



Emergency Medical Services Academy
Clinical Guidelines Manual 2016-2017 for the State of Louisiana
(Rev 9/2016)



Student Name: _____

Course Number: _____

Welcome to the RC Health Services Emergency Medical Services Academy Clinical Guidelines Manual!

The clinical and internship portion of your course comprises the most exciting and challenging portion of your educational path in the Emergency Medical Services Training program at RC Health Services. This book will help clarify issues that may arise during the course of clinical internship rotations. At first appearance this handbook may read as regimental, and at times somewhat “negative”, but in reality it is only a tool to inform and guide you as to what is and will be expected of you. As allied health professionals, you will soon learn that every medically related work environment has rules and policies. As an educational entity, RC Health Services EMS Academy will do its best to prepare you for the workforce and will give you proper exposure to all areas pertaining to the work environment. If you use common sense, you will find that compliance with these policies is quite simple. Our goal is to train and develop the individual student into a functioning member of the emergency medical workforce. We constantly strive to improve our program for the benefit of the students. The standards here are high, but so are the achievements of our students. These guidelines help to not only keep our standard high but also to allow our students access to some of the most prestigious medical training facilities in the world. These guidelines are not all encompassing but were created in an effort to guide you in making the right decisions. Carry this with you and refer to it often. Also, please feel free to discuss with your instructor ways that we may improve our service to you as a student.

Sincerely,

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Louisiana EMS Laws

The EMS Certification Commission (EMSCC) has the responsibility to establish and publish standards of out-of-hospital practice; to regulate the scope of practice of Emergency Medical Services professionals in the State of Louisiana, to discipline and regulate the practice of Emergency Medical Services professionals and to establish standards for educational programs preparing individuals for out of hospital practice. For more information about the EMSCC, Louisiana Bureau of EMS (LABEMS), and the laws and regulations, please visit <http://new.dhh.louisiana.gov/index.cfm/page/1754/n/400>

Your careful review of the rules is essential to begin a safe and lawful professional career. You will be asked many questions about EMS, and the “ins” and “outs” of patient care, delegation, clinical limitation, and other areas, most of which are covered directly or by reference in the rules. Your thorough knowledge of these rules will enhance your ability to respond in an intelligent manner to each question.

Recognize that the rules represent the product of an evolving mechanism. Since the first rules were developed in 1983, changes have been made to more accurately reflect the roles that EMS professionals assume in practice.

Before Scheduling Rotations

All aspects of the program in which you are enrolled must be completed as outlined by your Student Handbook prior to scheduling clinical rotations.

Background Check/Drug Screening

You will not be able to begin Clinical Rotations until your background and drug screening have both been completed and cleared. Each Clinical Affiliate reserves the right to prohibit a student from attending rotations at their facility even if their background is cleared by RCHS or the Louisiana Bureau of EMS.

Immunizations

All students must submit copies of all required immunization records prior to the date of Clinical Orientation. Copies are to be made by the student. Originals should be kept by the student. All submitted records will become part of the required student file and will not be returned to the student. Students who have attended the RCHS EMS Academy in the recent past (approximately 2 years) may only need to update their existing file. All students are reminded that TB tests are only valid for one year. It is the student’s responsibility to make sure all immunization records are up to date.

Required Immunizations:

1. **Tuberculin Skin Test (PPD)** – must be valid (within one year) through the end of the enrolled semester. It must be renewed annually. If positive or student cannot receive skin tests, the student must submit a chest X-ray interpretation of being tuberculosis free and a signed note from the physician stating that the student is eligible for rotation and free of tuberculosis disease at this time. Note: PPD skin tests are not accurate if administered within 30 days following the MMR shot. Check with your physician to assure no delay in clinical attendance.
2. **Diphtheria and Tetanus (Adult TD)** - must be valid (less than ten years old) through the end of the enrolled semester.

3. **Measles, Mumps, and Rubella (MMR)** - Student must have two (2) doses of measles vaccine on or after their 1st birthday and at least 30 days apart, and in addition, one (1) dose of mumps/rubella vaccine on or after the student's first birthday;

- or, record of physician diagnosed mumps/rubella;
- or, serologic test positive for mumps/rubella antibodies (Titer test).
- Student may submit proof of date of birth prior to 1/1/57 in lieu of the second dose.

4. **Varicella** – Must have received two (2) doses of varicella vaccine unless the first dose was received prior to age thirteen (13) or demonstrate serologic immunity (Titer test).

5. **Hepatitis B** - Must have completed the vaccination series or demonstrate serological immunity (Titer test) prior to making patient contacts.

6. **Influenza** – Must have a valid Flu Vaccine.

Physical Fitness for Clinical and Ambulance Rotations

Each student is required receive a complete physical examination by a licensed physician, PA, or NP prior to attending clinical rotations. Students who are pregnant, have any preexisting condition that would not allow full participation in clinical rotations, or potentially communicable diseases should contact the Clinical Coordinator early in the program and before attending rotations. Additional documentation such as a letter or physical condition statement from the student's physician may be required to attend rotations. Specific waiver and release may be required at the discretion of the Clinical Coordinator or Program administration.

