ILLINOIS VALLEY COMMUNITY COLLEGE EMS EDUCATION PROGRAM

FIRST RESPONDER, EMT-BASIC, INTERMEDIATE & PARAMEDIC PROGRAMS

STUDENT HANDBOOK
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PHILOSOPHY

The goal of providing quality care begins with training and education. It is through training and education that the activities of the First Responders, Emergency Medical Technicians and Dispatchers are coordinated into an integrated service system.

By entering this course you have chosen to enter the field of Emergency Medical Services. It is the goal of these programs to provide the highest quality and most current medical information possible, unrestricted by consideration of nationality, race, creed, color, or status.

On behalf of IVCC EMS Emergency Medical Services Education Program and our affiliated EMS systems, we wish you challenges, rewards, happiness and success during this course and the rest of your EMS career.

The Mission of the EMT program is to provide the resources, curriculum, clinical and field experiences to enable students to attain the necessary cognitive, affective and psychomotor skill level to become licensed in Illinois and/or the National Registry for EMTs.

Anticipated Outcomes

Upon successful completion of the Program, the graduate will be able to:

- Competently perform basic and/or advanced life support skills as described in the National Standard Curriculum, according to their specific program of study.
- Apply the knowledge and theory of emergency medical care while under the direction of Medical Control.
- Practice personal, patient and scene safety while in a field or clinical setting.
- Use problem solving, critical thinking and communication skills in their performance as EMTs.
- Assume responsibility in professional judgment and ethics.
- Participate as a member of the health care team.
- Challenge the National Registry for EMTs and/or the Illinois State licensure exam.
EMS Staff Information

IVCC EMS Education Program

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EMS Medical Director: John Massimilian, DO

All EMS education programs are based on the National Standard Curriculum objectives. These curricula are currently in transition and revision: therefore the names describing various levels of EMS licensure may change over the next year or so. The functional job responsibilities may also change with these revisions. However, it is the intent that all courses sponsored by the IVCC EMS Education Program, and affiliated EMS systems, will follow the National Standard Curricula that stands as the most recent and approved by Illinois.
First Responders:

The First Responder is an integral part of the Emergency Medical Services System. The term "first responder" has been applied to the first individual who arrives at the scene regardless of the individual's level of credential. The definition of “First Responder” (according to the current National Standard Curriculum and Illinois EMS) is a level of pre-hospital provider who uses a limited amount of equipment to perform initial assessment, intervention and training to assist other EMS providers. Enrichment programs and continuing education will help fulfill other specific needs for First Responder education.

It is the goal of the First Responder: National Standard Curriculum to provide students with the core knowledge, skills and attitudes to function in the capacity of a First Responder. This level of provider is not intended to be utilized as the minimum staffing for an ambulance. Under the supervision of the EMS Medical Directors, First Responders will assess and manage patients who are acutely ill or injured until the arrival of the transport EMS provider and a higher level of care personnel.

The First Responder course is an extensive course, combining didactic studies and practical skills that include (but not limited to) patient assessment, airway management, splinting, cardiac assessment, use of an AED and interventions.

The First Responder must conduct him/herself with personal decorum and high ethical and moral standards of behavior at all times both on and off duty and during course work to attain First Responder status.

Program Hours:

Minimum 40 classroom hours

Clinical hours are at the discretion of the Lead Instructor
First Responders: Functional Job Analysis

First Responder Characteristics
The First Responder must be a person who can remain calm while working in difficult and stressful circumstances, as well as one who is capable of combining technical skills, theoretical knowledge, and good judgment to insure optimal level of fundamental emergency care to sick or injured patients while adhering to specific guidelines within the given scope of practice.

The First Responder is expected to be able to work alone, but must also be a team player. Personal qualities such as the ability to “take charge” and control a situation are essential, as are the maintenance of a caring and professional attitude, controlling one’s own fears, presenting a professional appearance, staying physically fit, and keeping one’s skills and abilities up to date. The First Responder must be willing to adhere to established ongoing medical control and personal evaluation required for the maintenance of quality medical care.

Self-confidence, a desire to work with people, emotional stability, tolerance for high stress, honesty, a pleasant demeanor, only responding to calls when totally “fit for duty” (not responding if any alcohol consumed 4 hours prior to the call) and the ability to meet the physical and intellectual requirements demanded by this position are characteristics of the competent First Responder. The First Responder also must be able to deal with adverse social situations which include responding to calls in districts known to have high crime rates. The First Responder ideally possesses an interest in working for the good of society and has a commitment to doing so.

Physical Demands
Aptitudes required for work of this nature are good physical stamina, endurance, and body condition that would not be adversely affected by having to walk, stand, lift, carry, and balance at times, in excess of 125 pounds. Motor coordination is necessary due to uneven terrain. The patient’s and the First Responder’s well being, as well as the well being of other workers must not be jeopardized.

Comments
Use of the telephone or radio dispatch for coordination of prompt emergency services is essential. Accurately discerning street names through map reading, and correctly distinguishing house numbers or business addresses are essential for task completion in the most expedient manner. Concisely and accurately able to describe orally to a dispatcher and other concerned staff, one’s impression of a patient’s condition, is critical as the First Responder works in emergency conditions where there may not be time for deliberation. The First Responder must be able to accurately report all relevant patient data, which is generally, but not always, outlined on a prescribed form. Verbal and reasoning skills are used extensively. The ability to perform mathematical tasks is minimal, however, it does play a part in activities such as taking vital signs, making estimates of time, calculating the number of persons at a scene, and counting the number of persons requiring specific care.
PROGRAM / JOB DESCRIPTIONS

EMT – Basic:

An Emergency Medical Technician - Basic is trained to respond to emergency calls to provide efficient and immediate care to the critically ill and injured, and transport patients to a medical facility.

The EMT Basic course is an extensive course, combining didactic studies, clinical duties, and practical skills. This course is designed to train police, fire, rescue personnel and persons interested in the techniques of pre-hospital emergency care. The curriculum, developed by the U.S. Department of Transportation, will prepare students for the Illinois State and / or National Registry – Basic certification examination.

Program Hours:

<table>
<thead>
<tr>
<th>Classroom Hours:</th>
<th>120 hours, minimum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field / Clinical hours:</td>
<td>Minimum 48 hours field time &amp; 24 hours of emergency room time. In this time, a minimum of 10 patient assessments must be achieved. Clinical experience locations will be assigned by the instructor.</td>
</tr>
</tbody>
</table>
Emergency Medical Technician – Basic: Functional Job Analysis

The following functional job analysis was developed by the Psycho-educational Clinic of the Ohio State University, at the request of the Board of Directors of the National Registry of Emergency Medical Technicians. This job analysis was later endorsed by a committee comprised of members of the National Association of State EMS Directors and the National Council of State EMS Training Coordinators. The NREMT Board utilized this functional job analysis in the development of examination accommodations to meet the requirements of the Americans with Disabilities Act. Readers and persons interested in utilizing this functional job analysis should refer questions related to specific indicators to occupational rehabilitation specialists for interpretation.

EMT-Basic Characteristics

EMT-Basics work as part of a team. Thorough knowledge of theoretical procedures and ability to integrate knowledge and performance into practical situations are critical. Self-confidence, emotional stability, good judgment, tolerance for high stress, and a pleasant personality are also essential characteristics for the successful EMT at any level. EMT-Basics also must be able to deal with adverse social situations.

The EMT-Basic must conduct himself/herself with personal decorum and high ethical and moral standards at all times including while off duty and during course work to attain EMT-Basic status.

Physical Demands

Aptitudes required for work of this nature are good physical stamina, endurance, and body condition which would not be adversely affected by lifting, carrying, and balancing at times, patients in excess of 125 pounds (250, with assistance). EMT-Basics must be able to work twenty-four-hour continuous shifts in many agencies. Motor coordination is necessary for the wellbeing and safety of the patient, the EMT-B, and co-workers over uneven terrain.

