PEORIA AREA EMS SYSTEM

EDUCATION & TRAINING

PARAMEDIC STUDENT HANDBOOK

Our Goal: "To prepare Paramedics who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession."

Matt Jackson, M.D.
EMS Medical Director

Scott MacGregor
Paramedic Program Director

Peoria Area EMS System
304 E. Illinois Ave. Peoria, IL 61603
main 309-655-2113 fax 309-655-2090 www.paems.org

OSF HEALTHCARE

Revised: July 2021

TABLE OF CONTENTS

Preamble	**3**
Program Goal	**3**
Mission	**3**
Philosophy	**3**
Outcomes	**3**
EMT Code of Ethics	**4**
Admission Guidelines	**5**
Educational Rights and Responsibilities	**5**
Abilities Relating to Essential Job/Skill Function	**7**
Classroom Attendance, Tardiness	**8**
Health Problems	**8**
Tests and Examinations, Course Grade Requirements	**9**
Classroom Skills	**9**
Conflict Resolution, Program Withdrawal	**10**
Appeals Process, Readmission, Refund Policy	**11**
Communicable Disease Policy, Exposure Policy	**11**
Emergency Closings Policy	**12**
Maintenance of Certifications/Licensure	**12-13**
Local & National Organizations	**13**
Hospital/Field Clinical Information and Relationships	**14**
Team Leadership	**14**
Hospital/Field Clinical Hours and Requirements	**14**
Clinical Attendance Policy	**15**
Clinical Supervision, Clinical Behavior & Dress Code	**16**
Grading/Evaluation of Clinical Experience & Evaluations	**17**
Transportation/Parking	**17**
Substance Abuse Policy	**17-19**

FORM: Exposure Report Form	**20-21**
FORM: Incident Report	**22**
Policy on The use of EMS Testing	**23-28**
FORM: Receipt of Handbook	**29-30**

PREAMBLE

This manual is meant to provide a working framework for Emergency Medical Services (EMS) programs. This manual is written for students, staff, mentors and preceptors to better understand and implement the policies and procedures that are specific to Peoria Area EMS System approved programs.

The policies of the Peoria Area EMS programs are intended to provide a safe and professional educational experience for EMS students. It is important for each student to understand and follow both the letter and spirit of each policy. From time to time, situations will present themselves which are not covered by specific language of the policies and procedures. In such cases students and their class faculty will be guided by best judgment, best practices, professional ethics, and the intent of current policies and procedures.

Regardless of written language, students must, always, present themselves as a professional member of an elite community. Students who fail to represent the pride, integrity, and wholesomeness expected of EMS personnel will be considered in violation of policies, whether written or unwritten, and removed from the EMS program. The standards of professionalism of the EMS community will be set by program officials and not the student.

The Peoria Area EMS System reserves the right to make any revisions, deletions, or additions to the policies or procedures which, in the opinion of the PAEMS Education Coordinator and/or Medical Director, serve in the best interest of the program and its students. If changes from these policies and procedures are necessary, those changes will be noted on the PAEMS website, and/or in notification by email or in writing.

PAEMS students and instructors are subject to the rules and regulations set forth in the student handbook as well as the policies and procedures contained in the Peoria Area Emergency Medical Services System *Prehospital Care Manual*.

Peoria Area EMS System

PARAMEDIC PROGRAM

PAEMS AND CAAHEP PROGRAM GOAL

“To prepare Paramedics who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession.”

PROGRAM MISSION

The mission of the EMS Program is to provide the resources, curriculum, clinical and field experiences to enable students to attain the necessary cognitive, affective and psychomotor skill level to become Illinois licensed Emergency Medical Responders, Illinois licensed and/or nationally registered Emergency Medical Technician Basics (NREMT-B), Emergency Medical Technician Paramedics (NRP), Pre-Hospital RNs, & ECRN’s.

PROGRAM OUTCOMES

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

1. Competently perform basic and advanced life support skills as described in the national standard curriculum, according to their specific Program.
2. Apply the knowledge and theory of emergency medical care while under the direction of Medical Control.
3. Practice personal, patient and scene safety while in a field or clinical setting.
4. Use problem solving, critical thinking and communication skills in their performance as Emergency Medical Technicians.
5. Assume responsibility in professional judgment and ethics.
6. Participate as a member of the health care team.

7. Challenge the National Registry of Emergency Medical Technicians and/or Illinois licensure exam.

Paramedic Licensure

Licensed EMT- Basics and Intermediates may apply for enrollment in an EMT-B to EMT-P course. Successful completion of all components of this course qualifies the student to challenge the NREMT-Paramedic licensing exam. **To provide direct patient care in the PAEMS system students must also pass the PAEMS protocol exam.**

PHRN-Pre Hospital Registered Nurse Licensure

Licensed Registered Nurses, upon successful completion of the required didactic, hospital clinical hours, and field clinical hours the student will be eligible to sit for the NREMT Paramedic licensing exam in order to acquire a PHRN license. **To provide direct patient care in the PAEMS system students must also pass the PAEMS protocol exam.**

CODE OF ETHICS TO BE FOLLOWED BY ALL PAEMS STUDENTS

Professional status as an Emergency Medical Technician 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, 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 all aspects of 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.

PROGRAM CURRICULUM

All *PAEMS* EMS courses are taught in accordance with the National Highway Traffic Safety Administration's *National Standard Curriculum* for the Paramedic. Additionally, courses are taught under the supervision of the Peoria Area Emergency Medical Services System, and the EMS Medical Director.
Practical psychomotor skills are taught in accordance with the National Standard Curriculum, using skill standards established by the National Registry of Emergency Medical Technicians (NREMT).
Local protocols and operating procedures may be integrated into curriculum using the Peoria Area Emergency Medical Services System *Prehospital Care Manual*.

ADMISSION GUIDELINES

To qualify for admittance as a student in the **Paramedic** Licensure Program, the student must:

- Have a high school diploma or equivalent.
- Written verification of 1 year field experience (minimum of 1500 hours) as an EMT-B or EMT-I.
- Have a current Illinois EMT License for entry into an EMT to Paramedic curriculum; or a current Illinois EMT-Intermediate License
- Have a current Healthcare Provider-CPR certification or equivalent
- No felony convictions.
- Agree to complete all Background and Health Services requirements within the first 30 days of the course's start.
- It is the policy of the Peoria Area EMS System that no person, on the basis of race, color, creed, religion, sex, marital status, sexual orientation, pregnancy, national origin, ancestry, age, mental/physical disability, or any group protected by Federal, State or local law, shall be discriminated against in educational Programs, activities or admissions.

Transfer of credits earned through another program, experiential learning, and advanced placement of students previously enrolled in another program who did not complete that course and wish to transfer into a PAEMS program will be at the discretion of the PAEMS Medical Director. Students who were previously enrolled in any Health Sciences program(s) at PAEMS or at any other college or university, must have exited in good standing for their application to be considered. Falsification of information will jeopardize admission or continuation of the program.

REFUND POLICY

Students who have been withdrawn from a class for any reason will not be given a refund of any of their paid tuition and fees.

READMISSION

Students who are dismissed from the Program must have their request for readmission reviewed by the EMS Medical Director prior to re-entrance into any future courses.

EDUCATIONAL RIGHTS & RESPONSIBILITY

Rights

Per the Buckley Amendment (the Family Educational Rights Act FERPA) students have a right to confidentiality of their educational records. If the student is over 18, not even their parents have a right to view any educational records without the students' permission.

Responsibilities

In return, students are expected to conduct themselves as responsible members of the academic community and to treat other students, faculty, and staff with respect and courtesy. Disruption of the educational process and violation of the rights of others constitutes irresponsible behavior. Specific responsibilities of students include:

- Attending classes regularly and explaining reasons for absences to instructors
- Intelligent care of equipment and facilities used

- Actions characterized by honesty. Contrary actions, such as plagiarism or giving unauthorized help on examinations, may result in disciplinary action ranging from a failing grade for the assignment or exam to dismissal from the training Program
- Refrain from Scholastic Dishonesty: Plagiarism, Cheating, Collusion
- Refrain from Hazing actions, by nature indecent, morally degrading, or morally offensive
- Refraining from: giving false or misleading information
- Possessing or taking any narcotic, stimulant, or drug except as prescribed by a physician
- Giving, exchanging, or selling any drug to another person
- Possessing or consuming any alcoholic beverage on the Program premises or in internship settings
- Giving, exchanging, or selling such beverages to another.
- Using the Program name or emblem in an unauthorized or unseemly manner.
- Students are responsible for knowing and abiding by all policies and procedures together with federal, state, and local laws.
- EMS students have additional responsibilities because of the role they must assume during their hospital clinical and field clinical education. These additional responsibilities include:
- Personal honesty/integrity and professional ethical behavior
- Following the Emergency Medical Technician Code of Ethics
- Informing the course instructor and hospital/field clinical instructor of any error, injury or accident that occurred during clinical or field experience
- Completing a clinical incident report in the event of potential error/accident
- Maintaining confidentiality by discussing information related to clients, hospital and field personnel, and hospital and field operation in appropriate learning situations in classroom or conferences only
- Being prepared to participate in clinical education
- Following policies and procedures of the clinical agencies
- Being punctual reporting to assigned clinical area with clinical paperwork
- completing pre-clinical preparations to provide safe and competent care to patients.
- Notifying clinical agency of absence prior to scheduled clinical experience.

