

EMT STUDENT REQUIREMENTS

Please use this list as a guide for completing and submitting all required documents.

- Student Health Record
 - Documentation of rubella titer vaccination and date
 - Documentation of measles titer vaccination and date
 - Documentation of tuberculin skin test date and result or chest X-ray
 - Chicken pox vaccine
 - Hepatitis vaccine documentation
 - Hepatitis vaccine waiver signature and notarization (if not taking vaccination)
 - Tetanus diphtheria date and documentation - must be within 10 years
 - Vision test results - must have corrected to 20/20 in one eye
 - Doctor's signature on health record
 - Student's signature on health record
 - ASSET scores
 - Copy of driver's license
- Signed forms from handbook:
- Agreement
 - Licensure statement
 - Disclaimer form
 - Essential functions for the EMT
- Copy of health insurance card/waiver signed
 - Copy of CPR certification (professional rescuer or health care provider)
 - Copy of liability insurance receipt (purchase at NW-SCC Bookstore)
 - Copy of applicable license(s)

HEALTH REQUIREMENTS POLICY

Students enrolled in the Basic and Paramedic Emergency Medical Technician program are required to have a physical examination at the student's expense. The physical examination protects the student by identifying any potential or real health problems that may be exacerbated by the demands of the clinical portion of the program. Health professions are strenuous, both physically and psychologically. The student's capability to handle these demands must be established. It is also imperative that students do not expose clients or agency personnel to a communicable disease or risk their safety due to the inability to handle the physical or psychological stress of client care.

The following are required for all students:

1. Physical Examination:

A physical examination must be completed by a licensed physician that satisfactorily addresses the areas delineated on the Program's health examination form. The examination must be completed and the form turned in by the date set and **PRIOR** to the first clinical affiliation. Students **CANNOT** attend clinical until **ALL** health data and accompanying documentation have been submitted and approved. Additional examination(s) may be required for changes in the student's health and upon readmission to the program. A physical is only valid for one-year.

DOCUMENTATION: The health care provider must document the results of the physical examination; answer the question; sign his/her name; provide his/her printed name, address, and phone number; and the date of the examination.

2. Tests and Immunizations:

A. Rubella

Proof of immunity (positive rubella titre) or verification of vaccination must be demonstrated. Prenatal records can be used. Students born **BEFORE** January 1, 1957, do not need this vaccination. **FEMALE STUDENTS SHOULD CONSIDER RISKS & PREGNANCY STATUS PRIOR TO TAKING THIS IMMUNIZATION.**

B. Rubeola (measles):

Proof of immunity (positive Rubeola titre) or verification of vaccination must be demonstrated. Students born before January 1, 1957, do not need this vaccination.

DOCUMENTATION FOR A&B: For titres, a copy of the laboratory report is required. For vaccinations, the date and signature of the person or agency administering the vaccination. The health department stamp is acceptable in lieu of a signature.

C. Tuberculosis Testing:

A PPD (intradermal injection—not prongs) test is required within three months of the first day of class for **ALL** students. For students who receive annual tests, only **ONE** step is required. For students who **DO NOT** receive annual testing, the two-step method is required. This consists of one test followed by a second test 7-21 days later. **ANNUAL TESTING with the one-step method is required.**

POSITIVE TB TEST RESULTS: If the PPD test result is positive or if the student has had a previous positive PPD, a chest x-ray is required. A copy of the x-ray report must be submitted. If the test is positive for the first time, your physician may order medication and you may be referred to the health department for treatment.

DOCUMENTATION: The date and result of the test(s) must be recorded on the examination form. The person and/or agency administering the test must sign by the test result. A health department stamp is acceptable.

STUDENTS CANNOT ATTEND CLINICAL WITH AN EXPIRED PPD TEST. It is advisable to get the retest early so that the documentation and result can be approved.

D. Hepatitis Antigen (HAA):

THIS TEST IS NOT REQUIRED IF THE HEPATITIS VACCINATION SERIES HAS BEEN BEGUN OR COMPLETED. The HAA test determines if you have the antigen to Hepatitis B in your bloodstream. Presence of the antigen indicates infection with Hepatitis B or carrier status.