Financial Responsibility

Financial requirements are solely the responsibility of the student unless specifically noted. A few anticipated expenses that the student may incur include but are not limited to:

- Clinical forms, notepad, black ink pen, printed Clinical Guidelines Manual
- Belt, pants, socks, and shoes
- Stethoscope, penlight, EMS scissors, protective eyewear
- Watch - capable of indicating seconds
- Parking fees
- Meals and snacks
- Affiliate fees, Health Insurance, Immunizations
- Medical Expenses (some immediate emergency care may be covered by the affiliate)

Students attending any clinical or internship rotations are strongly advised to acquire personal health and accident insurance. Some EMS affiliates will require proof of personal health insurance before allowing individual students to attend rotations at their service. The cost of health insurance is the responsibility of the student. Additional clinical rotations beyond the scheduled program timeline, for the purpose of completing clinical requirements, may require additional tuition and/or insurance fees. These are the responsibility of the student.

Scheduling Clinical Rotations

Clinical Coordinator

The Clinical Coordinator is a faculty member, appointed by the Education Committee, who assumes responsibility for clinical operations as they relate to RC Health Services EMS Academy. The Clinical Coordinator is responsible for maintaining student immunization records, system evaluations and the scheduling of students and faculty for clinical and internship rotations.

Scheduling

All rotations must be scheduled through the Clinical Coordinator. All clinical pre-requisite records must be on file prior to clinical scheduling. Do not report for rotations for which you are not scheduled, unless given express consent from the Clinical Coordinator or Program Director. If a student attempts to attend a rotation for which he/she is not scheduled, disciplinary action will be taken up to dismissal from the RCHS EMS Academy. Should a student not schedule an adequate amount of hours needed for completion of the course, the student may need to apply for an extension.

No shift is confirmed until the Clinical Coordinator has sent confirmation in writing.

Due to administrative process, cooperative education agreements, human error and departmental scheduling conflicts, a scheduled shift may be canceled. The student will be notified by the Clinical Coordinator or Program Director at the earliest possible time.

If you submit a Clinical Request without having been cleared by either the Clinical Coordinator or your Lead Instructor, all requests will be denied and you will be suspended from clinical scheduling for one month. No extensions will be given if this exceeds your six-month limit or your extension terms.

Students must keep the Clinical Coordinator (or designee) informed of current phone numbers in the event the coordinator needs to contact you away from the campus or rotation sites. Students should resolve questions about clinical affiliate locations and other issues on their own.

Rescheduling

Once a student has been assigned a shift, any changes or cancellations on part of the student will result in at minimum a 10-point grade deduction and possible dismissal from the RCHS EMS Academy.

During the hospital clinical and ambulance internship, the student may be assigned or re-assigned to a specific clinical site.

Long hours and hard work are not a problem... They are part of the job!

Clinical Absence

If a situation arises in which a student cannot attend a rotation, the student will leave a voice-mail message as soon as possible to the Clinical Coordinator. As soon as feasibly possible, the student should submit written documentation to either the Clinical Coordinator.

Unexcused clinical absences will not be accepted. There will be a ten (10) point deduction from the clinical grade for each clinical absence with the following exceptions:

1. Worker's Compensation Claim (present documentation to the Clinical Coordinator)
2. Active Duty in Armed Forces
3. Service on a Jury (Bailiff Receipt Required)
4. Family Medical Leave Act (FMLA*) (Documentation Required)

The appropriate legal documentation concerning each of these situations will be required. Letters and notes written by the student will not be accepted as sufficient documentation. Situations where a student is sent home for disciplinary reasons will be dealt with as an unexcused absence. In all cases of unexcused clinical absences, students will be given a maximum of two (2) absences throughout the entire session. Upon the third absence, the student will be barred from all further rotations in that session and will be required to repeat the entire clinical session and hours in the next offering. The student will be responsible for withdrawing from the clinical session at that time.

* The Family and Medical Leave Act of 1993 defines non-penalized leave to eligible students for:

1. Childbirth;
2. Adoption or foster care;
3. Recovery from serious injury;
4. Caring for a seriously ill spouse, son, daughter or parent.

Note:

The RC Health Services EMS Academy is not required under FMLA to offer this option, but does so in the best interests of the student experiencing prolonged non-availability for rotations. This exception does not immediately grant you an extension, and is not in any way related to program enrollment; it is only for the purpose of allowing excused absence from a clinical rotation.

Clinical Non-Completers

All EMT-Basic students must complete all clinical hours within the allotted start date.

Extensions may be granted on a case by case basis.

Minimum Requirements for Clinical Rotation Completion

EMT-Basic

Hospital

- A minimum of 12 hours in an affiliated hospital emergency department (May be waived by the Course Coordinator)
- A minimum average documentation of one (1) patient contacts per twelve (12) hour shift

Ambulance

- A minimum of 36 hours on an affiliated ambulance.
- **If an Emergency Department isn't available, you will have to complete 48 hours on an affiliated ambulance.**
- Rotations in which the required hours were completed but no transports were made, must be documented on a patient report forms as "No patients/no transports". If you do not have your 10 patient contacts, you will have to schedule more rotations until you get all of your contacts
- Documentation for at least 10 patient contacts is required as well as the Clinical Competency Tracking Form.

YOU MUST ALSO MEET ALL COMPETENCIES PER THE NATIONAL EMS SCOPE OF GUIDELINES PRACTICE AS WELL AS THE LOUISIANA BUREAU OF EMS.

During Clinical Rotations

Attendance and Reporting Procedures

Since the student will be evaluated heavily on attendance and responsibility matters, it will be important for the student to plan an effective strategy for reporting to the clinical on time and at the specified place.

Reporting Sites

Emergency Department: reception desk and ask for the charge nurse/any other location as directed by the Clinical Coordinator

Ambulance Service: Location as directed by the Clinical Coordinator

Students will report to the assigned area 15 minutes prior to the beginning of the shift, introduce themselves and will be under the supervision of that staff/faculty member or designee.