Students whose behavior indicates lack of preparation or unsafe practice may be dismissed from the clinical agency. Violations of the established responsibilities may subject the student to disciplinary actions in accordance with the procedure published in this handbook. During this program, students will be taught skills necessary for the assessment and management of patients in many emergency situations. It is essential that students practice and perfect these skills using human subjects. All students are hereby advised that the practice of both non-invasive and invasive skills will be practiced on fellow classmates, and that classmates will be practicing these same skills on you. The purpose of these practice sessions is to develop the tasks, dexterity, and tactile feel, necessary for each skill, in situations as real as possible, under the control and supervision of program instructors. The practice of these skills will involve limited physical contact with all areas of the human body including the areas of the chest and pelvis.

The EMS Program is acutely aware of both the importance of hands-on human practice and the risk of inappropriate behavior. All students involved in these skills practice sessions, in the role of the rescuer, the patient, or as an observer, are expected to display tact and professionalism, as well as to behave under ethical and legal guidelines.

Should a student believe that the practice of a particular skill on themselves by another student or as demonstrated by an instructor, crosses a line of professionalism, into overt sexual contact, that student has the responsibility to make that belief known to both the student or instructor involved and to the Program Director as soon as possible. Any student who perceives that he or she has been treated in a discriminative manner on the grounds of sex may consult with or file a written complaint with the dean of student development and educational services.

The practice of skills is an essential part of learning. Students must come to laboratory sessions prepared to practice necessary skills. Being prepared means being dressed properly and having the appropriate equipment ready and available. Additionally, scenario practice requires an attitude and demeanor which do not detract from the scenario created. Communicating with the “patient” as if you are a real patient, and performing all skills as appropriate, following proper procedures.

The PAEMS System and your Program Instructors believe they have a professional and ethical responsibility to provide an environment in which all students are treated with courtesy, respect and dignity in all aspects of the Program including classroom, field, and clinical settings. The PAEMS/Course Instructor will not tolerate or condone any actions by any person, which constitute harassment or discrimination in any form.

Any individual who witnesses and/or has a complaint of harassment or discrimination must report the harassment or discrimination promptly to the Program Instructor, the PAEMS Coordinator, or the EMS Medical Director. Individuals will not be retaliated against for a good faith complaint of harassment or discrimination.

ABILITIES RELATING TO ESSENTIAL JOB/SKILL FUNCTIONS

The ***Americans with Disabilities Act (ADA) of 1990*** has implications that pertain to licensure or certification.

The law permits testing that requires the use of sensory, manual or speaking skills where the tests are Intended to measure essential functions of the profession. For example, an applicant with reading difficulties is required to take a written exam since the ability to read is an essential function of EMS. Exams are designed at least in part to measure the student's ability to read.

Both the ability to read and the ability to perform skills within time frames are essential functions for an EMS provider. Therefore, in EMS, a person with a disability may not be denied the opportunity to take an examination; but this person shall be required to take a written exam and pass the skills proficiency verifications within established criteria.

The Paramedic student must have the abilities and skills necessary to provide competent patient care. These skills and abilities include observation; communication; motor ability; conceptualization; integration and quantification; and behavior/social acceptability. Communication compensation can be made for some handicaps in certain areas, but a student should be able to perform in a reasonably independent manner. The use of a trained intermediary is not acceptable, in that a student's judgment or physical skills must be mediated by someone else's power of observation, selection or action.

The following abilities and skills are necessary to meet the requirements of the curriculum:

1. **Observation:** The student must be able to observe a patient accurately at a distance and close at hand. Observation necessitates the functional use of the sense of vision and somatic sensation. It is enhanced by the functional use of the sense of smell.
2. **Communication:** The student must be able to speak, to hear, and to observe patients to provide instructions and elicit information. The student must be able to describe changes in mood, activity, posture and perceive nonverbal communications. A student must be able to communicate effectively and empathetically with patients. Communication includes speech as well as reading and writing. The student must be able to communicate effectively and efficiently in oral and written form with all members of the healthcare team.
3. **Motor:** Students should have sufficient motor function to elicit information from patients by palpation, auscultation, percussion, and other assessment procedures. A student must have sufficient motor skills to gain access to patients in a variety of care settings and to manipulate equipment central to lifesaving procedures. Such actions require coordination of both gross and fine muscular movement, equilibrium, and functional use of the senses of touch and vision. A student must also be prepared to care for patients in inclement weather and varied environmental conditions. The student must be able to maintain adequate physical conditioning to not put himself, the patient or team members in jeopardy.
4. **Intellectual-Conceptual, Integrative, and Quantitative Abilities:** These abilities include measurement, calculation, reasoning, analysis, and synthesis. Problem-solving, the critical skills demanded of all health professionals, requires all these intellectual abilities.
5. **Behavioral and Social Attributes:** A student must possess the emotional health required for full utilization of his/her intellectual abilities, the exercise of good judgment, the prompt completion of all responsibility's attendant to the care of patients, and the development of mature, sensitive, and effective relationships with people. Students must be able to adapt to changing environments, to display flexibility, and to learn to function in the face of uncertainties inherent in the clinical problems of many patients. Compassion, integrity, concern for others, interpersonal skills,

interest, and motivation are all personal qualities necessary for members of the health profession.

All students enrolled in the Paramedic Program must possess those intellectual, ethical, physical, and emotional capabilities required to undertake the curriculum and to achieve the levels of competence required by the *PAEMS* System for safe professional practice.
Any student with a learning disability that will require additional accommodation to be provided must notify the course instructor or PAEMS Education Coordinator in writing prior to the commencement of the Program.

CLASSROOM (DIDACTIC) ATTENDANCE

Regular attendance at all classes and hospital/field clinical experiences are essential to the learning process and expected of all students. Student paperwork, instructor/student expectations, and important course information is normally disseminated during the first meeting of the class, therefore attendance to the first class is essential and mandatory for all student wishing to enroll in a PAEMS course. Attendance records are maintained for all Paramedic courses.

Excessive absenteeism is grounds for dismissal and is defined as 3 unexcused and/or not remediated from the Paramedic course.

It is the student's responsibility to be aware of this attendance policy and arrange for any make-up work missed due to illness or emergency. All outside appointments must be scheduled at times other than during assigned experiences, including class, hospital and field clinical experiences. In case of prolonged absences because of illness, accident, or hospitalization, students should notify their respective course instructor.
Excessive absence is the most common cause of failing grades and may hinder the student from completing course objectives. A student who does not satisfactorily complete the objectives of any Paramedic course will be withdrawn from the Program.

TARDINESS

Showing up even a few minutes late may mean missing important class information plus tardiness disrupts a class in progress. More importantly, it demonstrates a lack of professionalism, respect and commitment to the EMS program. Students are expected to be on time and prepared to work at the time of scheduled class starting time.
Any student arriving in the classroom after the scheduled start of class is considered tardy. If a student arrives 1-60 minutes late, they will be marked as tardy. Students arriving more than 60 minutes late are considered absent for that class day. This tardy policy will be applied to students leaving sessions early. **Two (2) occurrences of tardiness will constitute 1 absence.**

HEALTH PROBLEMS

The student with a pre-existing controlled health problem such as back problems, hypertension, diabetes, or seizure disorders should notify the Course Instructor and Hospital/Field Clinical Instructor. The student who develops a health problem or is taking prescription/nonprescription medication that may affect academic or clinical/field performance may continue in the Program provided the student:

1. Submits a written statement from a physician regarding the nature of the health problem, the nature and the duration of restriction, and the student's ability to continue in the Program to the Course Coordinator.
2. If absent for two (2) or more clinical/field days, provides a release from his/her physician before returning to clinical/field education experiences.
3. Meets all clinical/field and academic objectives and requirements.

Any condition that restricts the student's ability to perform Program objectives or necessitates alternate assignments may result in an alteration of the student's graduation date until such time as assignments can be completed. Student options include (1) Program withdrawal with request for readmission into Program sequence or (2) continuation in Program sequence with possible extension of educational period.

TESTS AND EXAMINATIONS

PAEMS utilizes EMSTESTING.com for most summative examinations within the paramedic program. Evaluation of students must be conducted on a recurrent basis and with sufficient frequency to provide both the student and the instructor with indications as to the progress of the student.

Dates of written and practical examinations are identified in the class schedule that is distributed to each student at the beginning of the semester. The final exam may be given on a different day/time than is listed on the final exam schedule. Students will be notified of any schedule changes.

PAEMS programs (EMD, EMR, Basic, Paramedic, ECRN, or PHRN) are divided into sections containing similar subject matter (airway, trauma, medical, etc.). Students will be required to maintain an overall 80% average (quizzes, homework, projects, etc.) in the section, plus achieve a score of 80% or better on the section exam to move on to the next section. If the student is unable to meet these expectations, they could be subject to dismissal from the program.

Students are expected to be present, in class, during the administration of exams. Making up a missed written exam is rarely permitted except in extenuating circumstances. If the student is to be late or absent the day of an exam, the student must notify the instructor **prior** to the scheduled time of the exam. Make-up exams **will not** be given unless the student makes prior arrangements with the course instructor. Any student taking an exam later than the scheduled time may be given a different exam from the one taken by other students.

Make-up exams, if allowed, must be taken prior to the day of the next scheduled class session unless other arrangements have been made with the instructor. Students absent for the administration of an exam then (if allowed) fail to make it up in the allotted time will be given a zero for the examination. Students entering class late may be allowed to take the exam but will not be given additional time to complete the exam.

