Emergency Medical Services

Student Handbook

2017 - 2018
Academic Year

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INTRODUCTION
Welcome to Trenholm State Community College. You join a select group of students who have prepared for their career in Emergency Medical Services at Trenholm State Community College. Trenholm State Community College has an excellent reputation primarily because of our graduates' performance and attitude following graduation. The graduates preceding you have significantly shaped this EMS program by offering valuable insight from a student's perspective.

Trenholm State Community College values every student who attends the College and respects every student's rights and privileges. This EMS Student Handbook has been prepared to allow you to carefully review the opportunities, rights, responsibilities and policies that apply to you as an EMS student. Unless otherwise designated in an EMS course syllabus, these policies apply to each EMS course in which you enroll. If for any reason, progression through the program is interrupted during a sequence, policies in the Student Handbook and College Catalog at the time of readmission will apply.

After you have read this handbook, please sign the agreement and return the form to the instructor. These signed agreements will be placed in your permanent file.

Each person at the College is committed to your success -- as a student, a professional, and most importantly, as an individual. If you need additional assistance, our doors are always open to you. Again, welcome to Trenholm State Community College.

Respectfully,

Danny Perry, Program Coordinator

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PHILOSOPHY

Emergency Medical Services (EMS) education is directed towards men and women who have the capability and interest to become Emergency Medical Service Providers (EMSP). EMS educational programs should provide the student with knowledge of the acute, critical differences in physiology, pathophysiology, and clinical symptoms as they pertain to the prehospital emergency medical care of the infant, child, adolescent, adult and geriatric patient. We believe in the concept of medical control regarding the actions of EMSPs in the field.

The purpose of EMS education is to develop the student’s cognitive, affective, and psychomotor abilities, to assist the EMSP in acquiring the critical judgment essential for rapid and practical clinical decision making, as well as skill-oriented delivery of sophisticated rescue techniques and medical procedures. EMS education is the systematic direction of the student toward maximizing potentials in intellectual, emotional, physical and social qualities.

EMS prehospital practice renders a significant service to health care delivery systems in our society. We believe that EMSPs are preservers of lives that might otherwise be lost.

The goal of the EMS Program is derived from the mission statement of the College and the philosophy of the EMS program. The goal of Trenholm State Community College EMS program is to:

- Prepare competent, entry level Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains with exit points at the Advanced Emergency Medical Technician and Emergency Medical Technician levels. In accordance with the National Education Standards, this goal will be accomplished through the following objectives.

The educational objectives of the program, which the graduates must successfully demonstrate are as follows:

- Demonstrate the ability to comprehend, apply, and evaluate the clinical information relative to his or her role as an entry level Emergency Medical Service Professional (Cognitive).
- Demonstrate Technical proficiency in all skills necessary to fulfill the role as an entry level Emergency Medical Service Professional (Psychomotor).
- Demonstrate personal behaviors consistent with professional and employer expectations for the entry level Emergency Medical Service Professional (Affective).

LEGAL LIMITATION FOR LICENSURE AND EMPLOYMENT

According to the Alabama Department of Public Health-Emergency Medical Services Division and the National Registry of Emergency Medical Technicians, application for licensure in Alabama to practice as an Emergency Medical Technician, Advanced EMT, or Paramedic may be denied if a person has been convicted of a felony, is guilty of a crime involving moral turpitude and/or has displayed other grounds for denial as specified by law. Additionally, many health care facilities will not employ a person, even if fully certified and/or licensed, who has been convicted of a felony or who has unfit personal habits including alcohol or drug abuse.
ADMISSION REQUIREMENTS

**EMT level** requires:
- Unconditional admission to the College.
- High school diploma or GED equivalent.
- 2.0 cumulative grade point average (GPA)
- Transcripts from all post-secondary institutions attended.
- Acceptable Accuplacer or ACT/SAT scores. Required Accuplacer score: Math - 40, Reading - 70, and Writing - 5. In lieu of Accuplacer, an ACT score of 20 on the English and Math section, or an SAT score of 650 may be used.
- At least 18 years of age or will be 18 at time of course completion.
- A high school diploma or GED equivalent.
- Candidates must be able to meet all Technical standards required of the program (see essential functions form for full details):
  - Sensory, auditory, tactile and olfactory sensory perception
  - Communication/Interpersonal Relations
  - Cognitive and critical thinking
  - Motor function
  - Professional Behavior
- Students in the Emergency Medical Services Program must meet the following requirements (completed at the student’s expense) prior to and throughout enrollment in the program:
  a) Verify absence of the use of drugs and alcohol by participation in random and scheduled drug/alcohol testing at the student’s expense.
  b) Undergo a background screening.
  c) Provide proof of all vaccinations designated by the program.
  d) Tuberculin skin test within the past 12 months and annually thereafter while enrolled
  e) Purchase liability insurance through the college.
  f) Undergo a student physical examination administered by a physician, nurse practitioner, or physician assistant prior to beginning clinical activities and annually while enrolled.
- Applicant must be able to read, speak and understand the English language.
- Current valid driver’s license.
- Meet all general admission requirements for the College

**Advanced EMT** requires:
- Must meet all EMT admission requirements.
- Must have a current CPR certification for health care provider.
- Must have State of Alabama EMT license (prior to beginning clinical/field rotations).

**Paramedic level** requires:
- Completion of items listed above for EMT and AEMT level admission requirements.
- Completion of ENG101, MTH116 (or higher) prior to third semester of paramedic curriculum.
- A current Advanced EMT Alabama license prior to the second semester of Paramedic courses.
REGISTRATION REQUIREMENTS

1. Meet with EMS program advisor.
2. Begin completion of pre-clinical requirements specific to the program of study verifying (is not required before starting theory courses, but is required prior to beginning clinical activities):
   - A state of physical and mental health such that the student is able to complete all program requirements without presenting undue risk/harm to the student or other person
   - Skin test for TB within the past year
   - Ability to meet the Essential Functions requirements (see appendix)
   - Current immunizations, including Hepatitis B vaccinations, or a signed waiver refusing Hepatitis B vaccination. (The first Hepatitis B vaccination is due prior to the first clinical activity. The second Hepatitis B vaccination is due one month later. The third Hepatitis B vaccination is due six months after the first vaccination.)
3. Verification of current AHA Health Care CPR or ARC Professional Rescuer certification for the AEMT and Paramedic levels.
4. Current student malpractice insurance (included in registration fees).
5. Cleared by vendor of criminal background check.
6. A negative Drug screen test.

PROGRESSION REQUIREMENTS

Progression through the program requires:
1. A 2.0 cumulative GPA.
2. Minimum grade of “B” in all EMS courses and a minimum grade of “C” in all general education courses.
3. Fulfillment of all course prerequisites.
4. A satisfactory level of mental and physical health including maintaining current immunizations, Hepatitis B vaccinations (or signed waiver), annual TB testing, and ability to meet the Essential Functions.
5. Current malpractice insurance.
6. Current CPR certification at the Health Care Provider or Professional Rescuer level.
7. Completion of all general education requirements with a minimum grade of “C” prior to third semester of paramedic curriculum. If general education courses are completed at another institute, the courses must be accepted by Trenholm State.
8. No more than a 12-month interruption in matriculation through the Paramedic level course sequence.