Comments

Driving the ambulance in a safe manner, accurately discerning street names through map reading, and the ability to correctly distinguish house numbers or business locations are essential to task completion in the most expedient manner possible. Use of the telephone/radio for transmitting and responding to physician's advice is also essential. The ability to concisely and accurately describe orally to physicians and other concerned staff one's impression of the patient's condition is critical as EMT-Basics work in emergency conditions in which there may be no time for deliberation. EMT-Basics must also be able to accurately summarize all data in the form of a written report which becomes a legal document. Verbal and reasoning skills are used more extensively than math. Math does play a part, however, in determining medication ratios per patient's body weight.
PROGRAM / JOB DESCRIPTIONS

EMT – Intermediate:

EMT-Intermediates have fulfilled prescribed requirements, by a credentialing agency, to practice the art and science of out-of-hospital medicine in conjunction with medical direction. Through performance of assessments and providing medical care, their goal is to prevent and reduce mortality and morbidity due to illness and injury for emergency patients in the out-of-hospital setting.

EMT-Intermediates possess the knowledge, skills and attitudes consistent with the expectations of the public and the profession. EMT-Intermediates recognize that they are an essential component of the continuum of care and serve as a link for emergency patients to acute care resources. Intermediate EMTs participate in QA reviews of calls for improvement of care provided.

The primary roles and responsibilities of EMT-Intermediates are to maintain high quality, out-of-hospital emergency care. Ancillary roles of the EMT-Intermediate may include public education and health promotion programs as deemed appropriate by the community.

EMT-Intermediates are responsible and accountable to medical direction, the public, and their peers. EMT-Intermediates recognize the importance of research. EMT-Intermediates seek to take part in life-long professional development, peer evaluation, and assume an active role in professional and community organizations.

Each Intermediate student is required to successfully complete ITLS, ACLS, PEPP/PALS which are included in the total classroom hours.

Program Hours:

<table>
<thead>
<tr>
<th>Hours</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>250.0</td>
<td>Classroom Hours (minimum)</td>
</tr>
<tr>
<td>56.0</td>
<td>Clinical – Emergency Department</td>
</tr>
<tr>
<td>16.0</td>
<td>Clinical – Triage (Emergency Department)</td>
</tr>
<tr>
<td>8.0</td>
<td>Clinical – O.B. / GYN Department</td>
</tr>
<tr>
<td>16.0</td>
<td>Clinical – Respiratory</td>
</tr>
<tr>
<td>16.0</td>
<td>Clinical – ICU / CCU Department</td>
</tr>
<tr>
<td>8.0</td>
<td>Clinical – Stress Testing</td>
</tr>
<tr>
<td>8.0</td>
<td>Clinical – Med-Surg Floor</td>
</tr>
<tr>
<td>3 tubes</td>
<td>Clinical – Surgery Suite</td>
</tr>
<tr>
<td>100.0</td>
<td>Clinical – Ambulance (minimum)</td>
</tr>
</tbody>
</table>

Total Clinical hours 254 hours (minimum)
Total Program Hours 514 hours (minimum)

** Refer to the Clinical Experience Spreadsheet for required patient contacts**
PROGRAM / JOB DESCRIPTIONS

EMT – Paramedics:

EMT-Paramedics have fulfilled prescribed requirements by a credentialing agency to practice the art and science of out-of-hospital medicine in conjunction with medical direction. Through performance of assessments and providing medical care, their goal is to prevent and reduce mortality and morbidity due to illness and injury. Paramedics primarily provide care to emergency patients in an out-of-hospital setting.

Paramedics possess the knowledge, skills and attitudes consistent with the expectations of the public and the profession. Paramedics recognize that they are an essential component of the continuum of care and serve as a link to health resources.

Paramedics strive to maintain high quality, reasonably priced health care by delivering patients directly to appropriate facilities. As an advocate for patients, paramedics seek to be proactive in affecting long term health care by working in conjunction with other provider agencies, networks, and organizations. The emerging roles and responsibilities of the paramedic include public education, health promotion, and participation in injury and illness prevention programs. As the scope of service continues to expand, the paramedic will function as a facilitator of access to care, as well as an initial treatment provider.

Paramedics are responsible and accountable to medical direction, the public, and their peers. Paramedics participate in QA reviews of calls for improvement of care provided. Paramedics recognize the importance of research and actively participate in the design, development, evaluation and publication of research. Paramedics seek to take part in life-long professional development, peer evaluation, and assume an active role in professional and community organization.

Each Paramedic student is required to successfully complete ITLS, ACLS, PEPP/PALS which are included in the total classroom hours.
**Program Hours:**

<table>
<thead>
<tr>
<th></th>
<th>Spring</th>
<th>Summer</th>
<th>Fall</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>72</td>
<td>72</td>
<td>72</td>
<td>200.0</td>
</tr>
<tr>
<td>Classroom Hours (minimum)</td>
<td>400.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical – Emergency Department</td>
<td>16</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical – Triage (Emergency Department)</td>
<td>16.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical – O.B. / GYN Department</td>
<td>8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical – Respiratory</td>
<td>8.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical – ICU / CCU</td>
<td>24</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical – Stress Testing or Cath Lab</td>
<td>24.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical – Surgery Suite / Sim Lab</td>
<td>10 tubes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical – Ambulance (minimum)</td>
<td>246</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total clinical hours</td>
<td>504 (minimum)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Program Hours</td>
<td>904 hours (minimum)</td>
<td></td>
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**Refer to the Clinical Experience Spreadsheet for required patient contacts**
EMT-Intermediate transition to Paramedic

The EMT-Intermediate to Paramedic transition program will consist of all National Standard Curriculum objectives that are not taught in the Intermediate program.

Each individual must be a licensed Illinois EMT-Intermediate with one year of experience with an ILS agency. Each student will be evaluated individually to determine the amount and locations of clinical experiences that will be required. Example: An Intermediate who has worked in the field for 10 years and has an 80% or higher on IV success rates and 25 Cardiac assessments will possibly earn a waiver of some of the 350 clinical/field hours required by IDPH for the transition program.

The one year of experience may be waived if the individual graduated from an EMT-Intermediate course sponsored by IVCC, or one of its affiliated systems. This individual will be admitted to the transition course as long as they have a current, unrestricted Illinois EMT-Intermediate license, or have completed the EMT-I course with an 80% cumulative grade within the past 2 months, but has no attempts, and will not attempt the IL state or NREMT Intermediate exams. These candidates will be required to complete all clinical hours as prescribed by IDPH, and the sponsoring system. No experiential credit will be given.

Each candidate in the transition program must successfully complete the required 250 didactic hours.
All other education policies contained in this handbook apply to the transition program.

Guideline for minimum clinical requirements

Will be determined when a course is scheduled

Clinical and Field sites and requirements will be determined based on the individual EMT’s previous experience after review with the course coordinator and EMS Medical Director
EMT – Intermediate / Paramedic:  Functional Job Analysis

**EMT-Intermediate / Paramedic Characteristics**

The Intermediate/Paramedic must be a confident leader who can accept the challenge and high degree of responsibility entailed in the position. The Intermediate/Paramedic must have excellent judgment and be able to prioritize decisions and act quickly in the best interest of the patient, must be self disciplined, able to develop patient rapport, interview hostile patients, maintain a safe distance, and recognize and utilize communication techniques that are unique to diverse multicultural groups and ages within those groups. He/She must be able to function independently at an optimum level in a non-structured, dynamic environment that is constantly changing.

*The Intermediate/Paramedic must conduct him/herself with personal decorum and high ethical and moral standards of behavior at all times both on and off duty and during course work to attain Intermediate/Paramedic status.*

Even though the Intermediate/Paramedic is usually part of a two-person team generally working with a Basic EMT, it is the Intermediate/Paramedic who is held responsible for safe and therapeutic administration of drugs including narcotics. The Intermediate/Paramedic must be accountable for the integrity of the drug inventory entrusted to his/her responsibility. The Intermediate/Paramedic must not only be knowledgeable about medications but must be able to apply this knowledge in a practical sense. Knowledge and practical application of medications include thoroughly knowing and understanding the general properties of all types of drugs. The Intermediate/Paramedic is personally responsible, legally, ethically and morally for each drug administered, for using correct precautions and techniques, observing and documenting the effects of the drugs administered, keeping one’s own pharmacologic knowledge-base current as to changes and trends in administration and use, keeping abreast of contraindications to administration of specific drugs to patients based on their constitutional make-up, and using drug reference literature.

