EMS Program Manual

Nick Sphatt
Director EMS/SFS
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Congratulations on your selection into or choosing to join the Emergency Medical Services Program this year. This manual will serve as a guideline to help you through your classroom, clinical and internship rotations. Please do not hesitate to contact the Program Director or Course Instructors if you have additional questions or require clarification.

This is a very intensive program at all levels and your study time is crucial to your success. We have set tools in place to assist you with your needs. Tutors are available at the Library/Tutoring services at no charge to you as the student. The hands on lab experience are not only mandatory, but also very important in developing your practical skills.

In order for you to be successful and because the Paramedic portion of the program is so intensive, the EMS Program staff discourages students committing to any activity that increases stress and decreases learning for your own benefit. The more demands and commitments outside of class a student commits too will jeopardize your ability to perform at a maximal level and increase your stress levels.

At all times you must present yourself in a professional and courteous manner. Not only is professional behavior an expectation of the course, but also an expectation of the public you will be serving and the profession you will be representing.

I commend you for the choice you have made in becoming involved in public safety. This honorable career will challenge you and provide a sense of accomplishment.

Nick Sphatt EMT-P, BS
Director of EMS/SFS
Emergency Medical Services Program

Vision Statement

Central Oregon Community College Emergency Medical Services Program serves its communities by providing lifelong learning opportunities through quality education for pre-hospital emergency care personnel. We strive to enhance opportunities, to prepare providers for future employment, and ensure that education and skills remain abreast of rapidly evolving advancements and pursuits of continuing education, from entry level to the highest level of pre-hospital emergency care provider.

Mission Statement

Central Oregon Community College Emergency Medical Services Program will be a leader in providing the highest quality entry-level EMS providers to our Local, State and National EMS communities.
College Mission Statement

Central Oregon Community College will be a leader in regionally and globally responsive adult, lifelong, postsecondary education for Central Oregon.

College Vision Statement

Because of COCC, Central Oregonians will . . .

- Be a district-wide community that holds and promotes lifelong postsecondary education and ongoing professional growth and personal development for adults as values;
- Be able to connect actively with other communities, the state, the nation and the world in order to attain both locally strong and globally responsible perspectives;
- View education as integral to a sense of well-being, security and responsibility; and
- Look to COCC to lead the region in the achievement of these ends.

College Ends Statements / Goals

Because of COCC, the community will . . .

- Have an adult population with the proficiencies and learning skills necessary for lifelong employment at a family-wage level;
- Have an adult population with academic achievements and learning skills necessary to successfully pursue education at and beyond the community college level;
- Work collaboratively to achieve shared purposes;
- Have wide-ranging opportunities to enhance learning, wellness, quality of life, and cultural appreciation;
- Support diversity; and interact effectively with state, regional, national and global communities.
EMS Program Purpose and Philosophy

- To provide an EMS education program that prepares students to be competent entry-level EMS providers.
- To provide current curriculum and dedicated instructors

Core Beliefs:

- Integrity is paramount
- Professionalism in all we do
- EMS is about caring for and about people in a respectful manner, which incorporates professionalism, compassion and empathy.
- The goals of EMT’s are to:
  o Facilitate wellness
  o Minimize further deterioration in illness and injury
  o Provide comfort and dignity to the ill and injured patients
- Each level of EMS is important and valued.
- The role of the EMT is to assess, diagnose, plan, implement treatment, and evaluate in accordance with educational preparation.
- Wide varieties of theoretical frameworks provide a basis for identifying and prioritizing patient care in the pre-hospital environment.

The EMS Faculty is committed to creating a professional environment. As team members, we exhibit trust and respect what each person brings to the process. We have an environment that supports open communication and encourages sharing diverse opinions.

Learning is a dynamic process that involves a change in knowledge, skills, attitudes, values, and beliefs. The learning process requires readiness, motivation, self-direction and active participation by the student.
Students can expect the following from all EMS Program members:

In lecture:
- Maintain current knowledge of content area
- Provide materials to guide learning
- To engage students in relevant discussions of topics being covered

In-group discussions:
- Direct student discussion to aid in meeting learning outcomes
- Act as a resource person
- Evaluate student performance and preparation for the discussion

In the clinical rotation:
- Facilitate learning experiences appropriate to clinical learning outcomes
- Assess students preparedness for clinical assignments
- Guide and/or assist students in providing EMS care
- Evaluate student performance

In Individual Conferences:
- Act as a resource for addressing problems, questions, and concerns.
- Provide academic advising.

EMS Advisory Board

Due to the need and importance of the students input for the progression of the EMS program, a dedicated member of each class, selected by the students, will be asked to participate as a member of COCC’s Public Safety Advisory Board.
The EMS Program members expect the following from all students:

In lecture:
- Complete pre-class assignments, review materials, and readings before coming to class
- Review anatomy and physiological principles from previous course work necessary for the understanding of the class content
- Arrive on time
- Attend lecture classes
- Participate in class activities
- Be an active listener

For exams:
- Utilize class outcomes, objectives, study questions and/or learning activities to guide studies
- Sit for exams at scheduled times unless prior arrangements are made
- Practice the highest standards of academic honesty
- Follow program policy for challenging test questions

For group discussion:
- Prepare for discussion by reviewing class materials in advance
- Participate in group discussions offered as a part of the learning experience
- Demonstrate respect for the views of group discussion participants
- Arrive on time to scheduled group discussions

In the clinical rotations:
- Arrive on time to the clinical setting
- Follow all healthcare facility policies regarding parking and dress code
- Prepare for clinical assignment according to the guidelines
- Inform nurse and clinical instructor of progress of patient care, and report concerns in timely manner

Student-Faculty Meeting:

Each EMS class will be provided the opportunity to give feedback to the EMS faculty. Students will be asked for input and may be asked to gather student responses for program decision making.
EMS Program Outcomes

Critical Thinking
1. Use critical thinking skills to confidently and effectively manage emergency situations.

Professional Standards
2. Practice professional standards by demonstrating a strong work ethic, positive attitude, and respect for patients, ability to work cooperatively as a health care team member, and willingness to maintain and enhance technical skills.

Communication
3. Communicate clearly and professionally using verbal and nonverbal communication techniques.

Assessment
4. Perform accurate scene safety and patient assessments.

Technical Knowledge
5. Apply appropriate emergency medical and technical knowledge as required in emergencies.

Personal Well-being & Safety
6. Apply safety and infection control practices to maintain personal and professional well-being and to ensure patient safety.

Clinical & Technical Skills
7. Manage emergency patient care and treatment appropriately within the providers scope of practice.

Medical Legal Issues
8. Apply legal knowledge and medical ethics to all patient care situations by documenting accurate and complete patient records and reports and maintaining patient confidentiality.

Certification
9. Meet requirements for National Registry Emergency Medical Technician or Paramedic certification exam.
Clinical Rotation / Lab Participation / Field Internship Guidelines

General Information

Clinical rotations must be completed each term and will be a Pass/Fail portion of the term. Scheduling is done on FISDAP electronic scheduling and students will not be able to schedule or complete clinical rotations without first satisfying all requirements of orientations and immunizations. Students are required to satisfy the following:

- Immunization records turned in to EMS Department
- Copies of required certifications such as CPR
- HIPPA and BBP training courses
- St. Charles Online Orientation
- Identification Badges – COCC & St. Charles
- FISDAP account set up
- Uniform Shirt received
- Passing of background check at the student’s expense through [http://scholar.verifiedcredentials.com/cocc](http://scholar.verifiedcredentials.com/cocc)

1. Paramedic students must be in satisfactory academic standing in the courses and at the college and must maintain an overall GPA of no less than 2.7 throughout the program. Academic and/or program probation may prevent a student from entering into or continuing in the clinical or field internship components of the courses; working with the course instructors, the program director will decide when continuation will be appropriate.

2. Students are required to have OSHA-approved eye protection, a watch with a second hand, learning objectives, evaluation criteria, and evaluation sheets during each clinical and field rotation. The following equipment is strongly recommended during the clinical and field rotations:

- Pre-hospital Emergency Field Guide
- Stethoscope
- Black ball point pen
- Small notepad
3. Students will not be credited for clinical rotations, ambulance ride time, or advanced life support calls if they receive payment or reimbursement of any kind for the above activity.

4. Lab, clinical and field internship rotations will be completed with a preceptor present. The breakdown of hours and calls are at the end of this section.