Students will rotate and perform tasks as assigned by the preceptor at the facility. Students will notify the contact person or designee upon arrival, upon taking a break for meals or other reasons, and upon leaving the shift. Should the Clinical Coordinator visit the affiliate and find that the student is not in the assigned area and the contact or designee not know the student's location, the rotation will be counted as an unexcused absence. The student will obtain the signature of the contact person or designee on all patient reports and student evaluations upon conclusion of the shift. The student will only document time spent in the department, if the time sheet reflects inaccurate information, the student may be placed on clinical suspension for falsification of a state certification document, and the student will have to re-apply for the next session. If at any time the student is placed on clinical suspension, there will be no refund for program costs.

If urgent, call your Clinical Coordinator, as outlined below. Call at any hour if any of the following occur:

- You are exposed to a reportable disease by needle stick or other means
- No preceptor shows up for your rotation 15 minutes after the rotation was to begin and there are other students awaiting the preceptor's arrival. If you are told by the charge nurse to wait in the EMS breakroom, etc. and they fail to send someone to come and get you at a specified time, wait 20 minutes and contact the charge nurse for further instructions.
- If you are involved in an accident or otherwise injured during the rotation.

If you are sent home from a rotation, you must notify the Clinical Coordinator within 24 hours.

If you do not receive a phone response from the Clinical Coordinator within 15 minutes, you should call your assigned Instructor. All procedures as stated above should be followed here as well.

General Clinical Rules

These policies are appropriate for both hospital and ambulance and at all levels. Violation of these policies may result in grade-point deductions or being dismissed from a rotation and/or suspension from the Program. All situations deemed critical or severe will be referred to the Education Committee for review and action.

Students should make themselves generally helpful during the shift. This may include participation in routine duties such as housekeeping and cleaning. At times the student may be asked to perform routine tasks of patient care such as going to the pharmacy and/or going to the lab to drop off specimens. The student should assist the staff in any legitimate duty. The student's primary responsibility is to learn about patient care in the EMS and Hospital environment. Assigned tasks should not replace the student's objectives for the rotation but this does not free the student from the responsibilities of completing delegated tasks.

Students should maximize the clinical experience by frequently performing patient assessments. These skills are important to the student and are developed through practice. The student may wish to compare their findings with those found on the patient chart or performed by the physician, paramedic, nurse or other clinicians.

Students are not to take the place of qualified staff during any clinical rotation. During the rotation patient care performed will be done under the close supervision of the clinical specialist, faculty, clinical site staff, and Program Medical Director or clinical preceptor. According to State Law, no student will be an integral part of the crew or staff or solely responsible for patient care. Methods of treatment and protocols may differ from site to site and/or may differ in a manner other than was presented in class.

Tactful inquiry in a non-judgmental fashion and away from the patient, family members and staff may resolve questions a student may have in regard to the care given. Students will perform patient care only to the level of training which they are attempting to obtain. Under no circumstances will the student be permitted to supersede the scope of practice of the level for which they are training. Students will carry out patient care under the supervision of the clinical preceptor.

Questions regarding performance of a skill should be directed to the clinical preceptor. Students will be required to follow the directions of the hospital staff, the faculty preceptor and/or the clinical preceptor. The preceptor has the authority to determine what actions may or may not be carried out and the Education Committee (or designee) reserves the right to make the final decision regarding any clinical or internship action.

All medication administrations will be done in the immediate presence of the clinical preceptor or the RCHS EMS Academy Medical Director.

The clinical preceptor, clinical preceptor, or supervisor has the authority to send a student home for any witnessed violation of the program or affiliate policy. The Clinical Coordinator will file a clinical incident report with the Education Committee, who will investigate the circumstances surrounding the incident. The Education Committee will then remediate the student in a manner in which the Education Committee deems appropriate.

Conduct and Behavior

Students are expected to maintain an immaculate level of professionalism throughout the duration of their clinical rotations. The student is advised to observe and note the standards of other medical professional groups. Any non-professional behavior will not be tolerated and may include dismissal from the RCHS EMS Academy.

Students may not attend clinical rotations with any indication of illegal drug or alcohol use. This includes demeanor, actions, impaired coordination, and/or odors on the person and/or breath. Violations of this type may result in immediate dismissal from the RCHS EMS Academy.

RC Health Services EMS Academy will only represent a student when they are actively involved in the RC Health Services EMS Academy. A student is only covered by liability insurance when representing RC Health Services as a student through a RC Health Services approved Clinical Rotation.

With the affiliate's permission, training films, procedure training, grand rounds, and in-service training should be attended if they do not interfere with your primary training objectives.

Students should not seek free medical advice while attending a rotation. Students should anticipate meal and drink expenses while at a facility. Do not ask for loans or extensions of expenses incurred.

No foul or off-color language should be used while attending a rotation. Verbal tone, demonstrated negative attitude and other disruptive behavior at a clinical site will result in a student being sent home, and may result in further penalties. Inappropriate anatomical terminology (offensive) will not be tolerated.

Clinical rotations are not a dating service or social environment. Social meetings, discussions and events should be scheduled when all parties involved are off-duty and not on program time.

Phone calls should be made on an emergency basis only. Students should not give out the affiliate's phone number as a place where calls for the student may be received. Conversations longer than 5 minutes should be postponed until the student has completed the rotation and left the facility.

Students may not carry on cellular telephone conversations at any time or in any location where patient care is being rendered or while in the patient care environment. Students will not invite or entertain friends or family members or other guests while attending rotations.

