

HEALTH CAREERS INSTITUTE
EMERGENCY MEDICAL SERVICES
PROGRAM
STUDENT HANDBOOK

EMT-B'S
AND
PARAMEDICS

EMT AND PARAMEDIC STUDENTS
STUDENT LINE (561) 586-7616

Health Career Institute
Emergency Medical Services Programs
STUDENT HANDBOOK

TABLE OF CONTENTS

Philosophy.....	3
Insurance	3
Ethical and Legal Behavior	3
Attendance Policy.....	4
Extenuating Circumstances.....	4
Absentee or Late Form-----	5
General Clinical Guidelines.....	6
Accidents and Incidents.....	6
Incident Reports -----	7
Patients Rights-----	7
Universal Precautions-----	8
Policy for Test Taking.....	9
Release of Grade Information.....	9
Clinical Practicum Dress Code-----	10
Grievance Procedure	10
Inappropriate Behavior/Unsafe Practice.....	10
Student Signature Page of understanding the handbook-----	11

HEALTH CAREER INSTITUTE

EMS PROGRAMS

PHILOSOPHY

The philosophy of the Department of Allied Health, EMS Programs parallels the philosophy of Health Career Institute.

The college is committed to provide the highest quality program of education and training, deriving its values and its power only from the individuals that constitute its body; therefore, each individual is of intrinsic worth and is an equally important participant.

INSURANCE

Liability:

The college enrolls in a student blanket professional liability policy with a major insurance carrier. This policy provides \$1,000,000 limits of liability for each medical incident and \$3,000,000 aggregate. The cost to the student is less than enrolling in an individual professional liability policy with comparable coverage. Premiums are due annually, and are included in tuition.

The student blanket professional liability policy covers students while they are participating in clinical activities which are a part of, and a requirement of, the student's curriculum and will pay a patient's claim if they are injured by a student participating in an EMS Programs clinical experience.

Health:

Students are financially responsible for any medical or emergency treatment in the event of injury or exposure to a communicable disease during EMS clinical. Health insurance must be maintained for the time you are in the program.

ETHICAL AND LEGAL BEHAVIOR

As students in clinical facilities, the students are considered as "loaned employees" and fall under the same jurisdiction as employees of the hospital. Clinical sites are drug-free workplaces, and some require proof of drug screening. Students may be called upon to submit to a drug test anytime there is reasonable cause. Refusal to submit to drug or alcohol test will result in withdrawal from the program.

Only those students who perform in an ethical and legal manner will be recommended to test for state and national certification. The faculty further believes that honest behavior in classroom, skills laboratory and the clinical setting transfers to the graduate in the world of employment. Any student involved in unethical or illegal behavior will be subject to program termination.

The College will impose disciplinary sanctions on students for violation of the above policy. The sanctions may lead to referral for prosecution and/or expulsion for a student. For the detailed policy and procedures see HCI Student Handbook.

ATTENDANCE POLICY

Classroom:

Students will be allowed absences up to but not to exceed 6% of the class or clinical clock hours. Two tardies equal and will be counted as one absence. Absences exceeding this percentage will result in administrative withdrawal. Student may appeal withdrawal within five calendar days to the Director of EMS Tina Palermo.

Skills Lab:

Students are expected to attend all scheduled skills lab experiences. If a skills lab is missed, the student must make up the required hours. Students are allowed one missed scheduled lab per semester. The second missed scheduled skills lab during a regular semester will result in loss of one letter grade.

ER and Field Clinical:

Students are expected to attend all scheduled days of clinical practicum. In the event of a clinical absence due to extenuating circumstances, it is the student's required responsibility to notify the clinical preceptor by calling the clinical instructor at least one hour before the scheduled clinical. The student will record the name of preceptor/supervisor, time of the call, and phone number called on a No Show Report. The student must submit the form within 5 calendar days. Failure to submit the completed no-show report will result in a loss of rescheduling fee each undocumented incident.

All clinical rotations must be completed in full. Students arriving more than 30 minutes late must reschedule clinical experience. If you leave early for any reason, the entire clinical must be repeated. Students are allowed no more than one missed clinical per regular semester. The second missed scheduled clinical during a regular semester will result in administrative withdrawal if the student can not be rescheduled. The student will lose their refundable rescheduling fee for the semester.

Extenuating Circumstances:

Extenuating problems such as emergency surgery, severe illness, or family emergency may be petitioned as a hardship case.

These will be dealt with on an individual basis with the instructor. The student will be required to submit a statement of the problem. A written response will be sent back to the instructor from the director and placed in the student's file.

Drop Procedure:

Withdrawing from a course is a formal procedure which the student must initiate and he/she may do this in Admissions or Counseling. If the student stops attending and does not withdraw, the student will receive a grade of "F." Students are encouraged to discuss plans to withdraw with the instructor. Students often drop when assistance may be available that would enable them to continue.