5. The Oregon Health Division, EMS Section, requires the completion of a PERSONAL HISTORY as part of the application for certification as an EMT at any level. They request all potential applicants be shown the form that will be included in the orientation to the course.
   
   i. In addition, students meeting certain criteria will be required to submit a criminal history and fingerprint background check to the Oregon DHS EMS Division, which could delay application and testing completion.

   ii. All EMS Students will be subject to Background checks prior to entering the clinical setting. The EMS Program Director, the College and the Program Medical Director, will determine student’s dismissal from the program.
EMS Program Policies

**TITLE:** Professional Behavior

**PURPOSE:** To give students a set of guidelines for acceptable behavior during classroom, lab, clinical and field settings

**POLICY:**

1. The motivation to learn is an important aspect of the clinical experience. The quality of the experience is directly dependent on the student’s desire to learn. Preceptors will evaluate a student’s motivation based on the student’s questions, attention to instruction, body language, and willingness to participate. Preceptors will usually involve the student in larger tasks and procedures when the student displays a desire to learn from the beginning.

2. The clinical and internship components of the EMS courses provide an opportunity for students to gain patient care experience, but must not compromise the care or personal desires of the patient.
   
   a. A patient has the right to refuse care rendered by the student and will be respected by the student. Preceptors also have the right to exclude the student from performing assessments or procedures if the preceptor believes it will adversely affect the timing or quality in the delivery of patient care.

   b. Preceptors will attempt to provide alternative experiences in these cases.

3. Any confrontations with patients or their family members, staff, or physicians must be avoided at all costs. Problems shall be addressed to the clinical coordinator or course director. Failure to Follow this rule will result in counseling session with the course director, program director and/or other appropriate school personnel.

4. Students should not converse near or outside patient rooms, and confidentiality must be respected at all times.

5. Patient inquiries from friends or family members should be referred to the professional in charge of the patient’s care; inquiries from the media should be directed to the nursing or paramedic supervisor.

6. Personal calls may be made during meal or rest breaks, personal incoming calls are prohibited except in the case of an emergency. Under no circumstances may a student place long distance personal calls from any internship site. Violation of the phone rules will be cause for disciplinary action and program probation or dismissal.
   
   a. Students are not to have cell phones or pagers on them while at a clinical or internship site. If a student requires a number for a family member to reach them in the event of an emergency the student will gain permission from the site coordinator to use the telephone number of that site.

7. Students are not allowed visitors during clinical rotations or field internships.
Children of students are not allowed in or around clinical areas or waiting rooms, or at ambulance stations while the students are on duty.

8. The following behaviors are deemed inappropriate and will subject the EMS student to program probation and/or dismissal from the EMS course:

   a. Violating the dress code or grooming standards
   b. Using vulgar or suggestive language or gestures
   c. Criticizing staff, faculty, instructors, or patients
   d. Violating patient confidentiality
   e. Argumentative or insubordinate behavior
   f. Performing procedures without the permission or supervision of preceptors
   g. Misuse, destruction, or stealing of equipment
   h. Removing agency or patient records from their proper locations
   i. Falsifying patient or agency records or college evaluation forms
   j. Any other unprofessional behavior as defined by Oregon Administrative Rule (OAR) 333.265 and Oregon Revised Statutes (ORS) 682
   k. Misrepresenting your level of certification, training, student status
TITLE: Communication with the EMS Program

PURPOSE: The EMS Program can be dynamic, and changes are primarily communicated to students electronically. Students are expected to check their COCC email daily for announcements from EMS Faculty.

POLICY: ♦ It is the responsibility of the student to regularly monitor their school email account for program or course announcements.
♦ Students may make verbal requests to faculty regarding individual needs, but are required to follow-up in writing (email) with the faculty member.
♦ Students are required to update the Banner system with any changes in contact information (phone numbers, address); and report these changes to the Department Secretary and Course Director.
♦ Students are required to forward their COCC email to an alternative email address if it is the desire of the student to use this email as his/her primary address.
♦ Students failing to maintain current contact information will bear the consequences of failed communications.
TITLE: Problem-Solving with the EMS Program

PURPOSE: The EMS Program is collaboratively taught by a group of full and part time faculty. Following proper patterns of communication are necessary for maintaining clear, open, and trusted communication among Faculty and Students. Therefore, students are required to follow the procedure for problem solving.

PROCEDURE: Problem-Solving Process Using Appropriate Lines of Communication

- Questions and concerns about a specific lecture or classroom presentation should be pursued with the instructor who conducted the class.
- Questions and concerns related to clinical experiences should be addressed with the assigned clinical coordinator.
- General questions, concerns, and comments about the EMS Program can be discussed with any EMS Faculty member or Program Director. Opportunities for students as a group to express satisfaction, dissatisfaction, and/or concerns about the Program and courses are provided throughout the academic year using written evaluations and student representatives.
- Students having problems with an individual student should try first to resolve the issue directly. Students may approach Faculty, the Program Director or the Department Chair for guidance in how to resolve issues.
- Students that feel that they are being harassed in any manner should contact a College Faculty or Staff member for assistance.
- Students having problems with an individual instructor should try first to resolve the issue with the instructor directly. Students approaching other Faculty, the Program Director or the Department Chair for help will initially be referred back to the individual instructor.
- Students will not discuss a problem regarding an individual Faculty or Staff member with another Faculty or Staff member. Faculty/staff do not discuss others and will refer the student back to the individual instructor, Program Director or to the Department Chair for further guidance.
- Students having unresolved problems with an individual instructor after directly speaking with him/her may seek guidance from the Program Director or Department Chair. If the problem continues, the student may meet with the Instructional Dean of the EMS Program for further guidance.
TITLE: Classroom Behavior

POLICY: Disruptive, unsafe, or abusive conduct that deprives other students of the right to learn or that interferes with the instructional program in the classroom will not be tolerated. Faculty will be fair, firm, and consistent in enforcing the rules. Students will not be allowed to attend classes or participate in lab or clinical assignments if under the influence of intoxicants or controlled substances. Students in such a condition will be dismissed from the class, lab, clinic or field internship assignment for that day, and an unexcused absence will be recorded. Repetitive incidents shall be grounds for review by the program staff and potential dismissal from the program with potential deferral for support counseling services.

PROCEDURE: The Student will:

1. Attend class regularly.
2. Arrive on time and stay throughout class.
3. Arrange for early departure from class with the instructor at the beginning of class. Please sit near the door to decrease disruption of others. Allowing a student to leave early will be a the discretion of the Instructor for that day.
4. Place electronic devices on silent mode and out of site (e.g. cell phones, PDAs, pagers). Students are prohibited from making/taking calls, texting, or otherwise communicating using electronic devices during learning activities in the classroom, lab, or clinical settings. Special circumstances for receiving incoming communications must be approved by a faculty member.
5. Avoid sleeping during class. You will be woken up and asked to leave.
6. Maintain relationships with EMS faculty and students that are mutually respectful during classroom learning conversations, and students will comply with directions promptly and courteously.
7. Notify faculty in the learning environment immediately of disruptive student behaviors.
8. Participate in the development of additional classroom expectations.
generated by students during course orientation sessions.

9. Students must be respectful of equipment within the EMS Program as well as at our clinical/internship agencies.

10. Students will be instructed in the process of cleaning and disinfecting equipment.

11. Students may be held responsible for replacement or repair of damaged or missing equipment.
**TITLE:** Expectation for Using Wireless Technologies in the Classroom

**POLICY:** Students are encouraged to bring laptops or other technology tools that are used to take notes or manage class materials, but use them respectively.

**PROCEDURE:** The Student will respect the instructor and peers by:

1. Engaging in the planned learning activities while using laptop computers or other technology tools in the classroom.
2. Refraining from accessing the internet, checking emails, and chatting online during class.
3. Refraining from doing 'instant searches' to challenge the instructor's presentation during class time.
**TITLE:** Professional Behaviors in Use of Electronic and Social Media

**POLICY:** All students are encouraged to set their blog or social networking profiles to "private". A student who communicates via a social networking site in an unprofessional manner with respect to Central Oregon Community College, the EMS Program, our clinical affiliates, patients, faculty, staff, or students will be progressed by the appropriate Faculty, the Program Director, the Department Chair, and other College representatives as appropriate. Examples of unprofessional behavior include posting negative, incorrect, or damaging material (through images, pictures, or statements), communicating disrespectfully, breaching confidentiality, or discussing inappropriate or illegal activities as defined by the EMS Program Handbooks.
TITLE: Course Requirements and Mandatory Attendance

POLICY: EMS courses include attendance at Theory, lab sessions, off-campus clinical, and field experiences. Courses require the completion of assigned readings, computer assignments, group assignments, and written work. Students are responsible for completing the course requirements outlined in the Course Syllabus. Attendance is mandatory for course related activities including: orientation sessions, clinical, field, and Lab instruction,

Students are expected to meet the scheduled times for classes, exams, and practicum learning activities. Students are expected to adjust personal schedules, including work and childcare, in order to meet course requirements. Students are expected to have reliable transportation for attendance at clinical assignments around the college district. Students should be prepared to be scheduled for off campus learning experiences on day, evening and night shift, and at all clinical locations in Bend, Redmond, Prineville, and Madras.

