



# **RC Health Services**

# **Clinical Guidelines Manual**

(9/2021 EG)

Welcome to the RC Health Services Clinical Guidelines Manual!

The clinical and internship portion of your course comprises the most exciting and challenging portion of your educational path in the EMS Academy programs at RC Health Services. This document will help clarify issues that may arise during clinical internship rotations.

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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# State Agencies Governing EMS

## **Texas Department of State Health Services**

<https://www.dshs.texas.gov/>

Please see Addendum: Texas Guidelines

## **Oklahoma State Department of Health**

<https://oklahoma.gov/health/protective-health/emergency-systems/ems-division.html>

Please see Addendum: Oklahoma Guidelines

## **Louisiana Department of Health**

<https://ldh.la.gov/index.cfm/subhome/28>

Please see Addendum: Louisiana Guidelines

## **Georgia Department of Public Health**

<https://dph.georgia.gov/EMS>

Please see Addendum: Georgia Guidelines

## **Nationwide Students**

The Nationwide Students are responsible for knowing their respective state rules and regulations. The link is below.

<https://www.nremt.org/rwd/public/states/state-ems-agencies>

## **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.

### **Final Exam and Oral Board**

You must pass the Final Exam with a 70% or higher to be able to progress to the Clinical phase of the Program. You must pass the Oral Board before being cleared to schedule your Clinical Rotations.

### **Skills Days and Psychomotor Testing**

You must complete your assigned Skills Days, Competency Day, and Psychomotor Skills Testing prior to progressing to the Clinical phase of the Program.

### **Background Check/Drug Screening**

You will not be able to begin Clinical Rotations until your Background and Drug Screen have both been completed and cleared.

**Background Check:** 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 a state agency.

**Prescription Medications:** If you are on a medication that will show a positive result on a Drug Screen, you must be able to provide documentation of an active prescription and fill date PRIOR to the Drug Screen. Repeat Drug Screens will be done at the Student's expense.

**Medical and/or Recreational Marijuana:** At the time of publishing this Clinical Guideline Manual, no Clinical Affiliate will accept a Student with a Drug Screen positive for Marijuana, regardless of prescription or legal status.

### **Immunizations**

All students must submit copies of all required immunization records prior to their Oral Board. All records are to be submitted in PDF format to their Hybrid Instructor or through the Support Portal on the Student Website. 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.

### **Physical Fitness for Clinical and Ambulance Rotations**

Each student is required to receive a complete physical examination by a licensed Physician, Physician Assistant, or Nurse Practitioner 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 Student Services Department 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.

# Immunization Requirements

## **MMR (Measles, Mumps, Rubella)**

Two (2) doses since birth, or proof of immunity to all three diseases from serum titer test. Lab results must have immunity determination listed.

## **TD (Tetanus, Diphtheria)**

One (1) dose within the last ten years, not to expire until after clinicals. No titers accepted.

## **Varicella (Chicken Pox)**

Two (2) doses of Varicella vaccine since birth, or proof of immunity to all three diseases from serum titer test. Lab results must have immunity determination listed.

If Student previously had Chicken Pox, the signed waiver, indicating that student had disease, is accepted.

## **TB (Tuberculosis)**

TB skin test (PPD) within one year. Must have signatures and dates, documenting when the test was given, and when the test was resulted 48 – 72 hours later. Not to expire until after clinicals.

The student may also have the Quantiferon blood test done, or chest x-ray, resulted within one year, not to expire until after clinicals.

## **Hep B (Hepatitis B)**

Series of three (3) doses since birth, or proof of immunity to all three diseases from serum titer test. Documentation required for any Hep B series that varies from the traditional three dose schedule.

## **Current Influenza (Flu)**

Required if attending Clinical Rotations between October 1<sup>st</sup> and May 31<sup>st</sup>.

## **The following immunizations are not required, but STRONGLY recommended:**

**Covid 19** - Dosing per manufacturer's recommendation. May be required by Clinical affiliates. Students will be notified of this requirement at time of Clinical scheduling.