DOCUMENTATION: The laboratory report is required and must be within six months of admission.

E. Hepatitis Vaccination:

EMT students are considered to be at risk for contracting blood-borne pathogens; therefore, hepatitis vaccination is required to protect the student. The hepatitis vaccination consists of a series of three vaccinations: an initial injection followed by a second injection one month later and a third injection six months after the first one. An antibody titre is recommended to determine if immunity has developed.

Waiver: If a student cannot take the vaccination or if there is an acceptable reason for not obtaining the vaccination, the student can sign the waiver on the health form. The signature must be notarized.

DOCUMENTATION: If the series has been completed, proof of vaccination must be submitted from the agency that provided the vaccinations. Students receiving their initial injection must provide the date and signature of the person administering the injection on the health form. The same information should be submitted for subsequent injections. Documentation of the second and third injections can be submitted together.

F. Tetanus/Diphtheria Vaccination:

This is a standard immunization for adults and should be repeated every 10 years.

DOCUMENTATION: Indicate the date, agency, and signature of person administering the vaccination.

G. Chicken Pox

DOCUMENTATION: Verification of illness, vaccination, or waiver.

Waiver: If a student cannot take the vaccination, the student can sign a waiver. The signature must be notarized.

Injury, Exposure Incidents, or Accidents During Clinical

If you or a patient is injured, have an exposure incident, or accident during clinical experiences (needle stick, back injury, etc.), you must:

1. Notify your clinical instructor immediately, and notify the EMS program within 24 hours of the injury, exposure incident, or accident.
2. Report the injury to the head nurse or unit manager.
3. Complete the incident report provided and any reports required by the clinical unit.

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 medical care.**

EMS 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 Coord. _____

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 ____ Shoe covers

Action taken (treatment, hazard cleared, etc.): _____

Description of incident by the unit preceptor: _____

Clinical Coordinator's recommendations for avoiding repetition: _____

Clinical Coordinator's comments/actions: _____

Student's signature _____	Date _____
Preceptor's signature _____	Date _____
Clinical Coordinator's signature _____	Date _____
Program Director's signature _____	Date _____

NORTHWEST-SHOALS COMMUNITY COLLEGE
Division of Health Studies
EMT Program

STUDENT HEALTH RECORD

NAME: _____ PHONE: _____
 (Last) (First) (Middle)

ADDRESS: _____ YEAR OF BIRTH: _____

MEDICAL HISTORY: Student to complete. Indicate whether or not you have or have had any of these conditions. Please explain any "yes" answers.

YES	NO	YES	NO		
___	___	Heart disease, Rh Fever	___	___	Seizures
___	___	Hypertension	___	___	Frequent headaches
___	___	Asthma/Emphysema	___	___	Diabetes or Hypoglycemia
___	___	Tuberculosis	___	___	Eye disorders (glaucoma, etc.)
___	___	Hepatitis A B C (If yes, indicate type)	___	___	Gynecologic or urologic disorders
___	___	Measles	___	___	Peptic ulcers or chronic gastrointestinal disease
___	___	Rubella (German Measles)	___	___	Emotional or nervous disorder
___	___	Cancer	___	___	Frequent back pain or back surgery
___	___	Physically disabling conditions (Neurological, orthopedic, visual, musculoskeletal, etc.)	___	___	Acute diseases, injuries, or surgeries
___	___	Other _____	___	___	Chicken Pox

COMMENTS

List drug, food, or other allergic conditions: _____

Does the student have any chronic illness or medical condition that requires continuing treatment and/or alteration of his/her manner of living?

Current medications: _____

History of alcohol and/or drug abuse _____

PHYSICAL EXAMINATION

B/P _____ Pulse _____ Resp. _____

Height _____ Weight _____

	Normal	Abnormal	Findings
Skin			
Eyes Visual Capacity OD			
Visual Capacity OS			
Color Perception			
Ears/Nose/Throat			
Heart/Vessels			
Abdomen/Gastrointestinal			
Urinary/Renal			
Genital/Gynecological			
Musculoskeletal			
Neurologic			
Other			

Is there or have there been any physical, mental or emotional problems likely to interfere with the student's performance, adjustment, or activities in the EMS program?

