

Pickford EMS Education

Student Contract



MFR—EMT—AEMT

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Our Mission

Congratulations on taking the first step to becoming an EMS provider! Our mission is to provide affordable, expedient, and robust emergency medical services (EMS) education to surrounding agencies. We understand the issues that face EMS today and want to encourage community members to take action and ownership of their local ambulance services. Many local EMS agencies are facing staffing shortages, increased education requirements and costs to operate. We recognize this won't be the solution to all of the problems facing EMS agencies, but addressing education and increasing recruitment will help ease the burden we all carry. We hope to provide the best education at an affordable cost, and wish you the best in your educational endeavors! Refunds will not be available to a student once we have ordered your textbook.

Program Cost

Tuition Fees and Costs will be given at the Pre-Course meeting for each class session due to the varying costs and class sizes. A statement will be billed to each student or sponsoring agency/township. We will give each student advanced notice and may be able to work out a payment plan if necessary. Any student or sponsoring agency with questions regarding cost or tuition may contact the Course Coordinator or Sponsor Representative directly.

Contact Information

Primary Instructor	Program Course Coordinator	Program Sponsor Representative
Bryan Huntley 7758 M-129 Pickford, MI 49774 860-578-3606 xgosmashu@gmail.com	Christopher Huntley 7758 M-129 Pickford, MI 49774 860-895-7496 christopherhuntley88@gmail.com	Jim Miller 7758 M-129 Pickford, MI 49774 906-440-6816 pickfordfire@centurytel.net

Satellite Locations

If an education program is to be held at a satellite location other than Pickford Fire & EMS, students may be required to follow additional rules and guidelines. Any issues or concerns arising will be addressed by the Primary Instructor. Students will be given copies of any additional policies/procedures for the Satellite location(s) should it apply to them. If an issue arises at a satellite location, please contact the Primary Instructor, or Program Course Coordinator so he/she can make additional arrangements or notifications.

Accommodations for Students and Commitment to Diversity

Pickford EMS is committed to provide equal opportunity and nondiscrimination for all educational and employment applicants as well as for its students and employed staff, without regard to race, color, creed, national origin, sex, sexual orientation, including gender expression/identity, genetic information, marital status, age, the presence of any sensory, mental, or physical disability, the use of trained guide dog or service animal by a person with a disability, or status as a Vietnam and/or disabled veteran, National Guard member or reservist in accordance with the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, the Federal Rehabilitation of 1973, the Americans with Disabilities Act of 1990 and Michigan PERSONS WITH DISABILITIES CIVIL RIGHTS ACT 220 of 1976. Any other applicable Federal and Michigan State laws may apply. Students may also view NREMT Special Accommodations Policy at NREMT.ORG, if a student is unable to access their website, a physical copy will be made available. Pickford EMS is committed to providing the best education and services possible. We encourage and promote diversity daily. **If a student has a learning disability or requires any additional accommodations they must notify the Program Course Coordinator as soon as possible so the necessary arrangements can be made to help the student.**

Tobacco Use Policy

Pickford EMS wishes to promote a healthy culture of learning for students, staff, faculty and guests. Pickford EMS prohibits the use and/or sale of tobacco products in the classroom. No person shall use, chew, smoke or sell tobacco products at any time during class, or clinical sessions. This will be pursuant to Michigan Public Act 188 of 2009.

Alcohol and Drug Policy

All EMT students shall abstain from alcohol and/or drug use that alters mental, verbal, or motor responses within at least eight hours prior to their practicum and class periods. This includes the use of illegal drugs, the illegal use of prescription drugs, and the abuse or illegal use of alcohol. Possession, distribution, sale, or manufacturing of alcohol or narcotics will be grounds for immediate dismissal from the program. **Attending classes and/or practicum while under the influence of alcohol and/or drugs will be cause for expulsion from the program.**

If a student takes a prescribed medication that may impair consciousness, alertness, or cognitive ability, he/she must inform his/her practicum instructor. If the medication causes the student to demonstrate altered mental, verbal, or motor responses, he/she may be sent home. An individual on medications that dull the senses is not considered a safe practitioner. ***THE SAFETY OF OUR PATIENT AND FIRST RESPONDERS IS OUR FIRST PRIORITY. ALL REPORTS OF SUBSTANCE ABUSE WILL BE ACTED UPON IMMEDIATELY.*** Pickford EMS will assist and support any student who wishes to obtain help for drug-related problems to the best of our ability.

If an EMT student should be convicted of a crime outlined in Michigan Public Health Code Act 368 of 1978 Sec. 20173a., he/she will be dismissed from the EMT Program.

Reporting Suspected Substance Use/Abuse

A staff member of the practicum agency who suspects a student of being under the influence of alcohol and/or any other drug that alters mental, verbal, or motor responses should immediately report this observation to the Program Course Coordinator and the teaching IC. A student who suspects a peer of being under the influence of alcohol and/or any other drug that alters mental, verbal or motor responses should immediately report this observation to the instructor (if the instructor is not immediately available they may contact the Course Coordinator or Program Sponsor Representative).

An instructor who has received a report of suspected abuse or who suspects a student of being under the influence of alcohol and/or any other drug will immediately remove the student from direct patient care. The instructor will then confer with another instructor, Program Course Coordinator, Program Representative, or law enforcement officer to assess, and if possible confirm, the evidence of suspected alcohol or drug use. **Any student who refuses to comply with assessment by an authorized individual above will be expelled from the program immediately.** The offending student will be removed from the immediate class and forfeit all fees, grades, etc. The student may choose to reapply for the next class offering, but will need to meet with the Program Sponsor, Course Coordinator, Primary IC, and pass an affective evaluation in order to be allowed back into the program.

Sexual Harassment

Pickford EMS is committed to providing a learning environment that is free from sexual harassment. Sexual harassment in the classroom will not be tolerated. When Pickford EMS determines that an allegation of sexual harassment is credible, it will take prompt and appropriate corrective action.

What Is Sexual Harassment?

Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when:

- 1) An employment decision affecting that individual is made because the individual submitted to or rejected the unwelcome conduct; or
- 2) The unwelcome conduct unreasonably interferes with an individual's learning/work performance or creates an intimidating, hostile, or abusive learning/work environment.

Unwelcome actions such as the following are inappropriate and, depending on the circumstances, may in and of themselves meet the definition of sexual harassment or contribute to a hostile learning/work environment:

- Sexual pranks, or repeated sexual teasing, jokes, or innuendo, in person or via e-mail;
- Verbal abuse of a sexual nature;
- Touching or grabbing of a sexual nature;
- Repeatedly standing too close to or brushing up against a person;
- Repeatedly asking a person to socialize during off-duty hours when the person has said no or has indicated he or she is not interested (supervisors in particular should be careful not to pressure their employees to socialize);
- Giving gifts or leaving objects that are sexually suggestive;
- Repeatedly making sexually suggestive gestures;
- Making or posting sexually demeaning or offensive pictures, cartoons or other materials;
- Off-duty, unwelcome conduct of a sexual nature that affects the classroom environment.

A victim of sexual harassment can be anyone. The victim can be of the same sex as the harasser. The harasser can be a supervisor, co-worker, other Department employee, or a non-employee who has a business relationship with the Department.