The responsibility of the Intermediate/Paramedic includes obtaining a comprehensive history including a drug history from the patient that includes the name of drugs, strength, daily usage and dosage used. The Intermediate/Paramedic must take into consideration that many factors, in relation to the history given, can affect the types of medication he/she may administer. Awareness of drug reactions and the synergistic effects of drugs combined with other medicines and in some instances, food, is imperative. The Intermediate/Paramedic must also take into consideration the possible risks of medications administered to a pregnant mother and the fetus; keeping in mind that drugs may cross the placenta.

The Intermediate/Paramedic must be cognizant of the impact of medications on pediatric patients based on size and weight, special concerns related to newborns, geriatric patients and the physiologic effects of aging. There must be an awareness of the high abuse potential of controlled substances and the potential for addiction,
therefore, the Intermediate/Paramedic must be thorough in report writing and able to justify the administration of a particular narcotic.

The Intermediate/Paramedic must be able to apply basic principles of mathematics to the calculation of medication dosages, perform conversions involving drug strengths, differentiate temperature readings between centigrade and Fahrenheit scales, be able to use proper advanced life support equipment and supplies (i.e. proper size of intravenous needles) based on a patient's age and condition of veins, and be able to locate sites for obtaining blood samples and perform this task, administer medications through various routes and comply with body substance isolation, disposing of contaminated items and equipment properly.

The Intermediate/Paramedic must also be capable of providing advanced life support emergency medical services to patients including performing and interpreting electrocardiograms (EKGs), performing electrical interventions to support cardiac functions, performing endotracheal intubations for airway management, relief of a pneumothorax when appropriate and administration of appropriate intravenous fluids and drugs under direction of medical control and protocol.

The Intermediate/Paramedic is a person who must not only remain calm while working in difficult and stressful circumstances, but must be capable of staying focused while assuming the leadership role inherent in carrying out the functions of the position. Good judgment along with advanced knowledge and technical skills are essential in directing other team members to assist as needed. The Intermediate/Paramedic must be able to provide quality care, concurrently handle high levels of stress, and be willing to take on the personal responsibility required of the position. This includes not only all legal ramifications for precise documentation, but also the responsibility for appropriate use of knowledge and skills acquired in life threatening emergency situations.

The Intermediate/Paramedic must be able to deal with adverse and often dangerous situations. Self-confidence is critical, as is a desire to work with people, solid emotional stability, a tolerance for high stress, and the ability to meet the physical, intellectual, and cognitive requirements demanded by this position.

The Intermediate/Paramedic must conduct him/herself with personal decorum and high ethical and moral standards at all times including while off duty.

**EMT-Intermediate / Paramedic Physical Demands**

Aptitudes required for work of this nature are good physical stamina, endurance, and body condition that would not be adversely affected by frequently having to walk, stand, lift, carry, and balance at times, in excess of 125 pounds. Motor coordination is necessary due to uneven terrain. The patient's, the Intermediate/Paramedic's and other worker's well being must not be jeopardized.
EMT-Intermediate / Paramedic Comments

The Intermediate/Paramedic provides the most extensive pre-hospital care and may work for fire departments, private ambulance services, police departments or hospitals. Response times are dependent upon nature of a call. The particular stresses inherent in the role of the Intermediate/Paramedic can vary, depending on place and type of employment.

In general, the Intermediate/Paramedic must be flexible to meet the demands of the ever-changing emergency scene. When emergencies exist, the situation can be complex and care of the patient must be started immediately. In essence, the Intermediate/Paramedic in the EMS system uses advanced training and equipment to extend emergency physician services to the ambulance.

The Intermediate/Paramedic must be able to make accurate independent judgments while following oral and written directives. The ability to perform duties in a timely manner is essential, as it could mean the difference between life and death for the patient.

Use of the telephone or radio dispatch for coordination of prompt emergency services is required, as may be a pager, depending on place of employment. Accurately discerning street names through map reading, and correctly distinguishing house numbers or business addresses are essential to task completion in the most expedient manner. Concisely and accurately describing orally to a dispatcher and other concerned staff, one's impression of patient's condition, is critical as the Intermediate/Paramedic works in emergency conditions where there may not be time for deliberation. The Intermediate/Paramedic must also be able to accurately report orally and in writing, all relevant patient data. At times, reporting may require a detailed narrative on extenuating circumstances or conditions that go beyond what is required on a prescribed form. In some instances, the Intermediate/Paramedic must enter data on a computer or a laptop in the ambulance. Verbal skills and reasoning skills are used extensively. Accurate spelling and grammar skills are expected along with a thorough knowledge, understanding and appropriate use of medical terminology.
ELIGIBILITY FOR ENTRY
Admissions Guidelines

The following requirements must be met by the student requesting entrance into any education program sponsored by the IVCC EMS Education Program.

All participants in IVCC EMS courses must have a background check performed by Illinois State Police. Forms will be provided at orientation. The student must assume the cost of this procedure. Random drug screening will also be required.

First Responder

- The applicant must be at least sixteen (16) years of age
- It is recommended that the applicant possess a high school diploma or equivalent. *(Copies are required)*
- Students under 18 years of age need to show proof of being enrolled in high school with evidence that they will have enough credits to graduate.
- It is preferable if the applicant possesses a valid AHA or American Red Cross Healthcare Provider CPR card prior to the end of the First Responder program.
- The student will agree to complete all Health Services requirements by the posted dates. (see next page for requirements)

EMT – Basic

- The applicant must possess a high school Diploma or equivalent at the time of the State or National Registry exam *(Copies are required)*
- The applicant must be at least 18 years of age at the time of the State or National Registry exam
- First Responder certification is recommended
- The applicant must possess a valid AHA or American Red Cross Healthcare Provider CPR care prior to or within two weeks of the start of the EMT-Basic program.
- The student will agree to complete all Health Services requirements by the posted dates. (see next page for requirements)

EMT Intermediate/Paramedic

- The applicant must possess a high school diploma or equivalent *(Copies are required)*
- The applicant must be a licensed EMT-Basic in Illinois prior to the start of the EMT-Intermediate or Paramedic program
- If the applicant has completed an Illinois approved EMT-Basic program in the past 6 months and has not yet tested with the State or National Registry, he/she may be permitted to start the Intermediate or Paramedic education program with the following conditions:
  a. The applicant must make every effort to sit for the EMT-Basic State or National Registry exam within 4 months of the start of the Intermediate/Paramedic program
b. The applicant will be terminated from the Intermediate/Paramedic program if the EMT-Basic State or National Registry exam is **NOT** successfully challenged on the first try.

c. The applicant must have successfully challenged the State or National Registry exam prior to beginning any clinical rotations.

- **The applicant must possess a valid AHA or American Red Cross Healthcare Provider CPR care prior to or with in two weeks of the start of the EMT-Intermediate/Paramedic program.**
- **The applicant must have passed within the past seven (7) years, Biology 1200 – “Human Structure & Function”, or its equivalent, with a grade of “C” or better. Concurrent enrollment in Biology 1200, or its equivalent will be accepted, but the student will not be allowed to sit for the NREMT or state licensure exam until the course is completed with a grade of “C” or better.**
- **The student will agree to complete all Health Services requirements by the posted dates. . (see next page for requirements)**

**EMT-Intermediate – Paramedic Transition / Completion Program**

- The applicant must be a licensed Illinois EMT-Intermediate (I-99 curriculum) with at least one (1) year experience in the pre-hospital setting with an ILS agency. *(may be waived with written request to and approval from program medical director).*

- Successfully completed an IDPH approved EMT-Intermediate (I-99 Curriculum) course with a score of 80% or greater. *(Successful completion is defined as having COMPLETED 200 hours didactic AND 150 hours clinical. If both requirements have not been met then the student may not enroll in the I to P transition/completion course)*

- The applicant must possess a high school diploma or equivalent *(Copies are required)*

- **The applicant must possess a valid AHA or American Red Cross Healthcare Provider CPR card (or proof of certification) prior to or with in two weeks of the start of the EMT-I to P transition program.**

- The student will agree to complete all Health Services requirements by the posted dates

- **All requirements for Intermediate and Paramedic programs apply**

**Health Services Requirements**

- Students must have a physical performed by their personal physician and at the students cost. The “IVCC Health Assessment Form must be used (Appendix A).”

