



***Paramedic Student
Handbook
Clinical and Field Rotations
Preceptor***

Southern West Virginia Community and Technical College
Division of Allied Health



Commission on Accreditation
of Allied Health Education Programs



Department of Emergency Medical Services
Paramedic Science A.A.S

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WELCOME

Before all the hard work begins let us take a moment to welcome you to our paramedic program and let you know we truly look forward to being your partner as you achieve your educational goals. As this program begins, we want you to understand the commitment you have made to yourself and your future. Let's start with information about the program and this handbook.

The Paramedic Program at Southern West Virginia Community and Technical College was established in 1998 to aid in the education of EMS personnel. It continues to provide quality education for those desiring to provide advanced patient care in the pre-hospital field. The program is based on the National EMS Education Agenda. The curriculum provides four components: lecture, laboratory practice, clinical experience (hospital), and field internship (ambulance) to ensure an entry-level paramedic once the course is successfully completed. In the clinical and field setting the student will acquire hands-on knowledge while assessing and treating the acute and chronic patients with differences in physiology, pathophysiology, and clinical symptoms while in the presence of a preceptor to oversee assessment and treatment. Students successfully completing **ALL** components of the program will be eligible to sit for the National Registry Exam for Paramedic Certification.

The Paramedic Program's Student & Clinical Handbook, Course Syllabi and Southern's Academic Handbook contain policies and procedures specific to the college and paramedic program. As a student you are responsible for knowledge of policies and procedures outlined in these documents. An online copy of Southern's Academic Handbook can be found on the Southern website at

www.southernwv.edu

At the top is the **PROGRAM** tab. Click on it and choose **CONNECT TO THE CURRENT ACADEMIC CATALOG**

All students, new or reapplying to the program or repeating any portion of the Paramedic Science course will adhere to the most current student handbook for that course and year. However, the curriculum plan will not change once admitted to the program for students without a separate notice from this handbook prior to implementation. **This handbook replaces and supersedes any other handbook the student has been given in previous courses.**

Changes in the student handbook contents may be made according to changes in guidelines, program, or curriculum goals and objectives. Students may be notified of changes in writing prior to implementation.

OUR PATIENTS DIDN'T CHOOSE US, **WE** CHOOSE TO TREAT THEM

-Norman McSwain

PROGRAM ACCREDITATION

The Paramedic program of Southern West Virginia Community and Technical College is accredited by the Commission on Accreditation of Allied Health Education Programs (www.caahep.org) upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).

Commission on Accreditation of Allied Health Education Programs (CAAHEP)

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The program also has the approval of the,

WV State Office of EMS

350 Capital Street, Suite 425
Charleston, West Virginia 25301

To deliver initial and recertification courses for Emergency Medical Technician (EMT) and Advanced Life Support (ALS) certification continuation.

CAAHEP: Paramedic Program Goals

Paramedic Program Goals

Goal #1: “To prepare competent entry-level Emergency Medical Technician-Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains,” with or without exit points at the Emergency Medical Technician Intermediate, and/or Emergency Medical Technician Basic and/or First Responder levels.

Objective 1A: Upon completion of the program, the student will demonstrate the ability to comprehend, apply and evaluate clinical information relevant to their role as EMT Paramedics (Cognitive Domain)

Evaluation System for #1a1: Comprehensive, summative program exam administered at the end of the last semester.

Cut Score: 70%

Validity / Reliability: Content Validity: Based upon curriculum objectives that is developed for the Blueprint. Reliability: Passing score correlates with the NREMT exam.

Evaluation System for 1a2: NREMT Examination

Cut Score: Set by NREMT

Validity and Reliability: Content Validity: Based upon blueprint. Reliability: High due to exam construction, length of exam, security of exam.

Evaluation system for 1a3: Employer Survey administered six months after graduation to measure the satisfaction with graduates’ EMT-Paramedic knowledge

Cut Score: 3 on a scale of 1-5 where 1 = Strongly Disagree, 2 = Generally Disagree, 3 = Neutral, 4 = Generally Agree, and 5 = Strongly Agree

Validity and Reliability: Content Validity: Based upon Blueprint. Reliability: Impacted by rater consistency, it may be difficult for any supervisor to adequately assess the knowledge of graduates by observation.

