
*Academy*

# Program Policy Manual

2025

Welcome to the Jefferson County Ambulance Service - Emergency Medical Services (EMS) Academy training program. We appreciate your dedication to this amazing profession and to your education.

It is an exciting time to work in EMS. Iowa has adopted the National EMS Education Standards, which have changed the way you will learn and practice. As your partner in education, we will provide you with the scientific knowledge, skills, critical thinking, and clinical experiences you'll need to start, or move forward, in this field.

The EMS handbook is to serve as a guide for all students enrolled in the Emergency Medical Services program. As such, all policies and regulations herein are to be implemented at all times while enrolled in the program.

We welcome you and want you to know we are here to assist you in every way possible. It is a privilege to have each of you in the Emergency Medical Services program.

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**CODE OF ETHICS (**As adopted by the National Association of EMTs)

Professional status as an Emergency Medical Technician and Emergency Medical Technician-Paramedic is maintained and enriched by the willingness of the individual practitioner to accept and fulfill obligations to society, other medical professionals, and the profession of Emergency Medical Technician. As an Emergency Medical Technician-Paramedic, I solemnly pledge myself to the following code of professional ethics:

A fundamental responsibility of the Emergency Medical Technician is to conserve life, to alleviate suffering, to promote health, to do no harm, and to encourage the quality and equal availability of emergency medical care.

The Emergency Medical Technician provides services based on human need, with respect for human dignity, unrestricted by consideration of nationality, race, creed, color, or status.

The Emergency Medical Technician does not use professional knowledge and skills in any enterprise detrimental to the public well-being.

The Emergency Medical Technician respects and holds, in confidence, all information of a confidential nature obtained in the course of professional work unless required by law to divulge such information.

The Emergency Medical Technician, as a citizen, understands and upholds the law and performs the duties of citizenship; as a professional, the Emergency Medical Technician has the never-ending responsibility to work with concerned citizens and other health care professionals in promoting a high standard of emergency medical care to all people.

The Emergency Medical Technician shall maintain professional competence and demonstrate concern for the competence of other members of the Emergency Medical Services health care team.

An Emergency Medical Technician assumes responsibility in defining and upholding standards of professional practice and education.

The Emergency Medical Technician assumes responsibility for individual professional actions and judgment, both in dependent and independent emergency functions, and knows and upholds the laws which affect the practice of the Emergency Medical Technician.

An Emergency Medical Technician has the responsibility to be aware of and participate in matters of legislation affecting the Emergency Medical Service System.

The Emergency Medical Technician, or groups of Emergency Medical Technicians, who advertise professional service, does so in conformity with the dignity of the profession.

The Emergency Medical Technician has an obligation to protect the public by not delegating to a person less qualified, any service which requires the professional competence of an Emergency Medical Technician

The Emergency Medical Technician will work harmoniously with and sustain confidence in Emergency Medical Technician associates, the nurses, the physicians, and other members of the Emergency Medical Services health care team.

The Emergency Medical Technician refuses to participate in unethical procedures, and assumes the responsibility to expose incompetence or unethical conduct of others to the appropriate authority in a proper and professional manner.

Written by: Charles Gillespie M.D.
Adopted by: The National Association of Emergency Medical Technicians, 1978
https://www.naemt.org/about_us/emtoath.aspx

**MISSION**

Our mission is simple: to provide quality EMS education that is flexible, individually-paced, and inexpensive, while ensuring each student has a personalized learning experience and access to all available resources.

Accreditation: To prepare competent entry-level Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains with or without exit points at the Advanced Emergency Medical Technician and/or Emergency Medical Technician, and/or Emergency Medical Responder levels.

**ADMISSION POLICY**

All interested persons are encouraged to apply for the program. Applicants must meet the minimum standards outlines in Iowa Code 641.139.

*Training programs shall ensure that emergency medical care students meet the following requirements.*

- *Be at least 17 years of age on the date of enrollment*
- *Be able to speak, write and read English.*
- *Have a high school diploma or its equivalent if enrolling in an AEMT or paramedic course.*
- *Be currently certified, at a minimum, as an EMT if enrolling in an AEMT or paramedic course.*
- *Be able to meet the minimum requirements for the cognitive and psychomotor components of the examination with reasonable and appropriate accommodations for those persons with documented disabilities, as required by the Americans with Disabilities Act (ADA).*

Paramedic students will also interview with the program director and JCAS staff prior to selection for the course.

**PROGRAM DIRECTOR**

Joshua Hemminger, B.A., P.M.
Phone: 641-209-3610
Email: jhemminger@jeffersoncountyia.com
Office hours: Monday-Thursday, 7:30-4:30

**COMMUNICATION POLICY**

Due to the format of this program, we recognize that students will likely be active within coursework at varied hours. This program is committed to providing quality education and ensuring all students are given the resources they deserve; however, it is not a realistic expectation to have questions answered during nighttime or weekend hours, or over holidays.

Students are welcome to submit questions via email or MyBradyLab, with a reasonable expectation for a response within 24 hours or during the next business day. Students may also contact JCAS directly, during normal business hours, to speak with staff regarding questions they may have.

**CAAHEP ACCREDITATION - PARAMEDIC PROGRAM**

The JCAS – EMS Academy is in the process of obtaining **initial accreditation** from the Committee on Accreditation of EMS Programs.

Commission on Accreditation of Allied Health Education Programs
25400 U.S. Highway 19 North, Suite 158
Clearwater, FL 33763
727-210-2350
www.caahep.org

**PROFESSIONAL DESCRIPTION**

*Emergency Medical Technicians (EMT) and Paramedics have fulfilled prescribed requirements by a credentialing agency to practice the art and science of pre-hospital or out-of-hospital medicine in conjunction with medical direction. Through performance of assessments and provisions of patient care, the EMT's goal is to prevent and reduce mortality and morbidity due to illness and injury while treating each patient as a unique individual. EMTs primarily provide care to emergency patients in an out-of-hospital setting although the EMT scope of practice is expanding.*

*EMS providers must be confident leaders who can accept the challenge and a high degree of responsibility entailed in the position. The EMT must have excellent judgment and be able to prioritize decisions and act quickly in the best interest of the patient. The EMT must be flexible to meet the demands of the ever-changing emergency scene. When emergencies exist, the situation can be complex yet the care of the patient must be started immediately. The ability to perform duties in a timely manner is essential, as it could mean the difference between life and death for a patient. EMTs possess the knowledge, skills and attitudes consistent with the expectations of the public and the profession. EMTs are recognized as an essential component of the continuum of care and serve as linkages among health resources.*

*EMS providers strive to maintain high quality, reasonable cost health care while delivering patients to appropriate facilities. As an advocate for patients, EMTs seek to be proactive in effecting long term health care by working in conjunction with other provider agencies, networks, and organizations. The emerging roles and responsibilities of the EMT include public education, health promotion, and participation in injury and illness prevention programs. As the scope of service continues to expand, the EMT will function as a facilitator of access to care, as well as an initial treatment provider.*

*EMS providers are responsible and accountable to medical direction, the public, and peers. EMTs recognize the importance of research and actively participate in the design, development, evaluation and publication of research. EMTs seek to take part in life-long professional development, peer education and evaluation, and assume an active role in professional and community organizations.*

Adapted from the Commission on Accreditation of Allied Health Education Programs, Occupational Description. www.caahep.org.

**PERFORMANCE EXPECTATIONS**

The program curriculum has been designed to promote the learning and development of each student. As students follow the curriculum of each course, they will successfully complete the entire terminal competency required as a minimally competent, entry-level EMS provider at their respective level: of EMT, or Paramedic. As such, each graduate is eligible for State and National certification examinations in accordance with published policies and procedures.

**PROFESSIONAL CONDUCT**

All students must conduct themselves in a professional manner at all times. In the clinical setting, the Professional Behavior Evaluation will be used to assess each students' professional conduct. During classroom and lab activities, students will be evaluated on professionalism and conduct by the program director or designee, and the medical director, when available.

Inappropriate conduct will result in a conference with the course instructor and if deemed necessary, the EMS Program Director. Behavior deemed unprofessional may lead to dismissal from the program.

Student Conduct Violation of any of the following may lead to suspension or dismissal from the program.

- Falsifying records or dishonest behavior, including clinical and field documentation, quizzes, tests, work assignments, etc.
- Conducting personal business, loafing, or sleeping during class or while at a clinical or field site
- Discourtesy towards instructors, preceptors, physicians, patients, patient families, or peers
- Breech of patient confidentiality
- Theft, destruction or misuse of JCAS, clinical site, field site or patient property
- Threatening any person on the JCAS premises or while at clinical or field sites
- Possession of weapons on the JCAS premises or while at clinical or field sites
- Fighting, horseplay, loud talking or disorderly conduct on the JCAS premises or while at clinical or field sites
- Reporting to class, clinical, or field sites in possession of or under the influence of alcohol or illegal drugs
- Refusing to provide care to a patient because of race, color, creed, sex, religion, age, beliefs, handicap or diagnosis
- Failure to cancel clinical or field shifts if necessary
- Inappropriate uniform
- Inappropriate use of cell phones, cameras, etc., during classroom, lab, or clinical time.

**CELL PHONE POLICY**

The use of cell phones during classroom, skills lab, and clinical time should be kept to a minimum, so as to not cause distractions from learning and patient care. Each facility will have specific requirements; however, some basic etiquette should be applied:

- Cells phones should be set to "vibrate only" mode
- Answering a call should never interfere with patient care
- If a student should need to take a call, they should remove themselves from public areas
- The use of cameras and social media sites during clinical time is strictly prohibited and may result in dismissal from the program.
- Any violations of patient privacy will result in immediate dismissal from the program.

If any staff/faculty at a clinical facility requests a student to put away their phone, the student must comply with the request. Failure to do so may result in removal from the clinical site.

**DRESS CODE**

As the EMS student represents this program and the profession of Emergency Medical Services, it is imperative that certain standards be met and a dress code followed. During classroom and skill lab sessions, students may use their own judgment in attire, but it must conform to the codes of decency.