Students who do not meet progression requirements may be required to withdraw from the program and apply for readmission

PROGRAM COMPLETION

In order to successfully complete the program of study at each level, students must meet all requirements of each course as outlined in the student handbook and/or course syllabi. The practical exams must be passed within two attempts and will be graded based upon criteria set forth by the National Registry of EMT’s and/or the Trenholm State EMS program. Paramedic students must also pass a comprehensive final examination at the end of P-3. Failure to pass the exam will result in failure of EMS254 and students will be required to repeat said course prior to testing the NREMT Cognitive examination.
READMISSION REQUIREMENTS

Students who interrupt the specified progression through the program of study must apply for readmission to the program. Readmission requires:

1. A 2.0 cumulative GPA. If a student’s GPA is less than 2.0, he/she will not be allowed to be readmitted into EMS courses. The student will need to take additional non-EMS courses and elevate their GPA to the required level.
2. Ability to meet and comply with standards and policies in the current College Catalog and Student Handbook.
3. No more than a 12-month interruption in matriculation through the Paramedic level course sequence. Students who are currently licensed at the EMT level, will be readmitted at the AEMT level. Whereas, students who are currently licensed at the AEMT level, will be readmitted at the P-1 level.
4. Students who desire readmission to the program due to multiple failures of the NREMT exam will be required to meet with the Program Coordinator (prior to readmission) and develop a course study plan. These students will also be expected to periodically meet with the Program Coordinator and Medical Director to ensure appropriate course progression is being achieved.

All students who withdraw from or are temporarily ineligible to progress through a program of study in the Allied Health Division will be readmitted under the College Catalog in effect during the year of readmission.

TRANSFER REQUIREMENTS

Receiving advanced placement in the EMS program requires:

1. Unconditional admission to the College with clear academic status.
2. Ability to meet and comply with standards and policies in the current College Catalog and Student Handbook.
3. Successful completion of prerequisite courses and program requirements.
4. Minimum grade point average of 2.0.
5. Official transcripts verifying a minimum grade of “C” earned in courses, representing collegiate coursework relevant to the degree with course content and level of instruction resulting in student competencies at least equivalent to those of “native” students.
6. Eligibility to return to previous EMS program in good standing.
7. Maximum of one grade of “D” or “F” earned in an EMS course (or equivalent).
8. Transfer credits must be from an accredited institute and accepted by Trenholm State.
9. Acceptance of EMS credits from another institution will be made on an individual basis. Verification of knowledge and/or skills may be required.

ASSOCIATE DEGREE REQUIREMENTS

1. Complete at least 23 semester hours in discipline-specific general education courses required in the program of study at Trenholm State.
2. Successfully complete an exit examination, as required by the program.
3. Earn total credit hours (including transfer and native) equal to the minimum number of credit hours required in the program at the time the degree is granted.
4. Complete all requirements for graduation at Trenholm State within a calendar year from the last term of attendance.
5. Comply with all formal procedures for graduation in accordance with College policy.
EVALUATION

A minimum grade of “B” is necessary in order to achieve passing status in any course. The student must achieve a minimum grade of “B” in theory and clinical courses in order to successfully complete the course. Letter grades are assigned as follows:

- A - Excellent (90 – 100%)
- B - Good (80 - 89%)
- F - Failure (79% - below)

Students should refer to the individual course syllabus for details regarding grading for the corresponding course.

NATIONAL REGISTRY/LICENSURE EXAMINATIONS

Initial Examinations
Trenholm State EMS Faculty will assist students in making application for and scheduling the initial National Registry examination at each level, however, compliance with the examination process is ultimately the responsibility of the student.

Two to three weeks before the end of the semester, instructors will provide students with information on how to register for the NREMT examination (instructors may take students to the computer lab and assist with this process). Please note the following steps which must occur prior to validation (giving the student permission to take the exam) of the student’s application wherein the student can take the exam:

1. Students must successfully complete all required courses (both clinical and classroom). As such, this can only be determined after the instructor has posted the student’s grades.
2. Competency for Paramedic students must be validated by the program’s medical director and a Terminal Competency form completed.
3. After the student has registered to take the exam on the National Registry website, the student must have paid the required testing fee to National Registry.
4. Once registered and paid, the program coordinator will complete the validation process.

Note: The above procedure MUST be completed within 30 days of the last day of the semester. If the student does not complete within the defined timeframe, she/he will be required to complete a prescribed educational update based on the level at which the student is testing. As such, the student will need to contact the program coordinator to make an appointment wherein the components of said requirement can be discussed. If the student does not complete the activity, she/he will not be validated to take the National Registry Examination.

ATTENDANCE POLICY

Students are expected to attend all classes for which they are registered. Each student should recognize at the beginning of his/her college career that a mature acceptance of his/her academic responsibilities is a requisite for success in college. This applies particularly to class attendance. Any class sessions missed, regardless of cause, reduces the academic opportunities of the student. If a student misses more than 15% of assigned course activities of the course without an approved excuse the student may be withdrawn from the course (refer to college catalog for explanation of excused absences). Each course’s syllabi will list the maximum number of absences allowed.

ACADEMIC INTEGRITY

If a student is found cheating on an exam or committing plagiarism, a grade of zero (0) will be assigned for that exam or assignment. Further disciplinary action may be taken at the discretion of the Dean of Students.
USE OF TOBACCO PRODUCTS

Students may not use tobacco products inside campus buildings. While performing clinical rotations, use of tobacco products is only allowed during scheduled breaks and in designated areas. (See College Catalog for policy regarding the use of Tobacco Products)

GRIEVANCE PROCEDURE/COMMUNICATION CHANNELS

Should a problem arise during the semester, you should discuss it with the instructor or student involved. If no agreement is reached, or dissatisfaction of results remains, consult the Program Coordinator. The Health Services Division Chair is consulted if the problem remains unresolved. Students are encouraged to refer to the College’s Student Handbook for specific guidance on grievances.

PHYSICAL CONTACT

As a routine part of EMS training, students practice assessment and treatment procedures on classmates. This typically involves palpation of the torso and extremities, taking of vital signs, auscultation of breath and heart sounds, and application of dressings, bandages, and splints. All physical contact with fellow students must be performed in an appropriate and non-offensive manner. Any student who is uncomfortable with this method of training should advise the instructor, and reasonable accommodations will be made.

HEALTH POLICIES

Annual Physical Examination and Essential Functions Verification
Students are required to submit verification of an annual physical examination and verification of essential functions on forms prescribed by the Program. These forms must be completed in their entirety and signed by a practicing physician, nurse practitioner or physician assistant. No other form will be accepted. If you respond less than 100% to any criterion in the essential functions section, an explanation and/or additional information will be required. You may ask for reasonable accommodation based on individual needs. Forms to be completed may be obtained from any EMS instructor. The physical examinations are at the student's expense.

Hepatitis B Vaccine
All students admitted to programs of study in the Health Services Division are required to receive the Hepatitis B vaccine or sign a waiver. The vaccine is a series of three injections. The student must have the first injection prior to participating in clinical experiences. The second injection must be received two months after the initial vaccination and the third injection must be received six months after the first vaccination.

COMMUNICABLE DISEASE POLICY

Students entering any program in the Health Services Division must be aware that they may be exposed to various contagious diseases during their clinical education and career. Precautions to be taken are outlined in the introductory patient care courses. Additional information is provided by each clinical facility. Students are required to make use of any protective devices available and to use universal precautions.

Students, upon diagnosis of a communicable disease(s) (i.e., chicken pox, measles, flu, etc.), must contact the clinical coordinator immediately. Based on current medical knowledge, the instructor will make a judgment of communicability and advise the student regarding attendance.
Students in all health care programs must comply with Public Law #102-141, Section 633 and "The Alabama Infected Health Care Worker Management Act." The law requires that the HIV or HBV infected health care worker report his/her condition to the State Health Officer within 30 days of the time she/he is aware of his/her infection. The infected health care worker must realize that any physician providing care to any infected health care worker must notify the State Health Officer of the infected status within seven days of the time of diagnosis or provides care for said diseases.

Students who incur a needle stick or any other type of direct risk exposure with a patient may be advised by the clinical agency to begin immediate treatment for HIV. For most effective results, treatment must be started within two (2) hours of exposure. The cost for laboratory tests and medications (until test results are obtained) may be as high as $1000.00. Students are financially responsible for any illness or injury occurring during clinical rotations. Therefore, it is recommended that students have health/hospitalization and accident insurance.