Clinical Forms:

It is the student's responsibility to have the correct paperwork when going to a clinical site. Paperwork filled out on the wrong form will not be accepted. Clinical forms cannot be signed later or after the fact. EMT-B students will turn in forms at end of program. Completed paramedic clinical forms must be turned in once per month.

HEALTH CAREER INSTITUTE

STUDENT LINE PHONE # (561) 586-7616 YOU MUST CALL IF YOU ARE LATE OR CAN NOT SHOW UP. YOU MUST HAVE AN EXCUSED ABSENCE.

EMS PROGRAMS CLINICAL NO-SHOW REPORT

On _____, I was scheduled to appear at my clinical at: _____

Date Clinical Site

I failed to report for the following reason(s):

Date of call: _____ / _____ / _____

Time of call: _____

Telephone Number Called: (_____) _____ - _____

Name of Supervisor or Preceptor spoken to:

Student signature Date _____ Instructor signature Date _____

This form must be turned in to the EMS Programs Director with 5 calendar days of the above incident.

HEALTH CAREER INSTITUTE

GENERAL GUIDELINES FOR CLINICAL EXPERIENCE

1. All students will arrive on time and will report to the ER nurse/proctor or rescue service paramedic/proctor in charge. The student will remain in the assigned area at all times, unless directed otherwise by the supervisor or preceptor. Clinical experience is an integral part of training. Students will be expected to take part in assisting personnel as necessary and requested.
2. Attire for students will be Health Career Institutes EMS Programs uniform. Student name tag, will be worn and visible at all times. A school Polo shirt identifying the student as such will be worn with blue or black EMT or docker pants. Shirt must be tucked in with a black belt and enclosed black shoes. No other patches will be worn on uniform except the HCI logo.
3. Students will read and be responsible for rules, medical protocols and operating procedures pertaining to the area to which they are assigned. All students will be expected to have attended orientation to specialty units prior to clinical experience.
4. A professional and courteous manner will be maintained at all times. All patients are to be treated with understanding and respect. Do not get involved in controversies over policy or departmental operations. Refer any questions or complaints to the person in charge.
5. Emergency Department personnel have specific duties which do not involve your instruction. Please respect their time commitments. However, the staff will be more than happy to respond to your questions as time permits.
6. Observing is an important tool to learning. Use discretion while in the Emergency Department setting. Students will obtain permission from the attending physicians or proctor in charge prior to assisting in patient care.
7. When initiating communication with the patients, students will identify themselves as an E.M.T. or Paramedic student this is important.
8. In the event of procedural errors students will report the incident immediately to the proctor in charge and the program director.
9. Confidentiality will be adhered to at all times. Do not discuss patient care in any open area of the Emergency Department or hospital. This can lead to misinterpretation and poor public relations for the hospital and the program. Failure to maintain full confidentiality will result in withdrawal from the Program.
10. In clinical areas students will demonstrate safe practice in skills consistent with their program of instruction and listed in their skills list. Only Paramedic students will be allowed to administer medications under the direct supervision of the proctor or other appointed personnel.
11. Upon completion of daily clinical experiences and prior to leaving, students will report off to the proctor in charge. The students are not allowed to just leave for any reason without checkinh out with the preceptor or instructor.

ACCIDENTS AND/OR INJURY IN THE CLINICAL SETTING

ALLIED HEALTH DIVISION GUIDELINES

1. A student who is injured in the clinical setting should immediately notify his/her clinical preceptor and instructor.
2. A written summary of the occurrence and care rendered will be submitted by the student to the instructor, and the Director of Health Career Institute.
3. All clinical facilities by contractual agreement must provide access to acute emergency care in the event of accident or injury to a student.
4. A student is responsible for all expenses charged by the clinical facility in rendering medical care.
5. The College and the clinical facility are not responsible for any claims for expenses that result from an action of a student in the clinical setting.
6. Students in Allied Health Programs are required to show proof of medical (hospitalization) insurance.

Incident Reports:

Incident reports (Risk Management Forms) are utilized in the clinical setting when an error or accident has occurred (i.e. injury involving student, patient, staff, visitor, etc.)

In the event that an accident or error occurs, the student will first notify the Preceptor and the EMS Director.

A Hospital Incident

Report (Risk management Form) and a College Incident Report are to be completed. The physician will then be notified according to hospital protocol.

The student is responsible for following the hospital's policy and procedures for reporting the incident.

HEALTH CAREER INSTITUTE**EMS Programs****Confidentiality: Patient's Right to and Release of Information****POLICY:**

Patient information shall not be released to any person or entity not directly involved in patient care.