We believe Clinical, field, and lab learning experiences are essential for student success. However, we also understand that in the case of illness it is best that the student remain home. Temporary health problems, including injuries, which produce practicum absences, may interfere with a student’s successful completion of course outcomes. If a student is making satisfactory progress towards meeting course outcomes, an absence(s) may not interfere with the successful completion of the course. Students, who miss mandatory practicum experiences, including clinical, community-based or other off-campus experiences, and skills lab activities, will have to bear the consequences of missing opportunities to demonstrate their satisfactory performance for the outcomes of the course. One consequence may be failing the course.

The Oregon Department of Health Services EMS & Trauma Services require a student to attend 85% of all EMS classes or they will not recognize completion of the course. Course Directors or the Program Director may not deviate from this rule regardless of student circumstances.
PROCEDURE: Students must arrive at each clinical or internship agency 10-15 minutes prior to their scheduled shift and check in with the charge nurse or supervisor on duty. Students late for their shift, dressed inappropriately, or who display inappropriate behavior may be excused from the site at the discretion of the preceptor. Students may be reassigned to other clinical areas based on the potential for skill opportunities, patient census, or site staffing issues.

Students must remain at their scheduled location for the entire shift unless prior arrangements are made with the course director or clinical coordinator. Rest and lunch breaks will be scheduled between the student and the site preceptor. A 30-minute lunch break is allowed as well as a 15-minute rest break for each half of a hospital clinical rotation. Students must notify the area preceptor prior to leaving the rotation at any time.

All lab, clinical and field internship hours must be completed by the end of the scheduled term.

An extension may be granted for Paramedic students in their field internship in order to complete the remaining portion of the 40 ALS calls. Paramedic students’ clinical rotations and program required skills must be completed prior to being allowed to leave the local area for a field internship placement. Paramedic students may be scheduled to begin their field internship with their local agency only after they have successfully completed the course requirements for ACLS, PALS and PHTLS certification classes. Paramedic students will receive an internship placement list and will be able to select their top three choices. Placement for Paramedic students will begin Winter Term and is contingent on the student completing all of the program requirements prior to placement as well as availability with agencies.

All clinical rotations and field internships will be organized through the Course Director. Students are expected to have an open schedule and be able to attend these and all scheduled rotations.
Clinical rotations and internships must be completed at sites contracted through the COCC EMS Program.

The student and the field preceptor must sign field internships PCR’s with an original signature.

The student and the clinical and / or field preceptor must sign all EMS program evaluations.

Students are not to be representing COCC at the same time they are interning with a fire department. Students must separate any individual internship, student fire internship, employment with fire / EMS agency, and/or volunteer experience while working as a paramedic student.

During field internship, students must not leave the ambulance area for any reason and will remain in constant contact with the preceptor in order to avoid any delay in responses. Students are responsible for providing their own meals during the shift.

Students may not spend more than 16 consecutive hours at a clinical rotation.

No student may begin a 16 hour shift on the 2200 rotation.

Students must wait a minimum of eight hours between scheduled rotations.

Shift limits and times for the internship are set by individual agencies and will be respected by students; at no time, shall a student be allowed to work more than three consecutive days without having at least 1 day off. The student’s personal work schedule will be considered in this equation.

If a student is unable to attend their scheduled internship rotation, they are to notify the program director, faculty liaison, and internship site at least 24 hours prior to the shift or as soon as possible.
**TITLE:** Absences from Clinical and Field Internship Activities

**POLICY:** Clinical and Field Internship: Students are required to attend all scheduled practicum-learning activities. This may include clinical shifts on day, evening or night shifts; and learning experiences located throughout the college’s service district. Students are expected to arrange for transportation to all assigned practicum-learning activities. Students may be provided the opportunity to state preferences for location to complete CWE. These preferences will be taken into consideration by Faculty but cannot be guaranteed. Factors such as available internship sites, student learning needs, and scheduling limitations must be considered as well.

CDC Guidelines for Work Restriction for Health Care Workers:

**Influenza:**
Stay away from Lecture, lab and Clinical for at least 24 hours after you no longer have a fever, or signs of a fever, without the use of fever-reducing medicines. Stay away from others during this time even if you are taking antiviral drugs.

**Upper respiratory infection:**
Remain at home if febrile, and if frequent sneezing and copious nasal discharge.

**Measles:**
Remain at home until 7 days after rash appears. Exposure: remain at home the 5th day after the first exposure through the 21st day after the last exposure.

**Mumps:**
Remain at home until 9 days after onset of parotitis. Exposure: remain at home the 12th day of the 1st exposure through the 26th day after the last exposure.

**Pertussis:**
Remain at home with the beginning of the catarrhal stage through the 3rd week after onset of paroxysms, or until 5 days after start of effective antimicrobial therapy. Exposure: remain at home until 5 days after start of antimicrobial therapy.
Rubella:  
Remain at home until 5 days after the rash appears. Exposure: remain at home the 7th day after the 1st exposure through the 21st day after last exposure.

Varicella (chickenpox) and Herpes Zoster (shingles):  
Remain at home until all lesions dry and crust. Exposure: remain at home the 10th day after the 1st exposure through the 21st day after the last exposure.

PROCEDURE: Clinical Absences:  
Attendance at schedule clinical learning activities is mandatory. Because opportunities to demonstrate a satisfactory level of competence of clinical outcomes are limited to the scheduled clinical days, students are expected to exert a maximum effort to avoid absences and to demonstrate competence with every opportunity that presents in the clinical setting. **Facility staff must be able to directly observe students in the clinical settings to determine consistent performance in meeting course outcomes.**

There are **no allowances built into the course for making up absences from clinical.** Evaluation is based solely on the student’s ability to meet the course outcomes within the scheduled clinical sessions. With a second absence, the instructor will initiate a first level remediation plan to identify intervention strategies. The plan will become a permanent part of the student’s EMS Program educational file. Additional absences may result in a probationary plan and require a meeting with the Clinical Instructor and Program Director. Furthermore, Faculty have no obligation to provide extra clinical days to accommodate students whose excused or unexcused absences result in too few opportunities to demonstrate satisfactory performance of course outcomes.

Lab Absences:  
Attendance at scheduled lab learning and testing activities are mandatory. Make-up time is **very** limited, and students demonstrating a trend of absences may not be able to continue in the program due to their inability to meet the course outcomes.
If an absence/lateness is unavoidable, students are expected to follow procedures for reporting absence/lateness:

Students must notify the clinical site at least one (1) hour prior to the scheduled clinical assignment time if unable to be present due to illness or other reason. Students are not allowed to attend clinical if they worked the night shift prior to the scheduled clinical day. Students must also contact the clinical coordinator within one hour after the shift begins to inform the instructor of absence.

It is expected that students will have reliable transportation, alarm clocks, work schedules and childcare arrangements. Repeat tardiness will result in student progression and reflect poorly on the clinical evaluation tool. This behavior may result in failure.


**TITLE:**

*Temporary Limits on Physical Capacity*

**POLICY:**

Students should provide immediate documentation to their instructor from a healthcare professional of any temporary limits on physical capacity. This documentation should specify how the physical limits affect the ability to carry out care activities and should estimate how long the temporary health problem will be present. (See EMS Program Technical Standards for examples of essential activities.) When making patient assignments and scheduling Skills Lab Check-offs, instructors will consider, to the extent possible, any documented temporary physical limitations students may have. However, such consideration cannot be offered indefinitely and students must satisfactorily achieve the course outcomes within the scheduled practicum sessions. Students may need to consider withdrawing from the Program until the problem is resolved. Under no circumstances should a student undertake to give care to a patient whose needs for care exceed her/his physical capacity to meet those needs. It is expected that students with temporary health problems will exercise prudent judgment in not subjecting patients or themselves to risks of harm. Faculty reserve the right to require documentation from a healthcare professional confirming a student’s ability to meet the Technical Standards of the EMS Program.
EMS Program Policies Relating To Assessment

**TITLE:** Grading

**POLICY:** The course grade is determined by the student’s performance in the theory, assignment, clinical, and Lab components of the course. In order to successfully pass the course, ALL the above components must be completed with a passing grade. If the student fails to complete all course components with a passing grade, the course will be retaken in its entirety upon readmission into the program.

Students enrolled in concurrent courses must pass both courses in order to progress to the next course. Concurrent courses in the Paramedic Program include EMT 290/291, EMT 292/293, EMT 294/295

**Paramedic Course Grades are computed as follows:**

- 92.55 - 100% = A
- 89.55 - 92.54% = A-
- 86.55 - 89.54% = B+
- 81.55 - 86.54% = B
- 79.55 - 81.54% = B-
- 76.00 - 79.54% = C+
- ≤75.99% = D

**PROCEDURE:** Theory Grade

The theory grade is based on midterm examinations and the final exam in each course. The weighting of midterm exams and the final exam will be indicated in each course syllabus. The student must achieve a theory score of ≥76.00% to pass EMT or Paramedic Courses.
Assignment Grade

Assigned written work and projects are calculated into the course grade only. After a \( \geq 76.00 \% \) has been achieved on the overall theory score. The weighting of the combined theory score and assignment score will be indicated in each course syllabus. The student must achieve a combined score of \( \geq 76.00 \% \) to pass the paramedic course. It is possible to achieve a passing overall theory score and fail the course if the combined score is \( \leq 75.99 \% \).