Evaluation system for 1a4: Student Survey administered six months after graduation to measure the satisfaction with graduates’ EMT-Paramedic knowledge

Cut Score: 3 on a scale of 1-5 where 1 = Strongly Disagree, 2 = Generally Disagree, 3 = Neutral, 4 = Generally Agree, and 5 = Strongly Agree

Validity and Reliability: Content Validity: Based upon Blueprint. Reliability: Impacted by rater inconsistency, it may be skewed by lack of self-objectivity.

Goal #1: “To prepare competent entry-level Emergency Medical Technician-Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains,” with or without exit points at the Emergency Medical Technician Intermediate, and/or Emergency Medical Technician Basic and/or First Responder levels.

Objective 1B: Upon completion of the program, the student will demonstrate the technical proficiency in all skills necessary to fulfill their role as EMT Paramedics (Psychomotor Domain)

Evaluation System 1B1: Summative evaluation of field performance at the end of program

Cut Score: 3 on scale of 1-4 where 1 = Needs Full Remediation of Skills, 2 = Needs Selective Remediation of Skills, 3 = Entry Level ALS Competent 4 = Fully Competent in ALS Skills

Validity / Reliability: Validation: Direct observation of clinical / field skills required by communities of interest. Reliability: Expert faculty observers trained to be consistent, will be impacted by low numbers of procedures tested during final exam.

Evaluation System 1B2: NREMT Psychomotor Credentialing Exam.

Cut Score: Set by NREMT

Validity / Reliability: Content Validity: Based upon Blueprint. Reliability: Impacted by rater consistency.

Evaluation System 1B3: Employer Survey administered six months after graduation to measure the satisfaction with graduates' EMT-Paramedic job performance.

Cut Score: 3 on a scale of 1-5 where 1 = Strongly Disagree, 2 = Generally Disagree, 3 = Neutral, 4 = Generally Agree, and 5 = Strongly Agree

Validity / Reliability: Validity: Related to specific skills and procedures required by communities of interest observed by rater. Reliability: Inconsistent quality of rater observational skill.

Evaluation System 1B4: Student Survey administered six months after graduation to measure the satisfaction with graduates' EMT-Paramedic job skill performance.

Cut Score: 3 on a scale of 1-5 where 1 = Strongly Disagree, 2 = Generally Disagree, 3 = Neutral, 4 = Generally Agree, and 5 = Strongly Agree

Validity / Reliability: Content Validity: Based upon Blueprint. Reliability: Impacted by rater inconsistency, it may be skewed by lack of self-objectivity.

Goal #1: "To prepare competent entry-level Emergency Medical Technician-Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains," with or without exit points at the Emergency Medical Technician Intermediate, and/or Emergency Medical Technician Basic and/or First Responder levels.

Objective 1C: Upon completion of the program, the student will demonstrate personal behaviors consistent with professional and employer expectations for the EMT Paramedics (Affective Domain)

Evaluation 1C1: Summative evaluation of student's professional behavior

Cut Score: 3 on a scale of 1-5 where 1 = Strongly Disagree, 2 = Generally Disagree, 3 = Neutral, 4 = Generally Agree, and 5 = Strongly Agree

Validity /Reliability: Validity: Instrument addresses areas of behavior that were determined as necessary by communities of interest for graduates. Reliability: Faculty scoring is correlated for each

student and will be evaluated for consistency among faculty. Scores will further be evaluated for consistency with employer satisfaction survey.

Evaluation System 1C2: Employer Survey administered six months after graduation to measure the satisfaction with graduates' EMT-Paramedic professional behaviors.

Cut Score: 3 on a scale of 1-5 where 1 = Strongly Disagree, 2 = Generally Disagree, 3 = Neutral, 4 = Generally Agree, and 5 = Strongly Agree

Validity / Reliability: Validity: Instrument addresses the areas of student professional behavior determined as necessary by communities of interest. Reliability: Employers opinion of professional demeanor is direct observation of rater opinion.

Evaluation System 1C3: Student Survey administered six months after graduation to measure the satisfaction with graduates' EMT-Paramedic job skill performances.

Cut Score: 3 on a scale of 1-5 where 1 = Strongly Disagree, 2 = Generally Disagree, 3 = Neutral, 4 = Generally Agree, and 5 = Strongly Agree

Validity / Reliability: Content Validity: Instrument addresses the areas of student professional behavior determined as necessary by communities of interest. Reliability: Impacted by rater inconsistency, it may be skewed by lack of self-objectivity.