PURPOSE:

1. To ensure the patient that any information about his/her condition, care, and treatment is kept absolutely confidential.
2. To familiarize EMS personnel what information that may share with other family members.

SPECIAL INSTRUCTIONS:

1. Patient information is not discussed with anyone not directly involved in the delivery of care. Information is never discussed outside a normal work area, nor in any public area.
2. Information is not relayed to anyone including friends, family members, or significant others without first consulting preceptor.
3. EMS /ED personnel in charge of the patient's care may:
 - A. Relate what the family could observe if they were present: sat up, resting well, etc.
 - B. Give condition status, i.e., condition remains good. For an adverse change in condition, the family is advised to call the physician for his/her opinion.
4. Birth and deaths become a matter of public record and may be reported. Tact and sensitivity **must** be used in reporting death events to family members and significant others.
5. Requests for additional information are referred to the patient and/or physician.
6. Inquiries made by news media representatives and persons other than the patient's family are referred to a hospital or rescue service information officer or his/her designee.

UNIVERSAL PRECAUTIONS - AIDS POLICY

HCI Programs involve clinical experiences in which students may be assigned to administer care to individuals who are HIV (Human Immunodeficiency Virus) seropositive, or who have ARC (Aids Related Complex) or AIDS. Students will, in every case, be expected to treat all patients with concern and dignity inherent in professional standard of care. At the same time, students will be expected to follow all recommended guidelines for prevention of HIV transmission.

These EMS programs involve clinical and laboratory experiences which could be a potential health hazard to students who have compromised immune systems. Students who have AIDS, ARC, or who are positive for HIV should be aware of the potential health hazards to which they are exposed.

Health Career Institutes students and faculty will follow the recommended guidelines for "Prevention of HIV Transmission in Health Care Settings" published by the CENTERS FOR DISEASE CONTROL, Atlanta, Georgia, as well as the policies of the various institutions in which we have clinical experience. Policies will be updated as new information related to prevention and treatment of HIV becomes available. To standardize the delivery of health care to all patients and to minimize the risk of transmission of HIV, Allied Health students will:

1. Be taught basic skills in isolation techniques according to CDC specifications, and handling of body fluids in the skills laboratory before actual clinical practice of these skills on a patient.
2. Be provided classroom instruction related to HIV treatment, modes of transmission and prevention.
3. Receive hospital policies for blood and body fluid prevention.
4. Utilize the following blood and body fluid precautions consistently on all patients:
 - a. Gloves should be worn when touching blood and body fluids, mucous membranes or non-intact skin of all patients, or when touching items or surfaces soiled with blood or body fluids (including performing venipuncture and other vascular access procedures).
 - b. Hands should be washed immediately before gloving and again after removing gloves. Hands should also be washed immediately and thoroughly when contaminated with blood or body fluids.
 - c. Gloves should be changed between each patient.
 - d. Gowns or plastic aprons, masks, and protective eyewear should be worn for any procedures likely to result in or prone to splashing of blood or body fluids.
 - e. Used needle should not be recapped, purposely bent or broken by hand, removed from disposable syringes, or manipulated by hand. Disposable needles, syringes, scalpel blades and other sharp items should be placed in puncture resistant containers for disposal.
 - f. Soiled linen should be handled as little as possible with minimum agitation. All soiled linen should be bagged and tied closed at the location where it was used.
 - g. Gloves are to be worn for post-delivery care of the umbilical cord and until all blood and amniotic fluid have been cleaned from the infant's skin.
 - h. When universal blood and body fluids precautions are implemented on all patients, isolation/labeling of the patient's room, chart, or specimens is not to be done. Upon death, state law requires that a tag be affixed to the body of anyone known to have blood born pathogen.
 - i. Specimens of blood and body fluids should be placed in a leak-proof container. When collecting the specimen, care should be taken to prevent contamination of the outside of the container. All containers (except blood tubes) should be placed in a zip-lock bag.
 - j. Mouthpieces and resuscitation bags should be used in place of mouth-to-mouth resuscitation.
5. A hospital and college incident report is to be completed if the student is exposed to blood or body fluids through needle stick or cut, mucous membrane (splash to the eyes or mouth), or cutaneous (through skin which is chapped, abraded or has dermatitis) means. Follow-up screening will be recommended according to hospital/school guidelines. The cost of follow-up will be paid by the student.

6. Follow Center for Disease Control's Universal Precautions on all patients, and follow precautions for invasive procedures.

