the pre-registration packet. Students will be administratively withdrawn from the class if all required items are not turned in by the due date indicated on the pre-registration packet.**

**EXPECTATION:**

1. The following immunizations are required for EMS Program students:
	1. Hepatitis B Vaccine :
		1. Provide official documentation of three Hepatitis B vaccinations ***AND*** results of Hepatitis B surface antibody test (titer) showing immunity no later than due date indicated; -***OR***-
		2. Hepatitis B Vaccine series in progress: First dose must be completed no later than the due date set by the EMS Program Administrative Assistant and the second dose received one month after first dose;
		3. If due, the third Hepatitis B vaccine dose or titer must be done prior to clinical attendance.
		4. If a titer remains negative after the Hepatitis B series is complete, another series of three Hepatitis B vaccines must be completed with a titer drawn one month after the series is completed.
			1. If the second titer is negative the student will be deemed a non-responder and will require no further Hepatitis B vaccines.
	2. MMR Vaccine (measles, mumps, rubella):
		1. Provide official documentation of two Measles, Mumps, Rubella (MMR) vaccinations, at least 4 weeks apart; -***OR-***
		2. Vaccine series in progress:
			1. Provide documentation of first dose completed no later than the due date set by the EMS Program Administrative Assistant and the second dose received one month after first dose **AND** completed prior to clinical component of program; -***OR-***
		3. Provide laboratory evidence of immunity: Dated copy of measles, mumps **AND** rubella titer report with results must be included in documentation packet.
			1. If one component of MMR titer is negative, the student must complete the MMR series.
	3. Varicella (Chickenpox):
		1. Provide documentation of 2 doses of Varicella vaccine, 4 weeks apart; -***OR-***
		2. Serological evidence of immunity (titer) to Varicella; ***-OR-***
		3. Documentation of the 1st vaccine and documentation of the second dose within the first 4 weeks of the term.
	4. Tetanus, Diphtheria, Pertussis:
		1. Provide documentation of a one-time dose of Tdap as an adult age 18 years or greater.
		2. Tetanus must be less than 10 years old
	5. Two Step TB Testing (PPD):
		1. Provide documentation of two negative TB tests, administered within the past the past **30 days.** TB tests must be given 14 days apart, and read within 48 hours of placement by the administering agency. If both are negative, nothing further needs to be done.  ***–OR-***
		2. If either test is positive, provide documentation of the TB tests, a chest x-ray and an evaluation by a physician. ***–OR-***

Provide documentation of a blood test, either Quantiferon Gold or T-Spot, within the past the past 30 days. ***–OR-***

* + 1. Students with a past positive TB test must provide documentation of the positive TB test and, if not already completed, provide documentation ofa baseline chest x-ray prior to the deadline. **–*AND*-**
		2. All follow up care must be completed prior to the first day of class.

***\*\*\*Please note:*** *TB skin testing cannot be done within 30 days of receiving the MMR or varicella vaccine.*

***\*\*\*Please note:*** *Because of a high rate of false positive TB skin tests in individuals who have had a Bacillus of Calumet and Guerin [BCG] vaccine, a blood test is recommended in lieu of the TB skin test.*

* 1. Influenza vaccine:
		1. An influenza vaccine is required for students who will be attending an EMS Program during fall or winter quarter [Sept. 01 – March 31].
	2. Medical or religious exemption:
		1. If you have had a life-threatening allergic reaction to a vaccine or any component of a vaccine, you must provide documentation, on letterhead, from your health care provider.
			1. For documentation of immunization exemption for medical or religious reasons:
				1. See the EMS Program Administrative Assistant **– OR -**
				2. Download from Verified Credentials website.
			2. Healthcare providers are under no obligation to accept a waiver of immunizations for religious purposes and may refuse clinical placement. Alternative clinical placements may not be available.
			3. The TB screening cannot be waived.
1. American Heart Association compliant Health Care Provider CPR card:
	* 1. Students must provide a copy, not original, of the front and back of a CPR card for health care workers. Cards must be current through the students program of study. Only the following cards will be accepted:
			1. **American Heart Association Healthcare Provider CPR/AED**: Copy of both sides of a signed and current card ***–OR-***
			2. **American Red Cross AED/CPR for the Professional Rescuer**: Copy of both sides of a signed and current card ***–OR-***

***COCC Emergency Medical Services Programs***

***Student Statement of Understanding***

***Criminal Background Check***

Student Name: [print]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[Student ID]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please read and initial each item, then sign and date at the bottom of the page.***

\_\_\_\_\_\_\_ I have received the packet of information that explains the process of initiating a criminal background check and the crimes that would disqualify me from admission to an EMS Program.

\_\_\_\_\_\_\_ I understand that all EMS Programs students are required to initiate a criminal background check. The background check should be initiated no sooner than one year prior to enrollment and no later than the due date specified by the EMS Program Administrative Assistant.

\_\_\_\_\_\_\_ I understand that I must sign and submit this “Criminal Background Check Statement of Understanding” to the EMS Program Administrative Assistant on or before the deadline date specified for the term. If the EMS Program Administrative Assistant does not receive this document by the date specified, my space will be given to a student on the wait list.

\_\_\_\_\_\_\_ I understand that Verified Credentials will allow the EMS Program Director and the EMS Program Administrative Assistant, to access the results of my criminal background check including any crimes listed on the DHS disqualifying crimes list.