Patient Confidentiality

Pickford EMS will comply with the Health Insurance Portability and Accountability Act of 1996 (**HIPAA**). Students will have access to healthcare information during clinical experiences and must protect patient confidentiality. Health information is any information created or received by a health care provider which relates to:

- Past, present or future physical or mental health or condition,
- Provision of health care, or
- Past, present or future payment for health care.

Some of this health information is individually identifiable health information, if it is also:

- Individually identifiable, or
- There is a reasonable basis to believe the information can be used to identify the individual.

Protected health information is individually identifiable health information that is:

- Transmitted by electronic media
- Maintained in any electronic medium, or
- Transmitted or maintained in any other form or medium.

Patient healthcare information (**PHI**) must remain confidential and any PHI disclosed during class will result in expulsion from the program. Clinical experiences are invaluable to the student and may be shared if no PHI is disclosed, or the information can be used to identify the patient.

Student Records

All student records will be kept on file for at least 5 years, per MDHHS policy. These records will be kept in a secured location, and any student wishing to view their own records will be afforded the opportunity to inspect and review them as requested.

What is FERPA?

FERPA is the Family Educational Rights and Privacy Act and is a federal law that was enacted in 1974 and Amended in 2008. FERPA protects the privacy of student education records. All educational institutions that receive federal funding must comply with FERPA.

Why should I care about FERPA?

If you're a student, it's important for you to understand your rights under FERPA.

What are students' rights under FERPA?

FERPA gives students four basic rights with respect to their education record:

- The right to control disclosure of their education record

- The right to review their education record
- The right to request amendment of inaccurate or misleading portions of their education record
- The right to file a complaint regarding non-compliance of FERPA with the Family Policy Compliance Office of the U.S. Department of Education

What are "education records"?

Education records are defined as records, files, documents, and other materials that contain information directly related to a student and are maintained by the Program Coordinator for Pickford EMS.

Education records take many forms, including paper and electronic. Education records include:

- Grades.
- Class lists.
- Student course schedules.
- Disciplinary records.
- Student financial records.

Are there any records that are not considered education records?

The following records are excluded from the definition of education records:

- "Sole possession" records made by faculty and staff for their own use as reference or memory aids and not shared with others.
- Personal observations.
- Law enforcement records.
- Medical and mental health records used only for the treatment of the student.
- Peer graded papers and exams prior to the grade being recorded in the instructor's grade book.

What does the law mean when it says that students have the right to control disclosure of their education records?

It means that a student's education records may be disclosed only with the student's prior written consent. The prior written consent must:

- Specify the records to be released.
- State the purpose of the disclosure.
- Identify the party(ies) to whom disclosure may be made.
- Be signed and dated by the student.

Does "written consent" have to be collected on paper?

No. In recent years, the U.S. Department of Education has clarified that an electronic signature may substitute for a written one. In order to qualify as an electronic signature, appropriate authentication must occur. However, because security measures for other email systems are not as strict, an email

received from a Gmail, Yahoo mail, or AOL mail account for example would NOT qualify as written consent.

Are there any conditions under which student education records may be disclosed without the student's consent?

Yes, FERPA does contain some exceptions to the written consent rule. Those exceptions allow disclosure without consent:

- Program Coordinator, Sponsor, MD, and any instructor (including third parties under contract) with legitimate educational interests.
- To comply with a judicial order or lawfully issued subpoena.
- To appropriate parties in a health or safety emergency in order to protect the student or others.
- To the provider or creator of a record to verify the validity of that record (e.g. in cases of suspected fraud).

Student Rights

Each student has the right to expect a learning environment in which all students:

1. Are given the opportunity and encouragement to succeed.
2. Are treated with dignity and respect.
3. Demonstrate good manners and courtesies.
4. Are safe from sexual harassment and discrimination.
5. Are free to ask for help.

Student Responsibilities

In addition to rights, each student has a responsibility to:

1. Support a learning environment that provides opportunities for all students to succeed.
2. Prepare mentally and physically to be the best they can be.
3. Treat all student and staff with dignity and respect.
4. Exhibit good manners and common courtesies at all times.
5. Serve as a positive role model for less experienced students.
6. Respect the property and space of others.
7. Help keep the classroom and practicum areas litter free.
8. Refrain from swearing and using any inappropriate communication.
9. Read and abide by the rules in the Pickford EMS Student Contract.
10. Be accountable for their own actions.

Professional Behavior Expectations

Students who have chosen to become EMTs are expected to demonstrate professional behavior and judgment both inside and outside of the academic setting. The student's behavior reflects character,

personal integrity, and respect for others. Students should anticipate a possible letter grade drop and/or dismissal from the course or program for behaviors including, but not limited to the following:

1. Falsification of documents or Electronic Health Records (EHR).
2. Forgery of instructor or other healthcare professional's signature.
3. Lying and/or cheating.
4. Theft of property from the classroom, clinical agencies, or fellow students.
5. Plagiarism.
6. Performing skills outside of the student's Scope of Practice.
7. Violating confidentiality.
8. Developing social/romantic relationships with patients or families.
9. Refusing to follow instructions of agency staff or instructors or abide by agency expectations.
10. Threats of violence or retaliation toward others.
11. The use of abusive language in any format (written, verbal, or otherwise), or disruptive behavior directed toward peers, staff, faculty, or agency personnel.
12. Sharing electronic healthcare record (EHR) login information.
13. Copying or reproducing Protected Health Information (PHI) in any manner.

Social Media Use

Students should be aware that using internet social networking sites (including, but not limited to, Facebook, Twitter, and Instagram) to discuss classmates, instructors, or the EMT Program can be detrimental to the student, instructors and/or Pickford EMS. All online communications should be courteous, positive, and professional. Sharing ANY patient information or clinical experiences/stories outside of the classroom setting may be a HIPAA violation and is grounds for disciplinary action and/or dismissal from the program. Students will sign acceptance of this expectation on the Program application.

Cell Phone Use

Electronic devices, including cell phones, may only be used in the learning environment for learning purposes and with professional courtesy. Learning purposes includes taking online quizzes, doing homework, researching academic topics. Cell phones should be set to vibration, and sound turned off. Emergency messages and calls may be taken as long as the student exits the classroom or clinical site without causing any disruption. If a student's cell phone becomes a distraction, they will be required to turn it off and bring it to the instructor, or put it into their vehicle for the remainder of the class. Students will be allowed breaks throughout lecture where they can use their cell phone and check messages. Cell phones or other recording devices may not be used in any clinical environment.

Admission Policy

1. Be 18 years of age, or older. NREMT testing standards and Michigan licensing requires applicants to be 18 years of age or older. Any person(s) wishing to enroll who are younger than 18 will be evaluated on a case-by-case basis.