**INJURY, EXPOSURE INCIDENTS, OR ACCIDENTS DURING CLINICAL**

If you have an exposure incident or are injured during your clinical (needle stick, back injury, etc), you must:

1. Report the injury to the head nurse, unit manager, or lead paramedic immediately.
2. Notify the clinical coordinator immediately.
3. Notify the program coordinator by email within 24 hours of the injury, exposure incident or accident (see page 4 for e-mail address).
4. Complete the incident report provided in this Handbook and any reports required by the clinical unit.
5. You will be referred to the hospital's Emergency Room to be examined by a physician. The hospital will provide immediate care.

_The student is responsible for all expenses charged by the clinical facility in rendering their medical care._

At any time a student is under the care of a Physician or is taking a prescribed medication, the student must notify the clinical instructor and/or the clinical coordinator prior to attending any clinical. Students are NOT allowed in the clinical setting while taking medications that may cause an alteration in their mental alertness.

**SOCIAL MEDIA POLICY**

Social media are internet-based tools for sharing and discussing information. Examples of social media include:

- Multimedia and social networking sites, such as Twitter, Facebook, YouTube, Instagram, LinkedIn, etc.
- Blogs, wikis, message boards, micro blogs and other community-based sites or collaboration tools
- Social commerce postings, like product or experience reviews
- Any other site where information, like text, images, video, sound or other files can be uploaded or posted

Both in professional and educational roles, students need to follow the same behavioral standards online as they would in real life. The same laws, professional expectations, and guidelines for interacting utilizing these communication platforms apply as in any other situation. Any and all patient information obtained during patient care experiences is completely confidential without exception. Organizational information you may see or hear during your clinical and field shifts is also considered confidential and should not be shared via social media. Educational activities at all clinical affiliate sites are the sole property of clinical site and staff involved. No unauthorized recording (photographs, drawings, voice, or visual representations) is permitted without express permission to do so.
Students are fully responsible and liable for anything posted to social media sites, including any comments in such postings which may be deemed to be defamatory, profane, obscene, proprietary, libelous or otherwise illegal. Sharing of any information considered confidential may result in immediate dismissal from the program.

When participating in social media, the following best practices are recommended:

- **Think twice before posting:** Privacy does not exist in the world of social media. Consider what could happen if a post becomes widely known and how that may reflect on the poster, the clinical site, and Trenholm State. Search engines can turn up posts years after they are created, and comments can be forwarded or copied. If you would not say it at a conference or to a member of the media, consider whether you should post it online. If you are unsure about posting something or responding to a comment, seek input from program staff.

- **Strive for accuracy:** Get the facts straight before posting them on social media. Review content for grammatical and spelling errors.

- **Be respectful:** Understand that content contributed to a social media site could encourage comments or discussion of opposing ideas. Responses should be considered carefully in light of how they would reflect on the poster, the clinical site and/or Trenholm State.

- **Remember your audience:** Be aware that a presence in the social media world is, or easily can be made available to the public at large. This includes prospective students, current students, current employers and colleagues, future employers, and others. Consider this before publishing to ensure the post will not alienate, harm, or provoke any of these groups.

- **Personal sites:** Identify your views as your own. If you identify yourself it should be clear that the views expressed are not necessarily those of anyone else.

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**CRIMINAL BACKGROUND CHECKS and DRUG SCREENS**

Trenholm State is contractually obligated to comply with requirements set forth by agencies used for clinical rotations. All EMS students are required to have background checks and drug screens completed to meet the requirements of clinical agencies.

**BACKGROUND CHECK**

A criminal Background Check will be conducted by one vendor as identified by the EMS program. Students must complete background checks in their first semester prior to entering the clinical area. Students contract directly with the approved vendor and results are confidential. Students are required to sign a “Consent for Release of Information” form (included in appendix). Refusal to sign will result in denial of access to clinical sites and dismissal from the EMS program. Results of the background check will be released to the clinical site for approval or denial of clinical privileges. Refusal of the clinical agency to accept a student will prevent a student from completing the EMS program.

**DRUG SCREENING**

Drug screening will be conducted during the first semester of coursework and may be conducted randomly at any time the student is enrolled in the EMS program. Students who do not pass the drug screen will be withdrawn from the EMS program. Drug screening may only be done by an approved vendor.
**ESSENTIAL FUNCTIONS**

Students must have the ability to meet the following Essential Functions. After acceptance to the program, a physician, nurse practitioner, or physician assistant must verify if you can fully meet the criteria. If you cannot fully meet the standard, an explanation and/or additional information will be required. You may request reasonable accommodations. The designated school officials and Program Coordinator will determine if those accommodations can be met.

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<th>Standards</th>
<th>Examples of Criteria</th>
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| Cognitive and critical thinking abilities are sufficient to make clinical judgments and meet laboratory objectives and requirements | 1. Comprehend new knowledge and apply it in EMS practice.  
2. Analyze situations and identify cause-effect relationships.  
3. Organize, problem-solve and make decisions.  
4. Meet mental competency requirements of the Alabama Department of Public Health.  
5. Compute mathematical problems.  
6. Operate a computer after an orientation. |
| Interpersonal abilities are sufficient to interact purposefully and effectively with others. | 1. Establish rapport with individuals.  
2. Interchange ideas in a group.  
3. Perceive emotions displayed by others.  
4. Convey sensitivity, respect, tact and a mentally healthy attitude in interpersonal relationships. |
| Communication abilities are sufficient to convey thoughts in verbal and written form so that others understand them. | 1. Have sufficient English language abilities to understand printed materials, classroom lectures, instructional, medical or other directives and patient questions and/or responses.  
2. Have sufficient English language abilities to be understood in verbal and written communication.  
3. Appropriately use the terminology of the profession in verbal and written communications.  
4. Teach a concept and test for understanding.  
5. Interpret feedback or messages. |
| Physical mobility is sufficient to fulfill classroom, clinical and program objectives safely and effectively. Physical disabilities must not pose a threat to the safety of the student, faculty, patients or other health care workers. | 1. Maintain balance in any position and can stand on both legs, move from room to room, and maneuver in small spaces.  
2. Flex and/or abduct and adduct all joints freely.  
3. Able to achieve certification in cardiopulmonary resuscitation at the professional rescuer level. |
| Strength (gross motor skills) and endurance are sufficient to safely fulfill clinical laboratory objectives and requirements. | 1. Have physical stamina to stand and walk for six hours or more in a clinical setting, performing physical tasks, requiring physical energy without jeopardizing patient, self or colleague safety.  
2. Able to position, lift and transfer patients without injury to patient, self or others.  
3. Able to push or pull heavy objects, such as an occupied hospital bed, without injury to patient, self or others.  
4. Able to lift a minimum of 125 pounds (250 pounds with assistance). |
| Fine motor skills and hand/eye coordination are sufficient to safely fulfill laboratory objectives and requirements. | 1. Able to manipulate small objects in order to insert one into another, such as threading a needle.  
2. Manipulate objects without extraneous motions, tremors or jerking.  
3. Write the English language legibly, using correct grammar and syntax. |
| Auditory ability is sufficient to communicate effectively with others, to monitor and assess patient status, and to fulfill all clinical objectives and requirements. | 1. Hear and accurately count, describe and discriminate between auscultatory sounds such as those heard when listening to the heart, vessels, lungs and abdomen.  
2. Hear high and low frequency sounds, such as telephones, monitor alarms, emergency signals, weak cries of infants and weak calls for help. |
| Visual ability is sufficient to monitor and assess patient status and to fulfill laboratory objectives and requirements. Instruments to enhance or correct vision must be portable, usable in small spaces and in varying levels of light, and not disrupt care or cause discomfort to patients. | 1. Able to discern the full spectrum of colors and to distinguish color changes.  
2. Accurately read numbers and letters in fine print, such as would appear on medication vials, ampules, syringes, and monitoring equipment in varying levels of lights (daylight to very dim light).  
3. Read for long periods of time.  
4. Read cursive writing, such as would be found in patients’ charts.  
5. Detect changes in the environment.  
6. Have eyesight in a minimum of one eye correctable to 20/20 vision and possess approximately 180 degrees peripheral vision. |
| Tactile ability and sense of smell must be sufficient to assess patients and the environment. | 1. Discern tremors or vibrations in various body areas.  
2. Palpate and count pulses.  
3. Discern physical characteristics through touch, such as texture, temperature, shape, size, location and others.  
4. Smell body and environmental odors, such as infected wounds or burning electrical equipment. |
The above examples of criteria are not intended as a complete listing of EMS practice behaviors, but are a sampling of the types of abilities needed by the EMS student to meet program objectives and requirements. The EMS Department or its affiliated agencies may identify additional critical behaviors or abilities needed by students to meet program or agency requirements. The EMS Department reserves the right to amend this listing based on the identification of additional standards or criteria for EMS students.