- Students must have received all required immunizations as outlined on the health assessment form (Appendix A), or sign a waiver that he/she is refusing the immunization.

All required health information MUST be provided before any clinical study begins.
PHYSICAL REQUIREMENT

All IVCC EMS Provider courses require good physical stamina and endurance. Students will need to be able to lift, carry, and balance patients in excess of 125 pounds (250 pounds with assistance). They must also be able to sit, stand, walk, run, climb, bend, stoop, crouch, kneel, crawl, twist, push, and pull.

All students understand that the above physical requirements will be required to successfully complete the practical portion of these courses. If at anytime the students becomes unable to fulfill the above attributes:

1. It is the student’s responsibility to notify the lead instructor of any physical limitation / injury that may become aggravated or worsen prior to engaging in practical skill sessions. This notification **MUST** be in a written format. (ie: back problems / pregnancy / etc.)

2. The student will submit a letter from their physician explaining the physical limitation’s and the expected length of time that the limitations will be in effect to the course lead instructor.

3. The student will need to bring a letter from their physician clearing them to participate in the physical practical skills before they will be allowed to complete the practical sessions.

If the student is unable to complete the practical portion of the course due to their physical limitations – the instructor will allow them to finish their practical portion of the course in the next IVCC EMS Education Program sponsored course, provided they have been cleared by their physician to do so.
STUDENTS with DISABILITIES

The IVCC EMS Education Program does not discriminate against otherwise qualified individuals with a disability. However, students are expected to demonstrate the capacity to perform all the essential functions of the EMS profession during the course with or without reasonable accommodation which generally requires:

- Corrected vision to 20/30 in at least one eye with color discrimination for at least red, amber, and green.
- Amplified hearing adequate to distinguish blood pressures, breath, bowel, and heart sounds.
- Sufficient strength to lift patients with one partner (up to 250 lbs.)
- Manual dexterity sufficient to perform a physical exam and all BLS and ALS skills specified in the NHSTA curriculum.
- Practical and written testing must be completed with standardized time limits.

If reasonable accommodation is to be exercised by a qualified individual with a disability using products, or appliances, it will be the student’s responsibility to acquire such products or appliances that are for their personal use.

Students with documented disabilities shall be offered reasonable accommodations that do not alter the fundamental nature of the course based on review and approval by the Office of Disabilities Services. This office is located in B-204. Contact one of the following coordinators for disabilities services:

Tina Hardy, 815-224-0284, tina_hardy@ivcc.edu Note there is an underscore between the first and last name.
  Monday, 8:30AM – 3:00 PM
  Wednesday 8:30 AM – 3:00 PM
  Friday 8:30 AM – 12:30 PM
  OR
Judy Mika, 815-224-0350, judy_mika@ivcc.edu Note there is an underscore between the first and last name.
  Tuesday, 9:00 AM – 5:00PM (call or email for appointment after 5)
  Wednesday, 8:30 AM- 5:00 PM (call or email for appointment after 5)
  Thursday, 8:30 AM- 3:00 PM

Students with documented disabilities need to make notice to the Office of Disability Services within two scheduled class periods whenever possible.
STUDENTS with COMMUNICABLE DISEASES

Applicants with contagious diseases covered by the Americans with Disabilities Act will be evaluated on a case by case basis by the EMS Systems Coordinator and EMS Systems Medical Director along with the Director of Health Professions at IVCC to determine if they are otherwise qualified for the course under the ADA.
INSURANCE

Liability:

IVCC Health Professions Programs does provide professional liability to the EMS student and instructors during the course of instruction, and field / clinical work.. Although many employers also provide malpractice insurance, it is highly recommended that students and emergency medical technicians provide their own professional liability. Some corporate policies are inadequate and may be written to protect the policyholder – city, county, private company owner – not the emergency medical technician. For more information regarding Immunity from civil liability, please refer to:

- Illinois EMS Act (210 ILCS 50/3.150) Sec. 3.150.
- Illinois Compiled Statutes (745Â ILCSÂ 49/)

Provide a copy of your agency certificate of insurance and a letter from the agency director indicating that you are covered by the policy before starting clinical rotations if applicable.

Health:

Students are financially responsible for any medical or emergency treatment in the event of injury, illness, or exposure to a communicable disease. Health insurance should be maintained for the time you are in the program.
CODE of STUDENT CONDUCT

The IVCC EMS Education Program believes in uncompromising ethical behavior based on standards and codes of professional conduct and the laws of our communities and country. Emergency Medical Service students have the opportunity to participate in a worthy, purposeful, and progressive profession. This opportunity, however, is not without obligation, for the viability of the profession rests on the integrity as well as the capability of its members.

Further, IVCC EMS is dedicated to excellence as our basic performance standard. We affirm that all tasks and services provided in the context of EMS care shall be delivered in a consistently superior manner. Working together, we will approach everything we do as an opportunity for continuous quality improvement.

It is necessary, therefore, that each student’s behavior be ethical in the conduct of personal and academic affairs. In pursuing this objective, the student shall:

1. Conduct themselves at all times in a dignified and exemplary manner.
2. Abide by the procedures, rules and regulations of the IVCC EMS Education Program and IVCC.
3. Strive towards academic and clinical excellence.
4. Encourage and assist colleagues in the pursuit of academic excellence and improvement through team / group activities.
5. Refrain from statements that defame any person and/or the work of colleagues and refrain from participation in rumors or stories about fellow students, departments, educators and colleagues.
6. Neither engage in, assist in, nor condone cheating, plagiarism or other similar activities.
7. Respect and protect the rights, privileges, and beliefs of others.

Behavior that is deemed disruptive, unprofessional, unethical, or inappropriate will not be tolerated and may result in the student being terminated from the program.

Disruptive Behavior:

This behavior is defined as student-initiated acts that range from tardiness to violence. It may consist of behavior that is disrespectful, offensive, or threatening and may present itself physically, verbally, or psychologically. It has a negative impact in any learning environment and interferes with the learning activities of the perpetrator and other students (DeFrance, 2001).

Students must refrain from any behavior in the classroom or clinical setting that interferes with other students ability to learn or interferes with the instructors presentation.
Violations of the IVCC EMS Education Program ethics policy may constitute grounds for immediate dismissal from the program. Depending on the offense, a student may be immediately suspended pending the results of an investigation. The Course Medical Director will determine the final status of the disruptive student regarding continuation of the program.

**CELL PHONES, RADIOS PAGERS AND OTHER ELECTRONIC NOTIFICATION DEVICES ARE NOT ALLOWED TO BE ON IN THE CLASSROOM OR CLINICAL SETTING. ANY ELECTRONIC NOTIFICATION DEVICE THAT IS FOUND TO BE ON DURING ANY CLASS OR CLINICAL WILL BE CONFISCATED BY THE INSTRUCTOR AND RETURNED AT THE END OF THE SESSION. IF THIS OCCURS MORE THAN ONE TIME, THE STUDENT WILL RECEIVE A WRITTEN WARNING AND MAY BE REQUIRED TO MEET WITH THE IVCC EMS PROGRAM COORDINATOR AND DEAN OF HEALTH PROFESSIONS TO CONSIDER TERMINATION FROM THE COURSE. TEXTING DURING CLASSROOM OR CLINICAL TIMES IS EXPRESSLY PROHIBITED**

**Unprofessional Behavior:**

This behavior will be documented in the student’s file. Examples include, but may not be limited to, proof that the person:

1. Is guilty of fraud or deceit in procuring or attempting to procure admittance into the EMS training program.
2. Has demonstrated a gross lack of integrity.
3. Has demonstrated insubordinate or inappropriate behavior towards any instructor or fellow student.
4. Has brought a weapon of any kind to class or a clinical area.
5. Has been charged with breaking any state or federal law while enrolled as a student.