2. Must possess a high school diploma or GED. If a student is currently enrolled in a secondary education program they must be in good academic standing and be expected to graduate with a high school diploma/GED for the school year that the program will end in.
3. We may choose to administer a reading and/or math competency exam, physical agility, and/or psychomotor assessment testing at any time during the program with resources for remediation made available.
4. Signed and completed Personal Data Sheet, Student and Clinical Contracts.
5. Completed and returned Course Application.
6. Current State of Michigan Driver's license or pictured ID.
7. A copy of current immunizations that include PROOF OF:
 - HBV shots or approved declination statement signed.
 - Negative TB test within the last year or negative chest x-ray.
 - Rubella titer, rubeola titer or proof of two MMR's. Negative titer for Rubella required if both before 1956.
 - If you had Varicella Zoster (chicken pox) if so when? If not, test showing immunity.
 - Other immunizations as required by clinical sites.
8. The student is required to provide his or her own medical equipment, such as: stethoscope, and pocket facemask, for the program.
9. We may require medical evaluation by a physician which states that the student is physically and mentally capable to participate in the program. Please see the Disability/Accommodations Policy.
10. The student must be able to:
 - Frequently lift 50 pounds or more.
 - Be able to stand, stoop, kneel, crouch, or crawl for extended periods of time.
 - Hear audible sounds.
 - Grasp and hold objects for extended periods of time.
 - Use good motor coordination (coordinate hand and eye movement).
11. The student is required to obtain a criminal background check which may be needed for MDHHS and NREMT.
12. Meet the NREMT testing requirements, which can be found here:
 - <https://www.nremt.org/rwd/public/document/emt>
13. A pre-course interview will be conducted for each course applicant. This interview is a formal measure used to determine an applicant's fit for the program and the following factors will determine their acceptance:
 - Employment history.
 - Affective evaluation (honesty, empathy, integrity, values, etc.).
 - Education.
 - Applicant's rationale for enrolling in the program.

Notification of Approval/Denial

Notification of approval or denial will be emailed to the student at the address provided on their application. A clear explanation of denial will be provided. If a student is denied admittance they are

encouraged to contact us, and assistance will be made available to enroll in the next program if they so choose.

Curriculum

Students will be taught the Education Objectives and Instructional Curriculum of the Michigan Department of Health and Human Services (**MDHHS**) for MFR, EMT, and AEMT. All objectives and curriculum will be made available to each student, below you may find the links for MDHHS's website where the information can be accessed electronically. *If a student is unable to access the information electronically, a physical copy will be provided at no cost. Please note we teach three levels of EMS education, so you will need to select your objectives/curriculum appropriately.*

- MFR:
 - A copy of the Emergency Medical Technician Objectives may be found here:
http://www.michigan.gov/documents/MFR_Objectives_9-02_156015_7.pdf
 - A copy of the Emergency Medical Technician EMT Instructional Guide may be found here:
http://www.michigan.gov/documents/mdch/National_Education_Standards.EMR.instructional_guide_406369_7.pdf
- EMT:
 - A copy of the Emergency Medical Technician Objectives may be found here:
http://www.michigan.gov/documents/EMT_Objectives_9-02_156011_7.pdf
 - A copy of the Emergency Medical Technician EMT Instructional Guide may be found here:
http://www.michigan.gov/documents/mdch/National_Education_Standards.EMT.instructional_guide_406370_7.pdf
- AEMT:
 - A copy of the Emergency Medical Technician Specialist Objectives may be found here:
http://www.michigan.gov/documents/mdch/Final_Draft_EMTS_Objectives_2012_4070_61_7.pdf
 - A copy of the Advanced Emergency Medical Technician EMT Instructional Guide may be found here:
http://www.michigan.gov/documents/mdch/National_Education_Standards.AEMT.instructional_guide_406366_7.pdf
- A copy of the National Education Standards may be found here:
http://www.michigan.gov/documents/mdch/National_Education_Standards_406373_7.pdf
- A copy of the National EMS Scope of Practice may be found here:
http://www.michigan.gov/documents/mdch/National_EMS_Scope_of_Practice_406386_7.pdf

Textbook

You will also be assigned a workbook to complete for each chapter as part of the homework. The textbook will be made available for each student at start of the program. Additionally, students are able to use online education resources and local libraries if they need further educational/medical references. We will also have the textbook(s) made available at the Pickford Community Library. Below are the textbooks that will be used for the respective course level. *Textbook selection is subject to change, based on instructor's discretion and availability of the textbooks.*

- MFR: Brady Emergency Medical Responder: First on Scene, 11th Edition. ISBN-10: 0-13-498846-9
- EMT: Brady Emergency Care, 13th Edition. ISBN-10: 0-13-402455-9
- AEMT: Brady Advanced EMT: A Clinical Reasoning Approach, 2nd Edition. ISBN-10: 0-13-442012-8

Additional Resources

Bayliss Public Library

541 Library Dr, Sault Ste Marie, MI 49783

Open Tuesday & Thursday 9a-9p, Wednesday & Friday 9a-530p, Saturday 9a-4p

Pickford Community Library

230 E Main St, Pickford, MI 49774

Tuesday & Thursday 1p-8p, Wednesday & Friday 10a-4p, Saturday 10a-3p

Detour Public Library

202 S Division St, Detour, MI 49725 906-297-2011 ext. 132

Monday & Tuesday 10a-5p, Wednesday 1p-8p, Thursday & Friday 10a-5p, Saturday 10a-2p

Course Syllabus

This document will act as the course syllabus, in conjunction with the class schedule, assignments, and any other pertinent information the primary instructor wishes to distribute. All materials shall be given to students on the first day of class.

Grading Scale

A 94-100%
A- 90-93%
B+ 87-89%
B 84-86%
B- 81-83%
C+ 78-80%
C 75-77%
C- 70-74%
D+ 67-69%
D 63-69%
F 0-62%

Testing and Grading Criteria

Written quizzes, tests and practical skill exams will be given throughout the class. Exam content will include material discussed during lectures, demonstrations, assigned reading, objectives and handouts. **A final grade of 70% is required to pass the course**, but this is a MINIMUM and students are expected to achieve much higher than 75% as the National Registry Examination will require a significant amount of studying and information retention. **You must also earn a minimum of 70% on the final written examination in order to pass the class.** The final grade will be determined by participation, homework, practical skills test, quizzes, clinical, and written tests. The point distribution for class will be as follows:

- Homework- 25%
- Attendance- 25%
- Quizzes- 25%
- Final and Mid-term Exams- (12.5% each) totaling 25%
- Affective Evaluation- Pass/Fail
- Practical skills evaluation- Pass/Fail

Quizzes and Homework Assignments

Specific instructions for completion of homework and quizzes will be provided at the beginning of each course.

Written Tests

There will be two in-class examinations during the course: a mid-term and final exam. They may be administered electronically in-class or on paper, whichever the Primary Instructor chooses. There will be advanced notice, and will be dependent on the access of enough computers/work stations for all students. Any cell phone use or opening of a second computer screen/website will be considered cheating and will result in a grade of zero points for that exam and suspension/expulsion from the

program. Action will be taken immediately and without prejudice. *Please do not cheat, you are only hurting yourself!*

Practical Skills Test

Practical skills testing will be held at the end of the course. The examination will be conducted according to MDHHS and NREMT standards and guidelines, and it will be graded on a pass/fail basis. Each student is expected to maintain confidentiality regarding their practical skills testing during the test administration. Talking to classmates about the test scenarios during the examination is considered cheating and will result in the student receiving a failing score of zero for the test. In addition to the failing score, students caught cheating will be subject to discipline as outlined in this handbook.

Affective Evaluation

Affective evaluation is designed to measure the student's aptitude regarding patient interaction, emotional intelligence and social conduct. This evaluation will be conducted according to MDHHS and NREMT standards and guidelines, and it will be graded on a pass/fail basis.