YES _____ NO _____

If yes, please make recommendations that would facilitate the student's progression through the program.

I certify that the student is in good health, free of communicable disease, and physically/psychologically able to participate in program activities.

Examiner's name and address: (please print, type or stamp)

Signature of MD, DO

Date

RISK STATEMENT: STUDENTS PLEASE READ AND SIGN. Students should be aware that during clinical or laboratory experiences there may be a risk of exposure to various communicable/transferable diseases or illnesses. The College will provide instruction regarding safe health care practices when caring for patients with communicable/ transferable conditions. However, the student's personal protection against these conditions, that is, following safe health care practices for self and patients and becoming immunized when available, is the student's responsibility. Students must consult their own private physicians or the Department of Public Health for assistance or advice regarding immunizations or protection for conditions other than the tests and immunizations required for the EMS Program.

Student Signature

Date

HEPATITIS VACCINATION DOCUMENTATION: It is the recommendation of the Occupational Safety and Health Administration, Centers of Disease Control, and Northwest-Shoals Community College that health care providers who are exposed to blood products at least one time per month are at risk of contracting Hepatitis B and should receive the vaccine. You must provide proof of immunity or the completed immunization process prior to any clinical experience in the health program.

Provide proof of immunity _____ by _____ **OR**
(Titre) Agency

Vaccinations: Provide date/signature of person administering injection

#1 _____ // _____ #2 _____ // _____

#3 _____ // _____

WAIVER (To be completed only if Hepatitis Vaccination is refused.)

I, _____, have been informed and understand the importance of receiving the hepatitis B vaccine. I am unable to show proof of immunity and refuse to be vaccinated. I release Northwest-Shoals Community College, its agents, and any and all affiliate clinical facilities and their agents from any liability related to this vaccination refusal.

Student Signature

Sworn and subscribed before me this the _____ day of _____, 19____.

Notary Public

*Students must possess current certification in cardiopulmonary resuscitation at the health care provider level (BCLS). Students must bring current CPR card to EMS office.

AGREEMENT

I have read the policies set forth by Northwest-Shoals Community College Emergency Medical Services. 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 clinicals. The College has advised me 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 Northwest-Shoals 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 signature

Date

Witness' 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 Northwest-Shoals Community College that I receive the Hepatitis B vaccine.

Student's signature

Date

NORTHWEST-SHOALS COMMUNITY COLLEGE
DIVISION OF HEALTH STUDIES
EMERGENCY MEDICAL SERVICES PROGRAM

DISCLAIMER FORM

I, _____, understand and agree that I am not considered an employee of any clinical Agency that I attend for any purpose whatsoever; that I will receive no payment or compensation from any Agency and have no expectation of payment or compensation; that my work, activities, services, studies or duties at any Agency while enrolled in Emergency Medical Services programs of Northwest-Shoals Community College are for the purpose of providing clinical education and experience and are not performed in furtherance of the business of any Agency; that I have been advised that I will not be an employee of any Agency and am not entitled to any benefits under State Law, including Workman's Compensation; that I am subject to the agreement between Northwest-Shoals Community College and any Agency.

Signature

Date

NORTHWEST-SHOALS COMMUNITY COLLEGE
DIVISION OF HEALTH STUDIES
EMERGENCY MEDICAL SERVICES PROGRAMS

LICENSURE STATEMENT

Completion of an EMS program and licensure are separate considerations. Graduation from an EMS program entitles the graduate to apply to sit for the licensure examination.

The following questions appear on the State of Alabama application for licensure as a Basic or Paramedic Emergency Medical Technician:

1. Have you ever been convicted of any criminal act, including any DUI convictions? (Do not include minor traffic violations.) ___ Yes ___ No

2. Are you now, or have you ever been addicted to the use of intoxicating liquors or controlled substances? ___ Yes ___ No

3. Is your eyesight impaired in any manner?
If yes, is it corrected? ___ Yes ___ No
___ Yes ___ No

4. Do you have any physical limitations or abnormalities? ___ Yes ___ No

A "YES" answer to any of these questions requires the applicant to provide appropriate documentation with the application. It is the prerogative of the state EMS office to determine the graduate's eligibility to take the examination. If you answered "YES" to any of these questions, you may wish to have a confidential conversation with your instructor.