A student who has received a decree by any Circuit Court / or an examination by a qualified physician establishing that they are in need of mental health care / treatment shall be suspended from class. That person may be reinstated upon findings by the Circuit Court or a qualified physician that they have recovered from the mental illness and may resume his / her professional functions.
ETHICAL AND LEGAL BEHAVIOR

Clinical and didactic sites are considered to be a Drug-Free environment. Students may be called upon to submit to a drug test anytime there is reasonable cause to suspect the student is under the influence of drugs or alcohol. Refusal to submit to drug or alcohol testing will result in withdrawal from the program.

The IVCC EMS Education Program believes that ethical and legal considerations in administering health care should be observed at all times.

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

All testing materials are the express property of the Education Services. Any misuse or otherwise unauthorized use of any class testing materials will result in immediate termination from the program.
ATTENDANCE POLICY

Classroom:

Students will be allowed to miss the following stated number of days or hours with *excused absences* and preferably not consecutive hours.

- First Responder: 2 classes (3 hours)
- EMT Basic: 3 classes (9.5 hours)
- EMT Intermediate: 3 classes (12 hours) per semester
- EMT Paramedic: 3 classes (12 hours) per semester

Absences greater than those stated as acceptable will require the student to meet with the IVCC EMS Program Coordinator and the EMS Medical Director responsible for that course to determine appropriate outcome.

Situations causing the excused absence will be reviewed by the instructor and IVCC EMS Program Coordinator to determine whether the reason is significant enough to warrant the absence.

**Extenuating Circumstances:**

Extenuating problems such as emergency surgery, severe illness, or family emergencies may be petitioned as a hardship case. These will be dealt with on an individual basis with the Course Coordinator, and referred to the EMS Medical Director responsible for the course as deemed necessary. Prior to returning to the class or clinical, the student will be required to submit a written statement to the IVCC EMS Program Coordinator explaining their problem, along with a physicians note indicating the illness or injury and any temporary / permanent limitations that the student may have incurred. A written response will be sent back to the student from the course instructor or IVCC EMS Program Coordinator outlining any requirements, makeup work or recommendations for withdrawal from the program. A copy of this letter will also be sent to EMS Medical Director responsible for the course. The EMS Medical Director may decide to contact the student's physician for consultation. Students missing > 20 hours of didactic will be required to repeat that section of the program in the next course offered prior to being authorized to test for licensure and will receive an incomplete for the semester. The student may continue on with the remaining semester with authorization from the IVCC EMS Program Coordinator.

Missed classroom / clinical hours exceeding the allowed limit (without having met the above requirements) will result in involuntary withdrawal from the program. The student may appeal the withdrawal to the Dean of Health Professions within five calendar days of notification by the classroom or clinical instructor of termination.

If a student is unable to attend a class session, that student must notify the Instructor prior to the session. The student will still be held responsible for the lecture / demonstration material presented during the class session from which they are absent.
It is **NOT** the responsibility of the instructor to arrange for materials to be made up by a student who has been absent.

**Drop Procedure:**
Students are encouraged to discuss plans for withdrawal with the Course Coordinator before initiating a formal procedure to withdraw. If the student stops attending class and does not initiate a formal withdrawal, the student will not be credited for classes attended. If the student discusses withdrawal with the instructor, he/she may be considered to receive CEU credit for classes attended. (All requirements of IVCC must also be followed)

**Alternate Classroom Meeting Sites:**

In the event that the classroom scheduled for the course cannot be used for some unforeseen circumstance, the Course Coordinator will notify students. Unless it is an undue hardship, students are expected to make every effort to make the adjustment.

**Emergency Closings**

Classes (including clinical experiences) will meet as scheduled unless inclement weather or other emergency circumstances create conditions that necessitate closing. Contact the course instructor, the hospital/field clinical instructor or call the location to check on cancellations. (All IVCC policies and procedures for closing of campus must also be followed).
DRESS CODE

Students will wear appropriate professional attire when participating in the classroom and/or clinical setting. Students should remember that they are representing themselves, the IVCC EMS Education Program, our affiliated EMS systems, and the entire EMS profession.

An integral part of how others perceive us is through our appearance. Therefore, during classroom, clinical or field rotations, students must adhere to the following dress code.

1. Clean, professional appearance, IVCC uniform shirt / sweatshirt (clinical only). No agency uniform / insignia shirts, or tee shirts are allowed during clinical / field hours. Shirts must cover the entire torso – from the collar to waistband (both classroom & clinical). All tattoos must be covered by appropriate clothing during clinical time.

2. Clinical: Full length. black or dark blue pants must be worn. The pant leg shall be hemmed and may not have drawstring style closures. Pant legs must **NOT** drag on the ground. The pants shall be kept neat and clean. No skirts, shorts or crop pants will be allowed. EMS pants are acceptable. NO JEANS OF ANY COLOR

3. Black work shoes or boots shall be worn. Shoes or boots must be low-heeled, closed toe, in a neat and clean condition. Sandals and athletic shoes may be worn to classroom, but not the clinical or field setting.

4. Students must wear their IVCC EMS Education issued nametag at all times in the clinical setting. The nametag shall be worn in a manner that permits the student to be identified by full name, status, and affiliation. Picture ID tags will be provided before the first clinical / field session.

5. Students will bring a working watch with a second hand (or digital seconds), complete stethoscope, working pen light, working pen and appropriate paperwork for classroom and or clinical rotations.

6. Hands, including fingernails, must be clean and neat. Nails should be short. Garish nail polish is not acceptable. Men are allowed to wear clear nail polish only. Nails cannot extend more than ¼” beyond the fingertips.

7. Hair must be clean, neatly combed, of a natural color and held off the collar. Extreme hairstyles are not permitted. Long hair should not be an irritant or a potential safety hazard to the student, other health care personnel, or patients.
8. No hats are allowed in the classroom, or hospital clinical setting. Only IVCC EMS Program approved baseball styles hats or stocking caps can be worn in the field. These hats will have the IVCC EMS Program logo only.

9. Facial hair such as beards and sideburns must be neat, clean, and well trimmed.

10. Perfumes and colognes shall not be worn during clinical rotations.

11. Clinical: excessive jewelry cannot be worn. Nose, lip, tongue and eyebrow jewelry cannot be worn. Earrings that hang cannot be worn. Studs may be worn, one in each ear lobe. Students should understand that jewelry can be a significant safety and infection control hazard in the clinical setting.

12. The EMS Systems have the right to make additional “Dress Code” requirements as deemed necessary.

13. The instructor in the classroom or clinical setting (including the preceptor) may send a student home to change attire if deemed necessary. In this situation, the student will be considered tardy or absent for the session. This will constitute an absence/tardy as outlined in the attendance portion of this handbook.

14. No smoking, or tobacco use allowed in classroom or clinical settings

15. **CELL PHONES, RADIOS PAGERS AND OTHER ELECTRONIC NOTIFICATION DEVICES ARE NOT ALLOWED TO BE ON IN THE CLASSROOM OR CLINICAL SETTING. ANY ELECTRONIC NOTIFICATION DEVICE THAT IS FOUND TO BE ON DURING ANY CLASS OR CLINICAL WILL BE CONFISCATED BY THE INSTRUCTOR AND RETURNED AT THE END OF THE SESSION. IF THIS OCCURS MORE THAN ONE TIME, THE STUDENT WILL RECEIVE A WRITTEN WARNING AND MAY BE REQUIRED TO MEET WITH THE IVCC EMS PROGRAM COORDINATOR AND DEAN OF HEALTH PROFESSIONS TO CONSIDER TERMINATION FROM THE COURSE. TEXTING DURING CLASSROOM OR CLINICAL TIMES IS EXPRESSLY PROHIBITED**
EXAMINATIONS

Written:

1. Seating arrangements, excusing a student from the room or stopping an examination for any reason, is at the discretion of the Instructor(s).