No sleeping is allowed on rotations. Students found sleeping on rotation will be dismissed from that rotation and a clinical incident report will be placed in their file and a ten (10) point deduction will be made from the clinical grade.

Eating and drinking is allowed only in designated areas. No eating or drinking is ever allowed in a patient care area. Students are allowed 30 minutes for lunch and two 10-minute breaks during the course of their shift. Break times are not to be abused and are not to be taken to evade participation in a specific task. Notify the clinical preceptor when you wish to take a break.

Smoking is restricted to designated smoking areas only. Notify your preceptor when you take breaks to smoke or to relax. Be aware that some clinical facilities and EMS agencies do not allow smoking on their property. Students will not ask the EMS crews to attend to personal requests such as going by your residence, going to eat, or shopping while on rotation. These issues should be attended to prior to reporting for duty.

Students will not recline on couches or chairs in areas accessible to the general public. Feet will not be permitted on chairs or tables. When a new staff member is present, the student should stand up and introduce themselves. Any form of gambling is prohibited while attending rotations.

Weapons of any sort will not be allowed. Knives or cutting instruments larger than may be carried in a front pocket are not allowed. Firearms are prohibited on clinical rotations. Exception to this rule is granted only in the case of a certified peace officer in the State of Texas. Peace officers should notify the preceptor on shift as to this exception and should be ready and willing to provide adequate TCLOSE identification if requested. In these cases, firearms will be maintained in a hidden and non-threatening position on the student's person. No openly belted, holstered, or otherwise carried firearms will be allowed in the clinical setting.

The demonstration or presentation of a weapon by anyone, including certified peace officers, during a clinical rotation will require a written report from the student as to reason and rationale. Said report will be submitted directly to the Clinical Coordinator and RCHS EMS ACADEMY Program Director.

Students are not to attempt to gain access to any security controlled area of an affiliate in which they not specifically assigned. Students should not enter private offices of faculty/staff unless a member of the staff and/or faculty accompanies them and only with permission from the individual. If it is locked, stay out.

Students must abide by all rules, regulations, and policies of the affiliating facilities or services. Some EMS services and clinical facilities have special information for you regarding their departments.

During the clinical and ambulance internship, the student may be suspended from continued rotations based on, but not limited to:

- Endangering the life of another person during any act or omission,
- Incorrectly or falsely representing oneself,
- At the request of a facility/affiliate,
- At the request of the Louisiana Bureau of EMS
- Any violation of the EMSCC or LABEMS rules and regulations
- Violations of patient confidentiality (see HIPAA rules),
- At the discretion of any RC Health Services staff or assigned Preceptor.

Appearance and Dress Code

The student will report to all clinical sites fully dressed in the appropriate uniform worn in a proper manner. Uniform shirt and pants must be clean and pressed (unwrinkled) when reporting to assignment. Uniform shirts must be tucked in and buttoned to the first button below the collar. Ripped, torn, soiled, patched, badly worn, faded, or un-pressed/wrinkled uniforms will not be worn to a rotation. A plain white or navy blue t-shirt may be worn under the uniform shirt. If a T-shirt is worn, the T-shirt sleeve may not be longer than the sleeve of the uniform shirt. **If a student has visible tattoos, the student must wear a long-sleeved undershirt beneath their uniform that is either white or navy blue. ALL VISIBLE TATOOS MUST BE COVERED. You must wear your RC Health Services ID badge on the right shirt collar.** Uniforms should not be worn while away from a clinical rotation unless in transit to and from the rotation. Uniforms should not be worn in an establishment that derives more than ½ its profit by sale of liquor by the drink or other places where the reputation of the program, other students, and faculty are compromised. Uniform display does not imply employment of the student by the RC Health Services or any affiliating agency. Financial obligation of uniforms and required equipment are solely the responsibility of the student. The student must purchase and wear the RC Health Services EMS Academy designated shirt to all clinical rotations. No other patches or emblems including state or national certification are to be worn. Due to infection control procedure, the student may wish to purchase two shirts in the event that the shirt becomes contaminated and must be disposed of. Additional uniforms may be purchased from RC Health Services.

Pants must be navy blue or black in color and be of either Dickey's style pants or commercial EMS pants. No jeans or denim pants will be allowed. Belts must be worn with pants. The belt must be plain, black, and free of emblem or designs with a plain buckle or Velcro closure. All outerwear (jackets/coats) must be approved by the Clinical Coordinator prior to clinical rotation.

An all black work or duty style boot with adequate ankle protection (of approximately 6" or more in length) with a defined heel of no greater than 1" will be worn with the uniform. Boots will be devoid of all decorative stitching, embossing, belts, or buckles. Black tennis shoes are not permitted. Boots should be clean and polished when reporting for clinical rotations. Black socks must be worn if socks are visible in normal wear. Pants must be worn outside of boots. **IF YOU DO A ROTATION AT ACADIAN AMBULANCE, YOU MUST HAVE A GREEN VEST PROVIDED BY RCHS.**

Jackets or rain gear may be worn in inclement weather. They must be free of patches and emblems and be appropriate in the EMS setting. RCHS EMS Academy faculty and/or clinical site preceptor may determine clarification of appropriate attire.