Part A: Affective Domain

This course prepares the student to be able to:

Be a role model of exemplary professional behavior including but not limited to, integrity, empathy, self-motivation, appearance/personal hygiene, self-confidence, communications, time management, teamwork/ diplomacy, respect, patient advocacy, and careful delivery of service. (Professionalism)

Preparedness: the student consistently arrived on time with required materials and was ready to learn.

Professional appearance: the student is dressed appropriately and is neat in appearance. No hygiene issues.

Initiative: student demonstrates interest in EMS through actions and interactions with evaluator.

Conduct: Student interacts with others in a respectful and empathetic manner. Demonstrates respectability and professional ethics.

Careful Delivery of Service: Student follows policies, procedures & protocols. Uses appropriate safeguards in the performance of duties.

Part B: Psychomotor Domain

This course prepares the student to be able to:

- Perform a Paramedic-level patient assessment.
- a. Perform a comprehensive history and physical examination to identify factors affecting the health and health needs of a patient. (Assessment)
- b. Formulate a field impression based on an analysis of comprehensive assessment findings, anatomy, physiology, pathophysiology, and epidemiology. (Assessment)
- c. Relate assessment findings to underlying pathological and physiological changes in the patient's condition. (Assessment)
- d. Integrate and synthesize the multiple determinants of health and clinical care. (Assessment)
- e. Perform health screening and referrals. (Assessment)
 - Safely and effectively perform all psychomotor skills within the National EMS Scope of Practice Model and the New Mexico Scope of Practice at the Paramedic level. (Psychomotor Skills)
- f. Student demonstrates proficiency in skills performed.

Part C: Cognitive Domain

This course prepares the student to be able to:

Perform Paramedic-level decision making in the content areas of:

- (a) preparatory,
- (b) airway/respiration/ventilation,
- (c) cardiology/resuscitation/ECG, (d) trauma, (e) medical/obstetrics/gynecology, and
- (f) EMS operations
- a. Anticipate and prospectively intervene to improve patient outcome. (Decision Making)
- b. Perform basic and advanced interventions as part of a treatment plan intended to mitigate the emergency, provide symptom relief, and improve the overall health of the patient. (Decision Making)

- c. Evaluate the effectiveness of interventions and modifies treatment plan accordingly.
(Decision Making)
- d. Knowledge: the student can recall common terms, facts, principles and basic concepts in EMS.
- e. Problem Solving: the student uses knowledge to solve a previously unencountered situation.
- f. Evaluation: the student can judge the appropriateness of actions and can defend his/her decisions.
- g. Meet or Exceed the Joint Organization on EMS Education Standard : Final Skills and Assessment Testing (>70%) Retention (>70%)
- h. Meet or Exceed the NM EMS Bureau Standard: NREMT Written and Practical Exam > 70% Grads Passing
- i. CNM Standard: Retention (>75%)
- j. EMS Program Standards:

Student success (>70% C-pass rate of students who were enrolled in the class at census and remain on last day)

Course Final pass rate (>80% of students score 70% or better on written final exam)

PROGRAM GOALS MINIMUM EXPECTATIONS

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

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

CAAHEP Standard II.C. Minimum Expectations

Current NHTSA Educational Standard Program Outcomes

These specific educational outcomes that support the program objectives were created by the National Highway Traffic Safety Administration (NHTSA) to produce a paramedic who can:

1. Integrates comprehensive knowledge of EMS systems, safety/well-being of the paramedic, and medical/legal and ethical issues, which is intended to improve the health of EMS personnel, patients, and the community.
2. Integrates a complex depth and comprehensive breadth of knowledge of the anatomy and physiology of all human systems.
3. Integrates comprehensive anatomical and medical terminology and abbreviations into the written and oral communication with colleagues and other health care professionals.
4. Integrates comprehensive knowledge of pathophysiology of major human systems.
5. Integrates comprehensive knowledge of life span development.
6. Applies fundamental knowledge of principles of public health and epidemiology including public health emergencies, health promotion, and illness and injury prevention.
7. Integrates comprehensive knowledge of pharmacology to formulate a treatment plan intended to mitigate emergencies and improve the overall health of the patient.
8. Integrates complex knowledge of anatomy, physiology, and pathophysiology into the assessment to develop and implement a treatment plan with the goal of assuring a patent airway, adequate mechanical ventilation, and respiration for patients of all ages.
9. Integrates scene and patient assessment findings with knowledge of epidemiology and pathophysiology to form a field impression. This includes developing a list of differential diagnoses through clinical reasoning to modify the assessment and formulate a treatment plan.
10. Integrates assessment findings with principles of epidemiology and pathophysiology to formulate a field impression and implement a comprehensive treatment/disposition plan for a patient with a medical complaint.
11. Integrates comprehensive knowledge of causes and pathophysiology into the management of cardiac arrest and peri-arrest states. Integrates a comprehensive knowledge of the causes and pathophysiology into the management of shock, respiratory failure or arrest with an emphasis on early intervention to prevent arrest.
12. Integrates assessment findings with principles of epidemiology and pathophysiology to formulate a field impression to implement a comprehensive treatment/disposition plan for an acutely injured patient.