**Hepatitis A** – one dose per immunization recommendations

**Meningitis**– one dose per immunization recommendations

RGHS encourages our students to take every precaution to protect themselves and to stop the spread of communicable diseases.

# 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
- Polo shirt, pants, belt socks, and shoes
- Stethoscope, penlight, EMS scissors, protective eyewear
- Watch - capable of indicating seconds
- Transportation and 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. RCHS Health Services and its Affiliates are not responsible for students' accidents or illnesses.** 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.

# Minimum Requirements for Clinical Rotation Completion

## **Texas Program Students**

Please see Addendum: Texas Guidelines

## **Oklahoma Program Students**

Please see Addendum: Oklahoma Guidelines

## **Louisiana Program Students**

Please see Addendum: Louisiana Guidelines

## **Georgia Program Students**

Please see Addendum: Georgia Guidelines

## **Idaho Program Students**

Please see Addendum: Idaho Guidelines

## **Nationwide Program Students**

Please see Addendum: Texas Guidelines

# Scheduling Clinical Rotations

All rotations must be scheduled through the Clinical Coordinator. All clinical pre-requisite records must be on file prior to clinical scheduling, and you must have been officially cleared by your Lead Instructor, if applicable. Do not report for rotations for which you are not scheduled. 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.

***This includes attempting to revisit a clinical site to obtain signatures after the shift has ended.***

Once the student is cleared to request clinicals, clinical availability is submitted from the Clinical Area of the Student Website. The earliest date that the student will be able to request is 14 days from the date of submission. The calendar will only show dates fourteen days in the future. The Clinical Coordinator then works with RCHS Clinical Affiliates to confirm the student's proposed schedule. The Clinical Coordinator will then verify with the student what has or has not been confirmed. In the event that the student's proposed schedule is not available, the Clinical Coordinator will work with the student and the Clinical Affiliate to find alternatives.

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

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

***If you submit a Clinical Request without having been cleared to do so, 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 are responsible for transportation to and from their assigned rotations. Use Google Maps or other mapping services and the addresses listed on the Student Website to determine locations and driving time.

## **Rescheduling**

Once a student has been assigned a shift, any changes or cancellations on part of the student will result in disciplinary action up to possible dismissal from the RCHS EMS Academy. Any extenuating circumstances will be considered on a case by case basis. During the hospital clinical and ambulance internship, the student may be assigned or reassigned to a specific clinical site.

## **Clinical Absence**

If a situation arises in which a student cannot attend a rotation, the student will call the Clinical Coordinator as soon as possible. Students must submit documentation explaining why the student must cancel a shift at least one day before their assigned clinical shift. Cancellation of a shift may result in disciplinary action up to and including dismissal.



Unexcused clinical absences will not be accepted outside of the following exceptions:

- Workers Compensation Claim (present documentation to the Clinical Coordinator)
- Active Duty in Armed Forces
- Service on a Jury (Bailiff Receipt Required)
- 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 may be dropped/removed from the Program.

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

- Childbirth;
- Adoption or foster care;
- Recovery from serious injury;
- Caring for a seriously ill spouse, child, 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.

# During Clinical Rotations

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

- RC Health Services Clinical ID and approved uniform.
- Watch with either a second hand or digital second chronograph.
- Stethoscope, EMS scissors, pen light, eye protection, small notepad, pen with black ink
- Internship Documentation:
  - Patient Care Report templates
  - Evaluations for the Clinical Site
  - Evaluations for the Clinical Preceptor
  - Evaluations of the Student
  - Clinical Tracking Form
- Clinical Guidelines Manual (must be presented to the preceptor upon request).
- Student incident and exposure forms

## Appearance and Dress Code

The student will report to all clinical sites fully dressed in the appropriate uniform worn in a proper manner. Uniform shirts 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. 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 official uniform must consist of:

## 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 RC Health Services upon completion of the clinical portion of the class or upon request. If the ID is stolen or misplaced, the student must report the theft or loss to the Clinical Coordinator or RCHS Staff immediately and will be responsible for the cost of a replacement. **The student must wear their RC Health Services ID badge on the right shirt collar at all times.**

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 opposite the RC Health Services logo.