Students are required to have the following items when reporting for rotations:

1. RC Health Services Clinical ID
2. Watch with either a second hand or digital second chronograph.
3. Stethoscope, EMS scissors, pen light, eye protection
4. Small note pad, pen with black ink
5. Internship Documentation
 - a. Patient Documentation Reports, Student Evaluation with envelope, Clinical Tracking Form
6. Clinical Guidelines Handbook
7. Student exposure forms

Students are expected to follow accepted standards of personal hygiene for medical professionals. The hands must be clean. Fingernails must be clean and well-trimmed. Underarm deodorant must be worn. Only clear or neutral colored nail polish is to be worn. Hands should be washed with anti-microbial soap before patient contact, between patient contacts, after patient contact, before eating, before and after using restroom facilities, after removing gloves, and at the completion of the shift.

Jewelry is to be limited to a watch, one pair of stud earrings, and one ring per hand. Any necklace worn must be hidden under uniform shirt. Rings must not pierce through gloves and/or become entangled in equipment. **Males must remove their earrings while at the rotations. Eyebrow, nose, tongue, and other facial jewelry are not acceptable and will not be worn. Men are not allowed to wear any facial piercing including ear rings.**

Heavy make-up is inappropriate in the clinical environment. Perfumes and colognes may be offensive to persons who are ill and injured and should not be worn during rotations.

Hair must be clean, combed neatly and pulled back away from the face. Affiliating agencies may have dress codes in place concerning hair length and style. Some agencies may have policies concerning and not allowing facial hair (beards).

The student may be subject to additional rules of dress as specified by the affiliated agencies. All students are expected to abide by all rules set for employees of the affiliating agencies. Failure to comply with the agency's rule will result in the same disciplinary process as violation of a Program policy. Affiliate sites reserve the right to enforce appearance and behavior codes in their binding legal agreements with the program.

Any infraction of the dress code rules that result in dismissal from the site may be counted as an unexcused absence and result in a ten point (10) deduction in final clinical grade, possible dismissal from the clinical site and/or hours accumulated for that shift may not be counted. Any RC Health Services faculty member or clinical affiliate representative may enforce dress code at any time a student is found on rotation.

Clinical Identification Cards

A photo ID card will be supplied to all students attending clinical rotations. This is in compliance with hospital and EMS agency security policies. Due to the current Homeland Security climate, this card must be surrendered to the EMS Academy Department upon completion of the clinical portion of the class or upon request of from the Clinical Coordinator or EMS Academy Program Director. If the ID is stolen or misplaced, the student must report the theft or loss to the Clinical Coordinator or EMS Academy Program Director immediately.

No shifts may be attended without a current RC Health Services ID Badge. Affiliates are advised to send the student home immediately without an ID Badge. If the student is sent home due to not having an ID Badge, they are subject to disciplinary action up to and including dismissal from the program. The ID must be conspicuously worn by itself on the shirt collar, photo side out.

Infection Control

EMS workers compose one of the most statistically significant groups among the medical community for possible exposure to communicable diseases and especially blood borne pathogens. As a student you will find that adhering to these policies will reduce your risk of disease contraction. Infection control is one area that should never be neglected among EMS professionals under any circumstances.

All students must complete training in Universal Precautions and achieve a minimal passing score of 100% on the Universal Precautions Written Exam. No student may schedule for clinical rotations or participate in any patient care without a verification of this exam in the student's file.

All students must take the appropriate CDC recommended universal precautions for the work that they are to perform/observe. Precautions should be used on every patient contact, not just those that appear ill or are known to be infectious.

Students should keep open sores, cuts or lesions on their body covered with an adhesive bandage until wound is completely healed. Students should not have direct patient contact if the student has exudative lesions, weeping dermatitis, or other infectious dermatological disorders.

The most effective means of reducing your risk to pathogens is by routine hand washing. Thorough hand washing should be accomplished before and after every patient contact and between glove changing. Use of gloves is not a substitute for hand washing. If on an ambulance rotation, the student should cleanse his/her hands with anti-microbial scrub until proper hand cleansing facilities are made available to the student.

Gloves should be worn on any potential exposure to body fluids. During circumstances of the threat of significant exposure exists, goggles, masks, and/or gowns should be worn. Gloves should be changed and disposed of in a biohazard waste container after contact with each patient. Students with latex allergies should contact the Clinical Coordinator for recommendation. RC Health Services EMS Academy cannot guarantee that all clinical affiliate sites and services will have non- powdered or hypoallergenic gloves available.

Masks should be worn in any patient contact where the patient presents with a persistent cough. Patient contact with those patients suspected or diagnosed with TB should be carried out with an appropriate HEPA type mask to be used by the student. If HEPA mask is not supplied by the affiliate, the student should request one.

Needles and syringes should not be recapped after use, and should be placed in the designated sharps disposal container immediately. Needles and syringes should not be set down on any surface, punctured into a cushion, thrown on the floor, or passed to another student but rather disposed of immediately. Do not reuse contaminated or disposable equipment. Use proper equipment and procedure for disposal of vacutainer holders/needles and tubex style syringes.

Students should check with clinical site personnel before discarding linens, dressings, containers, or equipment soiled with body fluids. Students should not assist in cleaning and or disposing of equipment that they are not familiar with until properly shown in a correct manner by a clinical staff member. Many needle sticks are caused by suture needles and other sharp instruments being improperly disposed or handled. Students will maintain universal precautions while cleaning and preparing equipment. Blood spills should be promptly cleaned using CDC guidelines. Students will follow the instructions of preceptors when dealing with body fluids and cleaning and disinfecting equipment.

Students will use barrier devices such as bag-valve-masks, demand valves, or pocket masks while providing ventilatory assistance. Under no circumstances should the student perform mouth-to-mouth or mouth-to-tube ventilations.