While at the clinical site, EMS students are to abide by the following dress code:

- Students are required to wear the **JCAS EMS Academy uniform.** (Special rotations such as OR or OB may provide scrubs at the facility discretion.)
- **Black or navy-blue pants** (reflective striping is acceptable for safety). No denim. No scrubs. No leggings.
- **Solid black shoes or boots**. No HeyDudes, Crocs, or other open-toe shoes.
- Clothes will be clean, neatly pressed, and free of odor.
- Students will be clean, free of body odor, and have well-trimmed fingernails.
- Hair color will be a naturally occurring color (ex: no blue, green, orange, or other vivid colors).
- Long hair will be pulled back. Beards and mustaches will be neatly trimmed.
- Makeup will be conservative in nature and should appear natural.
- Tattoos must be covered in accordance with hospital policies.
- Jewelry will be kept to a minimum. No visible body piercing except for the ears. Only earrings close to the ear, not dangling. Tongue rings will be removed.
- Appropriate undergarments will be worn including socks.
- **Personal watch** (to calculate pulse and respirations)
- **Personal stethoscope** (optional, highly recommended, not provided)
- **Name tags** denoting JCAS EMS Academy Student status level will be worn and visible at all times.
- Coats (if worn) should be plain and not have any service or business name or affiliation on them.
- Personal equipment such as scissors, goggles, etc. is acceptable for the student to have and carry, but not provided.
- Students are not to wear personal or service pagers, cell phones, or radios during clinical or field time.

If a clinical site has policies that supersede those listed above, the student must abide by the site's policies if they choose to complete clinical at that location.

The clinical site may send the student home if they do not come dressed professionally.

Any student who chooses to disregard the dress code will receive a verbal counseling for the first offense. A second infraction will warrant a written warning. A third infraction will result in suspension from the clinical site on that same day until a conference is held with the EMS Program Director.

## CURRICULUM AND RESOURCES

The curriculum is based on the ***National EMS Education Standards (2021)*** and ***Instructional Guidelines (2009)***. This program uses Pearson's **Emergency Care, 14th ed**. for EMT courses, and **Paramedic Care: Principles & Practices, 5th ed.** for Paramedic courses. Course content is delivered online using ***MyBradyLab*** for lectures, homework, and other assignments. Unit exams are completed using ***EMSTesting***, and will be done in-person or using a lockdown browser. Skills labs and scenarios are done in-person with the Program Director or a designee. Scheduling and documentation for clinical requirements is done using ***Fidap***.

Additional resources include the American Heart Association (AHA) **Basic Life Support Provider Manual**, **Advanced Cardiac Life Support** Manual, **Pediatric Advanced Life Support** Manual, ***Pharmacology for the Prehospital Professional*** 2nd ed., and the National Association of EMT's (NAEMT) **Pre-Hospital Trauma Life Support** provider manual.

While this program does offer a fair amount of flexibility and is predominately self-paced, the course content must be completed in order, as outlined on course schedule and listed on MyBradyLab. Students are able to proceed through the course at their own speed, but all students will follow the same order, and students must successfully complete each section before continuing in the course.

EMT and Paramedic Course outlines are shown in Appendix A

### Computer/Technology

Students are required to have and maintain their own computer and internet access throughout the course. All lectures, homework, unit exams, and supplemental materials are accessed and obtained online. Students who lose access are encouraged to contact the program director and make alternative plans until access is regained.

## PHYSICAL EXAM AND IMMUNIZATIONS

It is required that each student has a physical examination prior to starting the program clinical to assure that the student is physically able to participate in the activities required of an EMS student.

Students who do not have a completed physical and immunizations up to date, will not be allowed to participate in clinical or field activities.

Each student will have a physical performed by licensed qualified healthcare provider limited to: physician (M.D. or D.O.), physician assistant, or nurse practitioner, and using the Physical Examination & Immunizations form. In addition, documentation and/or results of the student's immunizations and tests are required. The completed form will be kept in the student's permanent file. A copy of the physical form is included in this handbook.

Students may use their own provider(s), or contact any medical clinic capable of performing the exam.

Jefferson County Health Center Clinic.
2000 South Main St., Fairfield, IA 52556
641-472-4156

**BACKGROUND CHECKS**

JCAS – EMS Academy will conduct an Iowa DHS SING background check on all students. Background checks from other agencies will not be allowed as substitutions. Background checks will be completed PRIOR to the student starting clinical time.

As a result of the background search, students with felony convictions may be limited in their ability to sit for the national board exam and obtain state licensure depending on the specific rules and regulations. Potential students with felony convictions involving crimes concerning arson, perjury, domestic violence, child abuse, elderly abuse, two or more OWI convictions, a pattern of criminal convictions or charges, or patient misconduct/abuse, will not be permitted in the EMS program.

The student is responsible for notifying (in writing) the EMS Program Director of ANY arrests, regardless of adjudication, that occur after beginning the program. Failure to promptly notify within 48 hours, the EMS Program Coordinator, shall be grounds for dismissal from the program. Pending the resolution of an arrest, the student may be suspended from clinical and field sites. A student convicted of any of the above stated crimes, while enrolled, will be removed from the program.

**CRIMINAL CONVICTION POLICY, NREMT**

The Registry has adopted a Criminal Conviction Policy to safeguard the public from individuals who, in practice as an EMS professional, might pose a danger to the public.

EMS professionals, under the authority of their state licensure, have unsupervised, intimate, physical and emotional contact with patients at a time of maximum physical and emotional vulnerability, as well as unsupervised access to a patient's personal property. These patients may be unable to defend or protect themselves, voice objections to particular actions, or provide accurate accounts of events at a later time. EMS professionals, therefore, are placed in a position of the highest public trust.

The public in need of out-of-hospital medical services relies on state licensure and National Registry certification to assure that those EMS professionals who respond to their calls for aid qualify for this extraordinary trust. For these reasons, the Registry has adopted a Criminal Conviction Policy to ensure that individuals, who have been convicted of certain crimes, are identified and appropriately evaluated as to whether they would pose a risk to public safety as an EMS provider.

The entire criminal convictions policy is located on this page:

www.nremt.org/rwd/public/document/policy-criminal

Any applicant or registrant subject to an adverse decision by the Registry under this Policy may appeal that decision as outlined in the Registry Certification Eligibility, Discipline and Appeals Policy.

**DRUG AND ALCOHOL TESTING**

All JCAS – EMS Academy students will be required to have a drug screen prior to the start of clinical experience. In addition, students may be drug or alcohol tested for reasonable suspicion at their own expense.

Scheduling the Drug Screen:

Students will schedule their physical and drug screen at the Jefferson County Health Center Clinic.

2000 South Main St., Fairfield, IA 52556

641-472-4156

Results will be reported directly to JCAS EMS.

**Positive Test Result/Failed Test:** The Program Director or designee will directly contact the student to confirm any proof of the student prescriptions and make any necessary updates to the positive test result.

**Right to Secondary Confirmatory Test**: A student with a confirmed positive test result may ask for a second confirmatory test using ONLY the results from the first test sample from another approved laboratory within seven days of the positive test results to the student. The student is responsible for the cost of second confirmatory test.

The confirmatory test will be conducted on a portion of the sample collected at the same time as the sample that produced the positive test result. The sample of collection test will be split in the presence of the individual student to allow for the confirmatory testing of any initial positive test result.

During the confirmatory process, students may be suspended from the clinical and/or classroom experience.

Confirmed Positive Results: Students with any confirmed positive results will be withdrawn from the program.

**Legal Medication/Drugs Notification:** A student must notify the clinical supervisor or program director whenever they are using a prescription or over-the-counter drug, which may affect safety or work-performance.

In making this determination, the student is responsible for consulting with their licensed healthcare professional and reviewing any warning on the label to determine if any medication or drug would adversely affect the student's ability to safely perform essential functions of the clinical or classroom experience.

If the student is deemed by a Medical Doctor, Doctor of Osteopathy, Physician Assistant or Nurse Practitioner to be safe during the clinical or classroom experience, a "release to attend clinical/classroom document" is required to be signed and kept in the student's file at JCAS EMS Academy.

The student who does not fully disclose this information will be subject to possible disciplinary action which may lead to dismissal from the program.

Prescription medications that do not impair performance may be brought to the clinical site and should be taken as prescribed. All prescription drugs must be kept in the pharmacy dispensed container.

**Testing due to reasonable suspicion**: Once a student is enrolled in the program, if there is a reasonable suspicion of drug or alcohol use, the Program Director will have the right to approve an additional drug or alcohol test at the student's expense. The clinical site also has the right to request a drug/alcohol test at the student's expense.

Reasonable suspicion may include, but is not limited to:

- student behavior or conduct including physical manifestations
- evidence that the involved student has caused or contributed to a clinical or classroom related accident
- objective signs that the involved student may have used drugs or alcohol (i.e., slurred speech, staggering gait, odor of alcohol), or reports from others of a clinical "accident", slurred speech, etc.

When a program director, faculty member, or clinical instructor has suspicion of alcohol or drug use during the clinical experience, the following steps will be taken:

- Remove student from the patient care area or assigned work area and notify the clinical instructor and the Program Director.
- Consult with another faculty, clinical instructor, or employee for verification of suspicions in a confidential manner.
- Upon verification by a second person, inform the student that they are relieved from duty and that there is a need "for cause" drug/alcohol screening.
- If the clinical site is approved for testing, the student should be escorted to the lab immediately.

If the student admits to alcohol and/or drug use, the student must undergo urine drug testing.

Pending the resolution of any testing, the student will be suspended from all classroom, clinical, and field site activity.

A student subsequently found to have positive test results will be removed from the program.

All incidents involving "reasonable suspicion" drug testing in the clinical setting will be handled with strict confidentiality

**If the student refuses "reasonable suspicion" testing**:

- Have an unimpaired individual or taxi take the student home
- Document the following in writing:
- Student behavior
- Actions taken
- Written statement of person verifying behaviors
- Student's response
- Contact the Clinical Supervisor/Program Director as soon as possible and deliver written documentation to the Clinical Supervisor/Program Director within 3 days of the incident.

Students who refuse reasonable suspicion testing will be removed from the program.

**Transportation of student after reasonable suspicion**: An unimpaired person (such as a family member or friend) or taxi cab must transport the student to nearing testing facility. A release form must be signed by the person transporting the student and provided to the Clinical Supervisor/Program Director. If a taxi is transporting the student, the person observing the student enter the taxi may sign the release form and provide to the Clinical Supervisor/Program Director.

While awaiting transport, the student should not be allowed to leave a supervisor's presence or ingest any substances.

If the student insists on driving, either clinic supervisor or Program Director will notify law enforcement.

If a facility other than Jefferson County Health Center performs drug/alcohol testing:

> The student is obligated to notify the Program Director of any request by a clinical site for additional testing due to reasonable suspicion.
>
> If tested by a clinical site, the student shall provide the Program Director with a copy of any test results.
>
> Failure to promptly notify the Program Director shall be ground for dismissal from the program.

**If a student voluntarily discloses a drug or alcohol problem**:

If a student voluntarily discloses that they have an alcohol/drug problem and requests assistance, they are then referred to their healthcare provider for appropriate care.

Students may be temporarily suspended from the program and/or clinical experience until such time as they have completed drug/alcohol treatment and are considered safe to return to both the classroom and clinical site by a Medical Doctor, Doctor of Osteopathy, Physician Assistant or Nurse Practitioner.