TESTING POLICY

1. Seating arrangement, leaving the room and stopping examination for violations of the test taking policy is at the option of the instructor(s).
2. Information found on or in the vicinity of the student during a period of testing will be grounds for termination of the testing procedure. A grade of zero will be recorded and averaged into the final grade.
3. If there is evidence of verbal or non-verbal communication between students during the examination, the examinations will be taken up by the instructor from the participating parties. A grade of zero will be recorded and averaged into the final grade.
4. All students are to remain seated during a testing situation, but should raise his/her hand if there is a need to communicate with the instructor.
5. Violation of the testing policy is grounds for dismissal from the course with an "F" grade because of unprofessional behavior. A statement to this effect will be placed in the student's personal file.
6. All examinations, tests, and pop quizzes, both written and verbal, must be taken on the date announced. Failure to take a test on the announced date will cost the student 5 points off for each calendar day the students does not take the test. Weekends will count 10 points.
7. In certain extraordinary circumstances, arrangements may be made with the instructor to take an examination in advance without incurring any penalty.
8. The lowest acceptable grade on any written exam is: 80% for Paramedic students
70% for EMT-B students
9. Two test scores below these levels during any course will constitute an automatic "F" grade in that specific course and the student will have failed the course and will be academically withdrawn.
9. The final exam must be taken and passed with a grade of 80% for Paramedic students and 70% for EMT-B students.

Scale for determining a letter grade is as follows:

A = 93 - 100

B = 85 - 92

C = 70 - 84

F = Below 75

In order to remain in any EMS certificate program, the student must maintain a grade of "C" (70% or above) in all courses.

Grades will be reviewed at midterm and at the end of the semester. The student is responsible to complete all clinical hours by the end of each semester. The student must follow the Readmission Policy of the Allied Health Department in order to be readmitted to the program. Upon readmission the student will be required to repeat the course, and all co-requisites courses during the term in which the unsatisfactory grade was earned. The student must successfully complete all courses with a grade of "C" or better in order to progress.

Student Responsibility:

While both classroom and clinical experiences are often structured by faculty, the student is expected to assume an active role in managing his/her own learning experiences. The student is responsible for all material discussed, contained in reading assignments, and all announcements made in classes from which he/she is absent.

POLICY FOR GRADE INFORMATION

Policy for Grade Information - In compliance with the Buckley Amendment.

1. No grades will be posted.

2. No grades will be given over the telephone to a student or any other person.
3. Students may obtain unit examination grades at designated times as set by the course instructor(s).
4. Any student wishing to have a grade prior to receiving the official grade report should submit a stamped self-addressed envelope to the instructor immediately after the final examination.

Disputes Concerning Grades:

Students who have questions or disagreement concerning their grades or evaluations must discuss this with their instructor within five calendar days. Grades are final after that time.

Clinical Practicum Dress Code:

To ensure that the students dress in a professional manner with consideration of the patients, their families, and the physicians, the students shall wear appropriate professional attire when entering the clinical facilities, during work, and when leaving the facilities. They shall wear a name tag, visible at all times. Attire for students will be a clean EMS Programs staff shirt with navy blue or black battle dress utility (BDU) pants and black shoes or boots polished to a high luster.

The student staff shirts may be worn only while participating at an authorized EMS department clinical activity. Any other use of these shirts is strictly prohibited and will be considered fraud, and is grounds for dismissal from any EMS program.

GRIEVANCE PROCEDURE

The grievance procedure allows the student to verbalize a complaint, perceived injustice, or unresolved conflict with another individual. The goal is to assist the student in resolving that grievance. Students are encouraged to attempt to resolve the issue as soon as possible after the occurrence. If a problem arises, students will follow the chain of command.

The chain of command for EMS programs is:

1. The lead instructor in the class.
2. The EMS Director Tina Palermo
3. The EMS Medical Director John Halpern MD

INAPPROPRIATE BEHAVIOR AND UNSAFE PRACTICE

If the student performs unsafe care or exhibits inappropriate behavior during the course of the semester, the clinical preceptor and the EMS Director will identify and discuss this problem with the student as soon as possible after the occurrence. A written contract will be written to document the occurrence. Steps to resolve the problem will be discussed, and the student is expected to improve. The written contract will identify specific areas for improvement, a plan to achieve expected outcomes, a specified time period to correct the deficiency, and a designated time period for evaluation.

Repeated incompetent actions and/or disruptive behavior in the clinical settings will be grounds for removal from the clinical prior to the completion of the clinical rotation. The clinical preceptor has the right to refuse the return of the student to that specific clinical facility. If the identified problems are not resolved the student will receive a failing clinical grade and cannot continue on in the program.

**HEALTH CAREER INSTITUTE
EMS PROGRAMS**

TO WHOM IT MAY CONCERN:

I have printed a copy of the HEALTH CAREER INSTITUTE EMS Student Handbook and deem myself responsible for all content.

Printed Name: _____

Student's Signature: _____

Date: _____