Certain patients may present with diseases requiring isolation procedures to be taken by the student prior to patient contact. In this instance the student will follow all recommended procedures given to him/her by the clinical site.

In the event that a pull over type shirt should become soiled with potentially infectious material, the shirt should not be pulled over the face but instead cut away from the person and disposed of in a biohazard receptacle.

Reportable Infectious Exposures

A reportable exposure is defined as the following:

“Within the course of a clinical or ambulance rotation, a student or faculty member has a parenteral (needle stick/cut) or mucous membrane exposure to another person’s bodily fluids, including blood, or has an exposure involving significant amounts of blood or body fluid or prolonged contact with blood or body fluid (especially in non-intact skin conditions).”

All injuries and reportable exposures must be reported to and will be handled by the Clinical Coordinator. Should a disagreeable situation arise during a rotation at an affiliate site, the student should submit a written report to and arrange a conference with the Clinical Coordinator at their earliest convenience. The Clinical Coordinator will then advise the Education Committee of the incident. Evaluation reports of the preceptor and/or the affiliate site should be consistent with said written report. The Clinical Coordinator may be at clinical sites or attending other off campus business during office hours. Should you have an issue that arises or a question, contact your Clinical Coordinator.

Exposure Protocol:

In case of documentable exposure, the student should take the following steps in order:

1. Take action to lessen the severity of the exposure and decrease risks of further exposure and/or the exposure of others. (i.e. - disposing sharps or getting proper disposal equipment.)
2. Clean the exposed part of your body in a manner consistent with universal precautions training.
3. Notify the clinical preceptor after or during the cleaning process. (Do not delay washing to find the appropriate authority to notify.)
4. Notify the Clinical Site Supervisor and proceed with the affiliate's Employee Exposure Procedures.
5. Call your assigned instructor.
6. Follow-up with the affiliate's infection control contact person to obtain the patient's status of HIV (serological or historical), HBV (HBSAB), RPR, and VDRL.
7. Follow proper site and Program exposure procedures by getting names and phone numbers of any witnesses.
8. Do not leave the clinical site until you have spoken with a supervisory representative from the affiliate and the Clinical Coordinator.
9. Turn in a Clinical Incident Report form with Clinical Exposure Form to the Clinical Coordinator or your Assigned Instructor within 24 hours, or if a weekend shift, Monday morning.
10. Follow-up with your personal physician as soon as possible.
11. If the patient is positive for any communicable disease(s), baseline laboratory work-up and prophylactic immunizations are strongly recommended.

Important: Do not wait to report an exposure incident!

Clothes that become soiled with body fluids or otherwise hazardous exposures should be removed and properly cleaned as soon as possible. Students may wish to bring alternate uniform/clothes to wear should theirs become soiled. It is at the discretion of the affiliate to allow the student to wash their uniform at the site and/or to continue the shift while the student's uniform is being washed. Since the uniform shirt is a pullover type uniform, the student is advised (OSHA standard) to cut the shirt to remove it rather than to expose the face to potential pathogenic hazards.

Patients to whom you are exposed are frequently discharged or otherwise unreachable soon after the exposure. Delay of reporting the incident may limit the extent of investigation and testing of the individual to whom you were exposed. The Program will take no disciplinary action against the student in cases of exposure unless your gross negligence has put others at risk.

Clinical Rotation Documentation

Evaluation Process

The RC Health Services EMS Academy has developed a three tiered evaluation system for the measurement of student performance, clinical site review and preceptor performance. This system mirrors nationally established processes for quality assurance of clinical experiences. The three (3) forms or instruments for evaluation are as follows:

Student evaluation form should be filled out by the preceptor. This form evaluates the student's affective skills such as appearance, promptness, willingness to become involved in patient care and others. At the end of the rotation, the student should present the preceptor with a #10 regular size envelope (4.5" x 9.5") into which the preceptor will place the completed evaluation report and seal the envelope then write his/her name across the glued edge of the envelope flap. All forms should be turned in to the Clinical Coordinator upon course completion.

Students: Please note that there must be a student evaluation form for each rotation attended in order to graduate from the program. Students are responsible for filling out their name and shift location on the form. Forms submitted that are filled out improperly or incompletely will result in a ten (10) point deduction in the final clinical grade and delay the issuance of a course completion certificate.

Preceptor evaluation forms allow the student to evaluate the Clinical Preceptor. Students should provide an honest assessment of their experience with the clinical preceptor. This evaluation assists the EMS Academy in quality improvement of its clinical and internship preceptors.

Clinical Site evaluation forms allow the student to evaluate the Clinical Site or Department. Students should provide an honest assessment of their experience regarding the actual clinical or ambulance affiliate site or unit. This evaluation greatly assists the EMS Academy in quality improvement of its associations with clinical and internship affiliate sites.

These evaluation forms should be returned to the Clinical Coordinator following your rotation. Note that evaluation forms may be modified to an on-line system within this academic year and therefore students are advised to maintain communication with the Clinical Coordinator and clinical instructors during the scheduled rotation period.

Chart Review and Confidentiality Issues

Students are encouraged to read and review patient charts and documentation while in the clinical site. Please honor the patient's right to confidentiality by replacing the chart from where you obtained it. Do not wander away from an open chart and do not take the charts away from the designated review area. A medical dictionary may be of use to reference medical terms and abbreviations used in medical documentation.