CLINICAL GUIDELINES

Purpose
Provide each student an opportunity to gain clinical experience following the DOT/NHTSA National Standard Curriculum (NSC). During clinicals, the student performs clinical skills and required competencies under the direct supervision of a preceptor and/or clinical instructor. The performance criteria will vary depending on the course.

Admission to the Clinical Areas
Prior to clinical experiences, the student must:
- Sign the waiver and liability release forms.
- Complete a Criminal Background check and Drug screen and be cleared for the clinical area by the Clinical Coordinator.
- Complete skills lab check off and cleared by Lab Instructor.
- Purchase uniforms which comply with the program's dress code.
- Have current professional malpractice insurance. Malpractice insurance at the $1,000,000/$3,000,000 limit is required. This will be provided and paid for during registration for clinical courses.
- Annually submit a completed physical examination form and essential functions form evidencing a state of physical and mental health such that the student is able to complete all program requirements without presenting undue risk/harm to the student or other persons. No otherwise qualified individual with a handicap, as the term "handicap" is defined in 29 U.S.C Section 706(8), shall, solely by reason of his or her handicap, be denied admission or continued progression in this program.
- Have proof of the first of three vaccinations for Hepatitis B or sign a waiver. The second vaccination is due 1 month following the first vaccination. The third vaccination must be taken 6 months after the first vaccination. In lieu of Hepatitis B vaccinations, the student may sign a refusal waiver.
- Submit verification of current CPR certification at the Healthcare Provider level through the American Heart Association or Professional Rescuer level through the American Red Cross. Certification must be valid through the last day of final exams of the semester for which the student is registered.

AEMT students:
In addition to the general admission criteria above, the student must possess a current Alabama license as an EMT prior to entering the clinical portion or they will be required to exit the clinical course.

EMT-Paramedic students:
In addition to the general admission criteria above:
- Students must possess a current Alabama license as an AEMT prior to entering the clinical portion or they will be required to exit the clinical course.
- Students must complete all required core professional courses (courses in P-1 and P-2) prior to starting field internship.

General Guidelines
1. Clinical schedules will be approved by the Clinical Coordinator. While efforts will be made to accommodate the student with respect to his/her employment and other obligations, students are expected to be present at all scheduled clinicals.
2. Clinicals will be performed on the unit assigned by the clinical instructor/preceptor. Students may observe in other sites only with the approval of the Preceptor, Clinical Instructor, Program Coordinator or Medical Director.

3. Clinical rotations may not be performed while the student is on his or her regular job. **In no event will a student be substituted for a crewmember or employee.**

4. Students may give the phone numbers of clinical units to a family member to be used for emergency purposes only. Only emergency calls are allowed during clinical hours.

5. Students must adhere to the EMS program uniform policy.

6. Cellular phones, two-way radios, or any electronic devices are not allowed at clinical sites without prior approval of the Clinical Instructor. The use of social media devices (i.e. facebook, twitter, etc.) is strictly prohibited. Violation of this rule may result in removal from clinical sites and the EMS program. (see Social Media Policy)

7. In addition to the College’s requirements, students are also subject to the policies and procedures of the clinical site during their clinical rotations.

8. Random drug screens may be requested at any time. The student must report for testing within 24 hours of notification. Failure to comply may be grounds for dismissal from program.

**Approved Clinical Sites**

<table>
<thead>
<tr>
<th>Hospitals</th>
<th>Prehospital Sites</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baptist Medical Center South</td>
<td>Care Ambulance Inc.</td>
</tr>
<tr>
<td>2105 E.South Blvd</td>
<td>1150 South Panama St.</td>
</tr>
<tr>
<td>Montgomery, AL 36116</td>
<td>Montgomery, AL 36107</td>
</tr>
<tr>
<td>334-288-2100</td>
<td>334-262-2550</td>
</tr>
<tr>
<td>Elmore Community Hospital</td>
<td>Haynes Ambulance</td>
</tr>
<tr>
<td>U.S. Hwy. 231 N</td>
<td>2530 E. Fifth St.</td>
</tr>
<tr>
<td>Wetumpka, AL</td>
<td>Montgomery, AL 36107</td>
</tr>
<tr>
<td>334-567-4311</td>
<td>334-265-1209</td>
</tr>
<tr>
<td>Jackson Hospital &amp; Clinic</td>
<td>Montgomery Fire Department</td>
</tr>
<tr>
<td>1235 Forest Ave.</td>
<td>Rescue 90, 91, 92, 93, 94, 95, 96, 97, &amp; 98</td>
</tr>
<tr>
<td>Montgomery, AL 36106</td>
<td>Prattville Fire Department (Station #1) ONLY</td>
</tr>
<tr>
<td>334-293-8000</td>
<td>942 East Main St.</td>
</tr>
<tr>
<td>Prattville Baptist Hospital</td>
<td>Prattville, AL 36067</td>
</tr>
<tr>
<td>124 South Memorial Drive</td>
<td>334-361-3666</td>
</tr>
<tr>
<td>Prattville, AL 36067</td>
<td>Millbrook Fire Department</td>
</tr>
<tr>
<td>334-365-0651</td>
<td>Millbrook, AL</td>
</tr>
</tbody>
</table>
Clinical Attendance

You are expected to attend all clinical rotations.

Arrival
You should arrive at least 15 minutes prior to the scheduled shift in order to begin work at the assigned time.

Tardiness
1. A student is considered tardy after the beginning of the scheduled clinical time. Two tardies equals one absence.
2. If the student does not arrive at the clinical site within 30 minutes of the scheduled time, the student will be considered absent for that clinical.

Absences
Students whose absences exceed 15% in any course may be withdrawn from that course or receive the grade of "F" for that course if after the last day for withdrawal date published in the College Catalog.

A student who will be absent from a clinical should contact the clinical site at least one hour in advance, obtain the name of the person with whom you spoke at the clinical site and advise them of:
   a. Your name and level of training.
   b. Reason for absence.
Next, contact the Clinical Coordinator and advise him/her of:
   a. Your name and level of training.
   b. Date, time & clinical site you are absent.
   c. The name of the person with whom you spoke at the clinical site
   d. Reason for absence

Rescheduling
Missed clinicals may be rescheduled at the discretion of the Clinical Coordinator.

Required Competencies

As a minimum, EMS students are required to perform the number of procedures listed below for a clinical grade of satisfactory. These minimum competencies must be completed prior to the end of the final semester of clinicals at each respective level. Students can track their competencies in the skills tracker section of FISDAP. The competencies goals are determined by the Medical Director and EMS Advisory Committee.