Unannounced quizzes may be given in any class and makeup is rarely allowed. Each instructor will determine if an exception may be made. Students entering class late may be allowed to take the quiz but will not be given additional time.

Final grades are calculated from a combination of exams, quizzes, and a final exam for specific subject areas contained within a course. The final average for each subject area will constitute a predetermined percentage of the course grade. These percentages will be announced at the beginning of each course. Successful completion of all practical skill teaching and testing stations is required for completion of the Program. Practical skill evaluation is graded on a pass/fail basis. All required practical skills must be successfully performed to complete the training Program.

Attendance at all practical skill teaching and testing sessions is mandatory.

The competency-based level of achievement is graded as follows:

A = 93 - 100% **B** = 87 - 92% **C** = 80 - 86%

A 'C' or better grade is required to pass any EMS Program course and is required to progress to the next course in the Program sequence. To receive a 'C' or better grade, the student must (1) maintain a grade average of 80% or better and (2) meet all course requirements within specified time limits.

CLASSROOM SKILLS PRACTICE

During the course of this program some skills may be low fidelity or high-fidelity manikin, live patient, or live acted lab scenario. During this program, students will be taught skills necessary for the assessment and management of patients in many emergency situations. It is essential that students practice and perfect these skills using human subjects. All students are hereby advised that the practice of both non-invasive and invasive skills will be practiced on fellow classmates, and that classmates will be practicing these same skills on you. The purpose of these practice sessions is to develop the tasks, dexterity, and tactile feel, necessary for each skill, in situations as real as possible, under the control and supervision of program instructors. The practice of these skills will involve limited physical contact with all areas of the human body including the areas of the chest and pelvis.

The EMS Program is acutely aware of both the importance of hands-on human practice and the risk of inappropriate behavior. All students involved in these skills practice sessions, in the role of the rescuer, the patient, or as an observer, are expected to display tact and professionalism, as well as to behave under ethical and legal guidelines.

Should a student believe that the practice of a particular skill on themselves by another student or as demonstrated by an instructor, crosses a line of professionalism, into overt sexual contact, that student has the responsibility to make that belief known to both the student or instructor involved and

to the Program Director as soon as possible. Any student who perceives that he or she has been treated in a discriminative manner on the grounds of sex may consult with or file a written complaint with the dean of student development and educational services.
The practice of skills is an essential part of learning. Students must come to laboratory sessions prepared to practice necessary skills. Being prepared means being dressed properly and having the appropriate equipment ready and available. Additionally, scenario practice requires an attitude and demeanor which do not detract from the scenario created. Communicating with the "patient" as if you are a real patient, and performing all skills as appropriate, following proper procedures.

CONFLICT RESOLUTION

Conflicts amongst students are better handled between the parties, however, if one party wishes that the instructor meet also every effort to meet with all parties shall be given. Conflicts with clinical preceptors shall be handled in the same manner, however, immediate notification of the instructor is a must to document the incident. The following chain of command should be followed for problems encountered with the instruction and
skills practice within the EMS Program:
* Parties involved
* Instructor / Faculty / Staff present at time of incident
* Course Instructor
* Program Director-Medical Director

WITHDRAWAL

Students may be administratively withdrawn from a course for good cause when the EMS Medical Director deems such withdrawal is necessary.

A student who finds it necessary to withdraw from the program, must have a conference with the EMS Course Coordinator prior to withdrawing. Students who have withdrawn from the program may apply for readmission. However, this in no way guarantees acceptance back into the program.

PROGRAM DISMISSAL

The Peoria Area EMS Education Office reserves the right to dismiss a student from the Program at any time. Dismissal from the Program may be for a good cause or based on educational criteria. Good cause includes, but is not limited to, the following:

- explicit use of profanity, insubordination, inappropriate words, or innuendo;
- falsifying/altering records or cheating on exams;
- abusing, stealing, destroying any property in the classroom, on grounds of the classroom or clinical and field education agency premises;
- violating confidentiality policy;
- possession of guns or weapons in the classroom, training Program facility or at the clinical or field education agency;
- violating or falsifying health/incident forms (including not reporting properly);
- willfully disregarding course or clinical and field education agency policies;
- failure to maintain satisfactory academic grades and/or clinical and field performance;
- failure to follow and maintain attendance policies;
- unprofessional or unsafe patient care upon recommendation of clinical, field personnel or instructor;
- any harassment, including sexual harassment;
- as part of process of chemical impairment policy implementation;
- representing self as a student to patients during nonscheduled hospital or field clinical times;
- theft of any kind;
- false or misleading representation of student's Program level at or to clinical field sites;
- unsafe or inappropriate practice in clinical or classroom assignments;
- failure to follow established policies of hospital and field clinical agencies;
- failure to meet any of the essential job/skill functions of the Program;
- failure to comply with the tuition payment policy;
- poor attendance demonstrated by unexcused absences;
- any violation of the "Educational Responsibility" policy or other policies in this handbook;
- Failure to complete clinical requirements **ON TIME:**

EMT: All hospital clinical time must be completed before the last didactic session.
Paramedic, ECRN, & PHRN All Hospital clinical time and laboratory skills proficiencies must be completed before the last didactic session. All field clinical time must be completed by the final completion date listed on the approved IDPH training application.

- By the end of the didactic section the student has not completed the required skills and/ or patient contacts within laboratory and/ or hospital clinical settings.
- For all courses, students must have an 80% on all "High Stakes" section exam scores to continue on with the Program.
- Failure to demonstrate proficiency in all skill stations

APPEALS PROCESS

The dissatisfied student should discuss his or her complaint with the Course Instructor first. The Course Instructor will make every effort to resolve the problem. If, however, the student still feels dissatisfied, he/she may file a formal, written complaint.
The appeals process is a progressive procedure, which follows the established chain of command. A student wishing to file a written complaint should:

- Present his/her written complaint to the EMS System Manager within five days of the event, which has prompted the complaint.
- The EMS System Manager will respond within five working days with a written statement. If the student is still dissatisfied, then he/she may progress to the next step.
- Within five working days of the response from the EMS System Manager, the student may submit a written statement to the EMS Medical Director. The EMS Medical Director will respond within five working days of receipt of the complaint. The EMS Medical Director's decision is final.

IT IS THE PRACTICE OF PAEMS TO ASSIST ALL STUDENTS IN FINDING FAIR AND JUST SOLUTIONS TO PROBLEMS RELATED TO THEIR EDUCATION. AS A GENERAL RULE, PROBLEMS CAN BE RESOLVED THROUGH THE NORMAL ADMINISTRATIVE STRUCTURE (LEVELS OF SUPERVISION).

HEALTH AND SAFETY POLICY

The student is responsible for expenses resulting from injury occurring during hospital, field clinical, or laboratory education experiences. Upon the first day of class, the student will inform the instructor of any health problems such as hypertension, diabetes, seizure disorders, etc.
At any time throughout the Program, a didactic instructor or clinical instructor may request the student leave the clinical area because of an altered state of health which, in the professional judgment of the faculty member, renders the student unable to perform assigned duties safely and effectively. The time missed will be counted as an absence and the student will be counseled at that time regarding the situation and the necessary steps for clinical reinstatement.

COMMUNICABLE DISEASE POLICY

This policy has been adopted to protect the rights of and to ensure the safety of the infected individual student and all those with whom he/she interacts. An infected individual, as defined in this policy, means an individual student who is diagnosed as having a communicable disease or exhibiting classic symptoms thereof, and has not been diagnosed by a physician. "All those with whom he/she interacts" means all interactions between the infected individual student and other persons in the following areas: classrooms; hospital and field clinical areas; office areas.
Procedure:

1. Infected individuals who determine that their medical condition may pose an imminent risk to patients/others or are unsure of their ability to perform essential functions as students **shall immediately notify** the course instructor, the individual may be requested to obtain a letter from his/her treating physician. The letter must state whether the student can safely perform in a hospital/field clinical setting and if any specific precautions need to be taken for that student to perform without posing a risk to others.

2. Each infected individual's situation will be considered individually, and decisions will be based on the written statement provided by the physician. In those situations, in which a physician has not yet been consulted, decisions will be based on "reasonable medical judgments given the state of medical knowledge" about the nature of the stated condition, the potential risk to others and the probability of transmission. These decisions will be made by the Course Coordinator.

3. The Course Coordinator and Instructor will make reasonable efforts to accommodate the infected individual with the understanding that regulations set forth by the clinical agencies must be considered.

4. The infected individual is assured of confidentiality in accordance with state and federal requirements.

The Course Coordinator reserves the right to initiate contact with an individual who exhibits the signs and symptoms of a communicable disease who has not come forward. This will only occur if the individual has the potential to pose an imminent risk to others or may be unable to perform as a student.

PROCEDURE FOR ACCIDENTAL EXPOSURE TO BLOOD OR BODILY FLUIDS

The following procedure must be followed an accidental exposure to blood or body fluids in any clinical/field location:
In the event of a needle stick, force the wound to bleed, if possible, by squeezing then wash the exposed area thoroughly with soap and water. In the event of mucous membrane exposure (eye, nose, mouth etc.), flush the mucous membranes with water as soon as possible, and then complete the following steps:

1. **Notify your hospital/field clinical instructor immediately**. Follow any instructions that you are given.

2. All students must complete the facility's **incident report** and you must fill out an additional **Exposure Report Form (Appendix)**. Your Hospital/Field Clinical Instructor should also fill in the portion of the form that applies to them. You are responsible for sending the completed form and any other reports, such as the facility's incident report (available at www.paems.org), to the *PAEMS* office at the address listed on the second page of the form.