\_\_\_\_\_\_\_ I understand that if I have a criminal background check with crimes noted on the DHS Crimes list permanent review, ten year review or five year review, I will be notified by the EMS Program Director of my disqualification and will be denied admission to the Program.

\_\_\_\_\_\_\_ I understand that I am required to disclose any outstanding warrants or past arrests, charges, and convictions, and if admitted to the EMS Program, I agree to disclose any warrants, arrests, charges, or convictions that occur while I am an EMS Program student. Failure to disclose or concealing a criminal background will result in denial of admission or dismissal from the EMS Program.

\_\_\_\_\_\_\_ I understand that the EMS Programs reserves the right to require additional criminal background checks for cause, or if there is an approved interruption in my course of study.

\_\_\_\_\_\_\_ I understand that Verified Credentials, conducts criminal background checks for the COCC EMS Programs and any individual that has been disqualified based on the background check, may challenge the accuracy and completeness of their record check through the vendor.

\_\_\_\_\_\_\_ I understand that any student deemed disqualified by the criminal background check has a right to appeal through the Central Oregon Community College student grievance process.

\_\_\_\_\_\_\_ My signature on this document signifies that I have read, understand and agree to the criminal background check policy and that I authorize release of the results of the background check to the EMS Program Director and to the administer of my assigned clinical site, if requested.

Student Legal Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [date] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***COCC Emergency Medical Services Programs***

***Student Statement of Understanding***

***Screening for Substances Abuse***

 Student Name: [print]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please read and initial each item, then sign and date at the bottom of the page.***

\_\_\_\_\_\_\_ I have received the EMS Department policy for Drug Testing for Substance Abuse and Misuse and information that explains the process of initiating a urine drug screen for substances of abuse.

\_\_\_\_\_\_\_ I understand that in accordance with Oregon Health Authority rules and policies, all EMS Program students who attend a clinical, which requires patient contact, are required to initiate a 10-panel urine drug screen for 8 substances of abuse, no later than the due date specified by the EMS Program Administrative Assistant.

Tested drugs are:

* Amphetamines [including methamphetamines]:
	+ Amphetamines used in the treatment of Attention Deficit Disorders may be exempt. See policy manual.
* Barbiturates
* Benzodiazepines:
	+ Benzodiazepines used in the treatment of seizure or anxiety related disorders may be exempt. See policy manual.
* Cocaine
* Marijuana
* Methadone
* Opiates:
	+ Opiates used in the treatment of acute pain may be exempt. See policy manual.
* Phencyclidine

\_\_\_\_\_\_\_ I understand that I must sign and submit this “Statement of Understanding” to the EMS Programs Administrative Assistant on or before the deadline date specified for the term. If the EMS Programs Administrative Assistant does not receive this document by the date specified, I will be administratively withdrawn from the program and my seat forfeited to a student on the wait list.

 \_\_\_\_\_\_\_ I understand that the EMS Program Director will have access to the results of my completed urine drug screen. If I have a positive urine drug screen, that prevents me from attending clinical, the EMS Program Director will notify me of my disqualification from the Program.

 \_\_\_\_\_\_\_ I understand that the COCC EMS Program reserves the right to require additional urine drug screening, at cost to the student, for cause or if there is an approved interruption in my course of study.

\_\_\_\_\_\_\_ I understand that Verified Credentials conducts urine drug screens for the EMS Programs and any individual who is disqualified based on their urine drug screen, may challenge the accuracy and completeness of their urine drug screen through the vendor. I also understand that any student deemed disqualified by the urine drug screen has a right to appeal through the Central Oregon Community College student grievance process.

\_\_\_\_\_\_\_ My signature on this document indicates that I have read, understand and agree to the urine drug screen policy and that I authorize release of the results of the urine drug screen to the EMS Program Director and if requested, to the administrator of the clinical placement site. Clinical sites shall make all final clearance and placement decisions.

 Student Legal Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [date] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***CENTRAL OREGON COMMUNITY COLLEGE***

***Allied Health and Nursing Program***

***Immunization Declination Form***

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID# \_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Statement of Understanding**I understand that I face possible exposure to contagious diseases in my clinical practicum experience, and at off‐campus, externship sites as a health professions student at Central Oregon Community College. This may place me at risk for acquiring preventable, communicable diseases. Appropriate college personnel have advised me to get appropriate vaccinations against these diseases. I understand that by declining the immunizations indicated below, I continue to be at risk for acquiring preventable illnesses. Because of clinical site requirements, I understand that I cannot waive the TB requirement and that clinical sites are under no obligation to accept a religious waiver. I release Central Oregon Community College and its related externship affiliates from all liability arising because of my refusal to receive required vaccinations.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student Signature Date |
| **Exempt****Medical** | For medical reasons the above listed student is exempt from (check all that apply):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 🞏 | MMR | 🞏 | Varicella | 🞏 | Influenza |
| 🞏 | Hep B | 🞏 | Tdap | 🞏 | Tetanus |

The student remains susceptible if exposed.Medical reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Health Care Provider Date\_\_\_\_\_\_\_ A signed physician statement verifying the medical reason for not receiving the immunization(s) is attached, in lieu of the above signature. |
| **Exempt****Religious** | Because of religious beliefs, I waive the following vaccination(s):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 🞏 | MMR | 🞏 | Varicella | 🞏 | Influenza |
| 🞏 | Hep B | 🞏 | Tdap | 🞏 | Tetanus |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student Signature Date |