1. EMT Students (48 hrs.) AMBULANCE SKILLS
   - Patient assessments (primary and rapid/focused), including the documentation of findings.... 20
   - Oxygen administration........................................................................................................ 5
   - Spinal immobilization........................................................................................................ 4
   - Control hemorrhage ........................................................................................................... 2
   - Apply splints .................................................................................................................... 2

2. AEMT Students (96hrs) 48 hours on Rescue/Ambulance and 48 hours in ER SKILLS
   - Comprehensive patient assessments
     Adult........................................................................................................................................... 25
     Geriatric.................................................................................................................................... 15
     Pediatric .................................................................................................................................... 10
     (Pediatric patients consist of Newborn, Infant, Preschooler, School age, and Adolescent.)
### Trauma pt.'s

- .......................... 10

### AMS

- ........................................ 5

### Chest pain

- ........................................ 5

### Obstetric

- ........................................ 5

### Psychiatric

- ........................................ 5

### Respiratory

- ........................................ 5

### Syncope

- ........................................ 5

### Abdominal pain

- ........................................ 5

- Assess pediatric respirations ........................................ 5

- Medication Administrations ........................................ 15

- Successful IV sticks ........................................ 15

- Airway management ........................................ 15

3. **EMT-Paramedic Students**
   - Clinical section: 192 hours
   - Field section: 240 hours

**SKILLS – CLINICAL / LAB SECTION**

<table>
<thead>
<tr>
<th>Paramedic Students</th>
<th>P-2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LAB, CLINICAL OR FIELD SECTION</strong></td>
<td>Lab Hours: 135 hours</td>
</tr>
<tr>
<td><strong>MUST BE COMPLETED PRIOR TO BEGINNING ANY</strong></td>
<td>Clinical Hours: 192 hours</td>
</tr>
<tr>
<td><strong>TEAM LEADER ACTIVITIES</strong></td>
<td>Live Patient Only - Field or Clinical</td>
</tr>
</tbody>
</table>

- Obtain a Patient History from an Alert and Orientated Patient .......................... 8
- Comprehensive Normal Physical Assessment - Adult ........................................ 2
- Comprehensive Normal Physical Assessment - Pediatric ................................. 12
- Direct Orotracheal Intubation - Adult ........................................ 12
- Direct Orotracheal Intubation - Pediatric ........................................ 2
- Nasotracheal Intubation - Adult ........................................ 12
- Supraglottic Airway Device - Adult ........................................ 2
- Needle Cricothyrotomy ........................................ 2
- CPAP and PEEP ........................................ 2
- Trauma Physcial Assessment - Adult ........................................ 2
- Trauma Endotracheal Intubation - Adult ........................................ 10
- Pleural Decompression (Needle Thoracostomy) ........................................ 40
- Medical Including Cardiac Physical Assessment ........................................ 10
- Intravenous Therapy ........................................ 20
- Intravenous Bolus ........................................ 15
- Intravenous Piggyback Infusion ........................................ 2
- Intraosseous Infusion ........................................ 10
- IM & SQ Medication Administration ........................................ 10
- Synchronized Cardioversion ........................................ 4
- 12-Lead ECG Placement ........................................ 10
- Defibrillation (Unwitnessed Arrest) ........................................ 4
- Transcutaneous Pacing ........................................ 4
- Normal Delivery with Newborn Care ........................................ 4
- Abnormal Delivery with Newborn Care ........................................ 4
**Paramedic Students**

<table>
<thead>
<tr>
<th></th>
<th>P-2</th>
<th>P-3</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical / Field Section</strong></td>
<td>Clinical section: 192 hours</td>
<td>Field / Team Leader: 240 hrs.</td>
<td></td>
</tr>
<tr>
<td>Trauma Patients</td>
<td>20</td>
<td>10</td>
<td>30</td>
</tr>
<tr>
<td>Trauma - Pediatric</td>
<td>4</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Trauma - Geriatric</td>
<td>4</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Pediatric Patients</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessment of Newborn</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Assessment of Infant</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Assessment of Toddler</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Assessment of Preschooler</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Assessment of School Age</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Assessment of Adolescent</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Medical</td>
<td>40</td>
<td>20</td>
<td>60</td>
</tr>
<tr>
<td>Medical - Pediatric</td>
<td>8</td>
<td>4</td>
<td>12</td>
</tr>
<tr>
<td>Medical - Geriatric</td>
<td>8</td>
<td>4</td>
<td>12</td>
</tr>
<tr>
<td>Stroke / TIA</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Acute Coronary Syndrome</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Cardiac Dysrhythmia</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Respiratory Distress / Failure</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Hypoglycemia/DKA/HHS</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Sepsis</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Shock</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Toxicological Event/OD</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Psychiatric</td>
<td>4</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Altered Mental Status</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Abdominal Pain</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Chest Pain</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>Skills</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IV Bolus Medication Administration</td>
<td>15</td>
<td>5</td>
<td>20</td>
</tr>
<tr>
<td>IM or SQ Injection</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Inhaled Medication (MDI, Nebulizer)</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>Team Leader responses</strong></td>
<td>20</td>
<td>20</td>
<td></td>
</tr>
</tbody>
</table>

*There are no minimum requirements for “live” intubations; however, students are encouraged to assertively seek opportunities for live intubations during clinical and field activities. Students are expected to demonstrate multiple successful manikin intubations during lab activities.*

**Additional Scheduling**

Should a student not meet the required minimum competencies during regularly scheduled clinicals, additional clinicals may be assigned until the minimum competencies are met. If the student fails to achieve all clinical contacts prior to the end of the semester, the student will meet with the program coordinator and clinical coordinator to develop a plan for completion. This may include issuing an incomplete grade for the course and
allow the student to complete the requirements in accordance with the College incomplete grade policy (this option is only available if the student is deemed “near completion” of clinical requirements). If the student is not near completion, the student may be required to re-enroll in the clinical course the following semester to complete.

**Personal Appearance/Uniform Guidelines**
Students should remember that they are representing, not just themselves, the College, and the EMS program, but the entire EMS profession. An integral part of how others perceive us is through our appearance. Therefore, while participating in clinical or field rotations, students must adhere to the following dress code. *Please note that any violations in the dress code may result in the student being sent home. This would constitute a clinical absence that would need to be re-scheduled according to the clinical absence policy.*

Students shall wear the appropriate uniform to each clinical rotation. The uniform must be clean and neat and meet the criteria noted below.

<table>
<thead>
<tr>
<th>Shirts</th>
<th>• Trenholm State Community College EMS shirts ONLY.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Shirt tails must be tucked in at all times</td>
</tr>
<tr>
<td></td>
<td>• EMS shirts should be purchased from AKD Designs, 241 Mendel Parkway, Montgomery, AL 334-277-8433</td>
</tr>
<tr>
<td></td>
<td>➢ EMT Students..................................Blue shirt</td>
</tr>
<tr>
<td></td>
<td>➢ AEMT Students.................................Light Blue shirt</td>
</tr>
<tr>
<td></td>
<td>➢ EMT-Paramedic Students........Black shirt</td>
</tr>
<tr>
<td>Trousers</td>
<td>• Loose-fitting navy blue or black BDUs.</td>
</tr>
<tr>
<td></td>
<td>• No uniform trousers or denim pants/blue jeans.</td>
</tr>
<tr>
<td>Coats</td>
<td>• Dark, single colored (preferably black or navy blue). Coats must not contain any patches or emblems.</td>
</tr>
<tr>
<td>ID Badge</td>
<td>• Official Trenholm State Community College photo ID badge is to be worn at all times. No other ID badges or name tags will be allowed and no modifications to the ID badge may be made.</td>
</tr>
<tr>
<td></td>
<td>• The ID badge should be worn on the outside of any jacket or coat.</td>
</tr>
<tr>
<td>Scrubs/Surgery</td>
<td>• In certain clinical areas, students will be required to wear scrubs.</td>
</tr>
<tr>
<td>Shoes</td>
<td>• Black uniform boots (i.e. Hi-Tec) are preferred in the prehospital clinicals.</td>
</tr>
<tr>
<td></td>
<td>• Clean tennis shoes are permitted.</td>
</tr>
<tr>
<td></td>
<td>• Shoes must be solid black.</td>
</tr>
<tr>
<td>Jewelry</td>
<td>• No more than one ring on each hand (a wedding set is considered one ring).</td>
</tr>
<tr>
<td></td>
<td>• Facial jewelry (including brow, nose, and tongue) may not be worn.</td>
</tr>
<tr>
<td></td>
<td>• Females are allowed only one small stud earring on each earlobe. Earrings that hang are not allowed.</td>
</tr>
<tr>
<td></td>
<td>• Earrings are not allowed on Males.</td>
</tr>
<tr>
<td>Hair</td>
<td>• Hair will be neat, clean, and freshly combed in a conservative style. No fad designs or cuts will be accepted.</td>
</tr>
<tr>
<td></td>
<td>• Hair should be pulled back so that it does not interfere with patient care.</td>
</tr>
<tr>
<td></td>
<td>• Hair color should be naturally occurring to humans and style should be within accepted social norms.</td>
</tr>
<tr>
<td></td>
<td>• No baseball caps.</td>
</tr>
<tr>
<td></td>
<td>• Beards and mustaches are permitted as long as they are neatly trimmed.</td>
</tr>
<tr>
<td>Nails</td>
<td>• Fingernails are to be kept unpolished, clean, and neatly trimmed.</td>
</tr>
<tr>
<td></td>
<td>• No false fingernails.</td>
</tr>
<tr>
<td></td>
<td>• Males will keep nails trimmed so as not to extend beyond the fingertip.</td>
</tr>
<tr>
<td></td>
<td>• Females will not exceed a nail length of 1/4 inch, as measured from the tip of the finger.</td>
</tr>
</tbody>
</table>
### Makeup
- Conservative - And not to be applied during rotations.