## Uniform Shirt

The student must wear the designated uniform polo shirt to all clinical rotations. No 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. A plain

white, black, or navy blue t-shirt may be worn under 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.

### **Uniform Pants and Belt**

The student must wear pants that are navy blue or black in color and be of either Dickie'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.

### **Boots**

Leather or vinyl all black boots, with either no or low heel, 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.

### **Misc. Uniform Items**

Jackets or rain gear may be worn in inclement/cold 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.

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 a uniform shirt. Rings must not pierce through gloves and/or become entangled in equipment. Eyebrow, nose, tongue, and other facial jewelry are not acceptable and are not to be worn. Note that a clinical site may ask you to remove piercings and you must comply with their request. If a student is sent home due to noncompliance with dress code requirements, it will be counted as an unexcused absence and result in possible dismissal from the clinical site and/or hours accumulated for that shift may not be counted.

### **Misc. Appearance/Hygiene Standards**

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.

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.

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 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 Documentation Requirements

## **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 of evaluation are as follows:

### **Student Evaluation *by* Preceptor**

The student will ensure that evaluation by their shift preceptor is completed in FISDAP and their FISDAP PCRs at the end of each of their internship shifts.

### **Student Evaluation *of* Preceptor**

The student will complete an evaluation of the Clinical Preceptor on every shift they attend, even if they have the same preceptor. This will be completed in FISDAP. 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. These forms are to be turned in at the end of their Clinical Rotations during the exit interview.

### **Student Evaluation of Clinical Site**

The student will complete an evaluation of the Clinical Site or Department on every shift they attend.

This will be completed in FISDAP, even if they attend the same site more than once.

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.

## **Attendance and Reporting Procedures**

Because 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 rotation on time and at the specified place.

## **Reporting Sites**

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 does not know the student's location, the rotation will be counted as an unexcused absence. The student will obtain the signature of the preceptor or designee on all required documentation and evaluations prior to conclusion of the shift.

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 immediately. If you do not receive a phone response from the Clinical Coordinator within 15 minutes, you should contact the Student Services Department via the Student Support Portal. All procedures as stated above should be followed here as well.

### **General Clinical Rules**

These policies are appropriate for both hospital and ambulance shifts and at all levels. Violation of these policies may result in disciplinary action up to being dismissed from a rotation and/or 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 preceptor or designee. 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. **If you are doing your clinical rotations at a facility or agency where you are employed, you are not allowed to act in your normal capacity. You are there as a student, not an employee.**

Questions regarding performance of a skill should be directed to the clinical preceptor away from the patient. Students will be required to follow the directions of the clinical preceptor or designee. The preceptor has the authority to determine what actions may or may not be carried out. 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. All medication administrations will be done in the immediate presence of the clinical preceptor or designee.

The clinical preceptor or designee 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 and take action on a case-by-case basis.

### **Conduct and Behavior**

Students are expected to maintain a high level of professionalism throughout the duration of their clinical rotations. The student is advised to observe and note the standards of other medical professionals. Any non-professional behavior will not be tolerated and may include dismissal from the Program.

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 Program.

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. Students are strongly advised to obtain their own health and accident insurance policies.

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. Do not ask the clinical affiliate for transportation to or from the rotation.

**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 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 and must be made away from the patient care area.** 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.

**No sleeping is allowed on rotations.** Students found sleeping on rotation will be dismissed from that rotation and the student will be subject to disciplinary action, including and up to dismissal.

**Eating and drinking** is allowed only in designated areas. No eating or drinking is ever allowed in a patient care area. Students will be allowed to take short breaks as designated by their preceptor.