Clinical Experience

Clinical experience for each student is invaluable. You will spend 12 hours in a hospital setting and at least 24 hours in a pre-hospital setting (EMS agency). These hours will be considered pass/fail and failure to complete the required hours will result as a failure for the class. You will not receive credit for any forms without the proper signature or any altered/forged forms.

Clinical Assignments

You will be required to complete 12 hours of clinical rotation at a hospital, and 24 hours at an EMS agency as part of your classwork. The Primary Instructor will help coordinate hospital clinical assignments and dates for you to choose and sign-up for. All clinical rotations will be your responsibility to attend. You will be required to contact the pre-hospital agencies directly to schedule your assignments. You will abide by all rules and guidelines outline in this Student Handbook during your clinical assignments and follow all agency guidelines/procedures. You will be issued an ID for the purpose of attending clinical rotations and will adhere to the Dress Code and Hygiene Policy. If you become exposed to a hazardous substance, sharps/needle stick, are injured, etc. you must report this immediately to your assigned supervisory and Primary Instructor, as well as complete the reporting form found in the appendix of this Handbook. You cannot be employed in any capacity by a pre-hospital or hospital agency while completing your clinical assignments. You may not exceed the scope of your practice, and may only perform skills as outlined by the Primary Instructor in your skill sheet(s).

Attendance Policy

Students are expected to attend all classes. If unable to attend, students are expected to contact program faculty in advance of the missed class. A student who misses more than 10% of classes may be

removed from the program. The primary IC and Program Course Coordinator will consider the student's current grade, completions, and affective evaluation in determining if a student who misses more than 10% of the classes will be removed from the class and will be determined on a case by case basis. It is recognized that there may be a rare occasion when a student may not be able to attend a class e.g., illness, death in the family, etc.; however, students are responsible for all program materials and missed assignments. The Primary IC will review excused absences and may assign extra homework as deemed necessary. Students may be given the opportunity to make-up hours missed for class to meet minimum state education requirements. These hours will be offered to all students if they are allowed by the Primary IC and Program Course Coordinator.

Unexcused Absence/Tardiness

EMT students are expected to model appropriate behaviors expected of healthcare professionals. Tardiness is a poor reflection of professional conduct and should only occur rarely and for legitimate reasons. An unexcused occurrence of tardiness will result in conference between the student and Primary IC. If a student's absence occurs without prior notice/approval, they will be required to meet with the Program Coordinator and Primary IC before they can return to class.

Counseling

Any student with unsatisfactory performance will be made aware by the Primary Instructor and be given the Statement of Concern form for the student to go over and acknowledge. Any student wishing to receive extra education or counseling regarding their academic performance may notify the Primary Instructor or Program Course Coordinator and reasonable assistance will be made available to help the student improve their academic performance.

Dress Code and Hygiene

The appearance of student reflects themselves as well as Pickford EMS and the clinical site. The student's appearance will reflect good personal hygiene and professional dress during all of their clinical practicum and be compatible with the dress code of the clinical site. The student should maintain proper hygiene, and be free of any offensive odors. The student should check with the clinical instructor regarding specific requirements of the clinical site. For classroom purposes, the student should wear comfortable clothing, while maintaining a modicum of modesty. If clothing is deemed to be inappropriate, the instructor will advise the student to remove or cover up the offensive/obscene clothing for the duration of the class (if practical) or dismiss the student from the class for the day. This will be at the sole discretion of the instructor.

The student uniform may consist of the following:

- While attending clinical rotation, the student will wear a polo-shirt with collar, dark colored slacks, dress shoes or dark colored work boots.
- You will be provided with and required to wear a name tag during all clinical experience hours.
- Must comply with the dress code of the clinical site.
- Clinical scrubs may ONLY be worn when indicated by clinical site.

- No visible body piercing will be allowed, including tongue rings and one pair of post/stud style earrings will be allowed, while at internship.
- Hair should be kept clean and conservative. Students with long hair must keep it tied back during internship.
- Any and all visible tattoos must be covered.
- Make-up should be kept conservative, and never applied in patient care areas.
- No perfumes or colognes may be worn while on internship, as they may be irritants.
- Short, natural fingernails, if polish is worn it must be one solid color without adornments.
- The student's mode of dress must adhere to the proper safety regulations and requirements of the clinical site.
- Sandals or open-toed shoes are NOT acceptable.
- NO JEANS, SHORTS, OR SWEAT PANTS ARE TO BE WORN DURING SCHEDULED CLINICAL ROTATION.

Class Cancellation

In the event of a class cancelation, students will be notified as soon as possible to avoid any undue burden. Notification will be provided via email, text message, phone call, or via pager for their sponsoring agency (if applicable). Safety of our students and staff is paramount. Class may be canceled due to: inclement weather, instructor emergency, mass casualty incident, etc. and will be up to the discretion of the Primary Instructor and Program Course Coordinator. A cancelation will consider the amount of make-up days available, class progress, etc. If make-up work is to be assigned, the Primary Instructor will give each student enough time to complete the assignment. Students are highly encouraged to study the material that would have been assigned for that session.

Appeals Policy

Any student who feels there has been a breach of contract by Pickford EMS is free to express their opinion without fear of retribution or harassment as long as it is done so respectfully and professionally. Every student has a right to appeal any decision made by the Primary Instructor or Program Course Coordinator, but it must be done using the proper channels and privately. Please see the diagram on the next page for our Appeals Process.

Step 1: Primary Instructor

Discuss the problem with your primary instructor. If your grievance is not solved, continue below...



Step 2: Program Course Coordinator

Submit (in writing or email) a formal complaint to the Program Course Coordinator. The Program Course Coordinator will respond within 5 business days of receiving the complaint. After an investigation he/she will provide a course of action (or inaction). If your grievance is not solved, continue below...



Step 3: Program Sponsor Representative

Submit (in writing or email) a formal complaint to the Program Sponsor. The Program Sponsor Representative will respond within 5 business days of receiving the complaint. He/she will notify the Advisory Committee and Physician Sponsor as necessary. After an investigation he/she will provide a course of action (or inaction). If your grievance is not solved, continue below...



Step 4: State of Michigan DHHS

If all previous venues have not solved your grievance, you may file a complaint to MDHHS using form BHS-EMS-200.

Erika Hendy
MDHHS Division of EMS and Trauma
P.O. Box 30207
Lansing, Michigan 48909-0207
Fax: 517-373-2795
Phone: 517-335-8382
Email: hendye@michigan.gov

Guidance Procedure

Academic counseling services shall be made available to all students. These procedures will include documentation of regular and timely discussions with the instructor or instructor designee on student strengths, weaknesses, and progress in the program and provide evidence that the students are informed of fair practices, due process with regard to admission/retention policies, unfavorable evaluations, and disciplinary policies such as those for suspension and dismissal.

Health and Safety Policy

During the program, the student will be participating in laboratory activities in which learning by students requires the use of human subjects as part of the training procedures. As part of the learning activities, the student may be asked to perform specific skills or be asked to be the subject of specific skill practice by other students. Learning activities that use human subjects shall be conducted under the supervision of the instructor who has been assigned to teach the course. Before involvement as a human subject, a student must give informed consent. If under the age of 18, informed consent must be obtained from the parent or the legal guardian unless the participant is determined to be an emancipated minor.