Assignment Grade Components

1. Students are required to maintain an organized folder or binder of all clinical rotation and field internship objectives and evaluation forms. These folders will be reviewed during a scheduled conference with the Course Director or clinical coordinator.

2. Students must bring the clinical objectives sheets, Student Evaluation Forms and Clinical Evaluation Criteria to each clinical rotation and to each scheduled meeting with the Course Director.

3. Students must assure the preceptor completes, signs, and reviews an evaluation form with the student at the end of each individual clinical and/or field rotation showing the student and the evaluator signatures.
   a. Without the proper signature, the student will not receive credit for those specific clinical, internship hours or calls and will have to repeat the shift or gain additional calls.

4. Students are required to create and maintain a personal journal that includes entries for each individual clinical and field rotation. The course instructor and/or clinical coordinator will review this journal at times specified.

5. The journal should include:
   a. documentation about the rotation,
      i. Interesting calls/patients (without violating HIPPA)
      ii. Personal thoughts and feelings about the rotation
      iii. Individual performance
      iv. Thoughts or feelings about their preceptor
   b. Documenting personal goals may be helpful to the student in improvement of skills/clinical practices.

Please note that receiving a passing grade on a single assignment within a course may be required to pass and will be indicated in the course syllabus. A failed required assignment will result in a failing grade (D) for the entire EMT or Paramedic(EMT) course.
Clinical/Field Grade

The clinical/Field practicum grade is pass/no pass and is determined by the student’s achievement of the clinical/field outcomes being met as well as hours completed. The student must satisfactorily meet 100% of the clinical/field outcomes to receive a pass grade in clinical, and must achieve a passing grade in clinical to pass the paramedic course. It is possible to achieve a passing overall theory score, and a passing combined score, and fail the course due to a no pass clinical grade. A no pass grade in clinical will result in a failing grade of 75.99% (D) for the entire paramedic course.

The primary goals of the clinical times are to strengthen your knowledge and use of specific skills associated with EMS and includes the following general goals:

- To expose you to the patient care continuum
- To expose you to a variety of critical and non-critical patients in a controlled environment
- To develop your patient assessment skills
- Provide a setting that you can perform patient care at your scope and management skills
- To expose you to a variety of patient care philosophies and attitudes
- To introduce you to and improve your ability to use EMS specific equipment and analyze patient treatment protocols

The primary goal of the field internship is to develop competent, entry-level EMS personnel and includes the following general goals:

- To expose you to a variety of critical and non-critical patients in the pre-hospital setting
- To expose you to a variety of patient care beliefs and approaches
- To develop your leadership skills in delegation, patient rapport, and effective communication
- To help you in your ability to develop a working diagnosis and implement a patient care plan
Summer term is specifically geared toward the Paramedic field internship and you are required to register for summer term Cooperative Work Experience (CWE). You will be required to start your internship during the summer if you have not already started prior. Only under the most serious situations and approval by the Program Director will you be allowed to defer the CWE until a later date.
TITLE: Test Taking

POLICY: All students are expected to practice the highest standards of academic honesty. Academic dishonesty will not be tolerated and will result in the progression of the student for continuation in the Program. (See EMS Program Student Progression)

PROCEDURE
- Instructions for multiple choice exams:
  - Enter name and date on test paper and fill in all required identifying information on the answer sheet.
  - Select the one best or correct answer for each question.
  - Record the answer on the answer form.
  - Fill in boxes completely and erase any stray marks or changed answers completely.
  - Fill in your name, date, course number, and exam number on the answer sheet. Incomplete answer forms may result in zero grades, or the inability to complete corrections later.
- The final answer and grade for multiple-choice exams will be determined by the answer sheet. Students should check answer selections carefully before turning in an exam. Transcription errors will not be corrected, nor points given, unless large blocks of answers are involved.
- Students may have 2-3 pencils and a highlighter pen at the desk. All other personal items are to be placed against the wall when entering the classroom on test days (book bags, purses, cell phones, backpacks, etc.). You must wait until the end of the scheduled testing time to retrieve your belongings.
- Students may use a simple calculator during test: add, subtract, multiple, and divide. No programmable calculators with memory functions will be allowed.
- No apparel or device is permitted that obscures student’s eyes from observation by the test proctor(s); e.g. brimmed hats, sunglasses.
- Students may quietly leave the room after turning in the exam, and may not re-enter until all students have finished the exam.
- Gathering in the hallway outside the testing room is not allowed. Please quietly leave the classroom hallway area.
TITLE: Missed Exams

POLICY: All students are expected to be present and on time for course exams.

PROCEDURE
- Out of consideration for classmates, students should make every effort to be present for each exam and to arrive on time.
- Students may request to take an examination early or late for emergent or mitigating situations that will be reviewed by the EMS Faculty for approval. Situations such as family emergencies or funerals of immediate family members can be approved. Personal business or events are not considered mitigating situations and may not be approved.
- On the day of the exam, students are required to notify the Instructor if unable to take a scheduled exam, or arrive on time, by leaving a message on voice mail or email before the exam’s scheduled starting time.
- Students must first talk with the Instructor before a missed exam will be placed at the testing center. Missed exams must be made up immediately, and may require an additional trip to campus on other than a regularly scheduled day. Students requiring additional study time due to illness must get permission from the course instructor or his/her designee in order to delay make-up testing time.
- Students are encouraged to discuss the potential of missing an exam with the course coordinator(s) or the designated faculty proctoring the exam, and are strongly advised to NOT take an exam while sick.
- Students missing an exam will not seek information from other students that have completed the scheduled exam. Any student seeking information will be considered in violation of academic honesty.
- A student who arrives late or misses exams, or fails to notify the instructor will be placed on a progression record. Emergent or mitigating situations will be reviewed by the EMS Faculty (e.g. unplanned situations such as car trouble, or emergencies). Students can be penalized 10% a school day on each missed exam, or exams for which the student is late. Lateness is considered arriving past the scheduled start time. Points can be deducted from an exam even with proper advanced notification of the EMS Faculty.
TITLE: Test Review

POLICY: The purpose of the test review is to provide students with an educational opportunity to study course content through exam reviews. Students will be provided scheduled times in the calendar for reviewing mid-term exams. The review only pertains to course mid-term exams and does not include a review of the final exam since this exam is a comprehensive test for the course and would not serve a remediation function.

PROCEDURE

• Students may be provided the opportunity to review their midterm exams following each test. More than one exam may be reviewed at a review session due to scheduling demands of the course.

• Exams are reviewed within the term given and are not available for review in subsequent terms.

• Final exams are considered comprehensive evaluations and are not reviewed with students.

• The review sessions will be arranged by the course Faculty. Test reviews will not be offered outside the scheduled times, so students are encouraged to participate during these times.

• Students are expected to practice academic honesty throughout the process.

• Students will leave all personal items at the front/side of the room. No note taking is allowed during the review of an exam.

• All participants are expected to behave in a respectful manner throughout the process.

• Students may ask clarifying questions of the author of an individual test question during exam reviews or during office hours.

• Students may challenge a test question. (See policy for Challenging Test Questions) No verbal challenges for accepting alternative answers will be considered during the review session.

• Students may review their paper copy of the course exam during review sessions. Answer forms are considered the source of the student’s test score and authenticity must be protected and therefore may not be available for review at these sessions.

• Answer forms can be viewed during individual appointments with the course faculty.
**TITLE:** Challenging Test Questions

**POLICY:** The purpose of this policy is to provide students with a communication process for challenging test questions. Faculty review questions for clarity and appropriateness before an exam is administered, and student results are analyzed following an exam for problematic questions. Faculty recognizes that situations do exist when a question may be judged flawed, and make every attempt to assure fairness in testing. Faculty does not approve of, nor utilize, “trick” questions. Challenges for final exams are not accepted.

**Decision-Making:** The Faculty author of the test question has the primary say as to whether an alternative answer will be accepted for an individual student. Students approaching other Faculty, Program Director will be referred back to the exam question author. If the validity of the question is of concern, the Faculty author may elect to offer all students the alternative answer(s). Faculty will notify the class if a decision is made to accept an answer for all students.