**Smoking** is restricted to designated smoking areas only. Be aware that some clinical facilities and EMS agencies do not allow smoking on their property. Smoking is any tobacco use including chew, vapes, and cigarettes.

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 legally 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 to the Program and reviewed by the Education Committee.

Students are not to attempt to gain access to any 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 should never request the use of office equipment/supplies. They should attend their rotations prepared.

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 Texas Department of State Health Services,
- Any violation of the Texas Department of State Health Services regulations,
- Violations of patient confidentiality (see HIPAA rules),
- At the discretion of any RC Health Services staff.

### **Infection Control**

EMS workers compose one of the most statistically significant groups among the medical community for possible exposure to communicable diseases, 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 the 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. Hands should be washed with antimicrobial 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.

Gloves and ANSI Z87.1 safety glasses should be worn for all patient contacts. During circumstances where 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 inform their affiliate preceptor at the start of the shift

Masks should be worn in any patient contact where the patient presents with a persistent cough or signs of other respiratory illnesses. 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 the 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 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.



## **Reportable Infectious Exposures**

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 fluids (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.

## **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 uniforms/clothes to wear should theirs become soiled. It is at the discretion of the affiliate to allow the student to wash the student uniform at the site and/or to continue the shift while the student's uniform is being washed. 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.

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.

### **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.
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. Proceed with the affiliate's Exposure Protocol.
4. Call the Clinical Coordinator.
5. Follow-up with the affiliate's infection control contact person to obtain the patient's status of HIV, HBV (HBSAB), RPR, and VDRL.

6. Do not leave the clinical site until you have spoken with a supervisory representative from the affiliate and the Clinical Coordinator.
7. Turn in a Clinical Incident Report form with Clinical Exposure Form to the Clinical Coordinator within 24 hours, or if on a weekend shift, Monday morning.
8. Follow-up with your personal physician as soon as possible.
9. If the patient is positive for any communicable disease(s), baseline laboratory work-up and prophylactic immunizations are strongly recommended. The student may be financially responsible for any testing.

### **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 comments 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 in the JB Learning Section for details.)

### **Notification for Early Departure**

The student should only leave their shift before the scheduled end time for extreme emergencies. In the event that a student must leave early, the student must notify their preceptor and then call the Clinical Coordinator immediately. If the Clinical Coordinator does not answer, leave a voicemail. When the student is safely able, they must send written notification via email directly to the Clinical Coordinator. It must detail why they had to leave their shift early.

RGHS takes the safety of its students as its number one priority. In the event that the student feels unsafe; whether that be from inappropriate comments from a preceptor, scene safety, or any other reason, the student should remove themselves from their clinical shift as soon as safely possible. If this is during an EMS call, stay with the unit until safely at the hospital or back at the station and then leave. Call the Clinical Coordinator as soon as feasibly possible. The student must then write a report documenting the issues and RGHS will begin an investigation.

**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 workers 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 findings 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 must meet the minimum hours and assessment documentation, as per their program guidelines.

**Evaluation:**

1. By clinical faculty noting appropriate strengths and weaknesses via FISDAP documentation
2. By Program faculty noting summative evaluation of entire clinical experience via FISDAP and internal evaluations.

**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 findings 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 student must meet the minimum hours and assessment documentation, as per their program guidelines.

**Evaluation:**

1. By Clinical faculty noting appropriate strengths and weaknesses via FISDAP documentation.
2. By Program faculty noting summative evaluation of entire clinical experience via FISDAP and internal evaluations.