**Minor Students**: Any minor student under the age of 18 must abide by the drug and alcohol testing policy. A parent or legal guardian of a student under the age of 18 must sign an acknowledgment of receipt of a copy of this policy. Those students who are minors under the age of 18 must obtain parental/legal guardian consent.

Lack of consent for testing will disqualify the minor from continued clinical participation and participation in the Program.

**Providing False Information**: Any student who provides false information when completing paperwork required for a drug test or when responding to required questions for an alcohol or drug screen test will be removed from the Program.

Any student who dilutes, contaminates, tampers with, alters or interferes in any way with the collection of a specimen for testing purposes will removed from the program.

**Costs**: The costs of alcohol or drug rehabilitation, treatment and counseling will be the responsibility of the student.

**ATTENDANCE POLICY**

**Classroom**

As the vast majority of the program is completed through online media, attendance for didactic class time is self-directed.

Attendance is required for all testing, skills lab, and scenario days. Failure to attend these scheduled days will halt progression within the course, as lab days serve as the capstone of each section.

If a student is unable to attend a scheduled lab day, they are to report the absence directly to the program director via phone call or e-mail. The instructor and the student will arrange a schedule for completion of make-up work.

Children may not attend required in-person days with the student. This can lead to unnecessary interruptions and a lack of productivity.

**Clinical**

Students are expected to be present for all clinical experiences. This includes being on time and attending the entire scheduled shift.

If a student is unable to attend a scheduled lab day, they are to report the absence directly to the program director via phone call or e-mail. The student will also contact the clinical site directly to inform them of the absence.

Clinical attendance will be documented in the student's record as entered with FISDAP.

If a student does not report for clinical as scheduled, the EMS instructor or program director will counsel the student and provide documentation for the student's file. Changes in the clinical schedule, including make-up days must be coordinated and approved by the EMS instructor or program director.

Students will be allowed 24 hours of clinical absence during the program. Clinical scheduling is done based on the students' own schedules, and it is the responsibility of each student to plan accordingly to meet the program requirements.

Students failing to comply with attendance requirements, such as a student having multiple cancelled shifts or does not cancel prior to missing the shifts, the student may be recommended for dismissal from the program.

A release from a physician will be required to return to clinical following three (3) or more consecutive days of absence due to illness/injury.

Children may not attend clinical with the parent.

Before leaving the clinical site, the student must report to the clinical preceptor.

**CAPSTONE EVENT**

All students will participate in a clinical internship as a capstone to their clinical experience. All patient contacts, required hours, and 25 team leads during clinical and field internship must be finalized and documented for course completion.

The medical director and program director will also evaluate each student on select case scenarios. The evaluation determines if the student demonstrates expected paramedic entry level competence. The medical director can also fail the student or offer remediation.

The medical director and the program director review and evaluate if the graduation requirements are met. If met, the medical director completes the terminal competency form.

**TESTING**

Each student must pass all exams and skills with a minimum of 75% to continue within the program. As everything we do in EMS is "high-stakes" so too are all exams and skills.

Students who fail to achieve a 75% on an exam will be given one additional opportunity to successfully complete the exam. Failing a second attempt will result in dismissal from the program.

**EMS TESTING**

All unit exams are done using ***EMSTesting***, an online program. Test questions have been rated for validity and reliability, and exams are customized and created for each unit. Each student will get instructions for access at the start of their course.

**ACADEMIC MISCONDUCT POLICY**

The EMS profession requires unprecedented levels of integrity in all aspects of the job. As such, academic honesty is of the utmost importance. Cheating, plagiarism, falsification of patient reports, and other forms of academic dishonesty will lead to immediate dismissal from the program.

**CONTINUED ENROLLMENT AND GRADUATION CRITERIA**

Each student must have successfully completed all homework, unit exams, and skills assessments with a minimum of 75%. Additionally, each student must complete all clinical requirements for procedures and contacts, based on the SMC.

Furthermore, students will not be verified for course completion until all tuition and course fees are paid in-full.

**GRIEVANCE POLICY**

All complaints or grievances should be reported to the program director for discussion. Issues which may include the program director can be reported to the Jefferson County Board of Supervisors or any Program Advisory Committee member.

All complaints will be evaluated objectively and handled accordingly.

**LEAVE OF ABSENCE POLICY**

Students wishing to take a leave of absence from the EMS Program must submit a written request to the Program Director. A leave of absence may be granted for emergencies including: hospitalization, birth of a child, or death in the student's immediate family.

A leave of absence may be granted if:

- The student has demonstrated the ability to meet the performance expectations of the program
- The student and faculty are able to develop a curriculum plan that assures the student's progression through the program.

**MEDICAL OR SURGICAL CONDITIONS**

The student, who has a medical or surgical condition that requires restrictions, must bring a release from their qualified licensed practitioner allowing the return to duty for clinical and field time. The Leave of Absence policy will be utilized as needed.

When the student has confirmation of pregnancy, she will be required to submit a statement from a qualified licensed practitioner, indicating the student's continued ability and/or limitations related to participation in the required laboratory or clinic-based learning activities. She will also need a release to return to duty after the event. The Leave of Absence policy will be utilized in preparation for the student's estimated delivery date.

**DROP/WITHDRAWAL POLICY**

Students may withdrawal from the program at any time. Deposits made at the time of registration is non-refundable. Students will be refunded any course fees paid, at a prorated rate.

**RE-ENTRY**

Students wishing to reenter the program following a withdrawal are required to meet with the program director and present a plan for commitment to the program. The student will generally be required to provide evidence that they have support systems in place to overcome the challenges associated with the issue leading to the withdrawal. For students reinstated under these circumstances, any additional failure or withdrawal, from the program will generally require that the student complete their EMS education at another training program.

Student must meet current EMS Program entrance criteria. These may include but are not limited to: admission test scores, drug screening, criminal history, immunizations and physical updates. A student may repeat an EMT or a Paramedic course once each. Students who withdraw or fail more than twice, will generally need to start the entire program from the beginning and are strongly encouraged to attend a different training program.

Readmission may be granted at the discretion of the program director. The student will restart the program at the beginning with the next cohort.

Students will be notified as to their reinstatement status as soon as possible prior to the beginning of the course. The student is responsible for notifying the EMS program of their intent to accept the seat. Failure to utilize their seat will be considered a withdrawal and may jeopardize any future application for reinstatement.

**ADVANCED PLACEMENT**

Applicants with current licensure or certification in related medical fields may request advanced placement within the EMS program on a case by case basis. The plan of action for each student will vary based on experience and certification, however each plan will meet the requirements outlined by the Iowa Dept. of Public Health - Bureau of Emergency and Trauma Services, NREMT, and CAAHEP.

The applicant's education and experience will be evaluated and the student may be granted a waiver for parts of course, or clinical experience within the program. Students who are granted advanced placement will be required to complete cognitive and psychomotor testing to verify competence in the subject matter. This testing will be equivalent to current testing procedures for traditional students. Advanced Placement students will likely also be required to complete a portion of the pre-hospital and/or preceptorship clinical requirements.

**EXPERIENTIAL LEARNING**

Throughout the program, students will complete progressive lab practice from individual skills competence to immersive simulated patient scenarios. Skill and scenarios will follow the scope of practice for each level, and will progress in difficulty as the student advances within the program. These skills and scenarios will be documented in Fisdap.

Skill and scenarios within the paramedic courses will follow the CoAEMSP Student Minimum Competency Requirements as approved by the program's Advisory Committee.

**CLINICAL AND FIELD EXPERIENCE**

The purpose of clinical experience is to allow the student to apply the knowledge and skills acquired in the classroom to a hands-on patient care situation. The clinical is designed to provide students learning experiences with patients, coordination with other health care providers, utilization of support staff and time management. Each student will be directly supervised by a preceptor at a facility or service affiliated with the EMS Program. Students are expected to abide by the policies and procedures of the assigned clinical facility.

Students may begin clinical and/or field time when scheduled if they have (1) submitted a completed physical examination forms, including immunizations and drug screen, (2) checked off on all applicable skills required evaluations, and (3) when the EMS instructor/director designates the time frame.

**Locations**

Clinical education is an essential learning experience and as such the sites are chosen to meet the student's need for a comprehensive education. The student's preferences will be considered during assignment of clinical sites, but the final determination rests with the EMS Program Director. Clinical affiliations are available within traveling distance of Fairfield. A student may be scheduled at a requested site if it provides an appropriate learning experience and is available at the requested time. Students are required to provide transportation to and from clinical sites. Students will be provided with a list of clinical sites affiliated with the program.

Students may not complete more than 50% of their required clinical time in a service or facility which the student is currently employed. Students may not be under clinical supervision of a family member or close friend without prior approval from the program director.

**Expectations**

Students are to assist with all duties the preceptor(s) perform during the shift. The student may observe skills/duties performed by the preceptor that are beyond the student's certification level/scope of practice. The student is responsible for knowing what skills are within their scope of practice. Students may perform skills only under direct supervision of an approved preceptor. The extent to which a student is allowed to participate in a patient's care is at the discretion of the preceptor(s).

The preceptor has the right to dismiss a student anytime they feel the student's health, behavior, or patient care is, or is likely to be, detrimental to site staff, patients, preceptors or others. Students who are dismissed from a clinical or field site are to contact the course instructor or Program Director immediately. The course instructor and/or Director will investigate and complete any follow up or disciplinary action as indicated.

It is each student's responsibility to actively monitor patient contact opportunities to achieve their goals. Students will be counseled to participate in clinical sites that have a higher volume of patient opportunities. Students falling behind on their clinical hours/contacts are at jeopardy for not completing the program.

Students completing field time at a service where they are also employed may not count paid hours as ride time. Clinical shifts must be scheduled in advance on FISDAP, not as the patient experience should arise. To enrich their learning experiences available, students may not complete more than 50% of their ride time hours each term with a service they currently work at.

All required clinical and field time must be completed prior to the end of the course. If a student has completed the required hours of time but has not met the above-listed contact requirements by the end of the course, additional clinical and/or field time may be required. 100% completion of clinical and field time is required for successful course completion.

Students are not to be at clinical and field sites outside of scheduled clinical and field time unless they are also an employee of that site or other arrangements have been previously made. Any student presenting

to a clinical or field site without the proper uniform or name tag may be sent home by the site preceptor. While at clinical or field sites students are to follow the policies outlined in the clinical policy manual. Site policies that supersede the training program's policies must be honored.

Students must be free of alcoholic substances for at least 12 hours prior to any scheduled clinical or field time.

The program will maintain files of all students completed clinical and field time. Students are personally responsible to see that all clinical and field documentation is signed as necessary. If a student does not have appropriate documentation completed, or does not have appropriate signatures, the shift or reports will not be included in the student's records, and additional time may need to be completed. Site preceptors have no duty to sign anything not given to them at the time of completion.