**PROCEDURE**
- Students who wish to challenge an exam question will do so in **writing** to the Faculty author of the question. This may be by email.
- Students will abstain from verbally challenging Faculty regarding test questions. If this behavior occurs, Faculty has no obligation to consider any subsequent written challenges made by the student following the incident for that exam.
- Written challenges will be accepted immediately following the exam and/or exam review session. Challenges must be submitted in a timely fashion and will not be accepted after two weeks following the exam, or at the end of the term as final grades are being calculated. If the student has concerns regarding possible answer sheet errors, the same deadline applies. To review the answer sheet, students must make an appointment with the instructor or his/her designee.
- Students are expected to write a clear and concise rationale for why he/she believes their answer should be accepted as correct. Supporting data from the theory class must be referenced. Readings and other learning
assignments are supportive to the course materials and students should be aware that content delivered during the theory class holds precedent over variations in content occurring in assigned readings or other assigned resources. This is due to the differences in information presented across resources.

- Tone, and/or word usage that are aggressive or disrespectful will result in the invalidation of the challenge, and possible student progression review by the instructor, Program Director and Department Chair.
**TITLE:** Submission and Grading of Written Work

**POLICY:** Students are expected to submit all written work (such as papers, reports) on time in a neatly typed/word processed and organized manner. In addition, correct spelling and punctuation are expected. At the discretion of the EMS Faculty, unacceptable work will either be returned for corrections or not accepted and the assignment repeated. Late work may have 10% a school day deducted, or may not be accepted at the discretion of the EMS Faculty, Program Director and Department Chair.
EMS Program Policies Relating to Practicum

**TITLE:** Evaluation of Clinical/Field Performance

**POLICY:**

The clinical/Field experience is an integral part of EMS education. Each clinical component of a paramedic course will have an established set of required hours and skills to be completed during the term. Each student is expected to meet these set goals in order to achieve a “pass” grade and continue in the paramedic program. At the beginning of the course, the requirements for successful completion will be given to the students in the program manual. This allows each student to identify what is expected in clinical performance for each course.

Evaluation of student clinical performance is based on data entered into the FISDAP program with supplemental paperwork turned in to clinical coordinator. Feedback from staff working with students may be used in student clinical evaluations. Evaluation focuses on the ability of the student to meet the outcomes of the clinical course. Clinical tools identify specific behaviors that indicate competency in a particular component of the paramedic roles.

Clinical outcomes for the paramedic courses are leveled across the curriculum and are cumulative. It is expected that specific clinical outcomes met satisfactorily in one clinical course will continue to be met satisfactorily in succeeding clinical rotations. Therefore, though clinical outcomes for preceding courses are not always repeated, they are implied and are included in Faculty evaluations of student performance.

Student performance that indicates unsafe practice is outlined in the EMS Student Entrance, Technical Standards and Progression Policies manual. Students failing to meet clinical outcomes or the demonstration of unsafe behavior or performance will be progressed by the EMS Faculty, Program Director and the Department Chair, Instructional Dean and Vice President of Instruction when indicated, and will be judged individually regarding student's continuation in the program.
<table>
<thead>
<tr>
<th>TITLE:</th>
<th><em>Requirement for Observation while completing skills</em></th>
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<tr>
<td>POLICY:</td>
<td>Clinical skills are introduced into the curriculum across the Program. These guidelines are leveled across the Program and define that skills must be done in the presence of the clinical site Nursing staff. Students are not allowed to perform procedures, which have not been demonstrated, practiced, and checked off in the Lab. Failure to do so constitute unsafe practice and may result in dismissal from the program. Students are advised to carry these guidelines in the clinical setting at all times. Statements such as not remembering or not knowing are unacceptable. If a student fails to follow this policy, his/her progression in the paramedic Program will be reviewed by the appropriate Faculty, Program Director and Department Chair if indicated.</td>
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<tr>
<td><strong>EXPANDED SCOPE OF PRACTICE</strong></td>
<td>In the clinical setting (hospital only) each student will be governed by the scope of practice outlined in the local protocols. In addition to the local protocols, students may administer other drugs or perform other procedures, only under the direct visual supervision of appropriate hospital staff.</td>
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<tr>
<td><strong>EMT BASIC STUDENTS</strong></td>
<td>1-8 hour ride-a-long shift at local fire agencies- This requirement may be waived for affiliated students who have their agency sign an acknowledgment form indicating the student receives the minimum requirement of ride time as an agency student or volunteer. Ride time cannot be used toward the minimum requirement if the student is compensated for their time. This requirement may be revised based on agency availability. Ride-Along is Pass/Fail with 100% completion required. Failure to complete the 8-hour shift will result in a failure grade of a D for the course</td>
</tr>
</tbody>
</table>
Emergency Department - 2 – 8 hour shifts each term for 2 terms
EMS Program forms must be used for documentation of patient contacts
and hospital staff verifying student attendance must sign clinical
evaluations. Clinical Rotations are Pass/Fail with 100% completion
required. Failure to complete the required clinical time will result in a
failure grade of a D for the course.

Labs dates will be included in the class syllabus and are at the discretion
of the course instructor. Lab time counts towards the students 85%
mandatory attendance for the class. Students will be required to
successfully complete and pass required skills test out for each course.
Failure to pass required skills check off can result in a failure grade of a
D for the course.

Minimum 288 hours with ALS Transports
Cardiac related - 8
Respiratory - 8
Trauma - 8
Medical - 8
Misc. / ALS - 8 – combination of all other categories
See internship manual for further description of CWE

4 Shifts – Bend (Minimum of 10 intubations – additional shifts may be
scheduled if a student does not achieve the minimum)

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<tr>
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<th>Fall</th>
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<th>Spring</th>
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<tr>
<td>Bend</td>
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<td>Redmond</td>
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<td>Madras</td>
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<td>Prineville</td>
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SPECIALTY UNITS

NICU = 8 hours

OB = 24 hours – may be done in 12 hour shifts

PEDIATRICS = 16 hours – pending availability TBD

PSYCHIATRIC = 16 hours (following review of in-class course material)

ICU & CCU = 16 hours total

Total hospital clinical hours: 296+ hours

The EMS course clinical and field scheduling is subject to change and is based on site availability and program requirements.
TITLE: Confidentiality of Patient Records

POLICY: Making copies of a patient’s medical record is not allowed. This is a violation of HIPAA regulations. Any student found with printed material from a patient’s record for use on college assignments will be progressed by the EMS Faculty.

Students are not allowed to access his or her personal health records, or those of family members when in the clinical facility. This action will result in the student’s progression in the paramedic course being reviewed by the EMS Faculty, Program Director, Department Chair and appropriate College/School administrator. It may also result in the clinical facility barring the student from attending clinical.

Absolutely no reference to a patient (e.g. written, photographs), even if de-identified, should ever be shared electronically via any social networking site or via email. Clinical facility or staff information must never be shared via social networking sites or email. Students must never take pictures of patients whether or not a patient gives permission, or take pictures within the clinical facility. Any pictures needed for educational purposes will only be taken by the clinical facility staff or COCC EMS faculty.
**TITLE:** Blood or Body Fluid Exposure or Injury in the Practicum Setting

**POLICY:** Students who have received an injury while in the practicum setting must fill out the Central Oregon Community College Incident/Accident Report. This form will be obtained from Human Resources no later than 24 hours after the injury or exposure, or if the injury occurs just prior to a weekend or holiday, at the opening of the next business day. Please contact Human Resources at 541-383-7218. Human Resources can assist the injured student to fill out the Report of Job Injury or Illness; Form 801 and the Form 801 Cover Sheet.

**PROCEDURE**

- A student’s risk of injury in the practicum setting is minimal; however, accidents do happen. Students will be exposed to sharp objects and body fluids, will be handling equipment with moveable parts and may be lifting heavy objects.
- Students must adhere to all safety procedures when in the practicum environment at all times.
- A student receiving a blood or body fluid exposure or another injury should immediately notify the Clinical coordinator and seek medical attention as soon as it is known that an exposure or injury has occurred. In the event of a contaminated needle stick or exposure to blood or body fluid, prior to seeking medical care, the student should thoroughly scrub the exposed area with soap and water or flush the area with copious amounts of water if a mucus membrane is exposed.
- In the event of a contaminated needle stick injury or mucus membrane exposure to blood or body fluids, the source of the blood exposure will be asked to donate a blood sample for HBV, HCV and HIV testing.
- Students are to be proactive with preventative safety measures and be familiar with COCC exposure control documentation.
- All potential hazards should be reported to the student’s preceptor, charge nurse, and/or duty supervisor.
- Students should be oriented to specific medical equipment before use.
- Students are required to follow the infection control policies of each agency and rotation site as well as policies set by the COCC EMS program.
of conflict between policies the student will follow the policies of the agency they are currently at.

- Students must demonstrate safe clinical performance at all times and should always be supervised when performing procedures. Students are responsible to notify their preceptor of any skill they are not familiar with or have not previously performed. Students should never assume inappropriate independence in patient care decisions or actions.
**TITLE:**  *Physical Contact and Invasive Procedure Consent Form*

**POLICY:**  
As a precursor to working with patients in the practicum setting, each student will learn and perform a variety of clinical competencies in a group setting with fellow students and instructors. Due to the nature of this program, students are advised that physical contact between the instructor and student, or student-to-student is required for some lab assignments (e.g. taking blood pressure, taking pulse, listening to heart sounds). In the clinical setting, close physical contact between the instructor and student, or student to student may be required in the delivery of care, or during direct supervision.