### Tattoos
- No visible body tattoos; body tattoos must be covered at all times in the clinical setting.

### Hygiene
- Students are expected to maintain necessary personal hygiene including bathing daily, shampooing hair and using underarm deodorant. The student must be free of any odors that may be offensive to patients or co-workers, including tobacco smoke, cologne and perfume.

### Equipment

**Required:**
- Stethoscope
- Penlight
- Trenholm State Photo I.D. badge
- Pen (black ink)
- Bandage Scissors
- Complete change of clothing (OSHA requirement)
- Wristwatch appropriate for calculating pulse rates
- Small pocket notebook

**Optional**
- Pocket mask/barrier device
- Latex gloves
- Safety glasses

### Conduct
Student conduct and communication is to be professional, cooperative and inquisitive. Avoid confrontation and arguments with patients, families, health care professionals and employees. Alcohol may not be consumed within 12 hours proceeding clinical.

### Patient Confidentiality
Information regarding the patient's physical, psycho-social or economic condition must not be disclosed other than to persons directly responsible for care and treatment, and only when such information has a bearing upon such care and treatment. Requests for information such as from the news media, regarding patient care shall be referred to the Preceptor. All medical records and patient information are confidential, may not be photocopied and may not be removed from the clinical site. Do not utilize any confidential information (name, address, phone number, social security number, etc.) when completing practice Patient Care Reports for the EMS Program. Do not post anything on social media devices regarding patients or facilities or staff. (See Social Media policy)

### Meals & Breaks

**Hospital Sites**
- Meals and breaks are approved by the preceptor within the following guidelines
  - **Scheduled Hours Meals/Breaks**
    - 30 minute lunch break. 30 minute dinner break. Two 15 minute breaks.
    - Use the hospital cafeteria, snack bar or bring your own meal. Do not leave the clinical site.

**Prehospital Sites:**
- Meals and breaks at the prehospital clinical site are approved by the preceptor and may be eaten away from base. Meals and breaks are scheduled based on call volume and staffing requirements.

### Documentation and Performance of Clinical Skills
Clinical Skills
Skills are taught and validated in the college laboratory prior to performance in the clinical area. Procedures performed beyond these limitations are inappropriate. Students must not perform any skills or procedures during clinicals unless the skill or procedure has been satisfactorily performed for an instructor in the skills lab. It is the responsibility of the student to inform the preceptor if a skill is not appropriate for the student to perform.

Invasive Skills

1. Documentation: Patient encounters and skills must be evaluated, documented and signed by the preceptor or clinical instructor in the appropriate FISDAP clinical module.
2. Performance: A student should not attempt an invasive procedure on the same patient more than twice. The preceptor may allow only one attempt.
3. Under no circumstance should a student perform a skill that is beyond their scope of practice.

Evaluation

Purpose

The purpose of clinical evaluation is to ascertain that the student has met measurable objectives deemed necessary for competent practice at the EMT, Advanced EMT or Paramedic level.

Evaluation criteria

Clinical evaluation will be made on a satisfactory/unsatisfactory basis and will be based on the clinical instructor’s final assessment of objectives met. Clinical performance must be satisfactory to receive a passing grade in the course. Unsatisfactory performance constitutes clinical failure. Students should refer to the individual course syllabus for specific grading criteria.

Clinical Evaluation

A Clinical Evaluation should be completed by the student and preceptor for each clinical rotation. The evaluation should be completed in the FISDAP clinical module.

Personal Notebook

Each student should keep a record of clinical experiences. Questions relating to patient care should be listed so that they may be discussed with the clinical instructor or later during class.

Documentation

All clinical documentation should be completed and signed off by the clinical preceptor in the FISDAP clinical module before departure from the site.

Discipline

Disciplinary action will be issued at the discretion of the clinical preceptor, clinical coordinator, program coordinator, or medical director. Disciplinary action can include, but is not limited to, being sent home from the clinical site, deduction of points from your grade, repeating the clinical and expulsion.

Summary

Clinical activities are perhaps your only opportunity to work in a supervised setting with seasoned professionals who are willing and capable of teaching you things your instructor may not have the ability to do in the classroom. This is the time to apply what you have learned in class, and what you have practiced in lab, in real life situations. Appreciate what your preceptors do for you.

Most importantly, go into all clinical sites with a positive attitude, willingness and eagerness to learn. You will get out of clinicals exactly what you put into them!
Deadlines to Complete Pre-Clinical Requirements

The following items must be complete by the date noted in the table below. Failure to complete by the date indicated will result in withdrawal from the class.

- FISDAP (must have an active account)
- Uniform (must be in your possession; keep in mind it takes 7-10 days to receive)
- Physical Exam (must be submitted and on-file with Verified Credentials)
- Immunizations (must be submitted and on-file with Verified Credentials)
- Drug Screen (must be on-file with Verified Credentials)
- Background check (must be on-file with Verified Credentials)

<table>
<thead>
<tr>
<th></th>
<th>Fall and Spring</th>
<th>Summer</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMT</td>
<td>28 days after the first day of class</td>
<td>21 days after the first day of class</td>
</tr>
<tr>
<td>AEMT</td>
<td>21 days after the first day of class</td>
<td>14 days after the first day of class</td>
</tr>
<tr>
<td>P-2</td>
<td>14 days after the first day of class</td>
<td>7 days after the first day of class</td>
</tr>
</tbody>
</table>
This is to inform you that you were tardy / absent from _________________ (clinical area) on _______________ (date).

You should review the policies and requirements in the EMS Student Handbook and be reminded that you are expected to arrive on-time to all clinical activities. Two episodes of tardiness equals one clinical absence. Absences exceeding 15% of the clinical course hours constitute a failure in the course (refer to course syllabus).

Comments:_______________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Signature of Instructor /Date _____________________________

Signature of Student /Date _____________________________
Student ___________________________ Date_____________

This is to remind you that on (date) your clinical performance was unsatisfactory because you violated the following objectives: __________________________________________________________

________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

You should review the clinical evaluation criteria (including the rating tool and critical criteria) in the EMS Student Handbook.

This is your _____ unsatisfactory clinical performance. A rating of unsatisfactory in critical criteria may constitute dismissal from the clinical unit and/or EMS Program or course failure.