As a student, you must maintain the patient's and professional's confidentiality at all times. At no time should you discuss the patient's condition with anyone other than the patient's immediate care giver or your clinical preceptor. Never discuss patient presentation or outcome outside of a clinical conference area or in hearing range of unidentified people. Remember, restaurants, cafeterias and break rooms are often used by family members of the patient. Case discussion should only be done in secure areas away from the public or patient family members. Use considerable discretion when discussing any patient presentation in a hospital. Questions regarding a patient or incident should be immediately referred to your clinical preceptor or the patient's immediate caregiver. Never make comment to family, friends, media, or the police. Failure to adhere to this policy will result in a letter of concern and may result in your civil liability to the affected parties or dismissal from the program.

At no time will students be allowed to carry any patient records or documents outside the immediate patient care area without the expressed or written permission of the clinical preceptor or nurse manager.

As part of the clinical program, the student will be required to complete a HIPAA compliance training session and successfully pass a HIPAA requirements written examination with a grade of 100% or better. (See the “Clinical Orientation” section on the RCHS Student Website for details.)

Counseling for Infractions of Clinical Rules

The RC Health Services EMS Academy program utilizes counseling forms for documenting deficiencies and concerns relevant to EMS Academy student performance. The system consists of counseling forms and procedures as outlined below:

I. The first counseling will serve to make the student and faculty aware that a problem exists in the student’s behavior, basic scientific knowledge, clinical skills, and/ or similar areas important to the performance of an EMS Academy student. Inclusive in this first counseling will be recommendations to the student on ways to improve the deficiency. A recommended course of action will be implemented by the Education Committee; this action may include (a) automatic remediation, (b) rescheduling, (c) dismissal, (d) 10-point grade deduction from final clinical grade, and/or (e) other appropriate action.

II. The second counseling form for issues received by the department on a student could initiate an Education Committee meeting or a disciplinary action recommendation. The intent of the meeting is to decide on appropriate action(s) to resolve the concern. Counseling forms may be written by faculty, staff, clinical affiliate staff/ faculty, and/or other students. The counseling form will be signed by all individuals involved.

III. In the case of major clinical violations and/or behavioral issues a letter of disciplinary action may be written by the Clinical Coordinator and/or the Program Director. Letters of disciplinary action will be addressed in the same manner as a second counseling and may result in actions as severe as removal from the program. All disciplinary process will be conducted under the general policies of the RC Health Services EMS Academy as outlined the student handbook. It should be noted that given the seriousness of a situation, a vote of “No Confidence” from the faculty and/or Medical Director upon review of the facts in any instance could result in the student’s removal from the EMS Academy with no refund at any point in the counseling process (i.e. this could occur during the first counseling session).

EMS Academy Hospital Goals:

1. To expand the student's knowledge about a variety of medical emergencies and trauma situations.
2. To familiarize the student with contemporary treatment strategies for individuals that may present with medical or traumatic emergencies and for the student to observe other healthcare worker's roles as it relates to these individuals.
3. To expose the student to the definitive care environment and to allow the student to develop professional attributes by working with other health care professionals.
4. To familiarize the student with equipment operation and application as it relates to the hospital environment.
5. To allow the student to practice all skills within the scope of practice in which they are studying, under the supervision of qualified hospital personnel.
6. To gain knowledge from evaluations and constructive feedback given to the student in the supervised setting.

EMS Academy Hospital Objectives: (as given the opportunity)

1. The student should be able to describe the roles and responsibilities of the pre-hospital EMS care provider as they may relate to the care of patients in the hospital emergency center.
2. The student should be able to demonstrate the knowledge of assessing a patient's condition by subjective and objective evaluation and by using methods to include auscultation, inspection, palpation, and percussion.
3. The student should be able to demonstrate the ability to obtain history of illness/ injury and the patient's previous medical history through verbal communication and other assessment skills, and then be able to summarize and present the finding in a precise and professional manner using both written and oral communication skills.
4. The student should be able to understand principles of anatomy and physiology and apply them to patient care.
5. The student should be able to identify hazards that may pose a risk to the student and others; and take corrective measures to reduce the risks posed by the hazards.
6. The student should be able to identify the resources needed for an emergency situation and arrive at a reasonable approach to the given situation.
7. The student should be able to understand the various roles of agencies working with EMS crews and how they contribute overall to the healthcare of the patient.
8. The student should be able to identify contemporary treatment strategies for the patient effecting positive changes in the ill/injured patient.
9. The student should be able to use and problem solve equipment made available at the level in which they are studying in routine care situations.
10. The student should be able to identify and use the various medications commonly used at the level in which they are studying and the rationale and procedure for administration.
11. The student should be able to communicate with and follow the direction of those members responsible for the supervision of the student.
12. The student should be able to assist the hospital staff in general duties that are experienced in the routine course of patient care in the hospital environment.
13. The student will document a minimum of twenty-four (24) hours for EMT-Basic, 48 hours for Advanced EMT students in the emergency department and a minimum of one assessment documentations per 12-hour shift.

Evaluation:

1. By clinical faculty noting appropriate strengths and weaknesses.
2. By Program faculty noting summative evaluation of entire clinical experience.

Note:

The student will only perform skills covered in the curriculum and standards of accepted pre-hospital practice under the level in which they are studying. Under no circumstances will the Basic EMT student be permitted to perform an invasive or advanced skill regardless of additional training of the student beyond the scope of their course. Advanced students will be allowed to perform skills under their defined scope of practice *only* under the direct supervision of their preceptor or Medical Director.