If you have concerns about these requirements, you are encouraged to discuss these with the instructor prior to the first class session to determine if appropriate alternative assignments exist. If you do not think you will be able to participate to the extent required by the course, you are encouraged to withdraw from the Program/Course following College policies for withdrawal.

During the skills lab component of practicum instruction appropriate touching and physical contact as well as the performance of certain invasive procedures will be required between students under the supervision of the EMS faculty. Students are asked to sign the *Physical Contact and Invasive Procedure Consent Form* giving permission for fellow students in the EMS program at Central Oregon Community College to perform the procedures on them under the supervision of the EMS faculty. Invasive procedures include intradermal injections, subcutaneous injections, venipuncture, and physical assessments.

**PROCEDURE:**  
Sign the *Letter of Agreement, Video and Photography Consent, and Physical Contact and Invasive Procedure Consent Form* found at the back of this handbook and turn the form into the Course Coordinator.
**TITLE:** Professional Appearance: Student Dress Code- On Campus

**POLICY:**

EMS faculty believes that appropriate dress and grooming contribute to a productive learning environment. The faculty expects students to give proper attention to personal cleanliness and to wear approved program uniform. Grooming and dress will not create a distraction that would interfere with the educational process.

Paramedic Program uniform:

- Paramedic program polo
- Black or dark blue uniform pants
- Dark shoes
- EMS identification badge
TITLE: Professional Appearance: Student Dress Code - Clinical/Internship

POLICY: Overall appearance must be appropriate and professional and comply with the policies of the clinical facilities.

Students must comply with dress codes for all clinical sites utilized by the EMS Program.

Students are required to wear appropriate attire as described below. All uniforms will be clean and wrinkle free. Agency apparel such as shirt or hats shall not be worn during any field internship or clinical rotation.

Good grooming includes cleanliness, neatness, and the promotion of a professional image. Students may be subject to clinical and internship dress code separate from COCC. Clinical / internship / field coordinators reserve the right to dismiss a student who is not dressed appropriately for the rotation. COCC and clinical site identification badges are to be worn at all times clearly displayed with name and EMS level of training

- Garments worn under uniform tops should be white or matching color
- No sweaters or jackets may be worn over uniform while giving patent care – you may choose to wear a long sleeve shirt under your uniform shirt
- Uniforms must fit modestly and shirts must be tucked in
- Facial hair which may interfere with the seal of a PPE mask must be removed per Oregon OSHA standards
- Finger nails clean and cut short
- No visible body piercing jewelry may be worn and must be removed; this includes but is not limited to eyebrows, nose, lip, and tongue piercings. Ear lobe piercing is acceptable up to two per ear.
- Jewelry is limited to watches and wedding rings
- No dangling earrings
- No necklaces that inhibit the patient care.
- No excess makeup
- No perfumes, aftershave or scented hair products
- Hair must be kept clean and worn in such a manner that it is confined away from the face so that it will not fall forward or over the face while performing patient care
- Socks are to be white or dark colored.
- Color or design of undergarments are not to be visible through the uniform
- No gum chewing in clinical areas
- Chewing tobacco and smoking is prohibited during all clinical rotations and field internships
- Skin abrasions and / or wounds must be covered to prevent contamination from patient to student and student to patient
Students are to wear the following uniform during respiratory therapy, CCU/ICU, ED, and pediatric office rotations, as well as field internships:

- Navy blue or black slacks (no jeans)
- COCC EMS Program polo shirt
- Dark-colored shoes (clean) or boots (clean and polished)
- COCC EMS identification badge
- Clinical site identification badge

Paramedic students are required to have a secondary uniform in their personal vehicle in the event of contamination. The use of scrubs is only appropriate in clinical settings if the student’s uniform becomes contaminated, and only used until the student can change to their second uniform. The student must notify the preceptor and/or duty supervisor so all decontamination processes can be completed.

The following attire is required for students in OR, OB, surgery, post anesthesia care unit, and pediatric unit:

- Hospital scrub shirt and pants (provided by hospital)
- Clean white or black shoes
- Shoe covers, masks, eye protection, and gloves as prescribed by hospital infection control standards (provided by hospital)

Unit supervisors, preceptors, site coordinators, the course director, or the clinical coordinator reserve the right to dismiss any student who is dressed inappropriately or who is improperly groomed. **A first or second dismissal for this cause may result in dismissal from the EMS course.**
<table>
<thead>
<tr>
<th>TITLE:</th>
<th>Professional Appearance: Student Nametags and Program Uniform Polo</th>
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<tbody>
<tr>
<td>POLICY:</td>
<td>Students must wear COCC identification and any additional facility specific required ID when in the clinical setting.</td>
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<tr>
<td>PROCEDURE:</td>
<td>Students will obtain photo identification through Student Life, and Program Polo’s though the department. Clinical facility identification must be worn at all times. Facility ID badges must be returned to the clinical instructor in June, or at the time a student exits the program.</td>
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</tbody>
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TITLE:  Work and Rest Prior to Clinical Assignment

POLICY: Out of concern for patient safety and the quality of the learning experience, students are required to have an eight-hour break between their job and attending clinical. It is highly recommended that students get a minimum of six hours of sleep the night before clinical. Students having difficulty completing required preparation assignments for patient care should discuss this with his/her clinical coordinator.
**TITLE:** Progression in the EMS Program

**POLICY:** The EMS Program reserves the right to refuse or discontinue enrollment at any time, of any student if the student violates any portion of OAR 333-265 of the State of Oregon, or in the judgment of the EMS Faculty, the student does not meet the outcomes, technical standards, policies and/or safety standards of the Program or College.

**RATIONALE:** EMS Faculty of the College have a legal and professional responsibility to assure for the public, other students, the College, and the EMS profession that students can practice safely and professionally in their various learning clinical practice settings. This policy embodies that accountability by defining technical standards, unsafe practice, unprofessional practice and behaviors, and deficient practice; by establishing guidelines for Faculty to make judgment of technical standards, unsafe practice, unprofessional practice, and deficient practice; and by providing procedures to be followed when a judgment of failure to meet technical standards, unsafe, unprofessional, or deficient clinical practice is made.

It is expected that all students will practice safely at all times during their practicum experiences, which includes clinical and field experience. Safe practice in the performance of EMS care requires the application of scientific knowledge, and technical and cognitive skills to provide for the welfare and to protect the well-being of patients. Safe practice demands that practitioners be aware of personal and professional limitations that could affect the safety of their performance. Decisions and actions that threaten or disrupt the biological, psychological, sociocultural, physical, or physiological integrity of patients or clients constitute unsafe practice.

A EMS student who demonstrates behaviors that call into question the student’s ability to meet technical standards; who engages in unsafe, unprofessional, or deficient behavior or practice in the academic setting (on-campus) give the EMS Program Faculty reason to suspect that the same behaviors or practices would continue in the patient care setting. Therefore, progression policies apply to the classroom, lab, and campus, field, and clinical settings.
A student will be placed on program probation if they violate any behavioral, ethical, or safety standards of this policy manual.

Any time a student fails to successfully complete the assigned objectives in each rotation, or whose skills are rated “unacceptable” on the Student Evaluation Form may also be placed on probation.

The student will be issued a letter specifically addressing the problem(s). The student will meet with the program director and/or clinical coordinator to discuss the substandard performance and formulate a specific written plan for improvement.

Students will receive a failing grade if there is no improvement in the problem area, or if the student continues to receive letters of throughout the clinical rotation phase.
Campus Resources

*Please see the COCC web-page for a full accounting of available student services and campus resources.*

**Personal Counseling**

The goal of personal counseling at COCC is to assist you in resolving issues that may be preventing you from achieving your potential at COCC. Help with time management, stress, depression and the many other personal situations affecting students. Call the CAP center at 383-7200 to schedule an appointment.

COCม provides this service to students through a partnership in which the College has contracted with St. Charles Behavioral Health to provide professional counselors on campus. SCMC has numerous therapists with a wide range of experience in all aspects of mental health. All counselors hold master's degrees in their field and are licensed professional counselors.

**Financial Counseling:**  *Contact the Financial Aid Office at 383-7410.*

**Tutoring**

The tutoring center offers group and individual tutoring six days a week in a wide variety of subjects. Call 383-7538 or stop by the lower level of the library for details.
Blood borne and Airborne Pathogens
Exposure Control Plan
Scope

This plan applies to all employees and students who could be reasonably anticipated, as a result of performing clinical duties in the classroom, hospital, or prehospital environment, to be exposed to blood or other potentially infectious materials (OPIM).