2. Cell phones, pagers, radios, IPODS, blackberrys etc will not be allowed in the classroom during testing sessions. If a student is found to have these or similar items on their person during testing, the student will be dismissed from the class and a grade of zero (0) will be entered and averaged into the final grade.

3. Program information found on the person of or in the vicinity of a student during a testing period will be grounds for termination of the testing procedure. A grade of zero (0) will be recorded and averaged into the final grade.

4. If there is evidence of verbal or non-verbal communication between students during an examination, the examinations will be recovered by the instructor and a grade of zero (0) will be recorded and averaged into the final grade.

5. Violation of the Examination Policy is grounds for dismissal from the course due to unprofessional conduct. A statement to this effect will be placed in the student’s personal file and forwarded to his / her sponsoring agency.

6. Should a student miss a written examination due to an excused absence from the class a make up exam may be taken with in one week of the date of the missed examination. If no make-up has been scheduled in the week, the exam will be forfeited and a zero (0) will be recorded: If an exam is missed due to an unexcused absence, the exam will be scored as a zero and no make-up will be offered.

   o Only one missed exam may be made up per semester and only as stated above. Making up additional missed exams will only be granted in extenuating circumstances as determined by the IVCC EMS Program Coordinator.

   o **Students may make an appointment with instructors or IVCC EMS Program Coordinator to review grades and tests.**
7. Examination and quiz letter grades are determined as follows:

\[
\begin{align*}
A &= 100 - 94 \\
B &= 93 - 86 \\
C &= 86 - 80 \\
D &= 79 - 74 \\
F &= 74 - \text{below}
\end{align*}
\]

An 80% must be maintained throughout the course in order to continue in the program. All quiz grades in each division will be averaged together and will compute as one division exam. The student must have an average of 80% on the combined quizzes and exam at the end of each division. The first division that is scored less than 80% will generate a written warning to the student and any subsequent division that is less than 80% will constitute termination from the program.

BLS / FR Course - Module exams will count for 80% and quiz scores 20%.

ILS/ALS course - Any research or other assignments will generate 10%, division exams will be at 70% and quiz scores at 20%.

COURSE INSTRUCTORS RESERVE THE RIGHT TO IMPLEMENT “POP QUIZZES”, ADD/DDELETE ASSIGNMENTS, AND CHANGE THE COURSE SCHEDULE AT THEIR DISCRETION, AND DEEMED NECESSARY FOR SUCCESSFUL COURSE COMPLETION.

Practical:
1. Students must participate in all skills training, practical sessions, and examinations.

2. Students must successfully complete each skill station presented during the course.

3. If a student is unable to complete the practical portion of the course due to a temporary physical limitation, they will be allowed to complete that portion of the course in the next IVCC EMS Systems sponsored course. In this circumstance, the student must present a letter from their physician allowing the student to perform the practical skills to the IVCC EMS Program Coordinator. A copy of this letter will be sent to the EMS Medical Director responsible for the course.

4. The student will not be approved for State or National testing until successful completion of the practical portion of the course has been accomplished.
Special Instructions:

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

2. All written and/or oral presentation assignments are expected to be completed on the assigned due date. Failure to have assignments prepared when scheduled will constitute a zero (0) for the assignment.

3. Grades will be reviewed periodically by the IVCC EMS Education Program Coordinator, EMS System Coordinators, EMS Medical Directors and Dean of Healthcare Professions.

4. No student will be allowed to take the final exam unless they have achieved an 80% or higher for the course.

5. No student will be authorized to sit for the State or National Registry exam with less than an 80% grade average on completion of the course and have not successfully passed the practical sessions.

6. Practical exams may be administered by a qualified EMS Instructor other than course instructor if there exists a situation that could be viewed as preferential toward an individual student. (i.e. family members, co-worker outside the classroom, etc…) The IVCC EMS Program Coordinator will be responsible to for retaining the “qualified EMS instructor to conduct the exam. The determination of conflict will be made by the IVCC EMS Program Coordinator and/or Dean of Health Professions.

Final Examinations – Written / Practical: (All levels)

Students are required to have an 80% on the final written examination, have successfully completed all required skills stations, and have a “satisfactory” performance rating on all clinical experiences to be allowed to take the state or national licensure exam.

The final written exam will be structured in the same composition as the State & National Registry examinations at the course level the student is attempting to achieve. The final practical exam will be structured around NREMT practical skill sheets.
STUDENT EDUCATIONAL RECORDS / GRADES

Student Privacy Act: (In compliance with the Buckley Amendment – 20 USC S. 1232g)

IVCC EMS Education Program policy on Collection, Maintenance, Release and Disclosure of students’ education records are as follows:

1. No student information or grades will be posted or released by IVCC EMS Education Program faculty or course Instructors without express written consent from the student, or signed waiver from student.
2. No grades will be given over the telephone to a student or any other person.
3. Students may obtain examination grades at designated times as set by the course Coordinator / Instructors.
4. Students may challenge exam items / grades by appointment with the instructors / course coordinator.
5. Students have the right to challenge the contents of their records and an opportunity for correction or deletion of any inaccurate, misleading, or otherwise inappropriate information contained therein. Appointments must be made to discuss the challenge with the instructor/course coordinator.
6. Students have the right to a response from the IVCC EMS Education Program regarding reasonable requests for explanations and interpretations of the records.
7. Students have the right to obtain copies of their educational records (with exceptions of the exams and quizzes). The students’ grades from their exams and quizzes can be released to the student on request.
8. Third party release of information:
   The IVCC EMS Education office will request written consent from the student to release or disclose educational records or attendance records to a third party. Individuals or entities who have provided payment for the EMS course may request educational records without student consent. However, they may only receive general information regarding pass/fail status and acceptable attendance yes or no. (example: Employer Agency Director) The student will be notified of this request before the information is provided to the requesting entity.

All students in IVCC EMS Education Programs will sign a waiver allowing the EMS System Coordinators, EMS System Medical Directors, and Instructors to have full access to grades and attendance records. Failure to sign the waiver will constitute termination from the program. All records will be available to IDPH on request.
CLINICAL EXPERIENCE POLICY

Hospital and Field Clinical:

Students are expected to complete all required clinical time. In the event of a clinical absence due to extenuating circumstances, it is the student’s responsibility to notify the clinical preceptor by calling the clinical site at least two (2) hours before the scheduled clinical. If the student cannot reach the preceptor / supervisor the student must contact the course instructor, IVCC EMS Program Coordinator, or EMS System Coordinator responsible for the course. The student will record the name of the preceptor / supervisor / person contacted, time of the call, and the phone number called. The student must submit this information to the Course Coordinator within 48 hours. Failure to submit the information will be counted as an unexcused absence.

Any missed clinical time will be counted toward the total number of absence hours for the semester.

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. Completed clinical forms must be turned in to the Course Coordinators within 48 hours after completion or at the next classroom setting.

Clinical Guidelines:

1. All students will arrive on time and will report to the Department Manager or the person in charge of the unit or the preceptor in charge. Students 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 an active role in assisting personnel as necessary and as requested.

2. Dress Code will be enforced during any clinical experience.

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 any required 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 Course Coordinator.
5. Clinical site 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 for learning. Use discretion while in the Clinical or Field setting.

7. When initiating communication with the patients, students will identify themselves as an EMT / Intermediate / Paramedic student.