EMS Academy Ambulance Clinical Goals:

1. To expand the student's knowledge about a variety of medical emergencies and trauma situations.
2. To familiarize the student with contemporary treatment strategies for individuals that may present with a medical or traumatic emergencies.
3. To expose the student to interaction with all levels of EMS certified individuals and to the interdisciplinary approach to dealing with hospital staff upon arrival at the hospital.
4. To familiarize the student with equipment operation and application as it relates to the EMS environment.
5. To allow the student to practice all skills at the level in which they are studying under the supervision of EMS certified personnel.
6. To gain knowledge from evaluations and constructive feedback given to the student in the supervised setting.

EMS Academy Ambulance Objectives: (as given the opportunity)

1. The student should be able to describe the roles and responsibilities of the pre-hospital EMS care provider.
2. The student should be able to demonstrate the knowledge of assessing a patient's condition by subjective and objective evaluation and by using methods to include auscultation, inspection, palpation, and percussion.
3. The student should be able to demonstrate the ability to obtain history of illness/ injury and the patient's previous medical history through verbal communication and other assessment skills, and then be able to summarize and present the finding in a precise and professional manner using both written and oral communication skills.
4. The student should be able to understand principles of anatomy and physiology and apply them to patient care.
5. The student should be able to identify hazards that may pose a risk to the student and others; and take corrective measures to reduce the risks posed by the hazards.
6. The student should be able to identify the resources needed for an emergency situation and arrive at a reasonable approach to the given situation.
7. The student should be able to understand the various roles of agencies working with EMS crews and how they contribute overall to the healthcare of the patient.
8. The student should be able to identify contemporary treatment strategies for the patient effecting positive changes in the ill/injured patient.
9. The student should be able to use and problem solve equipment made available at the level in which they are studying under routine care situations.
10. The student should be able to identify and use the various medications commonly used at the level in which they are studying and the rationale and procedure for administration.
11. The student should be able to communicate with and follow the direction of those members responsible for the supervision of the student.
12. The student should be able to assist the EMS crewmembers in general duties that are experienced in the routine course of patient care in the pre-hospital environment.

13. The EMT-Basic student must have at minimum 48 hours actually spent at an affiliate EMS facility and at least 4 assessment documentations for transports. The Advanced EMT student must have at minimum 48 hours at an affiliate EMS facility and at least 4 assessment documentations for transports. Transfer to a trauma center by air ambulance will also be sufficient.

Evaluation:

1. By Clinical faculty noting appropriate strengths and weaknesses.
2. By Program faculty noting summative evaluation of entire clinical experience.

Note:

The EMT-Basic student will only perform skills covered in the EMT – Basic curriculum and standards of accepted pre-hospital practice. Under no circumstances will the EMT – Basic student be permitted to perform an invasive or advanced skill regardless of additional training of the student beyond the scope of this course. Advanced students will be allowed to perform skills under their defined scope of practice *only* under the direct supervision of their preceptor or Medical Director.

Medication Administration Authorization and Controlled Substance Policies:

Administering medications is a serious action and must be taken seriously. The following are the policies and guidelines governing the administration of medications by any RC Health Services EMS ACADEMY students while in clinical rotations and are direct orders of the Program Medical Director, Dr. Lars Thestrup.

All Students/All Levels:

- The student will be familiar with the Rights of Medication Administration
 - Right Patient
 - Right Medication
 - Right Dose
 - Right Route
 - Right Time
 - Right Documentation
- The student will confirm the order with the preceptor/nursing staff.
- The student will confirm the correct patient.
- The student will check for allergies/contraindications prior to administering any medication.
- The student will not deviate from his/her level of EMS training, regardless of any other training, certification or licensure they may possess.

EMT Basic Students are limited to:

- Administration of oxygen, as directed by the preceptor/nursing staff
- Administration of Albuterol (by small volume nebulizer or metered dose inhaler MDI)
- Nitroglycerine sub-lingual (spray or tablet)
- Aspirin
- Activated Charcoal
- Epinephrine (Epi-pen only) only under the direct and constant supervision of the preceptor/nursing staff.
- Administration of Oral Glucose (conscious hypoglycemia)
- Controlled Substances Listing

No RC Health Services EMS Academy student at any level will administer any of these medications, by any route, in any form, at any time, on any patient while on a student rotation. This list is not a complete listing of controlled substances. If you are not sure of a medication's status, look it up!

Medication Name (applies to generic and trade name)

- Acetaminophen w/codeine in any form
- Butorphanol
- Chloral hydrate
- Diazepam
- Fentanyl
- Hydrocodone w/APAP
- Hydromorphone
- Ibuprofen w/codeine
- Ketamine
- Lorazepam
- Meperidine
- Midazolam
- Morphine
- Phenobarbital
- Propoxyphene w/codeine

This list is not all inclusive. Other controlled substances may exist. Students will not administer any controlled substance, listed or not.

A handwritten signature in blue ink, appearing to read 'Lars Thestrup', with a long horizontal flourish extending to the right.

Lars Thestrup, MD
Medical Director
RC Health Services EMS Academy

CLINICAL COORDINATOR CONTACT LIST

CHIEF PROGRAM OFFICER/CLINICAL COORDINATOR:

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In closing, we hope you have a very pleasurable experience and remember, "WHAT YOU PUT INTO IT, IS WHAT YOU WILL GET OUT OF IT. HARD WORK AND LITTLE SLEEP IS NO EXCUSE. OUR PATIENTS LIVES DEPEND ON THIS."

Please reach out to any of the Faculty should you have any questions during the rotations. Good luck.

Brian J. Hendricks, A.A.S., NRP
Chief Program Officer/Clinical Coordinator