Comments:_______________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Signature of Instructor/ Date ______________________________

Signature of Student Date _________________________________
EMS PROGRAM - INCIDENT REPORT FORM

Incident: Date: _____________  Time: ___________  Location: ______________

Clinical Facility: _______________________________  Clinical Unit: __________

Student Involved Level of Training ________________________________

Pt. Initials ___________ (If Applicable)  Med. Record Number____________

Notification Date/Time: ___________

Preceptor: ______________________  Clinical Coordinator: ___________________

Potentially Infectious Materials Involved (Check Which Applies)

_____ Blood  _____ Urine  _____ Sputum  _____ Feces  _____ Other  _____ None

Details of the Incident by the Student (Work Being Performed, Etc):  

________________________________________________________________________

________________________________________________________________________

How Incident Was Caused (Accident, Equipment Malfunction, Etc):

________________________________________________________________________

________________________________________________________________________

Check Personal Protective Equipment Used at the Time of Incident:

_____ Gown  _____ Gloves  _____ Mask  _____ Eye wear  _____ Headgear

Action Taken: (Treatment, Hazard Cleared, Etc.):

________________________________________________________________________

________________________________________________________________________

Description of Incident by the Unit Preceptor:

________________________________________________________________________

________________________________________________________________________

Clinical Coordinator’s Recommendation / Comments/Actions:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Student’s Signature /Date ________________________________

Preceptor’s Signature /Date ________________________________

Clinical Instructor’s Signature/ Date ________________________________

Medical Director’s Signature/ Date ________________________________
Background Check and Drug Screen Consent, Release, and Acknowledgement

I understand that the healthcare program or course to which I am admitted requires a background check and drug screen to comply with clinical affiliates contracts. By signing this document, I am indicating that I have read and understand Trenholm State Community College EMS Program’s policy and procedure for background checks and drug screens. I have been afforded the opportunity to ask questions regarding this policy. I have received answers to all my questions. I understand that I will be required to undergo background checks and drug screens prior to assignment to any clinical rotation and randomly thereafter as the program requires.

I voluntarily and freely agree to the requirement to submit to a Background Check and Drug Screen and to provide an acceptable Background Check and negative Drug Screen prior to participating in clinical learning experiences. I further understand that my continued participation in the health care program is conditional upon satisfaction of the requirements of the Background Check and Drug Screen with the vendor designated by the College. I further understand that if I have a Background check that renders me ineligible or confirmed positive Drug Screen; and I am denied access to clinical learning experiences at the clinical affiliate(s), that I will be dismissed from the program. A grade of “F” may be recorded for the course(s) if I do not officially withdraw.

A copy of this signed and dated document will constitute my consent for release of the original results of my Background Check and Drug Screen to the College. I direct the vendor(s) hereby releases the results to the College. A copy of this signed and dated document will constitute my consent for the College to release the results of my background check and drug screen to the clinical affiliate(s)’ specifically designated person(s). I direct the College to hereby release the results to the respective clinical affiliate(s).

I agree to hold harmless the College and its officers, agents, and employees from and against any harm, claim, and suit, or cause of action, which may occur as a direct or indirect result of the background check, drug screen, or release of the results to any College and/or the clinical affiliates.

I understand that should any legal action be taken as a result of the Background Check or Drug Screen that confidentiality can no longer be maintained.

I agree to abide by the aforementioned policy. I acknowledge that my signing this consent form and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone. I hereby authorize the College’s contracted agents to procure a background check and drug screen on me at my expense. I further understand this signed consent hereby authorizes the College’s contracted agents to conduct necessary and/or periodic background checks and drug screens as required by clinical affiliates.

______________________________       ________________________________
Student’s Name (Print)                               Witness Name (Print)

__________________________       ____________________________
Student’s Signature                           Date                               Witness Signature                           Date
EMS Pre-Clinical Requirements

Before beginning any clinical course, you must submit proof of the following items. NO exceptions can or will be made regarding submission of required documentation. NOTE: THIS INFORMATION SHOULD BE SUBMITTED DIRECTLY TO VERIFIED CREDENTIALS.

Student Name ________________________________________  Student ID# ____________________

<table>
<thead>
<tr>
<th>ITEM</th>
<th>DOCUMENTATION REQUIRED</th>
</tr>
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<tbody>
<tr>
<td>Health Questionnaire (Physical Exam)</td>
<td>Initial physical examination must have occurred within 3 months of admission to program. Health questionnaire form must be completed and signed by a physician, physician assistant, or nurse practitioner. Health Dept. stamps are not valid. Health Questionnaire is current for one year from date signed and must be current through the entire term for which student is registering.</td>
</tr>
<tr>
<td>Essential Functions</td>
<td>The Essential Functions form must be signed by student and physician, physician assistant, or nurse practitioner.</td>
</tr>
<tr>
<td>Drug Screen</td>
<td>First term students are required to have a drug screen as part of their physical. Drug screens may be conducted for cause and/or randomly during the semester. Cost of the drug screen is the responsibility of the student.</td>
</tr>
<tr>
<td>Varicella (Chicken Pox)</td>
<td>Documentation of disease history or immunization. If unable to provide medical documentation, you must have titer. If titer is negative, you must repeat immunization.</td>
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<tr>
<td>Measles* (Rubeola)</td>
<td>Documentation of two doses of live measles virus vaccine (part of MMR). If unable to provide documentation, you must have titer. If titer is negative, you must repeat immunization.</td>
</tr>
<tr>
<td>Mumps*</td>
<td>Documentation of two immunizations with live mumps vaccine (part of MMR). If unable to provide documentation, you must have titer. If titer is negative, you must repeat immunization.</td>
</tr>
<tr>
<td>Rubella*</td>
<td>Documentation of two Rubella immunizations (part of MMR). If unable to provide documentation, you must have titer; if titer is negative, you must repeat immunization.</td>
</tr>
<tr>
<td>Tetanus (Td)</td>
<td>Documentation of immunization within last ten years.</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>Documentation of first of three immunizations is required before beginning first clinical. Proof of 2\textsuperscript{nd} &amp; 3\textsuperscript{rd} vaccines must be submitted when due. Waiver is available for those unable to receive the vaccine.</td>
</tr>
<tr>
<td>PPD or Tuberculosis (TB skin test)</td>
<td>Initial Tb skin test is required prior to beginning first clinical and must be current during the entire time enrolled in a clinical course. Tb is current for one year from administration date. If you have ever tested positive for Tb, you must submit documentation of a current negative chest x-ray. Chest x-rays are current for two years from date of test.</td>
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<tr>
<td>CPR</td>
<td>Documentation of current CPR certification (typed CPR Card) must be presented prior to beginning any clinical activity. American Red Cross-Professional Rescuer level or American Heart Association- Health Care Provider is acceptable. Certification must include infant/ child rescue and two man rescue.</td>
</tr>
<tr>
<td>Background Check</td>
<td>Documentation of a criminal background check within 3 months of admission to program. Must be obtained through approved college vendor. Results will be reviewed on an individual basis.</td>
</tr>
<tr>
<td>EMT LICENSE</td>
<td>COPY of current EMT licensure must be presented prior to beginning clinicals at the AEMT level</td>
</tr>
<tr>
<td>AEMT LICENSE</td>
<td>COPY of current AEMT licensure must be presented prior to beginning clinicals at the Paramedic level</td>
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</table>

*Please Note: If you require the MMR immunization, you should not be pregnant nor should you become pregnant for three months after receiving vaccine.

You must attach copies of RESULTS of titers/test and dates of immunizations.
Date of Exam: __________________

<table>
<thead>
<tr>
<th>Student Name (Last, First, M)</th>
<th>Telephone ( ) -</th>
<th>TSTC Student Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program (Circle one):</td>
<td>EMT</td>
<td>Advanced EMT</td>
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<tr>
<td>Allergies (Food/Drug/Latex, etc.)</td>
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<tr>
<th>Height</th>
<th>Weight</th>
<th>BP</th>
<th>Vision: Right 20/</th>
<th>Left 20/</th>
<th>Corrected: Y N</th>
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<table>
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<tr>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
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</tbody>
</table>

Has student been diagnosed with any chronic/serious medical condition(s)? (Ex. Diabetes, hypertension, seizure disorders, etc.) ____ Yes ____ No If yes, please list:

________________________________________________________________________

Has student been diagnosed with any psychiatric/mental condition(s)? (Ex. Bipolar, depression, chemical dependency, etc.) ____ Yes ____ No If yes, please list:

________________________________________________________________________

Are the above conditions being presently controlled or treated? ____ Yes ____ No If yes, please describe:

________________________________________________________________________

Is student taking any prescribed medications on a regular basis? ____ Yes ____ No If yes, please list:

________________________________________________________________________

Has the student had chicken pox? ____ Yes ____ No ____ Unknown
If yes, do you recommend a varicella titer to ensure immunity? ____ Yes ____ No
If unknown, proof of immunization or positive titer is required.