Name

Date

NORTHWEST-SHOALS COMMUNITY COLLEGE

HEALTH STUDIES DIVISION

STUDENT HEALTH RECORD

CHICKEN POX WAIVER

I, _____, have been informed and understand the importance of receiving the chicken pox vaccine. I am unable to show proof of immunity and refuse to be vaccinated. I release Northwest-Shoals Community College, its agents, and any and all affiliate clinical facilities and their agents from any liability related to this vaccination refusal.

Student's Signature

Date

Witness' Signature

Date

**NORTHWEST-SHOALS COMMUNITY COLLEGE
DIVISION OF HEALTH STUDIES
EMERGENCY MEDICAL SERVICES PROGRAM**

**ESSENTIAL FUNCTIONS
FOR THE EMERGENCY MEDICAL TECHNICIAN**

These are the essential functions required for students entering and participating in the Emergency Medical Services Program (EMT), Basic and Paramedic.

As a student and EMT graduate, you must:

PHYSICAL DEMANDS

1. Have the physical agility to walk, climb, crawl, bend, push, pull, or lift and balance over less than ideal terrain.
2. Have good physical stamina, endurance, which would not be adversely affected by having to lift, carry, and balance at times, in excess of 125 pounds (250 pounds with assistance).
3. See different color spectrums.
4. Have good eye-hand coordination and manual dexterity to manipulate equipment, instrumentation, and medications.

PROBLEM-SOLVING ABILITIES - DATA COLLECTION, JUDGMENT, REASONING

1. Be able to send and receive verbal messages as well as operate appropriately the communication equipment of current technology.
2. Be able to collect facts and to organize data accurately, to communicate clearly both orally and in writing in the English language (at the ninth grade reading level or higher).
3. Be able to differentiate between normal and abnormal findings in human physical conditions by using visual, auditory, olfactory, and tactile observations.
4. Be able to make good judgment decisions and exhibit problem-solving skills under stressful situations.
5. Be attentive to detail and be aware of standards and rules that govern practice.

6. Implement therapies based upon mathematical calculations (at the ninth grade level or higher).

WORKER CHARACTERISTICS

1. Possess emotional stability to be able to perform duties in life-or-death situations and in potentially dangerous social situations, including responding to calls in districts known to have high crime rates.
2. Be able to handle stress and work well as part of a team.
3. Be oriented to reality and not be mentally impaired by mind-altering substances.
4. Not be addicted to drugs or alcohol.
5. Be able to work shifts of 24 hours in length.
6. Be able to tolerate being exposed to extremes in the environment, including variable aspects of weather, hazardous fumes, and noise.
7. Possess eyesight in a minimum of one eye correctable to 20/20 vision and be able to determine directions according to a map. Students who desire to drive an ambulance must possess approximately 180 degrees peripheral vision capacity, must possess a valid Alabama driver's license (if a resident of Alabama), or possess a valid driver's license (if a resident of another state and employed in Alabama); and must be able to safely and competently operate a motor vehicle in accordance with State law.

**ALABAMA INFECTED HEALTH CARE WORKERS MANAGEMENT
ACT
CHAPTER 420-4-3**

PURPOSE

The purpose of this act is to prevent transmission of the AIDS and Hepatitis B Viruses to patients from infected health care workers (IHCW), during invasive procedures.

DEFINITIONS

“Hepatitis B Virus Infection” (HBV) means the presence of the hepatitis B virus as determined by the presence of hepatitis B e antigen for six months or longer or by other means as determined by the State Board of Health.

“HIV Infection” (HIV) means the presence of antibodies to the Human Immunodeficiency Virus as determined by enzyme immunoassay and Western Blot, the presence of the Human Immunodeficiency Virus as determined by viral culture, or other means determined by the State Board of Health.