3. Follow-up treatment and laboratory testing with your personal physician is HIGHLY recommended for students in all occurrences. Students are ENTIRELY responsible for obtaining all follow-up treatment and all medical bills associated with the follow-up treatment.

CHEMICAL IMPAIRMENT POLICY

Course instructors believe they have a professional and ethical responsibility to provide a safe teaching and learning environment for students and patients who receive care from our students. To fulfill this purpose, students must be free from chemical impairment during participation in all aspects of the Program including classroom, field, and clinical settings. The chemically impaired student is defined as a person under the influence of, either separately or in combination: alcohol, marijuana, illegal drugs, prescribed or over-the-counter medications, synthetic designer drugs, or inhalants. The policy is attached in the Appendix.

EMERGENCY CLOSINGS

Classes (including clinical experiences) will meet as scheduled unless inclement weather or other emergency circumstances create conditions that necessitate closing. Contact the course instructor, the hospital/field clinical instructor, or the class location to check on cancellations.

MAINTENANCE OF CERTIFICATIONS/LICENSURE

In accordance with NREMT/ IDPH requirements, EMS providers must maintain current CPR certification at the American Heart Association "BLS for Healthcare Provider" level or equivalent. Likewise, Paramedic students must maintain their current licensure (EMT-B or EMT-I) during their advanced training.

Students are required to maintain certification or licensure throughout the duration of their enrollment within the PAEMS program. Loss of a student's professional certification or licensure will result in immediate dismissal from the program, regardless of reason for or duration of loss.

Additional Certifications/Requirements may include, but are not limited to:

1. Advanced Cardiac Life Support (American Heart Association);
2. Prehospital Trauma Life Support or International Trauma Life Support (American College of Surgeons/American College of Emergency Physicians);
3. Pediatric Education for Prehospital Providers (American College of Pediatrics) or Pediatric Advanced Life Support (PALS)
4. System Protocol Exam - ALS or ILS

LOCAL AND NATIONAL ORGANIZATIONS

National Association of EMT
PO Box 1400
Clinton, MS 39060
1800-34-naemt
www.naemt.org

National Registry of Emergency Medical Technicians
PO Box 29233
Columbus, OH 43229
614-888-4484
www.nremt.org

Illinois Department of Public Health (IDPH)
500 E. Monroe
Springfield, Illinois 62761
Phone 217-785-2080
www.idph.state.il.us/ems

Peoria Area EMS
304 E. Illinois Ave
Peoria, IL 61603
309-655-2113
www.paems.org

HOSPITAL/FIELD CLINICAL INFORMATION

NOTE: Prior to progressing into Field Clinical time Paramedic students will be required to complete and successfully pass the *PAEMS* protocol exam.

The clinical portion of the Program provides an environment for supervised competency-based clinical education and offers the student sufficient and proportionate patient experiences and clinical skill performance opportunities.

Competency-based clinical education requires that students completing the Program be able to successfully perform all EMT skills. Paramedic students must also be able to perform advanced skills such as; intravenous therapy, medication administration, endotracheal intubation, intraosseous infusion, manual defibrillation and physical assessment procedures according to accepted professional standards as set forth by the *Peoria Area EMS System* and National Registry of Emergency Medical Technician guidelines.

Clinical experiences are divided into hospital and field clinical areas. The number of hours that the student must complete is designated by the Illinois Department of Public Health and the *Peoria Area EMS System*.

Participating Hospital Clinical Sites: OSF Saint Francis Medical Center

Participating Field Clinical Agencies:

1. East Peoria Fire Department
2. Fulton County Emergency Medical Association
3. Metamora Emergency 116 Ambulance
4. Eureka Goodfield Fire Protection District
5. Germantown Hills Ambulance
6. Advanced Medical Transport
7. Washington Fire Department
8. Morton Fire Department

HOSPITAL/FIELD CLINICAL RELATIONSHIPS

The student is expected to cooperate with hospital and field clinical personnel. While at the clinical agencies and/or sites, the student must observe regulations imposed by the agency/site regarding patient safety and welfare, personal cleanliness, and hygiene. If any concerns arise concerning the

performance of specific assignments, consult the clinical instructor. At no time should the student be replaced with another student or employee without proper notification of the student prior to the day of the shift.

FIELD TEAM LEADERSHIP

Teams are defined as two or more individuals who interact and coordinate their EMS work to accomplish a shared goal or purpose. Teams are EMS organizational groups composed of individuals or members of the team who share common goals and who coordinate their activities to accomplish the goals and response requirements. Additionally, the EMS team shares mission requirements and collective responsibilities.

Team Members are responsible for assisting in the treatment of the simulated patient as a competent provider. While not "in charge" they provide appropriate individual skills to assist in patient care using a teamwork approach.

During team leads the student is "in charge" and must demonstrate the knowledge, skills and attitudes to manage any call to which the unit is dispatched. During Phase 3 or CAPSTONE the emphasis shifts from assessing the student's individual skill competency to assessing his or her ability to manage the entire scene and patient. It is not necessary for the student to perform all the skills, or any individual skills, outside of assessment. However, he or she must be the main person responsible for the choreography of the scene and direct all patient care.

Team leads are a capstone component. Capstone refers to a culminating student experience in which students apply the concepts that they have learned to solve real-life problems. It is an opportunity for students to demonstrate that they have achieved the terminal goals for learning established by their educational program and to demonstrate entry level competency in the profession. The CoAEMSP Policies and Procedures Manual define a capstone experience as: "Activities occurring toward the end of the educational process to allow students to develop and practice high-level decision making by integrating and applying their Paramedic learning."

HOSPITAL/FIELD CLINICAL HOURS AND REQUIREMENTS

The *Peoria Area EMS System* (following National Standard Curriculum guidelines) has identified the minimal number of hospital and field clinical hours, as well as psychomotor skills that the EMT, and Paramedic student must complete.

The Program Instructor, the Course Coordinator, the Prehospital Education Coordinator and the EMS Medical Director may extend the number of clinical hours or number of skills performed that the student must complete if the student has not met a satisfactory competency level in the performance of psychomotor skills and had sufficient patient contacts.

Each student is expected to actively participate in scheduling or rescheduling clinical shifts. Any conflicts or emergencies that require the student to reschedule will be the responsibility of the student to complete. The student must notify the instructor of any changes in clinical shifts prior to the shift. No Call-No Show situations for clinical shifts are unacceptable and may be cause for dismissal from the program.

All hospital clinical hours/requirements must be completed by the final didactic session. All field clinical hours/requirements must be completed 6 months from the final didactic session. The Course Coordinator is allotted 30 days from the final completion date to review student internship documentation and to complete the final meetings with the student, the PAEMS System Coordinator, and the EMS Medical Director. The student has ONE year from the completion of their IDPH approved training program to pass the licensing exam.

NOTE: ONLY the Course Coordinator may release students to all clinicals (medical & field).

Department	**Minimum Requirement**	**Released** (80% average or higher)
Emergency Department (ED)	120 hours	
Surgery (OR)	(8 intubations)	
Pediatrics ED	8 hours	

Team Leader Role	Function as Team Leader for this final phase with 18 of 20 satisfactorily led
Team Leader -	*Student is "in charge" and must demonstrate the knowledge, skills and attitudes to manage the entire scene and patient. The student must be the main person responsible for the choreography of the scene and delegation of all patient care.*

Medication Administration for EMT-P students

EMT-P students may ONLY administer medications approved for use in the *National curriculum. These include-*

Adenocard	*Albuterol*	*Amiodarone*	*Aspirin (ASA)*	*Atropine*
Atrovent	*Benadryl*	*Dextrose 50%*	*Dopamine*	*Epinephrine 1:1000*
Epinephrine 1:10,000	*Glucagon*	*Oral Glucose*	*Lidocaine*	*Narcan (Naloxone)*
Nitroglycerin Tablets	*Nitropaste (Nitro-Bid)*	*Ondansetron (Zofran)*	*Sodium Bicarbonate*	*Fentanyl*
Versed	*Morphine Sulfate*	*Solu-Medrol*	*Tranexamic Acid*	*Haldol*
Ketamine	*Dilaudid*	*Oxytocin*		

Students **MUST** be directly supervised by their preceptor when administering medications. Preceptors will grade students based on Affective, Cognitive, and Psychomotor disciplines.

CLINICAL ATTENDANCE POLICY

A student is allowed a maximum of two (2) excused absences. This does not include dental appointments, doctor's appointments for children, etc. Additional absences may jeopardize the satisfactory completion of the course. Instructors are aware that at times there are valid reasons that necessitate absence during scheduled clinical activities. All requests of this nature are to be directed to the Course Coordinator/Instructor and will be given consideration.

All **makeup time**, if approved, must be completed within a time frame determined by the Course Coordinator/Instructor.

A. If a student is unable to attend a clinical rotation as scheduled, the student is to personally notify the Clinical Coordinator or designee **and** the clinical location **prior** to the assigned clinical period. Failure to do so is considered an **unexcused absence**. Absences will be reflected in the student's clinical performance evaluation.

B. If a student fails to report to a clinical site as assigned and does not call ahead of time to notify the course instructor of his or her anticipated absence, the student will receive an **unexcused absence** for that day.

C. A student, who through personal error, goes to the wrong clinical site and/or the right site on the wrong day or time will be sent home and receive an **unexcused absence** for the day.