OPIM includes any bodily fluid that is visibly contaminated with blood or any bodily fluid that is found where it is difficult or impossible to determine whether contamination is present. OPIM may also include any unfixed human tissue or organ.

Purpose

1) To minimize student and instructor exposure to blood contaminated sharps, and OPIM.
2) To identify situations which create low, moderate, and high-risk potentials for exposure to blood or OPIM and to employ specific engineering controls to minimize or eliminate those risks.
3) To provide standard notification and follow-up procedures for a student or instructor exposure to blood borne pathogens or OPIM.

Exposure Determination

The grid below outlines the relative risks of exposure to blood or OPIM for each task. Each grouping of tasks is classified into relative risk categories using the following terms and definitions:

Engineering and Work Practice Controls

General Policies:

1) All students shall show documentation of a current TB test (within 1 year), proof of 2 MMR shots, and proof of the Hepatitis B series or recent titer prior to the scheduling of their hospital or ambulance rotations. If a student refuses the Hepatitis B vaccine, then that student is required to complete a refusal of Hepatitis B immunization. Copies of immunizations will be kept in the student’s file.
2) Students will not eat, drink, and/or apply cosmetics or contact lenses in areas of the classroom lab or clinical environment where there is likelihood for exposure to blood or OPIM.
3) All sharps containers used in the classroom shall be labeled and colored with OSHA-approved biohazard symbols, be puncture-resistant and leak proof on the sides and bottoms of the containers. Sharps containers will be stored, utilized, and transported in an upright position.
4) Sharps containers and biohazard bags containing contaminated items shall be inspected for any potential leaks and placed in secondary puncture-resistant containers prior to shipping.
5) Gloves, gowns, and masks shall be provided to the student during classroom labs and clinical rotations at no cost to the student. Non-latex gloves shall be available in all sizes in the classroom labs.
6) All personal protective equipment (gloves, masks, gowns) shall be replaced immediately or as soon as feasible when torn.
Classroom Labs:

1) Each lab will either have a hand washing facility immediately available in the classroom or available on the same floor of the building as the lab. When the hand washing facility is outside of the classroom, the lab will have antiseptic hand cleaners on hand.

2) Stethoscopes used in labs shall be soaked in antimicrobial/disinfectant solution and then dried after each lab and prior to being placed in service. The earpieces of each stethoscope shall be wiped with alcohol swabs and left to dry between student uses in the same lab class.

3) All students will wash their hands with soap and running water both before and after any lab station involving IV initiation, blood glucose determination, or subcutaneous fluid administration.

4) All procedures involving the exposure to blood will employ the following:
   - Chux pads will be placed under the area of the body used in a procedure that will cause any potential blood loss.
   - Gloves will be worn during all procedures that expose the individual to blood or OPIM.
   - All gloves and Chux pads visibly contaminated with blood shall be changed immediately after the procedure.
   - Disposable supplies shall be placed in a biohazard bag when the items are saturated/dripping with blood or OPIM, or when it is anticipated that blood may drip from the item when compressed.
   - All reusable equipment visibly contaminated with blood or OPIM shall be removed from the immediate area and placed in an antimicrobial solution for decontamination.
   - All tables involved in procedures that may result in a potential exposure to blood shall be cleaned with an antimicrobial/disinfectant solution at the conclusion of the procedure or lab station.

5) The handling of sharps will employ the following:
   - Gloves will be worn during the use of a sharp on a human and during the handling of contaminated sharps
   - Sharps containers will be placed within arms’ reach of each student
   - Contaminated sharps will be placed immediately into an approved sharps container; recapping of contaminated needles is prohibited
   - Sharps containers shall not be used when the container is ¾ full. Contaminated sharps shall not be transferred between sharps containers.

6) All items contained in biohazard bags or sharps containers will be removed from the site by an approved disposal company.
Exposure Determination, Evaluation and Follow-Up

The following grid outlines the type and severity of exposure and actions required for an exposure to a blood borne or airborne pathogen. Copies of this grid and the procedures for exposure are also found in appendix D.

<table>
<thead>
<tr>
<th>Exposure Severity</th>
<th>Description of Exposure</th>
<th>Actions Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimal Risk</td>
<td>Student/instructor is in the same general area of a patient with a suspected communicable disease; no direct contact with secretions</td>
<td>No special actions necessary unless a high suspicion for TB exists.</td>
</tr>
<tr>
<td>Moderate Risk</td>
<td>Blood or OPIM contacts intact skin</td>
<td>Decontaminate clothing exposed to fluid. Wash exposed area (use antiseptic cleaner if on scene or away from a hand washing facility; follow up with soap and running water when feasible). Notify course director or designated infection control officer. Document exposure.</td>
</tr>
<tr>
<td>High Risk</td>
<td>Contact of blood or OPIM with open wounds or mucous membranes; needle sticks or human bites; exposure to a patient with active TB</td>
<td>Wash or flush the exposed site as soon as possible. Advise the preceptor and contact the course director. Collect information regarding the circumstances of the exposure. Conduct a post-exposure evaluation.</td>
</tr>
</tbody>
</table>

Procedure for a Moderate-Risk Exposure

1) Wash exposed area as soon as possible and/or spray clothing with an antimicrobial/disinfectant.
2) Notify the preceptor of the exposure.
3) If clothes are soaked or saturated with blood or OPIM, then remove the clothing and place them in a biohazard bag. Transport the biohazard bag to the laundry facilities capable of handling biohazards laundry.
4) Notify the program director or designated infection control officer (DICO). Complete an incident report form and include, as a minimum, the following information:
   - Circumstances of the exposure/areas exposed
   - Decontamination procedures followed; use or no use of specific PPE
   - Dates, times, agency, unit, and preceptor
5) File the incident report in the student’s file and submit a copy to COCC EMS Program Director to be filed in the proper HR or Facilities Department.
Procedure for a High-risk Exposure

1) First, milk the wound if the exposure was a needle stick. Wash and flush the exposed site as soon as possible. Contact the preceptor (if clinical) or the program director (if in a classroom lab) and treat the wound with first aid if necessary.

2) The student and preceptor should gather information regarding the incident including the circumstances of the exposure, the name and date of birth of the source patient and location of the patient. Have the preceptor attempt to gain consent from the source patient for testing for HIV and HBV. If the source patient is known to have HIV or HBV, then testing of the source blood is not necessary. If the source patient refuses to give consent, then the preceptor shall document that legally required consent could not be obtained.

3) Contact the program director or the COCC designated infection control officer (DICO). Discuss the circumstances of the exposure to determine the course of action for post-exposure follow-up. Initial counseling by the program director or DICO should occur before the student is sent home.

4) The student shall be released from the clinical or internship experience.

5) The student shall schedule a post-exposure evaluation and follow-up with an occupational health clinic. If the exposure occurred after hours, then a medical professional at the ED Fast Track shall evaluate the student/instructor. The student/instructor shall notify the ED clerk that this is a worker’s compensation claim through COCC.

6) The post-exposure evaluation shall include the following elements: documentation of the route of exposure and circumstances surrounding the exposure; the duties or tasks performed by the student/instructor that took place during the exposure; medical information pertinent to the appropriate treatment of the student/instructor, including their vaccination status; the healthcare provider’s written opinion regarding the need for further HBV vaccination, discussion of the results of the evaluation and conditions resulting from the exposure which require further evaluation or treatment.

7) The student/instructor shall meet with the EMS Program DICO to complete the COCC Incident Report forms and the Worker’s Compensation 801 form. The Incident Report form must contain, as a minimum, the following information:
   - Circumstances of the exposure
   - Route of exposure
   - Use or no use of specific PPE
   - Dates, times, agency, unit number and preceptor

   These forms must be completed within 24 hours of the reported exposure. All forms shall be forwarded to COCC Human Resources with a copy of the Incident Report to the COCC Facilities Department.

8) All medical reports, medical evaluation and follow-up and written healthcare provider opinions will be kept on file in the COCC HR Department.
Appendix B

Disease Information Sheets

HIV
Hepatitis
Hepatitis B Refusal Form
Meningitis/Meningococcus
Tuberculosis
HIV FACT SHEET

Human Immunodeficiency Virus, or HIV, is found in high concentrations in blood, semen and vaginal secretions; normally HIV is not present in urine, feces, tears, sweat or vomit. HIV is able to live outside of the body for a short period of time but is fragile and easily destroyed with a 1:10 bleach solution.

The virus attaches to a specialized immune cell known as the T-lymphocyte and destroys it over time. Destruction of these cells will cause the person to develop AIDS – Acquired Immune Deficiency Syndrome. This deficiency will cause the person to become susceptible to opportunistic infections such as pneumocystis carinii pneumonia, tuberculosis and other conditions that normally do not affect healthy people.

HIV is mainly transmitted through sexual contact, IV drug use, and blood transfusions. HIV may be transmitted through contact with infectious secretions to open cuts, mucous membranes, needle sticks, and bites. All body fluids must then be considered infectious and PPE must be worn with any contact to bodily fluids. HIV cannot be transmitted through casual contact.