“Invasive Procedures” include digital palpation of a needle tip in a body cavity or the simultaneous presence of the HCW’s fingers and needle or other sharp instrument or object in a poorly visualized or highly confined anatomic site.

REPORTING

Any IHCW who performs invasive procedures as defined in the policy shall notify the state health department within 30 days of becoming aware of infective status. In addition, “any person having knowledge of an IHCW, the administrator of any health care facility having knowledge of any IHCW, any person serving as guardian of or the conservator, administrator or executor of the estate or agent or representative of an IHCW or any person serving as the custodian of records of the patients of any IHCW or facility employing such worker shall provide in the manner requested by the State Health Officer (SHO) to the Department all requested documents and information and shall cooperate fully with the Department in any investigation.”

IMPLEMENTATION

The regulation requires that any person (including faculty and program director) having knowledge of a nursing or allied health student who is infected with HIV or HBV be reported to the Alabama Department of Public Health according to a strict, confidential procedure. Upon notification, the Health Department will request information and make a determination as to whether the student performs invasive procedures and what if any restrictions may be applied to his/her practice.

If you have any questions, please see the program director.

CLINICAL

Purpose

To provide each student an opportunity to gain clinical experience following the DOT National Standard Training Curriculum (NSTC). During clinical, 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:

1. Purchase uniforms which comply with the program's dress code.
2. Have current professional malpractice insurance throughout the EMS program, including semesters without a clinical component. Malpractice insurance at the \$1,000,000/\$3,000,000 limit is required. Payment for malpractice insurance must be purchased in the Business Office located in the Administration Building. Receipt of payment must be presented to the secretary of EMS.
3. Annually submit a completed health questionnaire 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.
4. Have proof of the first of three vaccinations for Hepatitis B or sign a waiver. The second vaccination is due two months following the first vaccination. The third vaccination must be taken six months after the first vaccination. In lieu of Hepatitis B vaccinations, the student may sign a waiver.
5. Submit verification of current CPR certification at the BLS-C level through the American Heart Association. CPR certification is offered through EMS 100. Certification must be maintained throughout the EMS program.
6. EMT-Paramedic students must possess a current license as an EMT-Basic or EMT-Intermediate

Schedule

1. Assignment of clinical schedules - Clinical schedules will be assigned by the EMS 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. General guidelines
 - Clinical units will be on the unit assigned by the clinical instructor. Students may observe in other sites only with the approval of the Preceptor, Clinical Instructor, or Program Director.
 - Clinicals may not be performed while the student is on his or her regular job.
 - Students must adhere to the EMS program uniform policy.
 - Cellular telephones and pagers are not allowed at clinical sites.

Clinical Attendance

Contacts

Clinical Coordinator: Kevin Montgomery 331-5336
Program Director: Mark A. Simpson 331-5435

Arrival

Arrive at least 15 minutes prior to the scheduled shift in order to begin work at the assigned time. Introduce yourself to the staff and ask the preceptor to sign you in.

Tardiness

1. A student is considered tardy after the beginning of clinical.
2. If the student will be able to arrive at the clinical site within one (1) hour of the scheduled time, the student may attend the clinical if he/she:
 - Calls the clinical site to inform them he or she will be late, and
 - Calls the EMS Clinical Coordinator and leaves a message that he or she will be late.
3. If arrival will not be within one (1) hour of the scheduled time, it will be considered a clinical absence. The EMS Clinical Coordinator and unit Preceptor must be notified as soon as possible.

Absences

All absences from clinicals will be made up at the discretion of the Clinical Coordinator and Program Director. A student should not expect to be allowed to make up any missed clinical. Students enrolled in programs of study in the Health Sciences Division whose absences exceed those established to meet clinical competencies will receive the grade of "F" for that course unless withdrawal is on or before the withdrawal date published in the **College Catalog**. This grade will be used in the calculation of the student's grade point average.