**CLINICAL AND FIELD SITE CONTRACTS**

A list of the standard facilities where students may schedule clinical or ambulance ride time will be provided. The list may change as sites are added or eliminated. See the EMS Program Director for a current list. Additional sites may be pursued per student request and if sufficient patient contacts opportunities exist at the requested site.

A contract with the clinical site must be in place before the student can schedule hours.

**STIPENDS**

Students are not to be replacing or substituted for paid staff during any clinical assignments. Each student is placed with clinical agencies as a part of the academic curriculum. Students are not considered employees of the clinical agencies for the purpose of compensation, fringe benefits, worker's compensation, unemployment compensation, minimum wage laws, income tax withholding, social security, or any other purpose.

**STUDENT CONTACTS AND SKILLS REQUIREMENT**

Clinical/field experience hours are scheduled as follows:

| | Total Hours | ER | Ride Time |
|---|---|---|---|
| **EMT**: | 48 | 24 | 24 |

Minimum contacts or skills requirements are cumulative throughout the EMT clinical experience.

| Required | Contacts |
|---|---|
| 5 | Assessment - Pediatric |
| 5 | Assessment - Adult |
| 5 | Assessment - Geriatric |
| | |
| | Ride Time |
| 5 | Emergency Calls |

**Paramedic**: In lieu of specified hours requirements, PM clinical experience is based on skills and patient encounters. Students will complete a **minimum of 120 hours** of clinical time, and a **minimum of 120 hours** of ride time, before their final internship.

Minimum contacts or skills requirements are cumulative for the Paramedic Program.

| Required | Skills |
|---|---|
| 25 | Medication Administration (live) |
| 25 | Vascular Access (successful) (live) |
| 10 | Ventilations (live) |
| 3 | Human Intubations |
| 2 | Live deliveries |
| | |
| | Contacts* |
| 30 | Trauma |
| 60 | Medical |
| 10 | OB |
| 10 | Psychiatric |
| 30 | Pediatric Assessments |
| 50 | Adult Assessments |
| 30 | Geriatric Assessments |
| | |
| | Capstone |
| 25 | Team Leader Experiences (with a majority at the ALS level) |

* Specific requirements can be found in the Student Minimum Competency Requirements of the CoAEMSP Self-Study Report

Students may not perform skills (intubation) on patients in the clinical setting once a patient is deceased.

**FISDAP SKILLS TRACKER AND SCHEDULER**

All students will be required to purchase and utilize FISDAP skills tracker and scheduling. Students must have their own computer or tablet, with internet access to utilize FISDAP. All students will need to follow the signed FISDAP policy.

Students are responsible for scheduling clinical, field and internships in collaboration with the EMS instructor or director. Students will provide their clinical schedule requests with a minimum 5-day notice. Planning is critical to the student success in their EMS career. The student will request the following: clinical site, date, start time, and duration. The program director will approve or deny all clinical and field sites requested.

Prior to attending any clinical shift, the student should log into FISDAP scheduler and ensure the shift is on their schedule. Any shift performed without FISDAP scheduling and not approved by the clinical coordinator shall be considered unacceptable. The student is then required to forfeit hours and contacts and complete those hours in an approved repeat shift.

Students may not complete more than 12 hours of student clinical in a single shift, and must have a minimum of 10 hours off between scheduled student shifts. Students are also responsible for providing their own transportation to and from these sites. Students will be provided with a clinical policy manual including a list of approved sites and guidelines for these sites.

Students will maintain FISDAP records and logs of all patient contacts, procedures/skills performed, and ambulance runs completed during clinical and field time. Each student will be evaluated on an individual basis to assure they have acquired enough skill practice during their time to assure competency.

**CLINICAL DOCUMENTATION**

Proof of documentation of clinical experience is the responsibility of the student. Students will complete a patient care report for each patient encounter and ambulance call, regardless of the type or level of the call. Students must use the appropriate Fisdap report. This documentation should be done in real time, or as soon as possible following the call. Fisdap is set to lock 48 hours from the start of each shift.

Students must truthfully and honestly enter in their hours and skills. The report, when completed by the student, should be reviewed by the student's preceptor or EMT who attended the call and then returned to the student.

If a student has marked their shift as complete and has found a mistake they must immediately notify the clinical coordinator by email or phone and advise them of the mistake. If the student cannot reach the clinical coordinator they must contact the program director by email or phone and advise them of the mistake.

The program director or designee will randomly audit a minimum of 10 percent of the entries into FISDAP. Feedback may be provided to students, and any errors to clinical information should be adjusted. Clinical entries with multiple errors will be discarded and those skills and hours will not be counted. Any student found falsifying clinical documentation can risk repercussions including dismissal from the program and the Iowa Department of Public Health notification.

**CONFIDENTIALITY**

A student is to keep confidential all patient information they may see or hear during clinical or field time. Any breach of confidentiality is grounds for dismissal from the program. Use of cell phones and social media in the clinical care area is prohibited.

All patient information that students have access to is personal and private; therefore, confidentiality in healthcare is crucial. Any violation of the "patient right" would be possible cause for dismissal.

Violation would include, but not be limited to:

a) discussing information about a patient in an inappropriate setting, or with someone not related to the care of the patient;
b) taking pictures of the patient for personal keeping;
c) exposing a patient unnecessarily; and

d) handling inappropriately the personal possessions of the patient, such as going through a patient's purse/wallet without authorization by the patient.

All students will adhere to the HIPAA (Health Insurance Portability and Accountability Act) regulations of the facility they are attending.

**MANDATORY REPORTER: DEPENDENT ADULT/CHILD ABUSE**

All students are required to complete a dependent adult and child abuse course with information on the following content areas: Iowa law, probable reasons, recognition, and reporting process. These courses are available online through the Iowa Department of Health and Human Services. See course materials for instructions on accessing this training. All EMS students will have certificate proof before attending clinical rotations.

**BLOODBORNE PATHOGENS**

Students will likely participate in activities which have potential for exposure to infectious diseases including, but not limited to, Hepatitis B and HIV. All measures must be exercised to minimize the risk. Students who fail to comply, jeopardizing the safety to others or themselves, may be asked to withdraw from this program.

There shall be no routine serological testing or monitoring of students for Hepatitis B or HIV infection.

**Education**

As part of the curriculum, all students will receive instruction regarding Hepatitis B and HIV prior to providing patient care.

This shall include, but not be limited to:

- Epidemiology
- Method of transmission
- Universal blood and body fluid precautions
- Types of protective clothing and equipment
- Work practices appropriate to the skills they will perform
- Location of appropriate clothing and equipment
- How to properly use, handle, and dispose of contaminated articles
- Action to be taken in the event of spills or personal exposure
- Appropriate confidentiality and reporting requirements
- Review of program policy related to refusal to care for specific patients.
- Post-Exposure Procedure for Health Science Students

In the event of a significant exposure (e.g. an occupational incident involving eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious material, including saliva), the student must report the incident immediately to the preceptor and EMS Program Director and file an incident report. See **INCIDENTS** section of this manual.

Follow-up evaluation will be required consistent with federal regulations. This may involve going to their personal physician or the emergency room. Students are responsible for the cost of their own medical care.

**Hepatitis B**

It is highly recommended that all students providing direct patient or child care in the Health Sciences Department receive immunization against Hepatitis B. Although this is not required, it is highly recommended and is considered to be an extremely good investment. Students are particularly vulnerable to contamination as their hand-washing skills generally are not yet well developed. Although the incidence of the infection is relatively low, the outcome can be fatal. Since there is a vaccine available, all health care providers who are at risk are encouraged to become immunized.

The Disease: Health care professionals are at increased risk of contracting Hepatitis B infection. Hepatitis B is usually spread by contact with infected blood or blood products and risk of acquiring Hepatitis B increases with the frequency of blood contact. Hepatitis B virus may also be found in other body fluids, such as urine, tears, semen, vaginal secretions, and breast milk. Hepatitis B infection can have severe consequences, including progressive liver damage and the possibility of developing hepatocellular carcinoma. Six to ten percent of the people who contract the virus become chronic carriers.

The Vaccine: Vaccination is the only available means of protection against Hepatitis B. No currently available therapy has proven effective in eliminating the infection. This vaccine, prepared from recombinant yeast cultures, is free of association with human blood or blood products. Full immunization requires three doses of the vaccine over a six-month period. Because of the long incubation period for Hepatitis B, it is possible for unrecognized infection to be present at the time the vaccine is given, and in that case, the vaccine would not prevent development of clinical hepatitis.

Procedures: You will need your physicians, nurse practitioners, or physician's assistant's approval or order prior to being immunized. He or she will provide you with information regarding the contraindications and side effects of the vaccine. Contact your physician, nurse practitioners, or physician's assistant's for additional information.

If a student has been exposed to a contaminant parenterally (needle stick or cut) or superficially through a mucous membrane (eye or mouth) they are to follow the following procedure:

- Immediately wash the affected area with the appropriate solution (soap and water, alcohol, water),
- Seek appropriate medical attention through their personal physician (students are responsible for their own medical care). This may include baseline testing for HIV antibody at this time, followed by recommended series of testing. (Physicians may also inquire about the student's status in regard to tetanus and hepatitis immunization at this time.)
- Follow institutional (agency) policy regarding determining HIV and hepatitis status of patient, (students are responsible for the cost of any testing)
- Maintain confidentiality of patient,
- Seek appropriate counseling regarding risk of infection.

**HIV**

Guidelines for HIV Positive Health Care Providers

The Center for Disease Control has specific guidelines for health care workers which are revised periodically. They have been incorporated into these policies and are reviewed annually.

Barrier or universal blood and body fluid precautions are to be used routinely for all patients. These include:

- The use of glove(s) when:
- Cleaning rectal and genital areas;
- Carrying soiled linen;
- Suctioning or irrigating even if the orifice does not require sterile technique;
- There is, at any time, a possibility of spillage of blood or body fluid onto the student's hands, (i.e. accu-check, discontinuing an I.V., I.M.s) regardless of the presence of open lesions;
- Emptying urine drainage bags, suction catheters,

The use of masks, goggles or glasses and/or aprons when there is a possibility of fluids splashing onto the face or body and clothing (i.e. trauma, airway management, endotracheal intubation, etc.).

**Specific Guidelines for Known HIV - Infected Students**

HIV-positive students who do not perform invasive procedures need not be restricted from work/clinical experience unless they have other illnesses or signs and symptoms for which such restrictions would be warranted.

HIV-positive students should wear gloves for direct contact with mucous membrane or non-intact skin of patients.

HIV-positive students who have exudative lesions or weeping dermatitis should refrain from direct patient care and from handling patient care equipment and utensils.