D. If a student arrives more than 15 minutes late to the clinical area without calling or paging the course instructor, the lateness will be noted as **unexcused**. If the unit activity the student was to engage in has already been accomplished, i.e., physical examinations and assessments etc., the student may be sent home and rescheduled at the Course Instructor's convenience and unit availability.

E. Highly unusual or extenuating circumstances occasionally occur, causing a student to be absent or late without opportunity to provide advance notice. We believe these situations are rare. The acceptance of such unusual circumstances as adequate for an "excused absence" is at the discretion of the course instructor.

F. Two **unexcused absences** and/or late arrivals will be interpreted as irresponsible behavior violating the course ethics policy and may be grounds for dismissal from the Program. Attendance infractions will be evaluated by the Course Instructor and Course Coordinator.

G. Rescheduling of clinical rotations can only be done based on clinical site availability. A student who does not complete the clinical component of the course in the prescribed time may be prevented from completing the course, taking the licensure exam, and/or graduating from the Program.

H. Students may not leave a clinical site before completing the assigned shift unless permission is granted by the course instructor or they are dismissed by the clinical instructor as having completed all objectives and/or there are no continuing opportunities to provide patient care.

I. The policies concerning clinical time are very specific and will be consistently enforced throughout the various Program locations. It is important that students handle clinical responsibility in a professional way. The ability to function in a professional and dependable manner will be as important as knowledge in overall success as an EMT.

CLINICAL SUPERVISION

While performing hospital and field clinical rotations, the student is *directly* responsible to the MD, RN or Paramedic Field Training Instructor (or their designee) in charge of their respective areas. The student must have adequate and proper supervision during all clinical experiences.

Each student progresses from the role of observer and assistant to relative independence according to initiative and capabilities. Until a student achieves and documents competency in any given procedure, all psychomotor skills shall be carried out under the **direct supervision** of a clinical instructor. After demonstrating competency, the student may perform those procedures with **indirect supervision** (an instructor is immediately available, i.e., adjacent to the room or location where the procedure is being performed, to assist the student). A student shall not take the responsibility or the place of a licensed EMT-I or EMT-P in a work or clinical setting.

At all times, regardless of a student's level of achievement, a clinical instructor must:

- determine if the condition of the patient prohibits performance of the skill by the student.
- check and approve all skills performed by a student.
- be present during the performance of all repeat skills.

A student is responsible for performing all psychomotor skills associated with their level of training. Students must perform skills according to the *PAEMS* System Protocols and in accordance with the prevailing Scope of Practice. If the student is asked to perform procedures for which no instruction or practice has been obtained, it is the student's responsibility to notify the instructor. The student must also assume responsibility for assuring that all skills are performed under the direct supervision of a clinical instructor.

CLINICAL EQUIPMENT AND DRESS CODE POLICY

For the student to have a successful and rewarding hospital/field clinical experience, the student should come prepared with the following clinical equipment:

REQUIRED

Course ID name badge, Stethoscope, Black ink pen, as well as,
Watch, and Appropriate Clinical Forms

RECOMMENDED

Trauma shears, Penlight, Notepad

The student is expected to follow the dress code policy. Part of being a professional is looking like a professional. The student uniform (Appendix) is to be worn only during assigned clinical and field clinical activities.

EMT-P student uniform: Navy/black trousers or uniform pants (no jeans). Uniform shoes or jump boots for field clinical shifts, clean tennis shoes are acceptable for hospital clinical shifts. Long sleeve or short sleeve navy blue polo shirt with the *PAEMS* patch situated over the left chest and student patches on left sleeve, the American flag, optional for right sleeve. The student is permitted to wear a scrub suit only during such times specified and as required by hospital department policy. The uniform must be clean, neat, and of proper fit and length. Undergarments must be of a color and design that will not show through the uniform. A navy-blue sweatshirt with the PAEMS emblem may be worn over the polo shirt as field conditions require. A navy-blue turtleneck may be worn under the polo shirt as field conditions require.

Shoes: Canvas tennis shoes, thongs, clogs, or any type of “open toe” shoe are not allowed. Clear nylons, white or dark colored socks must be worn by women and white or dark colored socks must be worn by men. Socks with colored stripes, floral designs or bright, neon-like colors are not permitted.

Jewelry is limited to a wedding band and watch (except in the OR-no jewelry), and no more than two small post earrings per ear (in OR, earrings must be covered with surgical hat – available with

scrubs). Visible body stud jewelry (rings or studs in nose, tongue, lips, eyebrows, etc.) are not allowed. Tattoos must be covered, if possible.

Hair must be clean, neat, and worn away from the face. Long hair must be always tied back for the safety of the student and patient. Beards are not permitted in the field clinical areas. Mustaches must be trimmed (2 inches or less).

Makeup should not be excessive and be in good taste. Strong **perfume**, **cologne**, or **aftershave** is not recommended. **Artificial nails** may not be allowed; long nails must be trimmed.

Deodorant, mouthwash, and breath freshener/mints are highly recommended to control body odor, cigarette breath, or halitosis. **Gum chewing** is not permitted. Students must abide by clinical safety rules and observe standard body substance isolation precautions; gloves must be worn when working with blood and body fluids.

Remember that a "**smile and a "can do" attitude"** is the most important part of your uniform.

Should a student fail to comply with the dress code policy, the clinical instructor or faculty members have the prerogative to dismiss the student from the clinical agency and the time missed must be rescheduled with the Clinical Coordinator. Failure to comply with the dress code will be reflected in the student's clinical performance evaluation.

GRADING/EVALUATION OF CLINICAL EXPERIENCE

The clinical evaluation system consists of a combination of methods and procedures designed to assist both students and instructors in the teaching, learning, evaluation, and documentation of the student's progress toward achievement of entry-level professional competency. To fulfill these multiple purposes, multiple evaluation instruments and direct observation of your clinical performance by instructors are used.

A student will receive a grade of **Satisfactory** when:

1. All clinical and field clinical rotation hours have been completed and appropriate signed paperwork has been submitted to the Course Coordinator/Instructor.
2. The minimum number of required psychomotor skills have all been successful, signed off by a clinical instructor and paperwork submitted to the Course Coordinator/Instructor.
3. All evaluations have been completed.

A student will not be able to progress in the Program, graduate or achieve state licensure unless a *Satisfactory* grade is achieved in the hospital/field clinical component.

4. Students in the Paramedic Program utilize Platinum Planner documentation to document and record data pertinent to their requirements for CoAEMSP. The student is required to show their preceptor all documentation that must be completed before the end of the shift.
5. Data pertaining to the clinical shift left unfinished or if the data is not submitted within 24 hours of the end of the clinical shift via Platinum Planner may be subject to rejection by the instructor.
6. Students will complete the Clinical Instructor Evaluation form to critique the clinical area and the clinical instructor and return it to the course instructor.

The PAEMS office will train and instruct all select Capstone Field Training Instructors on the policies and procedures for grading Capstone level students. FTI's may not be eligible to become Capstone FTI's based upon the CQI/QA process to become a Capstone Preceptor. Any questions should be directed to the Course Coordinator, EMS Coordinator, or Medical Director.

TRANSPORTATION/PARKING

Transportation to clinical centers is each student's responsibility. Students must comply with clinical agency rules and regulations regarding parking.

SUBSTANCE ABUSE POLICY

POLICY STATEMENT:

The *Peoria Area EMS System* considers substance abuse (drug dependency and/or alcoholism) to be a health problem, and it will assist an employee who becomes dependent on alcohol and/or drugs. *Peoria Area EMS System*, and ultimately our patients, will suffer the adverse effects of having a

prehospital care provider whose work performance and attendance are below acceptable standards. Any student whose substance abuse problems jeopardize the safety of patients, co-workers, or bystanders shall be deemed "unfit to practice" and will be dismissed from their respective course.

GOAL/PURPOSE:

To assure patient, co-worker/student safety by identifying prehospital providers with substance abuse problems, assist in enrolling in a treatment program, and/or removal from the patient care environment.

A. Any prehospital care provider involved in the *Peoria Area EMS System* who voluntarily requests assistance with a personal substance abuse problem will be referred to the EMS Medical Director for assessment and referral for treatment when necessary.

B. *Peoria Area EMS System* does not require students to submit to blood and/or urine testing for alcohol and/or drugs as a routine part of the training Program. However, ambulance agencies that serve as clinical sites may require drug and alcohol testing as part of their individual risk management program prior to the student starting their internship at that agency.

C. Any prehospital care provider who has reasonable cause to suspect that a student is under the influence of alcohol and/or drugs while on duty, may consult with the EMS Medical Director, who may choose to require the student to submit to a blood alcohol test and/or blood and/or urine toxicology screen.

1. If a student is required to submit to testing for drugs and/or alcohol refuses to cooperate, he/she will be subject to disciplinary action for insubordination up to and including termination from the Program.
2. Anyone caught tampering or attempting to tamper with his/her test specimen or the specimen of any other prehospital care provider shall be subject to immediate termination from the Program.
3. If the test result(s) is (are) positive, the EMS Medical Director will interview the student. The EMS Medical Director will consult with the students' agency as applicable, to determine if a referral to an assistance Program shall occur.
   a. The first occurrence will result in a referral of the prehospital care provider to the appropriate assistance Program, and the System participant will be subject to disciplinary action as determined by the EMS Medical Director and the student's agency (if applicable).
   b. The second occurrence within one year will result in disciplinary action as determined by the EMS Medical Director in consultation with the student's agency (if applicable) and may result in suspension from the Program or EMT license and/or System certification.
   c. The progress of students with substance abuse problems who have been referred to an agency for assistance will be closely monitored by their agency and the EMS Medical Director.
   d. The student must successfully complete the entire required rehabilitative Program and maintain the preventative course of conduct prescribed by the assistance Program. He/she must attend the appropriate after-care Programs and provide verification of compliance with the Program requirements including additional drug testing as determined by the EMS Medical Director and agency.
4. If the test results are negative, a conference with the EMS Medical Director and the student will be held to determine what future action, if any, will be taken.
5. If the student refuses to correct his/her health problems and their performance continues to be affected, he/she shall be subject to disciplinary action that pertains to all System participants who cannot, or are not, performing their duties and responsibilities at acceptable levels.