Benefits

The experiences listed below have been selected because they are skills essential to the learning process and the faculty believes that realistic practice is essential for optimum learning. Participation will enhance the learning process and the acquisition of technical skills. An alternative experience may not provide as realistic an opportunity to practice and therefore may result in less effective learning. Specific benefits are listed below.

Risks/Discomforts

Participation may create some anxiety for the student. Some of the procedures may create minor physical or psychological discomfort. Specific risks/discomforts are listed below.

Student Rights

The student has the right to withhold consent for participation and to withdraw consent after it has been given. If the student withdraws consent, he/she will be required to participate in an alternative learning experience. If the student does not participate in either the planned or the alternative activity, he/she will not be able to successfully complete the course. The student may ask questions and expect explanations of any point that is unclear.

LEARNING ACTIVITY	SPECIFIC BENEFITS	SPECIFIC RISKS/DISCOMFORTS
FINGER STICK TO CHECK GLUCOSE	Appreciation for what it feels like to give and/or receive a finger stick	Minimal exposure/discomfort, bruising, infection
INTRAMUSCULAR (IM) INJECTIONS	Appreciation for what it feels like to give and/or receive an injection	Discomfort related to use of a needle, bruising, minimal exposure to blood, infection
SUBCUTANEOUS INJECTIONS	Appreciation for what it feels like to give and/or receive an injection	Discomfort related to use of a needle, bruising, minimal exposure to blood, infection
INTRAVASCULAR(IV) ACCESS/FLUID BOLUS	Appreciation for what it feels like to give/receive an IV/saline lock, fluid bolus.	Discomfort related to use of a needle, bruising, exposure to blood, infection, catheter sheer, vein collapse, nerve damage

Procedure for Use and Disposal of Needles and Sharp Instruments

1. There will be no “sharps” (needles, IV catheters) outside of the classroom or clinical setting. Students who take sharps outside of the classroom or clinical setting should expect disciplinary action.
2. There will be no “sharps” including in student lab practice kits that can be taken outside of the classroom or clinical setting.
3. Sterile needles for use on human subjects must be obtained from the Primary Instructor and Program Coordinator and used only under the direct supervision of a qualified IC or subject matter expert.
4. Non-sterile or outdated needles for use on manikins or injection practice pads will be labeled and kept separate from sterile needles for use on human subjects.
5. Needles used on human subjects will be discarded immediately after use in a sharps container. Non-sterile needles used only on manikins or injection practice pads may be used for that practice session and then discarded in the sharps container.

Occupational Exposure

Healthcare providers must balance occupational risks with providing quality care to all clients/patients. As front-line providers of care, EMTs have an increased risk of exposure to potentially infected blood and body fluids with blood-borne pathogens such as human immune deficiency virus (HIV), hepatitis B virus (HBV), hepatitis C virus (HCV), Ebola, and other blood-borne pathogens.

The EMT Program follows the Center for Disease Control recommendations that all health care workers should strictly adhere to the use of Protective Barriers and Universal Precautions as the most effective means of preventing exposure and transmission of potentially infectious secretions.

Protective Barriers

Protective barriers reduce the risk of exposure of the health-care worker's skin or mucous membranes to potentially infective materials. For universal precautions, protective barriers reduce the risk of exposure to blood, body fluids containing visible blood, and other fluids to which universal precautions apply. Examples of protective barriers include gloves, gowns, masks, and protective eyewear. Gloves should reduce the incidence of contamination of hands, but they cannot prevent penetrating injuries due to needles or other sharp instruments. Masks and protective eyewear or face shields should reduce the incidence of contamination of mucous membranes of the mouth, nose, and eyes.

Universal Precautions

Universal precautions are intended to supplement rather than replace recommendations for routine infection control, such as handwashing and using gloves to prevent gross microbial contamination of hands. Because specifying the types of barriers needed for every possible clinical situation is impractical, some judgment must be exercised.

The risk of nosocomial transmission of HIV, HBV, HCV, Ebola and other blood-borne pathogens can be minimized if health care workers use the following general guidelines:

1. Take care to prevent injuries when using needles and other sharp instruments.
 - Immediately activate the needle safety shield and place needles/sharps in a puncture-resistant disposal container.
 - Use gloves for all patient contacts
 - Change gloves between patients
 - Thoroughly wash hands with soap and water.
 - Alcohol-based hand sanitizers may be used only if hands are not visibly dirty or greasy.
 - Do not recap needles by hand.
2. Use protective barriers to prevent exposure to blood, body fluids containing visible blood, and other fluids to which universal precautions apply.
3. The type of protective barrier(s) should be appropriate for the procedure being performed and the type of exposure anticipated.
4. Immediately and thoroughly wash hands and other skin surfaces that are contaminated with blood, body fluids containing visible blood, or other body fluids to which universal precautions apply.

Any student, who has any temporary or permanent condition that may put them or their clients/patients at risk, has the responsibility to notify the Instructor and Course Coordinator. Students with exudative lesions or weeping dermatitis should refrain from all direct client care until condition resolves.

Management of Exposure

1. Provide immediate care to the exposed site:
 - a. Wash wounds and skin with soap and water.
 - b. Flush mucous membranes with water.
2. Initiate report:
 - a. Immediately report the incident to the instructor/ER staff/clinical ambulance staff.
 - b. Complete any clinical agency specific unusual “incident report”.
 - c. Complete the “Unusual Occurrence/Practicum Incident Report” found in the appendix of this document.
 - d. Submit all forms to your instructor for appropriate distribution and follow-up
3. Activation of follow-up treatment:
 - c. Level of risk will be assessed according to agency policy.
 - d. Post-exposure prophylaxis (PEP) will be initiated based on risk potential and CDC guidelines at the student’s expense.

MDHHS EMS Education Program Requirements

The course coordinator is responsible to incorporate all of the information in the EMS Education Program Requirements into their program materials for presentation of lecture, practical skill training and clinical participation activities. The course coordinator presents the MDHHS information as the minimum in EMS educational information. The program sponsor or the course coordinator will make a copy of the appropriate educational program objectives available to the student. The copy must be accessible during daytime and evening hours for student review. The program sponsor or the course coordinator will explain to the student in writing that the education program objectives outline the terminal competencies for the student.

Course Completion

We will assist students with NREMT applications, exam reservations, and license applications. At the end of each class, the Program Course Coordinator, The Course completion roster needs to indicate the official date of course completion, which is the same for all students completing that specific course. Successful Completion: In the syllabus it will be noted that upon successful completion, students will be provided with a letter, or certificate of course completion. *You will be required to submit your course certificate completion with your EMS application for licensure, so do not lose it!*

Criminal History

Students must be informed that when applying for NREMT Examinations, and EMS licensure, they will be asked if they have a criminal history, other than for a traffic violation. At the beginning of the course, all students will have a criminal history ran. If there are any issues we will advise them of such. All applications to become licensed by the State of Michigan and certified by NREMT will need to be eligible for licensure. You may find the application at <https://www.mi-emsis.org/licensure/> and may go to <http://www.nremt.org> for licensing requirements.