# 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 Students are limited to:

- Administration of oxygen, as directed by the preceptor/nursing staff
- Administration of Albuterol (by small volume nebulizer)
- Administration of Ipratropium Bromide (by small volume nebulizer)
- Administration of Nitroglycerine sublingual (spray or tablet)
- Administration of Aspirin
- Administration of Activated Charcoal
- Administration of Epinephrine (Epi-pen only) only under the direct and constant supervision of the preceptor/nursing staff.
- Administration of Oral Glucose (conscious hypoglycemia)
- Administration of Narcan (auto-injector or nasally via MAD) only under the direct and constant supervision of the preceptor/nursing staff
- Controlled Substances Listing

## Prohibited Medications

**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.

  
*Lars Thestrup, MD*

Medical Director

RC Health Services EMS Academy

## CLINICAL CONTACT LIST

Emails and voice messages will be returned within 2-3 business days

### CLINICAL COORDINATORS:

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### Idaho Program Contact

Name:

Office:

Email:



## **Addendum: Texas Guidelines**

### **Texas EMS Laws**

The regulation of EMS practice is subject to the Texas Department of State Health Services and laws 25 TAC Emergency Medical Care and the Health Safety Code Chapter 773 as signed into law.

The health and safety code, among other things, defines the scope and limits of the practice of EMS professionals within the State of Texas. A Copy of the Health and Safety Code concerning EMS professionals is available on the Texas Department of State Health Services website:

<https://www.dshs.texas.gov/emstraumasystems/ruldraft.shtm>

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 limitations, 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.

### **Clinical Requirements**

#### **Ambulance**

- A minimum of 24 hours on an affiliated ambulance.
- A minimum of 4 patient care reports/contacts.
- Rotations in which the required hours were completed but no transports were made, must be documented on a patient report form as “No patients/no transports”. If you do not have your 4 patient care reports/contacts, you must schedule more rotations until you meet the requirements. Contact the Clinical Coordinator that scheduled your initial shifts for assistance.
- Three evaluations – Evaluation of Student, Evaluation of Preceptor, Evaluation of Clinical Site – must be completed for each shift, even if the student had the same Preceptor or Clinical Site for multiple shifts.
- Clinical documentation to be uploaded to Fisdap. Documentation is not to be uploaded to the Student Support Portal or emailed to any Instructor or Staff Member. Documents must be labeled appropriately and uploaded to the correct Clinical shift in Fisdap.
- The shift must be locked within 48 hours, at which time an Instructor with the Student Services Department will audit the documentation and your Course Completion Certificate will be issued, or you will be notified what you are missing.

## **Addendum: Georgia Guidelines**

### **Georgia EMS Laws**

The office of EMS and Trauma provides services mandated by the Official Code of Georgia Annotated [Title 31, Chapter 11](#), the Georgia Department of Public Health [Rules and Regulations Chapter 511-9-2](#) to license, re-license, and monitor Ambulance Services, Air Ambulance Services, Medical First Responders, and Neonatal Transport Services; approve training course curriculum and requirements for the licensure and re-licensure of Emergency Medical Technicians (EMT) and (AEMT), and Paramedics and the re-license only of Emergency Medical Technicians - Intermediate (EMT-I) and Cardiac Technicians (CT).

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.

### **Clinical Requirements**

#### **Ambulance**

- A minimum of 36 hours on an affiliated ambulance.
- A minimum of 10 patient care reports/contacts.
- Rotations in which the required hours were completed but no transports were made, must be documented on a patient report form as “No patients/no transports”. If you do not have your 10 patient care reports/contacts, you must schedule more rotations until you meet the requirements. Contact the Clinical Coordinator that scheduled your initial shifts for assistance.
- Three evaluations – Evaluation of Student, Evaluation of Preceptor, Evaluation of Clinical Site – must be completed for each shift, even if the student had the same Preceptor or Clinical Site for multiple shifts.
- Clinical documentation to be uploaded to Fisdap. Documentation is not to be uploaded to the Student Support Portal or emailed to any Instructor or Staff Member. Documents must be labeled appropriately and uploaded to the correct Clinical shift in Fisdap.
- The shift must be locked within 48 hours, at which time an Instructor with the Student Services Department will audit your documentation and your Course Completion Certificate will be issued, or you will be notified what you are missing.