Reasonable accommodations will be made within the curriculum to assist the HIV-positive student to meet course/program objectives.

The policy of agencies utilized for clinical experience will supersede program policy if they are more stringent.

Confidentiality will be maintained whenever possible, with only the appropriate individual(s) being informed of the HIV status of health science students.

Provision of Care

Assignments are made in the clinical setting to enhance and/or reinforce student learning. It is the expectation that students will provide care for all assigned patients. In the event that a student refuses to care for an individual the following will occur:

In consultation with the student the faculty member will determine the reason for the refusal.

If the reason is determined to be valid the student will be reassigned.

If the reason is not valid the student will be counseled about unethical conduct and "discriminating against a client regarding but not limited to the following: Age, race, sex, economic status or illness of the patient or client."

If it is determined that the reason for refusal to care for specific individual is as noted above, the student will be counseled to consider their future in health care.

The Program Director shall be notified of any such occurrence and may meet with the student along with the faculty member to discuss options, one of which may be withdrawal from the program.

**SAFETY**

**On-Campus**

Safety and security of our students, faculty, and staff is always a priority. Safety and the prevention of accidents are the responsibility of everyone involved in the program. Everyone on campus is encouraged to use all available resources and information, as well as common sense decisions, to help foster a safe environment.

Refer to the policies and procedures regarding safety on campus. If an accident or injury occurs while on campus it is to be immediately reported to a member of the staff or faculty. Emergency care will be provided on campus until emergency medical services arrive. Potential safety hazards will also be reported to the staff or faculty.

**Off-Campus**

While attending off-campus clinical and field rotations health and safety policies and procedures of the facility will be observed. If an accident or injury occurs during a clinical experience, the incident is to be immediately reported to the facility staff and the EMS Program Director so the appropriate procedures can be instituted. Guidance for the event is in the procedure described in the EMS Student Handbook under the heading "Clinical Experience- Incidents" will be followed.

**Sexual Misconduct Policy**

Jefferson County Ambulance Service, and its training academy, is dedicated to providing a learning, living, and working environment that is free from sexual assault and discrimination. We are committed to ensuring a safe campus climate for all of our students and staff. We promote fundamental rights, advance individual and institutional integrity, and uphold the values of citizenship and community.

JCAS Academy prohibits sexual misconduct in any form, including sexual assault, sexual harassment, gender-based harassment, sexual exploitation, stalking, intimate partner violence (domestic violence and dating violence), and retaliation. This program will respond swiftly and deliberately to all reports of sexual misconduct.

**Non-Discrimination Statement**

It is the policy of this program, and EMS in general, not to discriminate in its programs, activities, or employment on the basis of race, color, national origin, sex, disability, age, sexual orientation, gender identity, creed, religion, and actual or potential family, parental or marital status.

If you have questions or complaints related to compliance with this policy, please contact the program director, at 641-209-3610, the Jefferson County Board of Supervisors, or the Director of the Office for Civil Rights U.S. Department of Education, John C. Kluczynski Federal Building, 230 S. Dearborn Street, 37th Floor, Chicago, IL 60604-7204, phone number (312) 730-1560, fax (312) 730- 1576, ocr.chicago@ed.gov

**INCIDENTS**

Any variance from the normal situation where a student or staff are involved should be documented on the Safety and Loss Control Accident Report within 24 hours of the event by a staff member. All incidents that are inconsistent with routine care or the patient's plan of care must be reported to the Instructor immediately. If a medical emergency occurs the policies of the facility will be followed. The condition of the involved person(s) will be evaluated and the necessary emergency care will be provided. A written report describing the incident should be completed according to facility policy. If a medication error or other incident which potentially jeopardizes patient care occurs during clinical or field time and is the result of something done (or not done) by the student, the student must notify the EMS course instructor or the Program Director immediately.

**HEALTH INSURANCE AND LIABILITY**

Health Insurance

Students are encouraged to maintain their own personal health care coverage, at their own costs. While clinical education sites will make emergency medical care available to students, the student is responsible for the costs. Students may be required by some clinical facilities to have proof of health insurance prior to beginning a clinical affiliation. Clinical and field sites will not be held responsible for providing care or covering expenses for treatment of any injury or illness the student sustains during clinical or field time. If an injury occurs to a student during clinical or field time, the course instructor or program director must be notified immediately.

Liability

All JCAS EMS Academy students will have liability coverage provided. Students are not to perform any skills or medication administration without direct supervision of a certified or licensed healthcare provider who is legally able to perform that skill.

**EMERGENCY MEDICAL INFORMATION**

If you have emergency medical information you need to share, please inform your instructor immediately. You may contact me privately, before or after class or by phone or email. If you are attending class/clinical in a location where the instructor is not present, please inform the preceptor immediately.

**RECORD MAINTENANCE**

Student files will be maintained for a period of five years from the completion of the program. Should a student withdraw and join another cohort, the most recent file will be maintained.

## HOW TO APPLY FOR A CERTIFICATION EXAM

We recommend candidates follow these easy steps at least four weeks in advance of the anticipated cognitive exam date. For additional assistance, please contact the NREMT at 614-888-4484. We're ready to help!

### Step 1. Create Your Account

If you do not already have a NREMT account with a username and password, create a New Account on the NREMT homepage. If you forgot your username or password, use the Password Recovery Page for assistance.

### Step 2: Login and Update User Profile

Complete all the information in the Personal Account Information fields as prompted. The name you include in this area should be the same as what appears on your driver's license (or your official government issued identification). This is the name that will appear issued by the NREMT upon successful completion of the examination.

**Make sure the name you use to set up your Account matches the name on your driver's license EXACTLY (or the ID you will present at the testing center) or you will be denied access to the testing center on the day of your exam! For more information see the**

### Step 3: Create a New Application

Click on 'Create a New Application' to apply to take your exam.

Review the Personal Information Summary – if any items are incorrect, you can make corrections by clicking on 'Manage Account Information'.

Select the application level you wish to complete.

### Step 4: Pay the Application (Exam) Fee

It is recommended that you pay your application fee at the time you complete your online application. However, if you choose, you may pay at a later date.

**An Authorization to Test (ATT) Letter allowing you to schedule your exam will not be issued until payment has been received and all other verifications are complete.**

### Step 5: Verify You Have Been Approved to Test

When all areas of the application process are completed and have been verified, you will see the following link: 'Print ATT Letter'. When all areas of the application process are completed and have been verified, you will see the following link: 'Print ATT Letter'.

To check on your approval status:

- Login to your account.
- Click on 'Candidate Services'.
- Click on 'Application Status'.

If you see 'Submitted' next to 'Course Completion Verification', this means the NREMT has submitted your information to the program you indicated, and is waiting for authorization from the program director indicating that you have completed the course.

### Step 6: Check Your ATT Letter

If you see the link "Print/View Authorization to Test (ATT) Letter," click on the link. The ATT letter contains instructions for scheduling your examination and other important information.

Once an ATT is issued, it is valid for 90 days. Once the ATT expires the candidate will need to submit a new application and pay another fee to schedule an exam. Extensions are not granted for expired ATTs.

### Step 7: Contact Pearson VUE to Schedule Your Exam

Follow the instructions on the ATT letter to schedule your exam. Here's a direct link to the Pearson Vue Website.

Or, you can call Pearson VUE at 1-866-673-6896 for assistance (Pearson VUE charges an additional fee for this service).

**Important Reminders**:

- If you fail to appear for your exam, you will have to complete a new application and pay another application fee!
- Refunds cannot be issued for no-shows
- If you arrive late for your exam, you may lose your appointment!
- Before the exam, review the Certification Examination Information and the Examination Policies before the exam.

https://www.nremt.org/Document/cognitive-schedule

**CERTIFICATION TESTING PROCEDURES**

The computer adaptive testing NREMT exam for the Emergency Medical Technician, and Paramedic levels is available through the Indian Hills Community College Testing Center, as well as other Pearson VUE testing sites. Additional fees will be required for the computer adaptive examination.

Students must successfully complete both the computer adaptive testing to qualify for NREMT certification.

To be eligible for computer adaptive testing exam at any level, students must have:

- Completed 100% of all clinical and ride time by the date indicated in the course schedule including any minimum number of skills or ambulance runs indicated
- Completed their EMS course with a minimum of a C grade
- Demonstrated competency in EMS skills at the appropriate level
- A current healthcare provider CPR card
- Paid all money due to the program.

**NATIONAL REGISTRY OF EMTS (NREMT) ACCOMMODATION**

During orientation the student has the opportunity to identify any disability that needs accommodations. EMS students need to work through that process immediately. Students need to seek clarity from the NREMT on what accommodations are possible. This will help to guide the student if they still wish to peruse the education process versus knowing if they can get licensed or not.

The National Registry complies with the Americans with Disabilities Act (ADA) in regard to requests for examination accommodations consistent with its mission and public protection.

https://www.nremt.org/Policies/Examination-Policies/ADA-Accommodations

Students are encouraged to contact NREMT for additional information, or contact the program director for guidance and suggestions.

**JOB PLACEMENT**

The ability of a student to obtain employment in their career field upon graduation is a very important part of the educational process. JCAS Academy, working cooperatively with each student, will do everything possible to see that this outcome is met:

- The student is responsible for actively seeking employment.
- The program will keep students informed of known available employment opportunities.
- The student should provide the Program Director with placement data once a job is accepted.

Job placement is not guaranteed.