8. In the event of procedural errors, students will report the incident immediately to the Preceptor on site & the Course Coordinator. The student and preceptor must complete any facility or agency incident documentation requirements per departmental policy. The student will bring a copy of that incident report the instructor/course coordinator at the next class or as soon if possible.

9. In the clinical areas students will demonstrate safe practice in skills consistent with their program of instruction and listed in their skills list. Procedures not listed on the accepted skills documentation for the level of student are NOT permitted under any circumstances.

Upon completion of daily clinical experiences and prior to leaving, students will report to the preceptor and/or the person in charge of the unit. All required signatures and paperwork must be complete before leaving the site.

EMT-Intermediate and EMT-Paramedic students must comply with the following:

- Clinical experience may be scheduled at the student’s place of employment ONLY if the student will be the third person on a call and one of the other persons is an authorized preceptor.
- Procedures completed at the students agency of employment may be counted IF the student is a third person on the crew and an authorized preceptor is also in the crew. (ex: 25% of hours completed but opportunity to start IV presents itself)
- No more than 25% of total clinical / field hours may be acquired at the students place of employment
- Students are responsible for completing all paperwork in a legible fashion and turned in on time.
- Only one student will be allowed at an agency or facility department at a time.
- Schedules will be coordinated through the Course Coordinator and Lead Instructors.
- Complete one emergency room clinical rotation (MINIMUM OF 8 HOURS) with the medical director, or his/her alternate, within a month of clinical completion.
Occasionally, students may be authorized to participate in learning experiences outside of the College district (IE Chicago Fire Department, Cook County Trauma Center). When these opportunities are available, the Course Coordinator and/or Lead Instructors will contact students with information. These clinical experiences will be voluntary on the student’s part. Transportation to and from all clinical experiences is the responsibility of the student.

All clinical requirements **MUST be completed within three months** of the end of the last classroom semester. The student’s first attempt for the state or national licensure exam must be attempted within one year of the end of the course. Deviations from this requirement will be addressed on an individual basis and will be strongly discouraged unless a hardship is evident. The IVCC EMS Program Coordinator and EMS Medical Director responsible for the course will review the “hardship plea” to determine if the student may granted an extension for completion of the requirements.

**ANY STUDENT RECEIVING AN INCOMPLETE FOR ANY REASON, FOR ANY PORTION OF THE COURSE MUST SATISFY THE CONDITIONS NECESSARY FOR COURSE COMPLETION WITHIN 3 MONTHS OF RECEIVING THE INCOMPLETE STATUS. IF THAT PORTION / SECTION IS NOT OFFERED AT IVCC WITH THE 3 MONTH PERIOD, THE STUDENT MUST DO SO DURING THE FIRST AVAILABLE SCHEDULED IVCC COURSE.**
### CLINICAL LOCATION PHONE NUMBERS

<table>
<thead>
<tr>
<th>Location</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ottawa Regional Main</td>
<td>815-433-3100</td>
</tr>
<tr>
<td>Ottawa Regional ED</td>
<td>815-431-5228</td>
</tr>
<tr>
<td>Ottawa Regional Respiratory Therapy</td>
<td>815-431-5235</td>
</tr>
<tr>
<td>Ottawa Regional ICU</td>
<td>815-431-5238</td>
</tr>
<tr>
<td>Ottawa Regional Anesthesia</td>
<td>815-431-5244</td>
</tr>
<tr>
<td>Ottawa Regional Med / Surg</td>
<td>815-431-5468</td>
</tr>
<tr>
<td>Ottawa Regional OB</td>
<td>815-431-5438</td>
</tr>
<tr>
<td>Ottawa Regional – Choices</td>
<td>815-433-5606</td>
</tr>
<tr>
<td>St. Mary’s Hospital Main</td>
<td>815-673-2311</td>
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<tr>
<td>St. Mary’s ED</td>
<td>815-673-4521</td>
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<td>Illinois Valley Comm. Hospital Medical</td>
<td>815-780-3533</td>
</tr>
<tr>
<td>Illinois Valley Comm. Hospital OR/Anesthesia</td>
<td>815-780-3522</td>
</tr>
<tr>
<td>Illinois Valley Comm. Hospital OB / Family Birthing Center</td>
<td>815-780-3443</td>
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### CLINICAL LOCATION PHONE NUMBERS (Continued)

<table>
<thead>
<tr>
<th>Location</th>
<th>Phone Number</th>
</tr>
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<tbody>
<tr>
<td>St. Margaret's Hospital Main</td>
<td>815-664-5311</td>
</tr>
<tr>
<td>St. Margaret's ED</td>
<td>815-664-1464</td>
</tr>
<tr>
<td>St. Margaret's ICU</td>
<td>815-664-1420</td>
</tr>
<tr>
<td>St. Margaret's Resp. Therapy/Cardiopulmonary</td>
<td>815-664-1467</td>
</tr>
<tr>
<td>St. Margaret's OB / Family Birth Center</td>
<td>815-664-1345</td>
</tr>
<tr>
<td>St. Margaret's Med / Surg. Unit</td>
<td>815-664-5311</td>
</tr>
<tr>
<td>St. Margaret's OR / Anesthesia</td>
<td>815-664-1555</td>
</tr>
<tr>
<td>Morris Hospital Trauma Center</td>
<td>815-942-2932 ext. 1160</td>
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### EMS Agency Non-Emergency Numbers

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<thead>
<tr>
<th>Agency Name</th>
<th>Phone Number</th>
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<tr>
<td>10/33 Ambulance - Spring Valley</td>
<td>815-663-6683</td>
</tr>
<tr>
<td>Marseilles Area Ambulance</td>
<td>815-795-4902</td>
</tr>
<tr>
<td>Mendota Fire Department</td>
<td>815-539-3434</td>
</tr>
<tr>
<td>Morris Fire Prot. Dist. / Kurtz Ambulance</td>
<td>815-941-1912</td>
</tr>
<tr>
<td>Oglesby Ambulance</td>
<td>815-883-6683</td>
</tr>
<tr>
<td>Ottawa Fire Department</td>
<td>815-434-3793</td>
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<tr>
<td>Peru Volunteer Ambulance</td>
<td>815-223-9111</td>
</tr>
<tr>
<td>Princeton Fire Department</td>
<td>815-875-1861</td>
</tr>
<tr>
<td>Sheridan Comm. Fire Prot. Ambulance (M-F, 8a-4p)</td>
<td>815-496-2296</td>
</tr>
<tr>
<td>Utica Fire Prot. Dist. Ambulance (weekends only)</td>
<td>815-667-4113</td>
</tr>
<tr>
<td>Wenona Ambulance Service (M-F, 7a-3p)</td>
<td>815-853-0044</td>
</tr>
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</table>
UNIVERSAL PRECAUTIONS

IVCC EMS programs involve clinical experiences in which students may be assigned to administer care to individuals who may or may not present with a contagious or communicable disease. Students will be expected to follow all recommended guidelines for prevention of contact with or exposure to a contagious or communicable disease. In every situation students will be expected to treat all patients with concern and dignity as part of the EMS professional standard of care.

IVCC EMS programs involve clinical and laboratory experiences which could be a potential health hazard to students who have compromised immune Systems. Students who know they have a compromised immune System should be aware of the potential health hazards to which they are exposed.

IVCC EMS students and faculty will follow recommended guidelines for “Infection Control Program” set forth by the Occupational Safety and Health Administration (OSHA) and the National Fire Protection Association (NFPA), as well as the policies of the various institutions in which they will have clinical experience.

To standardize the delivery of health care to all patients and to minimize the risk of transmission of a contagious infection or communicable disease, IVCC EMS students will:

1. Be taught basic skills in isolation techniques according to OSHA / NFPA / CDC specifications, and handling of body fluids in the psychomotor skills before actual clinical practice of these skills on a patient.

2. Be provided classroom instruction related to contagious infections / communicable diseases, mode of transmission and prevention.