If a student will be absent from clinical, contact the scheduled 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:

- Your name and level of training
- Reason for absence

Then, call the EMS Clinical Coordinator or the Program Director and advise him/her of:

- Your name and level of training
- Date, time, and clinical site
- The name of the person with whom you spoke at the clinical site
- Reason for absence

Rescheduling

Absences will be rescheduled at the approval and discretion of the Clinical Coordinator.

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.

Equipment

1. Required
 - Stethoscope
 - Penlight
 - One student name tag
 - Pen (black ink)
 - Trauma scissors
 - Complete change of clothing (OSHA requirement)
 - Wristwatch appropriate for calculating pulse rates (digital or sweep second hand)
 - Small pocket notebook
 - Clinical evaluation form
 - Skills objective sheet

Uniform Guidelines

Shirts	Navy blue polo style with NW-SCC logo for the EMT-Basic. White polo style with NW-SCC logo for the EMT-Paramedic. Shirts can be purchased at NW-SCC Bookstore.
Trousers	Khaki (tan) dress-type slacks with a black belt. Paramedic students may wear the black EMS Uniform Pants.
Coats	Must not contain any patches or emblems. The name-tag should be worn on the outside of any jacket or coat.
ID Badge	Official NW-SCC photo identification badge must be worn at all times.
Scrubs/Surgery	In certain clinical areas, students will be required to wear scrubs. The clinical agency will furnish the scrubs.
Shoes	Rubber soled for the hospital areas; white or black in color. Uniform boots (i.e., Hi-Tec) are permitted. Uniform boots are preferred for ambulance clinicals.
Jewelry	Limited to wristwatch, plain wedding band, or Med-alert emblem. Earrings, bracelets, and necklaces are not allowed. No other body piercing allowed.
Hair	Clean and confined so that it does not interfere with patient care. Hair color and style should be within accepted societal norms. Beards and mustaches are permitted as long as they are neat and trimmed. Otherwise, male students must be clean-shaven
Nails	Short and clean; clear polish only.
Personal	Students are expected to maintain necessary personal hygiene including bathing daily, shampooing hair, and using underarm deodorant. No cologne, aftershave, perfume, or fragrant soap as some patients may be allergic.

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. Students should be aware they are subject to random alcohol and drug screenings.

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, are to 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 Patient Care Reports for the EMS program.

Meals and Breaks

Hospitals

6-8 hour rotation = (1) 30 minute break; (2) 10 minute breaks

9-16 hour rotation = (2) 30 minute breaks; (2) 10 minute breaks

EMS Field Clinical Sites

The student shall follow station policies. Meals and breaks are taken at the preceptor's discretion as duties allow. Meals may have to be delayed or canceled depending on call requirements. If a meal must be eaten for medical reasons or if medications must be taken with a meal, the preceptor should be notified at the beginning of the shift.

Documentation and Performance of Clinical Skills

Clinical Skills

Skills are taught in the college laboratory prior to performance in the clinical area. Procedures performed beyond these limitations are inappropriate. Any medication administration must be performed under the direct supervision of the clinical preceptor.

Invasive Skills

1. Documentation: At the EMT Paramedic level, technique used with invasive skills must be evaluated, documented, and initialed by the Preceptor on the Clinical Evaluation Form.
2. Performance: A student should not attempt an invasive procedure on the same patient more than twice. The Preceptor may allow only one attempt. All invasive procedures, medication administration must be performed under the direct supervision of the clinical preceptor.

Evaluation

Purpose

The purpose of clinical evaluation is to ascertain that the student has met measurable objectives deemed necessary for competent practice by the EMT at the Basic and 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. The grading policy for clinicals will be provided in the class syllabus.

Clinical Evaluation Form

1. A Clinical Evaluation Form is to be completed by the student and Preceptor for each clinical.
2. The completed form should be left with the Preceptor for further evaluation.

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 during class. Each student should pursue the information needed for completion of required paperwork for course.

Clinical Paperwork

Each student is required to complete patient encounter forms for each patient the student comes in contact. The patient encounter form should be completed for patients encountered in any clinical area. Patient encounter forms are due to the clinical coordinator's office the class session following a clinical. Paperwork submitted late will result in the final grade being reduced.