On the basis of the examination on this day, I approve this student’s participation in Health Science Clinicals.
____ Yes ____ No ____ Limited If limited, comment is required.

Physician’s PRINTED Name, Address, and Phone Number

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Physician’s Signature: __________________ Date: __________________

For the purpose of determining eligibility for my educational experiences, I hereby give my permission for the Division of Health Sciences to contact the Physician who completed this health form for further information if needed. I understand that this form may be duplicated for a clinical agency upon request. NOTE: Additional medical examinations and a specific release from a physician may be required any time (for example, during pregnancy, infectious disease, interference with mobility, emotional instability, etc.) if it is deemed necessary for the faculty to evaluate your state of health.

Student’s Signature: __________________ Date: __________________

Annual Health Questionnaire (revised 8/02/2015)
H. COUNCILL TRENHOLM STATE COMMUNITY COLLEGE

EMS Program - Essential Functions
The Alabama College System endorses the Americans' with Disabilities Act. In accordance with H. Council Trenholm State Community College Policy, when requested accommodations may be provided for individuals with disabilities. The essential functions below are necessary for EMS program admission, progression and graduation and for the provision of safe and effective patient care. The essential functions include but are not limited to:

1) Sensory Perception
   a) Visual (or without corrective lenses)
      i) Observe and discern subtle changes in physical conditions and the environment
      ii) Visualize different color spectrums and color changes
      iii) Read fine print in varying levels of light
      iv) Read for prolonged periods of time
      v) Read cursive writing
      vi) Read at varying distances
      vii) Read data/information displayed on monitors/equipment
   b) Auditory
      i) Interpret monitoring devices
      ii) Distinguish lung and heart sounds heard through a stethoscope
      iii) Hear and discriminate high and low frequency sounds produced by the body and the environment
      iv) Effectively hear to communicate with others
   c) Tactile
      i) Discern tremors, vibrations, pulses, textures, temperature, shape, size, location and other physical characteristics
   d) Olfactory
      i) Detect body and odors in the environment

2) Communication/Interpersonal Relationships
   a) Verbally and in writing, engage in a two-way communication and interact effectively with others, from variety of social, emotional, cultural and intellectual backgrounds
   b) Work effectively in groups
   c) Work effectively independently
   d) Discern and interpret nonverbal communication
   e) Express one's ideas and feelings clearly
   f) Communicate with others accurately in a timely manner
   g) Obtain communications from a computer

3) Cognitive/Critical Thinking
   a) Effectively read, write and comprehend the English language
   b) Consistently and dependably engage in the process of critical thinking in order to formulate and implement safe and ethical patient decisions in a variety of health care settings
   c) Demonstrate satisfactory performance on written examinations including mathematical computations without a calculator
   d) Satisfactorily achieve the program objectives

4) Motor Function
   a) Handle small delicate equipment/objects without extraneous movement, contamination or destruction
   b) Move, position, turn, transfer, assist with lifting or lift and carry clients without injury to clients, self or others
   c) Maintain balance from any position
   d) Stand on both legs
   e) Coordinate hand/eye movements
   f) Push/pull heavy objects without injury to client, self or others
   g) Stand, bend, walk and/or sit for 6-12 hours in a clinical setting performing physical activities requiring energy without jeopardizing the safety of the client, self or others
   h) Walk without a cane, walker or crutches
   i) Function with hands free for patient care and transporting items
   j) Transport self and client without the use of electrical devices
   k) Flex, abduct and rotate all joints freely
   l) Respond rapidly to emergency situations
   m) Maneuver in small areas
   n) Perform daily care functions for the client
   o) Coordinate fine and gross motor hand movements to provide safe effective patient care Calibrate/use equipment
   p) Execute movement required to provide patient care in all health care settings
   q) Perform CPR and physical assessments
   r) Operate a computer

Professional Behavior
   a) Convey caring, respect, sensitivity, tact compassion, empathy, tolerance and a healthy attitude toward others
   b) Demonstrate a mentally healthy attitude that is age appropriate in relationship to the client
   c) Handle multiple tasks concurrently
   d) Perform safe, effective patient care for clients in a caring context
   e) Understand and follow the policies and procedures of the College and clinical agencies
   f) Understand the consequences of violating the student code of conduct
   g) Understand that a direct threat to others is unacceptable and subjects one to discipline
   h) Meet qualifications for licensure by examination as stipulated by the NREMT (National Registry Emergency Medical Technology)
   i) Not to pose a threat to self or others
   j) Functions effectively in situations of uncertainty and stress inherent in providing patient care
   k) Adapt to changing environments and situations
   l) Remain free of chemical dependency
   m) Report promptly to clinical and remain for 6-12 hours on the clinical unit
   n) Provide patient care in an appropriate time frame
   o) Accepts responsibility, accountability, and ownership of one's actions
   p) Seek supervision/consultation in a timely manner
   q) Examine and modify one's own behavior when it interferes with patient care or learning

STUDENT VERIFICATION

Read the declarations below and sign only one option. If you are unable to fully meet any criterion, you will need to direct your request to the Coordinator of Disability Services.

Yes ___ No ___ I have read the Essential Functions for this program and I certify that to the best of my knowledge I currently have the ability to fully perform these functions. I understand that further evaluation of my ability may be required and conducted by the EMT faculty if deemed necessary to evaluate my ability prior to admission to the program and for retention and progression through the program.

PHYSICIANS VERIFICATION

Is this person's mental and physical health sufficient to perform the classroom and clinical duties of an EMT student? Upon Admission to program must be signed by physician.

Yes ___ No ___ If no, please explain (use additional sheet if needed)

Print Name __________________ SS# __________

MD Signature __________________ Date __________

Printed Name __________________
AGREEMENT, NOTICE, AND LIABILITY RELEASE

I have read the policies set forth in the "Trenholm State Community College Emergency Medical Services Student Handbook." I understand and agree to abide by each of the policies.

I acknowledge that I have been advised that the College carries no accident or medical insurance on me while in training and will not be responsible for any costs associated with injury or illness I receive while performing clinical rotations or while traveling to and from clinical area. I have been advised by the College that I need to carry hospitalization/accident insurance on myself.

I understand that the nature of a proper EMS education is such that I may be exposed to potential health and/or safety hazards while participating in this training. With that knowledge and understanding, and on behalf of myself, my heirs, and administrators, I hereby release Trenholm State Community College, its employees, officials, agents, and representatives from any claim of liability for injury, loss, damage, or death that may result or arise from my experience as a student for the clinical agency.

Student's Name ________________________________________ (Please print clearly)

Social Security Number or Student Number __________________________

Student's signature /Date ______________________________

Witness Name__________________Signature________________________Date____________

I have been informed that, as a health care provider who is exposed to blood products at least one time per month, I am at risk of contracting Hepatitis B. It is required by Trenholm State Community College that I receive the hepatitis B vaccine. I have been personally offered the opportunity to review the applicable OSHA standards and regulations.

Student's Name____________________Signature____________________Date__________

Witness Name__________________Signature________________________Date____________

********************************************************************
HEPATITIS B VACCINATION DECLINATION LETTER

I understand that due to occupational exposure to blood or other potentially infectious material as a part of clinical experiences in the Emergency Medical Services program, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I realize why it is highly recommended that I be vaccinated with Hepatitis B vaccine. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease.

_______________________________________
Signature

_______________________________________
PLEASE PRINT NAME

_______________________________________
Date