**PHYSICAL REQUIREMENTS**

All EMT students must be physically and emotionally able to complete all course requirements including hospital clinical and ambulance field time to successfully complete the EMT courses. Students should also be aware that some employers will require a pre-employment physical and/or physical agility test. Listed below is a summary of the physical demands and requirements for an EMT. Students should become familiar with these requirements and determine if they will be physically able to meet all requirements. Students unable to meet these requirements may request reasonable accommodation to perform the physical duties. Clinical sites may determine the extent the student will be involved with physical duties.

| **Physical Demands/Strength** | **%** | **F/O** | **Comments** |
|---|---|---|---|
| Standing | 47% | | Walking and standing are major components of this job. |
| Walking | | | Walking and standing are major components of this job. |
| Sitting | 3% | | Sitting is necessary for transportation to and from scene of emergency. |
| Lifting | | F | The paramedic is required to assist in lifting and carrying injured or sick persons to ambulance and from ambulance into hospital. |
| Carrying | | F | The paramedic is required to assist in lifting and carrying injured or sick persons to ambulance and from ambulance into hospital. |
| Pushing | | O | May be required to engage in pushing and/or pulling to assist other EMS providers to extricate patient from scenes to include by not limited to closed upright vehicles, patient in closed overturned vehicle, patient pinned beneath vehicle, pinned inside vehicle, in vehicles with hazards. |
| Pulling | | O | May be required to engage in pushing and/or pulling to assist other EMS providers to extricate patient from scenes to include by not limited to closed upright vehicles, patient in closed overturned vehicle, patient pinned beneath vehicle, pinned inside vehicle, in vehicles with hazards. |

| **Physical Demands** | **%** | **F/O** | **Comments** |
|---|---|---|---|
| Climbing | | F | Climbing and balancing may be required to gain access to site of emergency, i.e., stairs, hillsides, ladders, and in safely assisting in transporting patient. |
| Balancing | | F | Climbing and balancing may be required to gain access to site of emergency, i.e., stairs, hillsides, ladders, and in safely assisting in transporting patient. |

| **Physical Demands** | **%** | **F/O** | **Comments** |
|---|---|---|---|
| Stooping | | F | Patients are often found injured or sick in locations where assessment of patient is possible only through the Paramedic's stooping, kneeling, crouching, or crawling. |
| Kneeling | | F | Patients are often found injured or sick in locations where assessment of patient is possible only through the Paramedic's stooping, kneeling, crouching, or crawling. |

| | | | |
|---|---|---|---|
| Crouching | | F | Patients are often found injured or sick in locations where assessment of patient is possible only through the Paramedic's stooping, kneeling, crouching, or crawling. |
| Crawling | | F | Patients are often found injured or sick in locations where assessment of patient is possible only through the Paramedic's stooping, kneeling, crouching, or crawling. |

| **Physical Demands** | **%** | **F/O** | **Comments** |
|---|---|---|---|
| Reaching | | F | Required for assessing pulse and breathing; blocking nose; checking ventilation; lifting chin, head or jaw for opening airway; following angle of ribs to determine correct position for hands after each ventilation; compressing sternum; assisting in lifting patient; administering medications through intravenous therapy or other means; and handing of advanced life support requirement such as mirror airway devices. |
| Handling | | F | Required for assessing pulse and breathing; blocking nose; checking ventilation; lifting chin, head or jaw for opening airway; following angle of ribs to determine correct position for hands after each ventilation; compressing sternum; assisting in lifting patient; administering medications through intravenous therapy or other means; and handing of advanced life support requirement such as mirror airway devices. |
| Palpating | | F | Required for assessing pulse and breathing; blocking nose; checking ventilation; lifting chin, head or jaw for opening airway; following angle of ribs to determine correct position for hands after each ventilation; compressing sternum; assisting in lifting patient; administering medications through intravenous therapy or other means; and handing of advanced life support requirement such as mirror airway devices. |
| Feeling | | F | Required for assessing pulse and breathing; blocking nose; checking ventilation; lifting chin, head or jaw for opening airway; following angle of ribs to determine correct position for hands after each ventilation; compressing sternum; assisting in lifting patient; administering medications through intravenous therapy or other means; and handing of advanced life support requirement such as mirror airway devices. |

| **Physical Demands/Talking** | **%** | **F/O** | **Comments** |
|---|---|---|---|
| Ordinary | | F | Responding to patients, physicians and co-workers through hearing is necessary in transmitting patient information and following directions. May be required to shout for help and additional assistance |
| Other | | O | Responding to patients, physicians and co-workers through hearing is necessary in transmitting patient information and following directions. May be required to shout for help and additional assistance |

| Physical Demands/Hearing | % | F/O | Comments |
|---|---|---|---|
| Ordinary Conversation | | F | Verbally responding to dispatcher's message on phone or radio is necessary for quick, efficient service that can be vital to life in emergency situations. Communication on scene is critical for interviewing patient and in some instances, significant others, and in relaying this information in most expedient manner. Sounds of vehicles may alert Paramedic that additional help in on the way. Other sounds can alert the Paramedic that other persons may be hurt or injured, i.e. someone thrown behind a bush in a vehicle accident who cannot be seen and whose voice may be barely audible. |
| Other | | F | Verbally responding to dispatcher's message on phone or radio is necessary for quick, efficient service that can be vital to life in emergency situations. Communication on scene is critical for interviewing patient and in some instances, significant others, and in relaying this information in most expedient manner. Sounds of vehicles may alert Paramedic that additional help in on the way. Other sounds can alert the Paramedic that other persons may be hurt or injured, i.e. someone thrown behind a bush in a vehicle accident who cannot be seen and whose voice may be barely audible. |

| Physical Demands/Seeing | % | F/O | Comments |
|---|---|---|---|
| Acuity, Near | | F | Sight is used to drive ambulance to scene of injury or illness; to visually inspect patient and area; to read map; to read small print or medication/prescription containers; to read drug reference manuals; and to administer treatment. |
| Acuity, Far | | F | Sight is used to drive ambulance to scene of injury or illness; to visually inspect patient and area; to read map; to read small print or medication/prescription containers; to read drug reference manuals; and to administer treatment. |
| Depth Perception | | F | Sight is used to drive ambulance to scene of injury or illness; to visually inspect patient and area; to read map; to read small print or medication/prescription containers; to read drug reference manuals; and to administer treatment. |
| Accommodation | | F | Sight is used to drive ambulance to scene of injury or illness; to visually inspect patient and area; to read map; to read small print or medication/prescription containers; to read drug reference manuals; and to administer treatment. |
| Color Vision | | F | Sight is used to drive ambulance to scene of injury or illness; to visually inspect patient and area; to read map; to read small print or medication/prescription containers; to read drug reference manuals; and to administer treatment. |
| Field of Vision | | F | Sight is used to drive ambulance to scene of injury or illness; to visually inspect patient and area; to read map; to read small print or medication/prescription containers; to read drug reference manuals; and to administer treatment. |

## FUNCTIONAL JOB ANALYSIS

### Paramedic Characteristics

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

Even though the Paramedic is generally part of a two-person team generally working with a lower skill and knowledge level EMT, it is the Paramedic who is held responsible for safe and therapeutic administration of drugs including narcotics. Therefore, the Paramedic must not only be knowledgeable about medications but must be able to apply this knowledge in a practical sense. Knowledge and practical application of medications include thoroughly knowing and understanding the general properties of all types of drugs including analgesics, anesthetics, anti-anxiety drugs, sedatives and hypnotics, anticonvulsants, central nervous stimulants, psychotherapeutics which include antidepressants, and other anti-psychotics, anticholerginics, cholergenics, muscle relaxants, anti-dysrythmics, anti-hypertensive, anticoagulants, diuretics, antibiotics, antifungal, anti-inflammatory, serums, vaccines, anti-parasitic, and others.

The Paramedic is personally responsible, legally, ethically, and morally for each drug administered, for using correct precautions and techniques, observing and documenting the effects of the drugs administered, keeping one's own pharmacological knowledge base current as to changes and trends in administration and use, keeping abreast of all contraindications to administration of specific drugs to patients based on their constitutional make-up, and using drug reference literature.

The responsibility of the Paramedic includes obtaining a comprehensive drug history from the patient that includes names of drugs, strength, daily usage and dosage. The Paramedic must take into consideration that many factors, in relation to the history given, can affect the type medication to be given. For example, some patients may be taking several medications prescribed by several different doctors and some may lose track of what they have or have not taken. Some may be using non-prescription/over the counter drugs. Awareness of drug reactions and the synergistic effects of drugs combined with other medicines and in some instances, food, are imperative. The Paramedic must also take into consideration the possible risks of medication administered to a pregnant mother and the fetus, keeping in mind those drugs may cross the placenta.

The Paramedic must be cognizant of the impact of medications on pediatric patients based on size and weight, special concerns related to newborns, geriatric patients, and the physiological effects of aging such as the way skin can tear in the geriatric population with relatively little to not pressure. There must be an awareness of the high abuse potential of controlled substances and the potential for addiction, therefore, the Paramedic must be thorough in report writing and able to justify why a particular narcotic was used and why a particular amount was given. The ability to measure and re-measure drip rates for controlled substances/medications are essential. Once medication is stopped or not used, the Paramedic must send back unused portions to the proper inventory area (i.e.; Pharmacy).

The Paramedic must be able to apply basic principles of mathematics to the calculation of problems associated with medication dosages, perform conversion problems, differentiate temperature reading between centigrade and Fahrenheit scales, and be able to use proper advanced life support equipment and supplies (i.e. proper size of intravenous needles) based on patient's age and condition of veins, and be able to locate sites for obtaining blood samples and perform this task, administer medication intravenously, administer medications by gastric tube, administer oral medications, administer rectal medications, and comply with universal precautions and body substance isolation, disposing of contaminated items and equipment properly.

The Paramedic must be able to apply knowledge and skills to assist overdosed patients to overcome trauma thought antidotes, and have knowledge of poisons and be able to administer treatment. The Paramedic must be knowledgeable as to the stages drugs/medications go through once they have entered the patient's system and be cognizant that route of administration is critical in relation to patient's needs and the effect that occurs.

The Paramedic must also be capable of providing advanced life support emergency medical services to patients including conducting of and interpreting electrocardiograms (EKGs), electrical interventions to support the cardiac functions, performing advanced endotracheal intubations in airway management and relief of pneumothorax and administering of appropriate intravenous fluids and drugs under direction of off-site designated physician.

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

The Paramedic must be able to deal with adverse and often dangerous situations which include responding to calls in districts known to have high crime and mortality rates. Self-confidence is critical, as is a desire to work with people, solid emotional stability, a tolerance for high stress, and the ability to meet the physical, intellectual, and cognitive requirements demanded by this position.

Physical Demands

Aptitudes required for work of this nature are good physical stamina, endurance, and body condition that would not be adversely affected by frequently having to walk, stand, lift, carry, and balance at times, in excess of 125 pounds. Motor coordination is necessary because over uneven terrain, the patients, the Paramedics and other workers well-being must not be jeopardized.

Comments

The Paramedic provides the most extensive pre-hospital care and may work for fire department, private ambulance services, police departments or hospitals. Response times for nature of work are dependent upon nature of call. For example, a Paramedic working for a private ambulance service that transports the elderly from nursing homes to routine medical appointments and check-ups may endure somewhat less stressful circumstances than the Paramedic who works primarily with 911 calls in a district known to have high crime rates. Thus, the particular stresses inherent in the role of the Paramedic can vary, depending on place and type of employment.

However, in general, in the analyst's opinion, the Paramedic must be flexible to meet the demands of the ever-changing emergency scene. When emergencies exist, the situation can be complex and care of the patient must be started immediately. In essence, the Paramedic in the EMS system uses advanced training and equipment to extend emergency physician services to the ambulance. The Paramedic must be able to make accurate independent judgments while following oral directives. The ability to perform duties in a timely manner is essential, as it could mean the difference between life and death for the patient.

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

Description of Tasks

(Encompasses the range of all tasks performed by lower level of EMTs)

Answers verbally to telephone or radio emergency calls from dispatcher to provide advanced efficient and immediate emergency medical care to critically ill and inured persons using a full range of equipment.