3. Students and faculty will utilize the following blood and body fluid precautions consistently on all patients:
   a. Gloves will be worn during every patient assessment, procedure, or when touching items/surfaces soiled with blood or other body fluids.
   b. Hands will be washed immediately before gloving and again after removing gloves. Hands will be washed immediately and thoroughly when contaminated with blood or other bodily fluids.
   c. Gloves will be changed between each patient.
   d. Gowns or plastic aprons, masks, and protective eyewear will be worn for any procedures likely to result in or prone to splashing of blood or other bodily fluids.
UNIVERSAL PRECAUTIONS

(continued)

e. Used needles will not be recapped, purposely bent or broken by hand, removed from disposable syringes, or manipulated by hand.

f. Needles, syringes, scalpel blades and other sharp items will be placed in puncture resistant containers for disposal.

g. Soiled linen should be handled as little as possible with minimum agitation. All soiled linen should be bagged, tied, and disposed of properly.

h. Mouth-to-mouth resuscitation is not permitted. Mouthpieces and resuscitation bags will be used.

4. An IVCC EMS Program Incident Report / Exposure Report is to be completed if the student is exposed to blood or other bodily fluids through a needle stick, cut, mucous membrane splash, or cutaneous means. Follow-up screening will be recommended according IVCC EMS Program / affiliated EMS system guidelines. The cost of follow-up is not covered by IVCC EMS Education Program or its affiliated EMS systems.

5. All students and faculty will be required to follow “Universal Precautions” on all patients based on OSHA / NFPA / CDC standards.
CONFIDENTIALITY

Patient’s Rights and Release of Information

Policy:

No person may access written or computerized medical information concerning a patient unless that person is directly involved in the patient’s care, is otherwise authorized to access such information, or is accessing such information in the course of job-related duties.

No person may disclose medical information concerning a patient without proper authorization. To prevent unauthorized verbal disclosure of medical information, information about a patient’s diagnosis and treatment should be discussed only with other healthcare professionals involved in the patient’s treatment, and only in locations where the discussion cannot be overheard by unauthorized individuals. It is inappropriate to access medical information for anyone, including self or relatives, without proper authorization, subpoena or court order.

Affirmative steps should be taken to safeguard patient identity from disclosure by keeping medical records in a covered file.

Any written or oral presentation assignments regarding patient care rendered will NOT contain identifying information about the patient such as name, address etc. Written or orally presented information will use only generic information such as age/gender when reporting on patient information.

Special Instructions:

Patient information is not discussed with anyone not directly involved in the delivery of care. Information is never discussed outside a normal work area, or in any public area.

Information is not relayed to anyone including friends, family members, or significant others.

Inquiries made by news media representatives or other persons are referred to the hospital or EMS agency public information officer.

EMS student personnel never make statements to the media under any circumstances.
ACCIDENT and/or INJURY

Classroom:

A student who is injured in the classroom setting must notify the on-site Instructor immediately.

A written summary of the occurrence and medical care rendered will be submitted by the student to the Course Coordinators.

IVCC EMS is not responsible for any claims for expenses that result from an action of the student in the classroom setting.

Instructors, acting in good faith, shall not be liable for an accident or injury.

Clinical:

A student who is injured in the clinical setting must notify the preceptor in charge immediately.

A written summary of the occurrence and care rendered will be submitted by the student to the Course Coordinator & the EMS System.

All clinical facilities must provide access to acute emergency care in the event of an accident or injury to a student.

Students will be responsible for all expenses charged by the clinical facility in rendering care.

The IVCC EMS Program and its affiliated EMS Systems are not responsible for any claimed expenses resulting from an action of the student in the clinical setting.
DISCIPLINARY PROCEDURES

The IVCC EMS Education Program is dedicated to providing educational opportunities for students whose performance and conduct are satisfactory. Students are expected to maintain a proper and professional manner in class and clinical. Students whose conduct deviates from this will be given an opportunity to correct their conduct. Educational staff will assist students on an individual basis. However, each student is responsible for learning the information needed to successfully complete the EMS Training course.

When a student’s actions deviate from a professional level, a conference will be held with the student, the Instructor, the Course Coordinators, & the EMS System Medical Directors. The outcome of the conference, the nature & seriousness of the offense and the circumstances surrounding the student’s misconduct will be documented.

The normal progression of disciplinary action is as follows:

**Verbal Warning: 1st offense**

Educational staff will verbally inform the student of reported misconduct, discuss the means of correction and inform the student of the consequences if the misconduct is not corrected. Documentation of this conference will be placed in the student’s file.

**Written Warning: 2nd and subsequent offenses**

Educational staff will inform the student in writing of the misconduct. The student will sign the warning indicating that it was received. A conference will take place with the educational staff and the student. At this time the reported misconduct will be explained. The means of correction discussed and consequences of the written warning and conference will be placed in the student’s file.
DISMISSAL from the PROGRAM

In the event of a serious misconduct, continued misconduct, or a negligent act that places the crew or a patient at risk of harm, the Course Coordinators & the EMS System may immediately suspend the student and dismiss the student from the program.

This decision will be final.

Students may be dismissed from the training program if:

1. It becomes mathematically impossible for an eighty percent (80%) of total points to be achieved prior to the end of each Module and / or Final exam.

2. Student exceeds allowed absences as defined by the attendance policy.

3. Student has violated professional conduct standards.

4. Student has breeched “Patient Confidentiality.”

5. Any situation reported by the instructors and/or preceptors, and determined by the IVCC EMS Program Coordinator, in collaboration with the EMS Medical Director responsible for the course, to be grounds for course dismissal. The student maintains the right to review all decisions with the IVCC Dean of Health Professions.
REQUIREMENTS for COURSE COMPLETION

Successful completion of an IVCC EMS Course will require the student to fulfill the following:

1. Maintained an 80% classroom average for each division exam, an 80% average for quizzes, and satisfactory completion of other assignments as outlined in course syllabus.

2. Satisfactory rating on the practical performance.

3. Satisfactory attendance.


5. No balance due of unpaid fees.

6. Fulfillment of all classroom requirements.

7. Satisfactory completion of final practical examination.

8. Satisfactory completion of the **FINAL** written examination with a score of 80% or higher.
PHYSICAL REQUIREMENTS FORM

All IVCC EMS Provider courses require good physical stamina and endurance.

I have been informed that I will need to be able to lift, carry, and balance patient’s in excess of 125 pounds (250 pounds with assistance). I will also need to be able to sit, stand, walk, run, climb, bend, stoop, crouch, kneel, crawl, twist, push, and pull.

I understand that the above physical requirements will be required to successfully complete the practical portion of this course.

If I am unable to fulfill the above attributes:

1. I understand that it is my responsibility to notify the Course Coordinators of any physical limitation / injury I have prior to engaging in practical skill sessions.

2. This notification MUST be submitted in writing. I will submit a letter from my physician explaining my physical limitations to the Course Coordinators.

If I am unable to complete the practical portion of this course due to my physical limitations the IVCC EMS Program may allow me to finish the practical portion of this course in the next IVCC EMS Program sponsored course when I have been cleared by my physician to do so. If another course is not available, the IVCC EMS Program is not obligated to provide one.

Student Signature ___________________________ Date ______________

Student Name Printed ________________________

Witness Signature ___________________________

Witness Name Printed ________________________

I, __________________________ have read the IVCC EMS Education Program Student Handbook.

I understand and acknowledge the information contained in this Handbook and agree to abide by all stated requirements.

I authorize the course instructors, IVCC EMS Program Coordinator, IVCC Dean of Health Professions, and the EMS System Coordinators & Medical Directors responsible for my course to review all grades, exams, attendance information, clinical documentation, and disciplinary documentation related to my course participation.

I further understand that my academic and attendance information will be available to the Illinois Department of Public Health Division of EMS upon request.

I know that I must complete the didactic and practical portion of the EMT course prior to the final date of regularly scheduled classes as set by the IVCC Board of Trustees. I know that I must complete all clinical and field internship time within 3 months of my original course completion date.

Student Signature __________________________ Date_________________

Student Name Printed __________________________

Witness Signature __________________________

Witness Name Printed __________________________