Course Approval

Before or at the first class session, students will be informed in writing that the program sponsor is approved and the specific course has been approved.

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Pickford EMS Application

Last Name	First Name	Middle Name	Preferred Name
Social Security Number		Date of Birth	
Mailing Address			
City	State	ZIP	
Email Address		Home/Work Telephone	
Sponsoring Agency		Cell Phone Number	
Highest Level of Education Completed, including degree and institution if appropriate.			
Name of Emergency Contact		Telephone Number	

Is a member of the ambulance service, covered by the Township's Workers Compensation, Liability, and Medical Malpractice Insurance?

Yes _____ No _____

To the best of my knowledge, the Applicant is physically capable of participating in the training and certification testing.

Yes _____ No _____

I understand than any injuries received by the applicant during training and testing are the responsibility of the Ambulance Service.

Yes _____ No _____

I understand that providing false information on this application will result in revocation of course completion.

Applicant Signature:_____ Date:_____

Agency Supervisor's Name:_____

Agency Supervisor's Signature:_____ Date:_____

Criminal History

The nature of EMS duties requires restrictions to be placed on credentialing of persons with criminal histories. Clinical Sites will require a criminal background check, and potentially a drug screening. If the student does not meet the standards set by the clinical site, the student will not be allowed to attend or complete the clinical at that site. Applicants with criminal histories who wish to take the NREMT examination or be certified by the State of Michigan DHHS are reviewed by those agencies on a case by case basis. Restrictions from entering a clinical site may not be the same as those of the certification/licensing agencies. Questions regarding certification of applicants with criminal histories should be directed to the Michigan Department of Human Services Bureau of EMS, Trauma, and Preparedness.

Student has requested admission or has been admitted to Pickford EMS's education program. A portion of the curriculum which the Student must complete involves a clinical rotation at a hospital and EMS agency.

Before beginning or continuing this program, Student should be aware that a criminal record may have adverse consequences on Student's ability to reach Student's ultimate goal of certification/licensure and employment.

For instance, Student may not be able to complete clinical rotations or observations if Student has a criminal record. Likewise, such a record may prevent Student from being licensed, certified, or employed. A criminal background check will be required in connection with Student's clinical rotation/observation, licensure/certification, and employment.

Pickford EMS and its faculty, officers, and employees cannot determine with certainty whether Student's criminal record, if any, will have any adverse effect on Student's ability to complete the field of study, be licensed/certified, or be employed.

Student understands that the decision as to whether the Student can attend clinical rotations at a hospital or health care facility, obtain certification, and be employed by a health care provider is the decision of the hospital, health care facility, or certifying agency. For a complete list of offenses please refer to the section on Criminal Background Checks found earlier in this packet.

Student, by signing below, acknowledges receipt of this document and understands its contents. Student agrees never to sue or seek damages from Pickford EMS as a result of any adverse consequences described above which maybe suffered by Student as a result of Student's criminal record. Student acknowledges that Pickford EMS or a health care provider may have to obtain are part of Student's criminal record or other required information at some time in the future to place Student in a clinical rotation. Student must sign all forms necessary for Pickford EMS or a health care provider to obtain this criminal report or other required information in order to be admitted into a clinical rotation or observation.

Signature of Student

Date

Pickford EMS Background Form

Last Name: _____

First Name: _____

Middle Name: _____

Race: _____

Gender: _____

Date of Birth: _____

Other names (maiden): _____

By signing below, I am authorizing Pickford EMS to obtain my criminal history records check from the Michigan State Police, including Internet Criminal History Access Tool (ICCHAT), Public Sex Offender Registry (PSOR), and Offender Tracking Information System (OTIS).

Signature

Date

Hepatitis B Immunization

Hepatitis B is a serious disease caused by a virus that attacks the liver. The virus, which is called hepatitis B virus (HBV), can cause lifelong infection, cirrhosis (scarring) of the liver, liver cancer, liver failure, and death. Short-term consequences of Hepatitis B include an average of seven (7) weeks lost from work and the risk of permanent liver damage. Long-term consequences include chronic active Hepatitis, cirrhosis of the liver, and liver cancer.

In the health care setting, Hepatitis B patients are difficult to identify. In many cases, they do not show symptoms and it may not be known that they are infected with the Hepatitis B virus. The virus is primarily spread to health care workers through contact with infected blood or other body fluids. Health care workers have three (3) to five (5) times the risk of the general public of acquiring Hepatitis B. Hepatitis B represents the major occupational infectious disease hazard of health care workers.

THE CENTER FOR DISEASE CONTROL (CDC) AND THE OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA) RECOMMEND VACCINATION OF ALL HEALTH CARE WORKERS.

As a student in a health care field, you will have direct contact with patients who could be Hepatitis B carriers. THEREFORE, IT IS REQUIRED THAT YOU OBTAIN THE SERIES OF THREE (3) IMMUNIZATIONS FOR HEPATITIS B, OR PROVIDE PROOF OF SEROLOGIC CONFIRMATION OF IMMUNITY TO HEPATITIS B VIRUS OR YOU MUST SIGN A WAIVER DECLINING IMMUNIZATION.

I, _____, hereby affirm that I have been well advised and thoroughly informed of the hazards of not obtaining the **Hepatitis B immunizations**.

_____ I understand that participating in clinical rotations involves certain risks, and injuries can occur that result in extensive treatments, personal injury and even death. I understand that it is my responsibility to obtain the **Hepatitis B immunizations and to provide proof of such to Pickford EMS**.

_____ I have already been vaccinated against **Hepatitis B** and will provide proof of these to Pickford EMS.

_____ I will immediately start and obtain the entire series of **Hepatitis B** immunizations prior to any clinical rotations or other activities involving patient care and will provide proof of these to Pickford EMS. Completion of the **Hepatitis B** series takes approximately four (4) to six (6) months to complete. Watch your dates closely.

_____ I Choose NOT to obtain the **Hepatitis B** immunizations. I understand if I choose not to obtain the **Hepatitis B** immunizations and I do not qualify for any of the Exclusions in Rule 97.62, I will not be considered for admission into this program.

EXECUTED this _____ day of _____, 20 _____.

Signature: _____

Printed Name: _____

Hepatitis B Immunization Release of Liability

In consideration of being allowed to enroll in clinical rotation courses, I hereby affirm that REGARDLESS OF MY HEPATITIS IMMUNIZATION STATUS, I DO HEREBY RELEASE, DISCHARGE AND AGREE NOT TO SUE PICKFORD EMS, ITS GOVERNING BOARD, ITS EMPLOYEES, INSTRUCTORS, AGENTS, AND REPRESENTATIVES (THE "RELEASED PARTIES"), FROM ALL LIABILITY WHATSOEVER TO ME FOR PERSONAL INJURY, DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR GROSS NEGLIGENCE OR BY ANY STATUTORY VIOLATION, OR CAUSED BY MY CONTRACTING HEPATITIS OR ANY CONTAGIOUS DISEASE WHATSOEVER, INCLUDING INJURIES OR DISEASES CAUSED BY "SHARP" CUTS, NEEDLE STICKS, EXPOSURE TO PATIENTS OR THEIR BODILY FLUIDS OR RESPIRATIONS, AND I EXPRESSLY HEREBY DISCHARGE AND RELEASE THE SAID RELEASED PARTIES ABOVE NAMED FROM ANY CLAIM, DEMAND, CAUSE OF ACTION OR DAMAGE OF ANY DESCRIPTION IN ANY WAY RELATED TO MY CONTRACTING INFECTIOUS DISEASES AND MY OBTAINING OR FAILING TO OBTAIN IMMUNIZATIONS AGAINST THESE DISEASES. THIS RELEASE WILL BE APPLICABLE TO DAMAGES SUSTAINED BY ME CAUSED BY THE JOINT OR CONCURRENT NEGLIGENCE OF THE RELEASED PARTIES, EVEN IF THEY ARE DISCHARGED OR PROTECTED AGAINST THEIR OWN NEGLIGENCE.