Exposure to body fluids infected with HIV poses a small risk of infection with HIV. The risk of developing an HIV infection from a contaminated needle stick is 0.3%.

Significant bloodborne exposures warrant documentation and medical follow-up. The source patient’s blood should be drawn (with consent) and tested for HIV. An HIV baseline test should be performed within 7-10 after exposure with repeat tests at 3 and 6 months. HIV is typically not detected until 6 weeks post-exposure. Blood test results at 3 months are 94% accurate.

Initial signs and symptoms of HIV infection may mimic a flu-like infection. Major signs and symptoms of HIV are usually associated with the development of AIDS and include, weight loss, cough and development of opportunistic infections. The incubation period for HIV-AIDS may last from 2-10 years.

Prophylactic administration of anti-viral therapy must be considered early in order for the therapies to be most effective. However, the side effects of treatment are significant and warrant careful consideration and discussion with a healthcare professional.
HEPATITIS B AND C FACT SHEET

The hepatitis B and C viruses are found in all body secretions and excretions. Both viruses attack and inflame the liver. This chronic inflammation results in a high chance for developing liver failure.

Hepatitis B can live outside of the body for extended periods but is inactivated by 1:10 bleach solutions. Individuals susceptible to Hepatitis B and C include intravenous drug users, transfusion recipients, medical care workers, and dialysis patients. Hepatitis B can also be transmitted through sexual contact.

Signs and symptoms of hepatitis may include fever, lack of appetite, nausea, aches and pains, jaundice (yellow skin), upper abdominal pain and clay-colored stools. 40-75% of patients infected with hepatitis C are asymptomatic.

The incubation period for hepatitis B is 40-180 days with a 1 in 6 chance for developing the disease. The incubation period for hepatitis C is 2 weeks – 6 months (typically is ranges from 6-9 weeks) and the rate of infection ranges from 4-10%.

Protection from hepatitis B and C include the use of gloves, careful handling and disposal of contaminated sharps, effective hand washing techniques and routine disinfection of patient care areas. The hepatitis B vaccine is also effective and has found remain effective for 7-10 years after administration.

Significant bloodborne exposures warrant documentation and medical follow-up. The source patient’s blood should be drawn (with consent) and tested for HBV and HCV. If you have received the HBV vaccination series over a year before the exposure, then a blood test should be performed to determine whether the antibodies are present. If antibodies are present, then the chance for developing HBV is highly unlikely. If the test reveals low levels of the antibodies, then a booster of the vaccine should be administered with a follow-up titer test performed within 1-2 months.

There is currently no vaccine for HCV. Follow-up HCV testing should be performed at 6 and again between 9-12 months.
BACTERIAL MENINGITIS AND MENINGOCOCCAL DISEASE FACT SHEET

Several viruses and bacteria are responsible for the development of meningitis. The most common organisms are Haemophilus influenza, streptococcus pneumoniae and Neisseria meningitidis. The only way to determine which organism is causing the meningitis is through laboratory testing. The incidence of meningitis typically occurs in the winter and spring seasons and in children under the age of five. Recent outbreaks are occurring more frequently in older teenagers and college students.

The transmission of bacterial meningitis is limited to the direct contact with respiratory secretions or droplets. A person infected with these organisms is most infectious during the 3 days before the onset of symptoms. The incubation period ranges from 2-10 days. Typically, the condition is preceded by an upper respiratory infection. The patient may suddenly develop a high fever, irritation, crying, lethargic, nausea, stiff neck, headache, and vomiting.

Suspect bacterial meningitis in children and teenagers who develop sudden neurological symptoms following a mild respiratory infection. Also, suspect this in any patient confirmed to have a positive test for gram-negative bacterium (transfers and ED patients).

EMS workers can protect themselves by wearing a surgical mask during airway and respiratory procedures and when making close, face-to-face contact with a patient suspected of having the condition. Placing an oxygen mask or surgical mask on the patient will also limit the transmission of the organism.

Systemic meningococcal disease or septicemia may develop as a result of one bacterium, neisseria meningitidis, penetrating the nasal membranes and moving into the bloodstream. This development is rare and occurs mostly in children with lowered immune defenses who are experiencing an upper respiratory infection from the bacterium. The patient may not show any signs of meningitis for this condition to develop. The signs and symptoms of this condition develop rapidly and are catastrophic: low blood pressure, high heart rates, non-blanching purple splotches or rashes (petichae), unresponsive or lethargy, fever, persistent signs of shock. Death may develop within 6-8 hours of the onset of symptoms.

Exposure to bacterial meningitis and meningococcal septicemia are similar and involve the direct contact or inhalation of respiratory droplets. Casual, non-direct or brief contact with the patient is not considered significant. Significant exposure requires prophylactic antibiotics, Cipro (ciprofloxacin) or rifampin. Drug therapy is ineffective for individuals
who were exposed over 14 days before treatment. Individuals are no longer considered communicable at 24 hours after the initiation of antibiotic therapy.
TUBERCULOSIS FACT SHEET

Tuberculosis is a very small bacterium (1-5 microns in size) that is able to spread through air molecules and respiratory secretions. Regular surgical masks are not able to filter particles that small. Factors that enhance the transmission of the disease include small or crowded spaces with little ventilation, patients showing active symptoms of the disease (cough, night sweats, and blood in their sputum, weight loss and loss of appetite, fever) and extended contact with a person in the active stages of the disease.

When the bacteria are inhaled, it will deposit itself in the lungs. The body will surround the bacteria and attempt to neutralize it. If a patient has a lowered immune system, the bacteria are not neutralized as easily and begin to grow. TB grows very slowly and typically does not create major clinical signs or symptoms until several years later. Only 10% of those infected with TB will develop the clinical disease later in life. Individuals with positive PPD skin tests only show that they have been exposed to the bacterium and do not indicate that the TB disease is present.

Suspect TB in environments such as nursing homes, prisons, homeless shelters, or any other site with crowding and limited ventilation. Patients most likely to carry TB are AIDS patients, TB patients noncompliant with their therapy, cancer patients, the elderly, alcoholics, IV drug users, and malnourished patients. A particulate N95 respirator should be worn when TB is suspected. Masks should also be worn with any airway or respiratory procedures.

When a significant exposure to TB has occurred, an attempt should be made to determine whether the TB is in an active or inactive state. A PPD skin test should be administered to the exposed individual within one week of the exposure. If the test shows positive in an individual with a record of negative results, then a chest x-ray should be performed. Medical evaluation and counseling should be scheduled to discuss further evaluation and treatment. The exposure and follow-up evaluation should be documented.
EMS Program Student Handbook
Letter of Agreement and Consent

This Letter of Agreement and Consent is to be read and signed by every student upon entering the EMS Program or upon enrollment in a EMT/Paramedic (EMT) course at Central Oregon Community College.

Student Name: ___________________________________________________  
Please Print Clearly

Student ID Number: ____________________________________________

My signature confirms that I have been provided with an electronic copy of the EMS Program Student Handbook, EMS Program Entrance and Technical Standards Policies, EMS Program Progression Policies, and Paramedic Program Readmission Policies, and have read and understand their content. I agree to abide by the policies detailed therein. Furthermore, I understand that failure to abide by the policies will result in a review of my progression in the EMS Program/Course and may result in a progression Communication Record, a Probationary Record, or immediate dismissal. I understand that this signed Letter of Agreement and Consent will be placed in my student file and I may request a copy from the EMS Department Secretary.

Consent for Photography/Video

I agree to be photographed or videoed by the EMS program at Central Oregon Community College during course work for EMT 151, EMT 152, EMT 290, EMT 292, EMT 292, EMT 293, EMT 294, EMT295, and EMT 280. I understand that such photographs or videos will be used by COCC for various publications, advertisement displays, teaching, or in other similar ways. I understand that I will receive no compensation for my time and services and waive all personal rights to such photographs or videos.
Consent for Physical Contact and Invasive Procedures

I give permission for fellow students and instructors in the EMS program at Central Oregon Community College to perform invasive procedures on myself as a part of the course work for EMT 151, EMT 152, EMT 290, EMT 292, EMT 293, EMT 294, EMT 295, and EMT 280. I understand that these procedures will be performed using Universal Precautions and that I will participate in assuring use of these precautions.

During the skills lab component of practicum instruction appropriate touching and physical contact as well as the performance of certain invasive procedures will be required between students under the supervision of the EMS faculty. These procedures will be performed as a part of the Lab activities under the direct supervision of the EMS faculty.

In the clinical setting, close physical contact between the instructor and student, or student to student may be required in the delivery of care, or during direct supervision.

Invasive Procedures:

- Intradermal injections
- Subcutaneous injections
- Venipuncture
- Physical assessments

Date: _______________  

Student’s Signature

Date: _______________  

Program Director Signature