D. The use, sale, purchase, transfer, theft, or possession of an illegal drug is a violation of the law. "Illegal drug" means any drug, which is (a) not legally obtainable or (b) legally obtainable but has not been legally obtained. The term "illegal drug" includes prescription drugs not legally obtained and prescription drugs legally obtained but not being used for prescribed

purposes. Anyone with knowledge of illegal drug activity must report to law enforcement, licensing, and/or credentialing agencies when appropriate.

If a faculty member or a clinical agency representative suspect a student may be chemically impaired the following procedure, based on the belief that measures to be taken should be assertive rather than punitive, will be implemented:

1. Seek corroboration regarding the observed student behavior, if possible.
   a. Should the impaired behavior occur at a clinical site, the faculty or agency representative will relieve the student from the clinical assignment.
   b. Should the observed behavior occur on campus, the faculty member should use his/her discretion in allowing continued participation in the learning activity
   c. Immediately notify the Program director and provide written documentation of observed behavior or physiologic characteristics of suspected chemical impairment as soon as possible.
   d. Upon request, the student will undergo a drug screen, blood alcohol level, and mental health evaluation. Drug screens and alcohol levels will be completed at the student's expense at the nearest Emergency Department.
2. Upon receipt of written documentation, a conference, consisting of, but not limited to, the involved student, the instructor and/or agency representative, will be held. The purpose of the conference:
   a. present documented observations of behavior (s) and lab results
   b. re-emphasize concern for both patient and student well-being
   c. provide emotional support for the student
   d. If results are positive, review student options.
      1) withdrawal from Program OR
      2) Implementation of the "*PAEMS* Student Wellness Contract" for the purpose of chemical professional evaluation of dependency status and determination of a treatment plan, if indicated.
         a) Student capability to participate in class, clinical/lab/field assignments will be evaluated on day-to-day basis while awaiting evaluation results.
         b) The evaluation will be determined by the faculty for the course.
3. All oral/written documents and communications related to this procedure are **confidential**.

Proctor Chemical Dependency Center
5409 N. Knoxville Avenue
Peoria, IL
309-691-1055

White Oaks Center
3400 New Leaf Lane
Peoria, IL
(309)682-6900

LIABILITY/ MALPRACTICE INSURANCE

OSF HEALTHCARE SYSTEM d/b/a St. Francis Hospital, Escanaba, Michigan, Saint Anthony Medical Center, Rockford, Illinois, OSF Saint James-John W. Albrecht Medical Center, Pontiac, Illinois, St. Joseph Medical Center, Bloomington, Illinois, Saint Francis Medical Center, Peoria, Illinois, St. Mary Medical Center, Galesburg, Illinois, OSF Home Care, and OSF Medical Group, has maintained a self-insurance program for general and professional liability since October 1, 1976. The program is established and maintained pursuant to a General/Professional Liability Loss Fund Trust Agreement between OSF Healthcare System and National City Bank of the Midwest, as trustee. The fund is evaluated annually by independent actuaries, and funding is made on a monthly basis in accordance with the recommendations of such actuaries. Claims administration and risk management services are provided pursuant to the contract with IIRMS Inc.

As a student enrolled in a training program conducted by OSF HEALTHCARE SYSTEM ("OSF"), you are a "Covered Person" under the OSF self-insurance program for general and professional liability while engaged in formal educational or training programs conducted by OSF.

EMS training programs conducted with the approval of OSF Saint Francis Medical Center as the Level I Trauma Center within its designated trauma region are training programs conducted by OSF for purposes of the OSF self-insurance program.

Peoria Area EMS System

STUDENT EXPOSURE FORM – two pages
EMT, PHRN, ECRN, & PARAMEDIC INTERNSHIP

Student's Name _____ **S.S. #** _____
Home Phone _____ **Sex** _____ **Program** _____
Date of Exposure _____ **Time** _____
Date Exposure Reported _____ **Time** _____
Student's Personal Physician _____

Describe what happened, include where, when and how, as well as the route of entry and affected body part.

_____
_____
_____
_____
_____

What type of personal protection equipment was being used?

_____

Name the person, and room number if applicable, to whose body fluid you were exposed (if known).

_____

Witnesses to the incident _____

Factors contributing to the incident _____
_____

Dates/Location of Hepatitis B Vaccination: #1_____ **#2**_____ **#3**_____
Location _____

STUDENT SIGNATURE: _____ **Date:** _____

Supervisor: Complete next page (Page 2 of this form)

STUDENT EXPOSURE REPORT FORM - Page 2

SUPERVISOR'S SECTION:

Supervisor's description of the exposure:

_____

_____

_____

_____

What action was taken?_____

_____

_____

_____

Did unsafe conditions or actions contribute to the incident? If yes, please explain in detail.

_____

_____

_____

_____

_____

What follow-up or specific corrective action has or will be taken to prevent a recurrence?

_____

_____

_____

Supervisor (print) _____

Supervisor signature_____ **Date**_____

PLEASE SEND or DELIVER THIS COMPLETED REPORT TO:

Peoria Area EMS System
ATTN: *QA Coordinator*
530 NE Glen Oak Ave
Peoria, IL 61637

Peoria Area EMS System
EMT /Paramedic Training Program
1. INCIDENT REPORT FORM & TARDY FORM

FTI – COMPLETE the following information and FAX to *PAEMS System*:

FTI Name (Print): _____ **Shift Date:** _____

FTI Contact Phone Number: _____ **FTI Agency:** _____

Intern Name: _____ **Circle ONE: EMT-B EMT-I EMT-P**

Intern Course Coordinator: _____ **Course Location:** _____

Shift Scheduled: _____ **to** _____

DESCRIPTION OF OCCURRENCE OR EVENTS:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

(Attach additional page, if needed.)

1. **Time Arrived:** _____ **Time Left:** _____ **Time Called-Off:** _____
2. **No-show** _____ **Left early** _____ **Late**_____ **Called-off** _____
3. **Comments:**

_____

_____

_____

_____

FTI Signature: _____ **Date:** _____

FAX: 309-655-2090 *PAEMS OFFICE* ATTN: EMS EDUCATION

Policy on the Use of EMS Testing

This policy is part of and the basis for the policy found in the PAEMS Student Handbook Page 34.

REASON FOR POLICY

CoAEMSP has in place a requirement for fair and evaluated testing for all Paramedic Programs. The program must have a policy in place to describe and define the Testing Policy and use of EMT Testing. As such CoAEMSP has indicated the requirement in the following statement:

CoAEMSP Statement

IV. Student and Graduate Evaluation/Assessment

A. Student Evaluation 1. Frequency and Purpose

Evaluation of students must be conducted on a recurrent basis and with sufficient frequency to provide both the students and program faculty with valid and timely indications of the students' progress toward and achievement of the competencies and learning domains stated in the curriculum.

Rationale:

The Program is conducting item analysis of examinations; to include validity/reliability testing of the exams. Generally using Platinum Group Testing tools which are validated through their system, but we may add some questions of our own. All questions, when offered, will be evaluated for p-values, difficulty and discrimination (national and local if available) and Point Bi-Serial, if sufficient numbers are available.

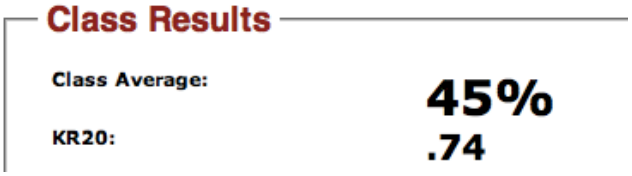
Requirement to submit met:

The program will have the physician director and advisory board review and approve all high stakes exams (Final exams and any other exams used to determine continued progression through the program). The Program shall submit the results of the analysis of validity and reliability of the major examinations (e.g., item analysis, correlation to external exams) to the advisory board. We will also submit to the advisory board the interpretation of the validity and reliability data and describe changes that were made to examinations based on that interpretation.

Components of Testing & Analysis Policy for Quizzes and Tests

For the reliability, if the KR20 is less than a 0.70, then the Instructor and/or the program director will evaluate the data as to the time correlation the questions were answered to evaluate for cheating.

Note: areas causing the test to be less than reliable including but not limited to test interruptions, material not being covered in advance, and any other identified areas will also be reviewed.



Exam/Question Review/Discussion

This component allows the students to request a review/discuss in class on objectives and/or questions.

- When we have 10% of the class requesting a review/discuss in class, we will be reviewing, re-teaching and re-testing.