I further state that I am of lawful age and legally competent to sign this waiver and release of liability; that I understand the terms herein are contractual and not a mere recital; and that I have signed this document of my own free act.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS RELEASE OF LIABILITY BY READING IT AND PICKFORD EMS HEPATITIS B INFORMATION DOCUMENT BEFORE SIGNING BELOW.

EXECUTED this _____ day of _____, 20____.

SIGNATURE _____

Printed Name: _____

Health Insurance Disclosure & Agreement

The profession and activities that you will undertake as part of your educational experience will expose you to risks. The dangers include, but are not limited to, ambulance crashes, assaults, hazardous materials exposures, infectious diseases, lower back injuries, abrasions, cuts, and exposure to extreme temperatures.

Students are to be provided liability insurance through their respective sponsor agencies. This is not health insurance and does not equate to medical benefits. The facilities in which you will be learning do not provide worker compensation or other medical benefits to the student. You may purchase additional liability/malpractice insurance at your own cost. If you have any questions you may contact the Program Course Coordinator for additional information.

If the student becomes sick or injured as a result of participating in this course, the student will be responsible for any and all costs that are associated with the treatment. As such, students are highly encouraged to purchase personal health care coverage while participating in these courses if they do not already have their own.

I understand that Pickford EMS and affiliated clinical sites have no responsibility for providing health care services in the event of illness or injury. In addition, students may be requested to acknowledge and sign additional liability release forms from clinical sites.

Date: _____

Signature: _____

Printed Name: _____

Authorization to Release Form

In accordance with the Family Educational Rights and privacy Act (FERPA), Pickford EMS will not provide information contained in student records in response to inquiries unless the student has given written consent to Pickford EMS. The student should allow a minimum of two weeks for faculty to write letters of reference.

By signing this document, I _____ hereby authorize
(print your name)

Any faculty or staff member, or

Only the following instructor(s):

at Pickford EMS to release the following reference information to

Any prospective employer

Any educational institution to which I seek admission

Any sponsoring organization

ONLY the following agency/person(s):

Date of Release:

Indefinite

For this specific time frame: _____

I authorize release of the following levels of information (check one of the following):

Student level of completion only (no information on performance)

OR

Program performance information, including level of completion

I authorize the reference to be given (Check all that apply):

By written request

By verbal request

Name: _____

Agency: _____

Address: _____

Signature: _____

Date: _____

Student Contract Agreement

I agree to participate in the required clinical requirements as stated on the syllabus. I will abide by all applicable requirements in the clinical environments. I will make every effort to accomplish all lecture, homework, and clinical skill objectives. I agree to the terms and guidelines set forth in this Student Handbook and will follow its rules and objectives to the best of my ability. I understand that I may be removed from the class if I do not meet all clinical, classroom, testing, and requirements set forth in this contract. I therefore give my permission to any interested party or parties to verify dates and events with the signed medical staff and/or their supervisors. If any discrepancies arise I will abdicate to the Instructor and Clinical Head any and all actions taken with the understanding that they may include dismissal from class and not being recommended to MDHHS EMS Licensing Division.

Name: _____

Agency: _____

Signature: _____

Date: _____

Invasive Procedures Consent Form

I, _____, have read and understand my ethical responsibilities regarding Pickford EMS's Health and Safety Policy/. In accordance with these principles, I agree to use kits intended for practice on manikins only on those manikins and on equipment intended for that purpose. I also agree to use invasive kits for peer practice on my peers only and in the presence of a Pickford EMS Instructor. I understand that the intentional misuse of this equipment will be considered unethical conduct and such conduct will be brought before the Level for disciplinary action, up to and including possible dismissal from the program.

I understand the risks, discomforts, and benefits listed in the Health and Safety Policy and my questions have been answered. I agree to participate as a subject in these optional learning experiences.

Check all that you agree to:

- Finger stick to check glucose
- Intramuscular injections
- Subcutaneous injections
- Intravascular access/fluid bolus

Student Signature

Date

Instructor Signature

OR

I, _____ do not agree to participate as a subject in any learning activities involving invasive procedures. I understand I must complete an Alternative Learning Activity. It is the responsibility of the student to contact the instructor to arrange alternative learning activities.

Student Signature

Date

Instructor Signature

Pickford EMS Statement of Concern

Name: _____ Date: _____

This is to notify you that there are areas of concern regarding your progress in the Pickford EMS Education Program.

The areas indicated below are the areas requiring immediate improvement:

	Grades	Attendance/Participation	Conduct
	Homework/classwork grade average less than 75%, which is required to pass	Unexcused absence (list class and clinical date)	Lack of respect for facilities, faculty, employees, or students in your learning environment
	Written exam and quiz grade average less than a 75%, which is required to pass	Tardiness (list class and clinical date)	Disorderly conduct in the learning environment
	Failure to complete additional assigned learning, such as FEMA/ICS modules	Failure to complete assignments and/or turn in homework on time (list dates)	Failure to observe safe practices in class or clinical sites
	Skills exam grade less than a 75%, which is required to pass	Failure to attend class ready to practice with appropriate attire/equipment (list dates)	Not taking responsibility for your own learning (cheating or plagiarism)

Instructor/Administrator Comments and Recommendations:

Student Improvement Plan:

Student Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

Student Exposure Report Form

Name: _____

Birthdate: _____

Date of Injury: _____

Injury/Sharp Exposure

Where did the injury occur? (check one)

- | | |
|--|--|
| <input type="checkbox"/> Patient Room | <input type="checkbox"/> Venipuncture |
| <input type="checkbox"/> Outside Patient Room (hallway, nurse's station, etc.) | <input type="checkbox"/> Dialysis Facility |
| <input type="checkbox"/> Emergency Department | <input type="checkbox"/> Procedure Room (X-ray, EMG, etc.) |
| <input type="checkbox"/> Intensive/Critical Care Unit | <input type="checkbox"/> Clinical Laboratories |
| <input type="checkbox"/> Operating Room | <input type="checkbox"/> Autopsy/Pathology |
| <input type="checkbox"/> Outpatient Clinic/Office | <input type="checkbox"/> Blood Bank |
| <input type="checkbox"/> Service/Utility Area (laundry, central supply, etc.) | |
| <input type="checkbox"/> Other, describe: _____ | |

Was the source patient known? (check one)

- Yes No Unknown Not applicable Medical Record #_____

Was the injured worker the original user of the sharp item? (check one)

- Yes No Unknown Not applicable

Was the sharp item: (check one)

- Contaminated (known exposure to patient or contaminated equipment)
- Uncontaminated (no known exposure to pt. or contaminated equipment)
- Unknown/Not Applicable