Drives ambulance to scene of emergency, reads map, responds safely and quickly to the address or location as directed by radio dispatcher, observes traffic ordinances and regulations. Visually inspects and assesses or size up the scene upon arrival to determine if scene is safe, determines the mechanism of illness or injury, the total number of patients involved, and remains calm and confident while demonstrating leadership and responsibility.

Radios dispatcher for additional help or special rescue and/or utility services. Reports verbally to the responding EMS unit or communications center as to the nature and extent of injuries and the number of patients. Recognizes hazards. Conducts triage, sorting out and classifying priorities for most immediate need for treatment. Uses excellent judgment to identify priorities based on the most crucial needs for patient survival.

Searches for medical identification as clues in providing emergency care, i.e. identification bracelet for patient who is diabetic. Reassures patient and bystanders while working in a confident and efficient manner, avoids misunderstandings and undue haste while working expeditiously to accomplish the task. Extricates patients from entrapment, works with other EMS providers in rendering emergency care and protection to the entrapped patient. Performs emergency moves, assists other EMS providers in the use of prescribed techniques and appliances for safe removal of the patient.

Determines nature and extent of illness or injury in patient, assesses pulse, blood pressure, and temperature, visually observes patient, recognizes the mechanisms of injury, and takes comprehensive medical history of patient, including patient's current usage of prescribed and not-prescribed medications/drugs. Communicates with and provides verbal direction to the EMT to assist with tasks within the EMT's scope of practice. Obtains consent and refusal. Uses good judgment to draw conclusions with often limited information; verbally communicates effectively to provide quality treatment to diverse age and cultural groups. Provides family support, manages the difficult patient, conducts fundamental mental status assessment, restrains patient, and intervenes pharmacologically.

Positions unresponsive patient, protects the seizing patient, identifies and teats the hypoglycemic patient, provides heating/cooling interventions, manages burns and exposures, overdoses, conducts ingestion management. Manually stabilizes neck and body of child and adult, immobilizes extremities, straightens selected fractures and reduces selected dislocations. Delivers newborn babies. Provides pre-hospital emergency care of simple and multiple system traumas such as controlling hemorrhage, bandaging wounds, manually stabilizing painful, swollen joints and injured extremities, and immobilizing spine.

Uses basic and advanced life support equipment to open airway and upper airway adjuncts, remove foreign bodies, uses upper airway suction devices, and performs orotracheal intubation, nasotracheal intubation, and oral intubation with pharmacological assistance and surgery on airway. Uses dual or single lumen airway devices. Provides mouth to mouth barrier device ventilation, oxygen administration, chest injury management, bag-valve mask resuscitation. Uses powered ventilation devices, hand held aerosol nebulizer. Performs cardio-pulmonary resuscitation, uses automatic defibrillator apparatus in application of electric shock to heart, manages amputation, uses anti-shock garment, conducts peripheral venous access, intraosseous infusion, manual defibrillation, interprets EKGs, uses external pacemaker.

Administers medications (narcotics), determines the patient's most appropriate body route based on patient diagnosis. Calculates amount of medication to be given in relation to patient's weight, age and other factors that warrant adjustment of volume. Uses oral, auto-injection, sublingual, inhalation, subcutaneous, intramuscular, intraosseous, transcutaneous, rectal, endotracheal, and intravenous routes including central and peripheral lines and venesection as well as infusion pumps to administer medications.

Assist other EMS providers in lifting patient onto stretcher, places patient in ambulance, secures stretcher. Continues to monitor patient en route to the hospital.

Checks, maintains vehicles, and provides mechanical report. Restocks and replaces used supplies, uses appropriate disinfecting procedures to clean equipment, checks all equipment to insure adequate working condition for next response. Takes inventory of and accounts for all medications (narcotics) given. Keeps log of all transactions. Prepares accurate and legible medical reports. Provides medical reports to staff.

Transports non-emergency patients to regularly scheduled appointments, for example, transport geriatric patients in nursing homes. Uses computer to enter date for EMS reports.

Supervises the activities and educational experiences of assigned observers and students. Complies with regulations in handling the decreased.

Functions as the primary direct care provider of emergency health care series to sick and injured patients in pre-hospital settings. Works primarily in advanced life support units affiliated with fire department, police departments, rescue squads, hospitals, or private ambulance services under the off-site supervision of a physician, usually through radio communication, is usually the senior level member of a two person team, working in conjunction with a basic EMT.

Accepts primary responsibility for all aspects of advanced life support given to the patient, including use of advanced life support equipment and administration of medication that includes narcotics; responsible for thorough written documentation of all activity related to patient care and medication dispensation. Successfully completes continuing education and refresher courses as required by employers, medical direction, and licensing or certifying agencies. Meets qualifications with the functional job analysis.

Qualifications

Must be at least 18 years of age and be a high school graduate or equivalent. Must have proof of a valid Iowa EMT certification or a National Registry Card, or be eligible to get your Iowa certification. Ability to communicate verbally; via telephone and radio equipment; ability to lift, carry, and balance up to 125 pounds (250 with assistance); ability to interpret and respond to written, oral, and diagnostic form instructions; ability to use good judgment and remain calm in high-stress situations and take on role of leader.

Must have the ability to read road maps; drive vehicle, accurately discern street signs and address numbers, read medication/prescription labels and directions for usage in quick, accurate, and expedient manner, ability to communicate verbally with patients and significant others in diverse cultural and age groups to interview patient, family members, and bystanders, and ability to discern deviations/changes in eye/skin coloration due to patient's condition and to the treatment given. Must be able to document, in writing, all relevant information in prescribed format in light of legal ramifications of such; ability to converse with dispatcher and EMS providers via phone or radio as to status of patient.

Good manual dexterity with ability to perform all tasks related to advanced emergency patient care and documentation. Ability to bend, stoop, balance, and crawl on uneven terrain, and the ability to withstand varied environmental conditions such as extreme heat, cold, and moisture. Ability to perform quickly, precise, practical mathematical calculations pertinent to ratio and proportion of medication and supplies used in emergency patient care. Must be independent, confident, able to work independently without defined structure, have good stable reasoning ability with ability to draw valid conclusions expediently relevant to patient's condition, often, using limited information. Must have knowledge and skills relevant to position and be able to implement them in stressful situations. Must be cognizant of all legal, ethical and moral obligations inherent within scope of practice.

Must be able to perform mathematical calculations/ratios and apply them in expedient, practical manner. Must be independent, confident, able to work independently without structure, have good stable reasoning ability and able to draw valid conclusions quickly relevant to patient's condition, often, using limited information. Must have knowledge and skills relevant to position and be able to implement them in practical fashion in stressful situations. Must be cognizant of all legal, ethical, and moral obligations inherent within scope of practice.

Must have successful completion of approved curriculum with achievement of passing scores on written and practical certification examinations as defined by program guidelines. Re-certification is dependent upon an individual's successful completion of inter-agency approved paramedic continuing education refresher courses. At any given time, performs any or all tasks performed by a lower level EMT. May supervise activities of students or interns, and/or engage in writing of journal articles or teach. Meets qualifications within the functional job analysis.

# Appendices

Appendix A. Curriculum

## EMT

**Unit 1 – Foundations**
Chapter 1 – Introduction to Emergency Medical Services
Chapter 2 – Well-being of the EMT
Chapter 3 – Lifting and Moving Patients
Chapter 4 – Medical, Legal, and Ethical Issues
Chapter 5 – Medical Terminology
Chapter 6 – Anatomy and Physiology
Chapter 7 – Principles of Pathophysiology
Chapter 8 – Life Span Development

**Unit 2 – Airway Management**
Chapter 9 – Airway Management
Chapter 10 – Respiration and Artificial Breathing
Lab/Skills – Airway management, artificial breathing

**Unit 3 – Patient Assessment**
Chapter 11 – Scene Size-up
Chapter 12 – Primary Assessment
Chapter 13 – Vital Signs and Monitoring Devices
Chapter 14 – Principles of Assessment
Chapter 15 – Secondary Assessment
Chapter 16 – Reassessment
Chapter 17 – Communication and Documentation
Lab/Skills – Patient Assessment scenarios

**Unit 4 – Medical 1**
Chapter 18 – General Pharmacology
Chapter 19 – Respiratory Emergencies
Chapter 20 – Cardiac Emergencies
Chapter 21 – Resuscitation
Chapter 22 – Diabetic Emergencies
Chapter 23 – Allergic Reaction
Lab/Skills – Medical Scenarios

**Unit 5 – Medical 2**
Chapter 24 – Infectious Diseases and Sepsis
Chapter 25 –Poisoning and Overdose Emergencies
Chapter 26 – Abdominal Emergencies
Chapter 27 – Behavioral and Psychiatric Emergencies and Suicide
Chapter 28 – Hematological Emergencies
Lab/Skills – Medical Scenarios

**Unit 6 – Trauma**
Chapter 29 – Bleeding and Shock
Chapter 30 – Soft-tissue Trauma
Chapter 31 – Chest and Abdominal Trauma
Chapter 32 – Musculoskeletal Trauma
Chapter 33 – Trauma to the Head, Neck, and Spine
Chapter 34 – Multisystem Trauma
Chapter 35 – Environmental Emergencies
Lab/Skills – Bandaging, bleeding control, splinting, Trauma Scenarios

**Unit 7 – Special Populations**
Chapter 36 – Obstetrics and Gynecology Emergencies
Chapter 37 – Emergencies for Patients with Special Challenges
Lab/Skills – Delivery scenarios, special population scenarios

**Unit 8 – Operations**
Chapter 38 – EMS Operations
Chapter 39 – Hazardous Materials, MCI, Incident Management
Chapter 40 – Highway Safety and Vehicle Extrication
Chapter 41 – EMS Response to Terrorism
Lab/Skills – final check-off

**Clinical Requirements**

| | |
|---|---|
| Emergency Room: | 24 hours |
| Ambulance Ride Time: | 24 hours |
| Contacts: | 2 pediatric |
| | 5 adult |
| | 2 pediatric |

Minimum 15 patient contacts
Minimum 5 ambulance runs

## Paramedic

**Unit 1: Foundations**
Chapter 1 – Advanced Prehospital Emergency Medicine
Chapter 2 – EMS Systems
Chapter 3 – Roles and Responsibilities of the EMS Practitioner
Chapter 4 – EMS Safety and Wellness
Chapter 5 – EMS Research
Chapter 6 – Public Health
Chapter 7 – Medical-Legal Aspects of Out-of-Hospital Care
Chapter 8 – Ethics in EMS
Chapter 9 – EMS System Communications
Lab/Skills – BLS skills evaluation

**Unit 2: A&P and Patho**
Chapter 18 – Human Lifespan Development
Supplemental – Human Anatomy and Physiology
Chapter 19 – Pathophysiology
Lab/Skills – Scenarios

**Unit 3: Pharmacology**
Chapter 20 – Emergency Pharmacology
Chapter 21 – Intravenous Access and Medication Administration
Lab/Skills – IV access, medication administration

**Unit 4: Airway Management**
Chapter 22 – Airway Management and Ventilation
Lab/Skills – Airway management, Intubation, Needle Cric.