Test Question Results

	NR	ES	OBJ	Answers A	B	C	D	Review
1	OP37	PR12	1-1.2	**2**	1	2	1	3
2	ME4	MT6	1-5.30	0	0	0	**6**	0
3	OB15	SP3	1-5.14	3	0	2	**1**	0
4	OP36	PR3	1-6.5	**5**	1	0	0	2
5	AB1	MT10	1-3.7	**2**	4	0	0	3
6	OP5	PR3	1-2.1	2	**2**	2	0	2
7	TR1	ST1	1-5.12	2	**4**	0	0	3
8	OP27	PR6	1-2.3	**2**	4	0	0	4
9	OP2	PR3	1-2.9	**2**	1	2	1	2
10	OP4	PA1	1-1.3	2	**3**	0	1	3

Class Testing Discrimination Values

If the class discrimination value is 0.2 or greater below the national results, or any time the class results are negative, or 0, questions will be reviewed/evaluated by the instructor and/or program director.

- Reason for a zero (no discrimination results) might be the question is too easy or too difficult (see difficulty).
- Negative discrimination occurs because top performers have done worse on a particular item than poor performers.
- If this occurs look to textbook, lecture notes, or other times when incorrect or contradictory messages may have been provided.
- Another case would be an incorrectly keyed item. See Question number 2 and 4 in the sample below.

Difficulty Level Determination

When the difficulty level is greater than 0.5, the test items will be reviewed/evaluated by the instructor and/or program director.

- We will be looking to see if the questions are correctly keyed, are the questions misleading, or was the material inadequately covered.
- If a question is suspected of being keyed incorrectly, Platinum Educational Group will be contacted immediately to request editing.
- If the question is one of our own, we will review and rekey the question.
- If it is misleading, the team will evaluate why and determine the question outcome from that analysis.
- If material was covered inadequately, this will be reviewed/re-taught/re-tested. See Question number 3 in the sample below.

If the class item difficulty value is 0.2 or more above the national the questions will be reviewed/evaluated by the instructor and/or program director.

- We will be looking to see if the questions are correctly keyed, are misleading, or the material was inadequately covered.
- If the question is suspected of being keyed incorrectly, Platinum Educational Group will be contacted immediately to request a rekey.
- If the question is one of our own, we will review and execute the procedure outlined above. Again, see Question number 3 below

Validated questions where 30% or greater of the class has answered incorrectly will be included in the next quiz/exam.

- See Question numbers 1, 3, 5, 6, 8, 9, and 10 below.

	NR	ES	OBJ	Answers A	B	C	D	Review	Difficulty* National	Class	Discrimination* National	Class
1	OP37	PR12	1-1.2	**2**	1	2	1	3	0.40	0.50	0.14	0.50
2	ME4	MT6	1-5.30	0	0	0	**6**	0	0.39	0.00	0.28	0.00
3	OB15	SP3	1-5.14	3	0	2	**1**	0	0.39	0.75	0.32	0.25
4	OP36	PR3	1-6.5	**5**	1	0	0	2	0.42	0.25	0.14	-0.25
5	AB1	MT10	1-3.7	**2**	4	0	0	3	0.38	0.50	0.32	0.50
6	OP5	PR3	1-2.1	2	**2**	2	0	2	0.39	0.50	0.25	0.50
7	TR1	ST1	1-5.12	2	**4**	0	0	3	0.39	0.25	0.34	0.25
8	OP27	PR6	1-2.3	**2**	4	0	0	4	0.39	0.50	0.26	0.50
9	OP2	PR3	1-2.9	**2**	1	2	1	2	0.39	0.50	0.32	0.50
10	OP4	PA1	1-1.3	2	**3**	0	1	3	0.39	0.50	0.30	0.50

Sample

Overview of the Computer Adaptive Portion

The computer adaptive portion of the EMSTesting program is designed to serve the following purposes.

- To prepare the student for the National Registry credentialing exam.
- As an instrument to determine the readiness of students to sit for the NREMT written exam.
- To evaluate the overall effectiveness of the educational program.

More information regarding Computer Adaptive exams can be found in the Paramedic Student Manual.

Student Review & Recommendation

Students will only be recommended for the Registry when they have received an Exceptional rating in at least 6 of the categories and at least a good in the remaining categories on at least 4 consecutive comprehensive, timed tests covering all of the offered categories.

- The consecutive exams may be waived if a student can show cause as to why he/she has not done well consistently on the exams.
- Students must complete at least 1 of these comprehensive exams in a proctored environment at the Mt Nebo Paramedic offices.
- Student performance on the Registry will then be compared to these results.

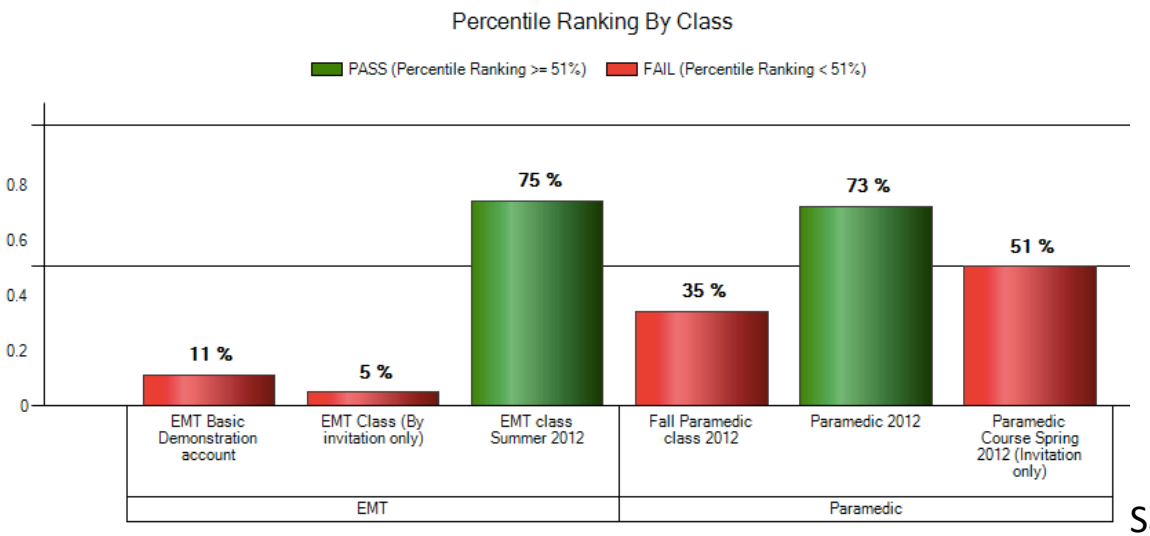


Sample

Program Review

The program will evaluate the Summary results provided with EMSCAT.

- The entire program will receive a review by the instructor and/or PD if the program fails to rank among the top 50%.

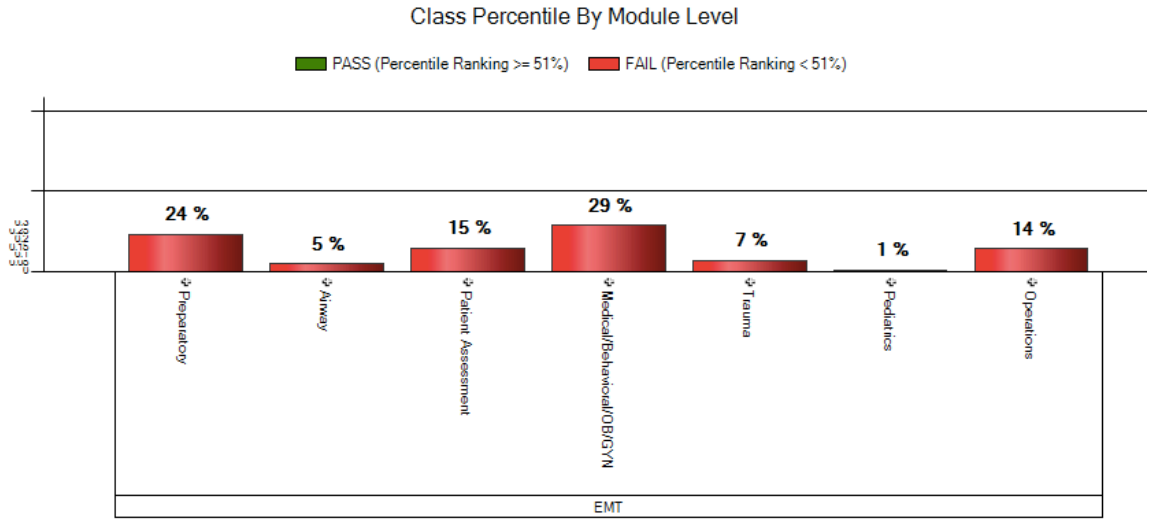


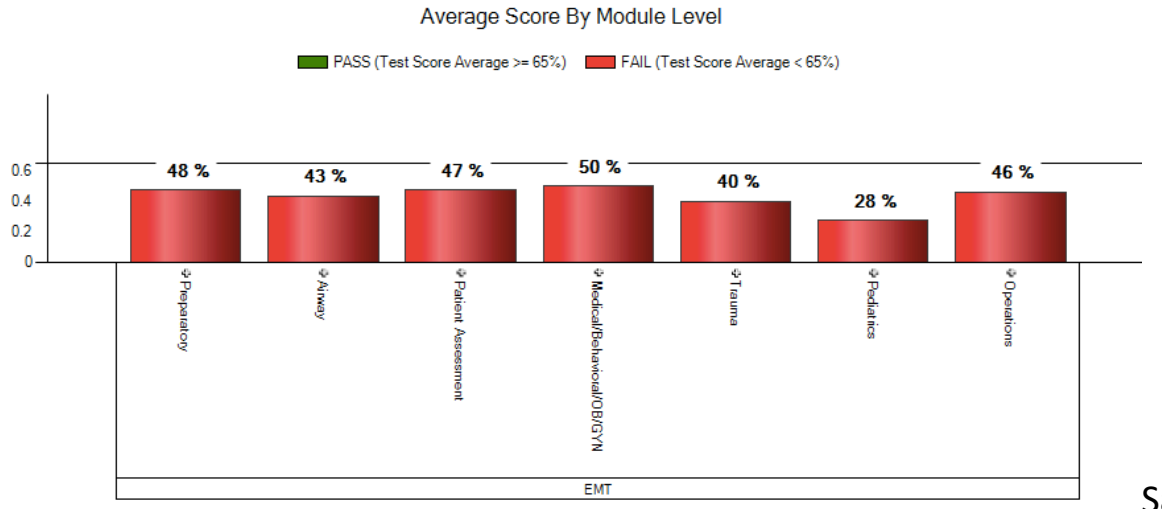
Sample

Category Reviews

The program will also evaluate any category receiving a percentile rating less than the 50th percentile or raw score less than 65%.