## **Addendum: Louisiana Guidelines**

### **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>

### **Ambulance**

- A minimum of 48 hours on an affiliated ambulance.
- A minimum of 10 patient care reports/contacts.
- Rotations in which the required hours were completed but no transports were made, must be documented on a patient report form as “No patients/no transports”. If you do not have your 10 patient care reports/contacts, you must schedule more rotations until you meet the requirements. Contact the Clinical Coordinator that scheduled your initial shifts for assistance.
- Three evaluations – Evaluation of Student, Evaluation of Preceptor, Evaluation of Clinical Site – must be completed for each shift, even if the student had the same Preceptor or Clinical Site for multiple shifts.
- Clinical documentation to be uploaded to Fisdap. Documentation is not to be uploaded to the Student Support Portal or emailed to any Instructor or Staff Member. Documents must be labeled appropriately and uploaded to the correct Clinical shift in Fisdap.
- The shift must be locked within 48 hours, at which time an Instructor with the Student Services Department will audit your documentation and your Course Completion Certificate will be issued, or you will be notified what you are missing.

## **Addendum: Oklahoma Guidelines**

### **Oklahoma EMS Laws**

The EMS division is created by statute in OS 63 1-2501 et seq., titled the Emergency Response Systems Development Act (formerly the Emergency Medical Services Act.) The Act requires the health department to develop Rules for administering emergency response systems in the state. These are codified in the Oklahoma Administrative Code (OAC) in Chapter 310. The Act also charges the Commissioner of Health, through EMS division, with oversight for many aspects of EMS including:

- A comprehensive plan for EMS development
- Certification of training programs and approval of training courses,
- EMT testing and licensure
- Collection of statewide EMS data
- Maintaining a standard run report form
- Emergency Medical Service agency licensure
- Stretcher Aide Service licensure
- First Response Agency Certification
- Trauma Systems Development

EMS Staff facilitate the work of the Oklahoma Trauma and Emergency Response Advisory Council (OTERAC). The Council advises the Commissioner of Health and the Board of Health on EMS issues.

You also must meet all of the requirements as stated in this link.

<https://www.ok.gov/health2/documents/EMS%20Regulations%209-11-2016.pdf>

### **Clinical Requirements**

#### **Ambulance**

- A minimum of 48 hours on an affiliated ambulance.
- A minimum of 10 patient care reports/contacts.
- Rotations in which the required hours were completed but no transports were made, must be documented on a patient report form as “No patients/no transports”. If you do not have your 10 patient care reports/contacts, you must schedule more rotations until you meet the requirements. Contact the Clinical Coordinator that scheduled your initial shifts for assistance.
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- Clinical documentation to be uploaded to Fisdap. Documentation is not to be uploaded to the Student Support Portal or emailed to any Instructor or Staff Member. Documents must be labeled appropriately and uploaded to the correct Clinical shift in Fisdap.
- The shift must be locked within 48 hours, at which time an Instructor with the Student Services Department will audit your documentation and your Course Completion Certificate will be issued, or you will be notified what you are missing.

## **Addendum: Idaho Guidelines**

### **Idaho EMS Laws**

<https://healthandwelfare.idaho.gov/providers/emergency-medical-services-ems/emergency-medical-system-ems-providers>

The regulation of EMS practice is subject to the Idaho Department of Health and Welfare, Bureau of Emergency Medical Services and Preparedness.

The Bureau of Emergency Medical Services and Preparedness defines the scope and limits of the practice of EMS professionals within the State of Idaho. A copy of those rules and regulations is available on their website:

<https://adminrules.idaho.gov/rules/current/16/160107.pdf>

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 limitations, 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.

### **Clinical Requirements**

#### **Ambulance**

- A minimum of 24 hours on an affiliated ambulance.
- A minimum of 4 patient care reports/contacts.
- Rotations in which the required hours were completed but no transports were made, must be documented on a patient report form as “No patients/no transports”. If you do not have your 4 patient care reports/contacts, you must schedule more rotations until you meet the requirements. Contact the Clinical Coordinator that scheduled your initial shifts for assistance.
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