**Unit 5: Patient Assessment**
Chapter 23 – Scene Size Up
Chapter 24 – Primary Assessment
Chapter 25 – Therapeutic Communications
Chapter 26 – History Taking
Chapter 27 – Secondary Assessment
Chapter 28 – Patient Monitoring Technology
Chapter 29 – Patient Assessment in the Field
Chapter 30 – Documentation
Lab/Skills – Patient Assessment scenarios

**STUDENTS MAY BEGIN CLINICAL TIME (ER, OR)**

**Unit 6: Cardiology**
Chapter 33 – Cardiology
AHA – ACLS
Lab/Skills – Rhythm analysis, Cardiac scenarios

**Unit 7: Medical 1**
Chapter 32 – Pulmonary
Chapter 34 – Neurology
Chapter 35 – Endocrinology
Chapter 36 – Immunology
Chapter 37 – Gastroenterology
Chapter 38 – Urology and Nephrology
Lab/Skills – Medical Scenarios

**Unit 8: Medical 2**
Chapter 39 – Toxicology
Chapter 40 – Hematology
Chapter 41 – Infectious Diseases and Sepsis
Chapter 42 – Psychiatric and Behavioral Disorders
Chapter 43 – Diseases of the Eyes, Ears, Nose, and Throat
Chapter 44 – Nontraumatic Musculoskeletal Disorders
Lab/Skills – Medical Scenarios

**STUDENTS MAY BEGIN AMBULANCE RIDE TIME**

**Unit 9: Special Populations**
Chapter 45 – Obstetrics and Gynecology
Chapter 46 – Neonatology
Chapter 47 – Pediatrics
AHA – PALS
Chapter 48 – Geriatrics
Chapter 49 – Abuse, Neglect, and Assault
Chapter 50 – The Challenged Patient
Chapter 51 – Acute Interventions for the Chronic Patient
Lab/Skills – Scenarios

**Unit 10: Trauma**
Chapter 52 – Trauma and the Trauma System
Chapter 53 – Mechanism of Injury
Chapter 54 – Hemorrhage and Shock
Chapter 55 – Soft Tissue Trauma
Chapter 56 – Burns
Chapter 57 – Head, Face, Neck, and Spinal Trauma
Lab/Skills – Splinting, Immobilizing, Trauma Scenarios

**Unit 11: Trauma 2**
Chapter 58 – Chest Trauma
Chapter 59 – Abdominal and Pelvic Trauma
Chapter 60 – Orthopedic Trauma
Chapter 61 – Environmental Trauma
Chapter 61 – Special Considerations in Trauma
Lab/Skills – Trauma Scenarios
NAEMT – PHTLS

**STUDENTS MAY BEGIN CAPSTONE PRECEPTORSHIP**

**Unit 12: Operations**
Chapter 10 – Ground EMS Operations
Chapter 11 – Air Medical Operations
Chapter 12 – Terrorism
Chapter 13 – Multiple Casualty Incidents and Incident Management
Chapter 14 – Rescue Awareness
Chapter 15 – Hazardous Materials
Chapter 16 – Crime Scene Awareness
Chapter 17 – Rural EMS
Lab/Skills – Final Check-offs

Appendix B. Student Agreements

**Policy Manual Acknowledgement**

I, _____, acknowledge that I have received a copy of the JCAS EMS Academy Program Policy Manual, and agree to follow, to the best of my abilities, the rules and expectations outlined therein. I recognize that actions contradictory to the expectations may result in immediate dismissal from the program, and I will hold myself, and my classmates, accountable to maintaining these standards.

Student Signature: _____ Date: _____

**Functional Job Analysis, EMT & Paramedic**

I have read, understand and accept the above working conditions expected of an Emergency Medical Services student.

I have read, understand and accept the Functional Job Analysis for the Paramedic student.

_____ I do not need accommodations to perform physical duties.

_____ I feel the following accommodations are needed to perform the physical duties.

_____
_____
_____
_____

Student Signature: _____ Date: _____

U.S. Department of Labor Manpower Administration, Physical Demands and

Environmental Conditions; Job Title: Paramedic 079.010

**Confidentiality Statement**

Throughout the Emergency Medical Services Program at Indian Hills Community College I will have access to patient information. I realize that this information is private and should be kept confidential. I realize that any unauthorized release of information is punishable by fine and/or imprisonment.

Throughout my education in the JCAS EMS Academy, I will at no time inappropriately release confidential information, and I will adhere to the EMT Code of Ethics of the National Association of Emergency Medical Technicians.

I understand that release of unauthorized patient information will result in immediate termination from the training program.

Student Signature: _____ Date: _____

## FISDAP Agreement

I have read and understand the FISDAP skills tracker and scheduler policy. I understand that I must follow this policy. If I am found to have violated this policy I am willing to accept the disciplinary action as listed in the policy. I also understand that if my shifts are not entered into FISDAP skills tracker in the amount of time as listed by this policy, they will be considered late and my clinical grade will be lowered.

Student Signature: _____ Date: _____

## Academic Integrity Statement

JCAS EMS Academy expects a full commitment to academic integrity from each student. Your signature on the form is your commitment to academic integrity as a student enrolled in the program.

Academic integrity means:

- Your work on quizzes, exams, and assignments will be completely your own.
- Your collaboration with another classmate on any assignment will be pre-approved by your instructor.
- You will not practice plagiarism in any form.
- You will not allow others to copy your work.
- You will not misuse content from the Internet.

Plagiarism is defined as copying or using ideas or words (from another person, an online classmate, or an Internet or print source) and presenting them as your own.

If academic dishonesty is confirmed, the student involved will be subject to consequences determined by the program director, and may be removed from the program.

I acknowledge that I have read the Academic Integrity Statement, and agree to the policies and procedures stated therein.

Student Signature: _____ Date: _____

## Publication Consent Form

For good and valuable consideration, I hereby consent and authorize JCAS EMS Academy to reproduce, publish, circulate, and otherwise use for advertising purposes, my name and/or signature and/or portrait and/or photograph, videotape/audiotape, other imaging and/or name of employer and the attached voluntary statement or statements or any part thereof, in the following: magazines, newspapers, rotogravure sections of publications, booklets, circulars, posters, billboards, radio and/or television scripts, radio broadcast transcriptions, and/or telecasts, websites including but not limited to JCAS EMS Academy website, and all other forms of publication or circulation, or any of them in advertising or any other publicity; and I hereby release said JCAS EMS Academy of and from any and all rights, claims, demands, actions, or suits which I may or can have against it or them on account of the use or publication of said material.

Student Signature: _____ Date: _____

# Physical Examination and Immunization Form

## Student Information Sheet

**TO BE COMPLETED BY THE STUDENT:** **SSN: _____/____/_____** **Birthdate** (mm/dd/yy): ___/___/___
**Last Name: _____ First Name: _____ Middle: _____**
**Address: _____ City: _____ State: _____ Zip: _____**
**How do you rate your general health? _____**
**Do you have any physical or emotional limitations that might hinder your ability to perform the duties and responsibilities of the program you have selected? _____Yes _____No**
**If yes, please explain_____**
**_____**

**Student Signature: _____ Date: _____**

**TO THE EXAMINER:** While enrolled in a health occupations program at Indian Hills Community College, this student may be involved in: a rigorous academic program; stressful situations in a one-on-one basis or in groups; activities requiring average manual dexterity, ability to lift, move, or turn person weighing at least as much as the student; activities requiring use of all sense organs, and activities which requires the student to be on her/his feet for up to eight consecutive hours.

I hereby certify that I have examined the person named above and determined that she/he is physically and emotionally fit to be enrolled as a student in her/his chosen program at Indian Hills Community College.

Comments: _____

Printed Name and Address of Healthcare Provider: _____

Provider Signature: _____ Date: _____

Immunizations and Tests: Note recommendations on information sheet. This portion of the form must be filled out in its entirety. Blanks are not allowed. All immunization dates must be on this form. DO NOT submit other documents as proof.

**MMR**: All persons born after 1/1/57 must have received 2 injections of MMR vaccine at least one month apart and after their first birthday **OR** have sufficient rubeola, mumps, and rubella titer **OR** Physician documentation of acquired disease.

**Date of first injection: _____** Mumps Titer Date _____

Immune Not immune

**Date of second injection: _____**

Rubeola Titer Date _____ Rubella Titer Date _____

Immune Not immune Immune Not immune

Tetanus/Diphtheria Booster *(Must be within last 10 years).* Date: _____

**Hepatitis B: See information sheet.**
Hepatitis B: #1 Date: _____ #2 Date: _____ #3 Date: _____

If you choose NOT to receive Hepatitis B vaccine, your signature declining vaccination is required.
Student Signature: _____ Date: _____

**Two-step TB Testing (PPD)**:

| | | |
|---|---|---|
| Have you ever had a positive TB reaction? | Yes | No |
| Are you currently taking corticosteroids? | Yes | No |
| Or immunosuppressive agents? | Yes | No |
| In the past 6 weeks have you had immunizations for measles, mumps, rubella, or influenza? | Yes | No |
| Are you pregnant? | Yes | No |
| Have you had a TB test in the last year? | Yes | No |

If yes and you can provide documentation, you will only require one additional TB test. A minimum of 1 week is required between TB tests.

I have been informed of the risks of receiving this intradermal injection and my questions have been answered. I understand that it is my responsibility to have the test read 48-72 hours after the test has been given.

Student Signature: _____ Date: _____

**Test #1:**
Injection given by _____

_____ _____
Lot # Exp. Date

Reaction Test #1
Read induration only, not redness _____ mm's

This reaction is seen as _____ according to the Iowa Department of Health criteria

_____
Signature Date

**Test #2:**
Injection given by _____

_____ _____
Lot # Exp. Date

Reaction Test #2
Read induration only, not redness _____ mm's

This reaction is seen as _____ according to the Iowa Department of Health criteria

_____
Signature Date

**Varicella (Chickenpox):** See information sheet
Have you had chickenpox? Yes No
Varicella Vaccine Date: _____

If you have not had chickenpox and choose not to receive the varicella vaccine, your signature declining vaccination is required.

_____
Signature Date

**Influenza**:
Date: _____ Lot #: _____ Dr. Office/Employer: _____

Date: _____ Lot #: _____ Dr. Office/Employer: _____