- The category will then be further investigated by topic and objective looking for causes of the less than desirable results.
- Areas to review will be curriculum, schedule disruptions, changes such as in instructor or text material, or any other causes.
- Once an area is identified, changes will be made, documented, and subsequent performances will be monitored during the next offering looking for changes in results.





Samples

Definitions & Overview of Testing Evaluation Techniques

Kuder-Richardson (KR20): The Kuder-Richardson (K-R 20) measures consistency of responses to all the items within the test and reflects two error sources: item sampling and heterogeneity of the content domain sampled. Both of these indices report reliability as a coefficient ranging in size from 0.00 (no consistency) to 1.00 (perfect consistency).

P Values: Expresses the proportion or percentage of students who answered the item correctly. Item difficulty can range from 0.0 (none of the students answered the item correctly) to 1.0 (all of the students answered the item correctly).

Item Difficulty: Expresses the proportion or percentage of the upper 25% and lower 25% of the performers who missed the question. O indicates that no one missed to 1.0, everyone missed. We also add a factor for Bloom level assignment

Discrimination: Expresses the proportional or percentage difference of the upper 25% and lower 25% of the performers who missed the question. Lower performers who missed minus the upper performers who missed. The number of people in one of the groups then divides this numerical difference. This value can range from 1.0 (discriminates perfectly) to a -1.0 (negatively discriminates perfectly and is hopefully improperly keyed). The Point Bi-Serial correlation is an index of item discrimination, i.e., how well the item serves to discriminate between students with higher and lower levels of knowledge. We will use a base of 1.0 to -1.0 as a program and based in the Platinum Education exams we are currently using. The ideal number for Discrimination shall be 0.2 or greater in our program.

Class Detailed Results

	NR	ES	OBJ	Answers A	B	C	D	Review	Pval	Difficulty* National	Class	Discrimination* National	Class	Point-Biserial* Class
1	TR1	ST1	1-5.12	1	5	0	0	0	0.83	0.36	0.25	0.55	0.50	0.49
2	AB3	AM1	2-1.8	6	0	0	0	1	1.00	0.35	0.00	0.51	0.00	0.00
3	TR1	ST1	5-1.9	0	3	3	0	1	0.50	0.53	0.25	0.31	0.50	0.36
4	OP20	OP1		0	1	1	4	0	0.67	0.40	0.50		1.00	0.77
5	OB8	SP3		3	0	0	3	1	0.50	0.47	0.50	0.39	1.00	0.85

The Point Bi-Serial: A point bi-serial coefficient is a special type of correlation coefficient that relates observed item responses to a total test score. A point bi-serial coefficient is specifically used when one set of the data is *dichotomous* in nature. A point bi-serial coefficient, computed for every multiple-choice item, is considered useful because it reflects how well an item is "discriminating."

Questions of concern from the chart above would be number 2. The question does not discriminate as no one missed the question. The question might be asked, why we even included this question in this examination. (Note: In number 4 there is no National discrimination. This would be because the question has not been queried at least 40 times within our Adaptive Testing)

- A high point bi-serial coefficient means that students selecting the correct response are students with higher total scores, and students selecting incorrect responses to an item are associated with lower total scores.
- Very low or negative point-bi-serial coefficients computed after field-testing new items can help identify items that are flawed.

Correlation Coefficient: The common correlation statistic used is known as the Pearson correlation coefficient. Almost all correlation coefficients range from -1.0 to +1.0 in their values, and are used to demonstrate how two sets of numerical data are related. Numerical data can be anything from a range of salaries, years of education, or scores on a test.

Positive Correlation. When relatively high values are paired with relatively high values, and relatively low values are paired with relatively low values. A good example is salary and years of education.

Negative Correlation. When relatively low values are paired with relatively high values, and relatively high values are paired with relatively low values. An example of a negative correlation might be years smoking versus life expectancy.

Zero Correlation. When there is basically no relationship between two sets of numerical data. Your imagination can come up with goo

This information is derived from a variety of educational publications. This information is to be used as a guide only and is not considered to be an absolute for all testing evaluations.

Declaration of Understanding of the PAEMS Student Handbook

Classroom Attendance Policy: It is the student's responsibility to be aware of this attendance policy and arrange for any make up work missed due to illness or emergency. All outside appointments must be scheduled at times other than during assigned EMT experiences, including class, hospital and field clinical experiences. In case of prolonged absences because of illness, accident, or hospitalization, students should notify their respective course instructor. Excessive absence is the most common cause of failing grades and may hinder the student from completing course objectives. A student who does not satisfactorily complete the objectives of any EMT course will be withdrawn from the Program.

Tardy Policy: Any student arriving in the classroom after the scheduled start of class is considered tardy. If a student arrives 1-60 minutes late they will be marked as tardy. Students arriving more than 60 minutes late are considered absent for that class day. This tardy policy will be applied to students leaving sessions early. Two (2) occurrences of tardiness will constitute 1 absence.

Classes (including clinical experiences) will meet as scheduled unless inclement weather or other emergency circumstances create conditions that necessitate closing. Contact the course instructor, the hospital/field clinical instructor, or the class location to check on cancellations.

Make-up exams, if allowed, must be taken prior to the day of the next scheduled class session unless other arrangements have been made with the instructor. Students absent for the administration of an exam then (if allowed) fail to make it up in the allotted time will be given a zero for the examination. Students entering class late may be allowed to take the exam, but will not be given additional time to complete the exam. Unannounced quizzes may be given in any class and makeup is rarely allowed. Each instructor will determine if an exception may be made. Students entering class late may be allowed to take the quiz, but will not be given additional time. Final grades are calculated from a combination of exams, quizzes, and a final exam for specific subject areas contained within a course. The final average for each subject area will constitute a predetermined percentage of the course grade. These percentages will be announced at the beginning of each course. Successful completion of all practical skill teaching and testing stations is required for completion of the Program. Practical skill evaluation is graded on a pass/fail basis. All required practical skills must be successfully performed to complete the training Program.

All students are hereby advised that the practice of both non-invasive and invasive skills will be practiced on fellow classmates, and that classmates will be practicing these same skills on you. The purpose of these practice sessions is to develop the tasks, dexterity, and tactile feel, necessary for each skill, in situations as real as possible, under the control and supervision of program instructors. The practice of these skills will involve limited physical contact with all areas of the human body including the areas of the chest and pelvis. The EMS Program is acutely aware of both the importance of hands on human practice and the risk of inappropriate behavior. All students involved in these skills practice sessions, in the role of the rescuer, the patient, or as an observer, are expected to display tact and professionalism, as well as to behave under ethical and legal guidelines.

Students may be administratively withdrawn from a course for good cause when the EMS Medical Director deems such withdrawal is necessary. A student, who finds it necessary to withdraw from the program, must have a conference with the EMS Course Coordinator prior to withdrawing. Students who have withdrawn from the program may apply for readmission. However, this in no way guarantees acceptance back into the program. EMT: All hospital clinical time must be completed before the last didactic session. Paramedic, ECRN, & PHRN All Hospital clinical time and laboratory skills proficiencies must be completed before the last didactic session. All field clinical time must be completed by the final completion date listed on the approved IDPH

training application_____. By the end of the didactic section the student has not completed the required skills and/ or patient contacts within laboratory and/ or hospital clinical settings. For all courses, students must have an 80% on all "High Stakes" section exam scores to continue on with the Program; Failure to demonstrate proficiency in all skill stations.

CLINICAL ATTENDANCE POLICY: A student is allowed a maximum of two (2) excused absences. This does not include dental appointments, doctor appointments for children, etc. Additional absences may jeopardize satisfactory completion of the course. Instructors are aware that at times there are valid reasons that necessitate absence during scheduled clinical activities. All requests of this nature are to be directed to the Course Coordinator/Instructor and will be given consideration.

"By my signature below and by initialing each paragraph, I hereby acknowledge that I have received the PAEMS Handbook and have had ample opportunity to review and ask questions regarding the policies of PAEMS as set forth in this Handbook. I agree to abide by all policies and will use my best efforts to ensure that my colleagues also abide by such policies. In the event I do not understand or have questions concerning any PAEMS policy, I agree to ask PAEMS representatives, including, if necessary, the PAEMS Medical Director for clarification on PAEMS policies."

Date _____

Student Name (print) _____

Student signature _____