For what purpose was the sharp item originally used: (check one)

- Unknown/not applicable
- Injection, intramuscular/subcutaneous, or other injection though the skin (syringe)
- Heparin or saline flush (syringe)
- Other injection into (or aspiration from) I.V. injection site or I.V. port (syringe)
- To connect I.V. line (intermittent I.V./piggyback/I.V. infusion/other I.V. line connection)

- To start I.V. or set up heparin lock (I.V. catheter or Butterfly-type needle)
- To draw a venous blood sample
- To draw an arterial blood sample (ABG)
- To obtain a body fluid or tissue sample (urine/CSF, Amniotic fluid/other fluid, biopsy)
- Fingerstick/heel stick
- Suturing
- Cutting (surgery)
- Electrocautery
- To contain a specimen or pharmaceutical (glass items)
- Other, describe _____

Did the injury occur: (check one)

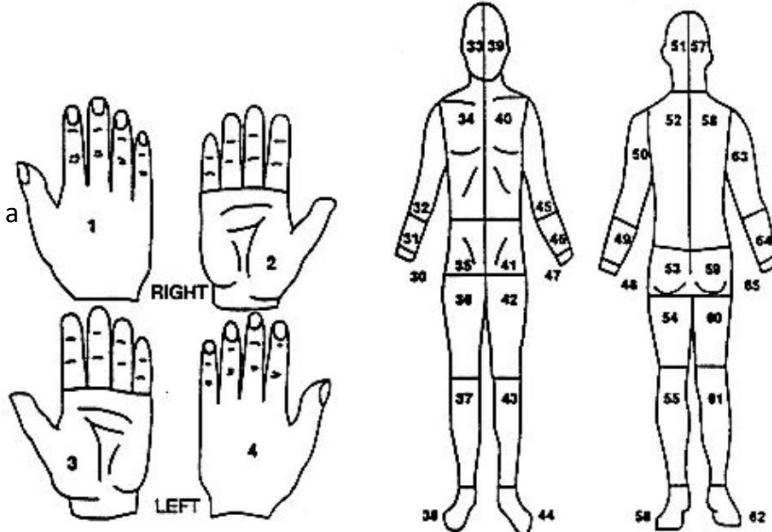
- Before use of item (item broke or slipped, assembling device, etc.)
- During use of item (item slipped, patient jarred item, etc.)
- Between steps of multistep procedure (between incremental injections, passing instruments, etc.)
- Disassembling device or equipment
- In preparation for reuse of reusable instrument (sorting, disinfecting, sterilizing, etc.)
- While recapping a used needle
- Withdrawing a needle from rubber or other resistant material (rubber stopper, I.V. port, etc.)
- Other after use, before disposal (in transit to trash, cleaning up, left on bed, table, floor, or other)
- From item left on or near disposal container
- While putting the item into the disposal container
- After disposal, stuck by item protruding from opening of disposal container
- After disposal item protruded from trash bag or inappropriate waste container

What device or item caused the injury?

Mark the location of the injury:

If the item causing the injury was a needle, was it a “safety design” with a shielded, recessed, or retractable needle?

- Yes No/Not applicable



Was the injury:(check one)

- Superficial (little or no bleeding)
 - Moderate (skin punctured, some bleeding)
 - Severe (deep stick/cut, or profuse bleeding)

Describe the circumstances leading to this injury:

Body Fluid Exposure

Which body fluids were involved in the exposure? (check all that apply)

- Blood or blood product
 - Vomit
 - CSF
 - Peritoneal fluid
 - Pleural fluid
 - Amniotic fluid
 - Urine
 - Other, describe

Was the exposed part: (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Intact skin | <input type="checkbox"/> Nose |
| <input type="checkbox"/> Non-intact skin | <input type="checkbox"/> Mouth |
| <input type="checkbox"/> Eye(s) | <input type="checkbox"/> Other, describe_____ |

Did the blood or body fluid: (check all that apply)

- | |
|---|
| <input type="checkbox"/> Touch unprotected skin |
| <input type="checkbox"/> Touch skin through gap between protective garments |
| <input type="checkbox"/> Soak through protective garments |
| <input type="checkbox"/> Soak through clothing |

Which protective items were worn at the time of the exposure? (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Single pair latex/vinyl gloves | <input type="checkbox"/> Surgical gown |
| <input type="checkbox"/> Double pair latex/vinyl gloves | <input type="checkbox"/> Plastic apron |
| <input type="checkbox"/> Goggles | <input type="checkbox"/> Faceshield |
| <input type="checkbox"/> Eyeglasses | <input type="checkbox"/> Surgical mask |
| <input type="checkbox"/> Other, describe_____ | |

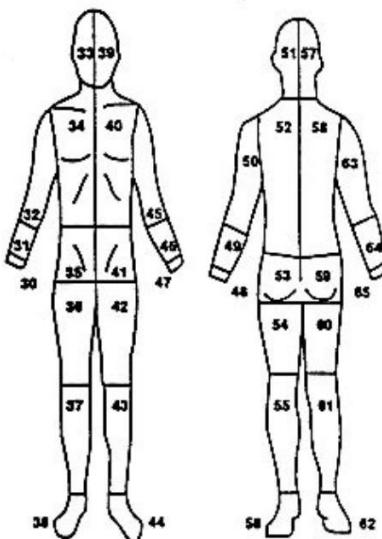
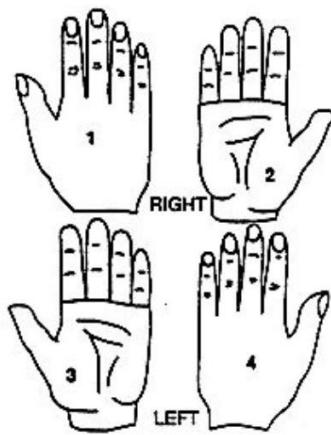
Was the exposure the result of: (check one)

- | | |
|--|---|
| <input type="checkbox"/> Direct patient exposure | <input type="checkbox"/> Touched contaminated equipment |
| <input type="checkbox"/> Specimen container leaked/spilled | <input type="checkbox"/> Touched contaminated drapes/sheets/gowns, etc. |
| <input type="checkbox"/> Specimen container broke | <input type="checkbox"/> Unknown |

Estimate the quantity of body fluid in contact with your skin or mucous membranes: (check one)

- | |
|---|
| <input type="checkbox"/> Small amount (<i>up to 5 cc, or up to 1 table spoon</i>) |
| <input type="checkbox"/> Moderate amount (<i>up to 50 cc, or up to ¼ cup</i>) |
| <input type="checkbox"/> Large amount (<i>more than 50 cc</i>) |

Mark the size and location of the exposure:



Describe the circumstances leading to this exposure:

Instructor comments:

Student Signature: _____

Date: _____

Instructor Signature: _____

Date: _____

NREMT Clinical Shift Evaluation Worksheet

https://content.nremt.org/static/documents/Paramedic_Psychomotor_Competency_Portfolio_Manual_v4.pdf

https://content.nremt.org/static/documents/Paramedic_Psychomotor_Competency_Portfolio_Manual_v4.pdf

Students will be given electronic copies and full-sized worksheets to complete their clinical assignments.