13. Integrates assessment findings with principles of pathophysiology and knowledge of psychosocial needs to formulate a field impression and implement a comprehensive treatment/disposition plan for patients with special needs.
14. Knowledge of operational roles and responsibilities to ensure safe patient, public, and personnel safety

Scope of Practice

The paramedic scope of practice defines the techniques, activities, and methods a healthcare professional can carry out in keeping with the conditions **of** their professional certification.

The **scope of practice** is restricted to that which the law allows for specialized education, experience, and specific skills. Each state will define the scope with laws for certified individuals and guidelines that describe requirements for education and training.

West Virginia Scope of Practice

The following standards of practice are published as provided for in the [Code of West Virginia, Article Four-C, Chapter Sixteen](#) and West Virginia Division of Health [Legislative Rules Title 64, Series 48](#).

This listing of procedures is intended as guidance for EMS personnel affiliated with and/or during employment with ambulance services, first responder, or rescue providers within the West Virginia EMS system.

Procedures listed must be authorized by duly engaged physician medical directors and must be performed according to written and published protocols and/or direct voice communication with a medical command center. Certain procedures may require direct verbal orders from medical command physicians.

The Paramedic may render rescue, basic first aid, and cardiopulmonary resuscitation services, and:

1. Perform initial, focused, and on-going patient assessments.
2. Perform respiratory assistance utilizing oral and nasal airways, ventilation devices, and/or oxygen.
3. Apply suctioning techniques to clear airways.
4. Apply dressings and bandages.
5. Apply splints and immobilization devices.
6. Apply spinal immobilization devices.
7. Provide care for obstetrical emergencies including assisting in childbirth.
8. Provide ordinary reasonable care for ill and/or injured persons in accordance with generally accepted standards.
9. Apply Pneumatic Anti-Shock Garment (PASG) in accordance with established regional protocols.

10. Assume primary patient care responsibility in an ambulance patient compartment while on a call.
11. Utilize EMS communications equipment in accordance with accepted radio and telephone procedures.
12. Utilize automated defibrillators.
13. Administer activated charcoal.
14. Administer oral glucose.
15. Perform endotracheal intubation.
16. Utilize electrocardiograph monitors.
17. Perform electrical countershock and defibrillation.
18. Perform transcutaneous pacing.
19. Administer those State approved Medications/Solutions authorized in writing by both individual and regional medical directors.
20. Perform intraosseous procedure.
21. Place nasogastric tube.
22. Perform "finger stick" blood glucose testing procedures.
23. Utilize pulse oximetry monitors.
24. Perform 12-lead electrocardiograms.
25. Utilize automatic ventilators.
26. Perform needle cricothyrotomy when all other ventilation attempts have failed and endotracheal intubation is not possible.
27. Perform chest decompression with catheter and flutter valve.
28. Perform phlebotomy procedures.

Copied from the website of the WV State Office of EMS

The National EMS Scope of Practice Model

February 2019

Paramedic Description:

The paramedic is a health professional whose primary focus is to respond to, assess, and triage emergent, urgent, and non-urgent requests for medical care, apply basic and advanced knowledge and skills necessary to determine patient physiologic, psychological, and psychosocial needs, administer medications, interpret and use diagnostic findings to implement treatment, provide complex patient care, and facilitate referrals and/or access to a higher level of care when the needs of the patient exceeds the capability level of the paramedic.

Paramedics often serve as a patient care team member in a hospital or other health care setting to the full extent of their education, certification, licensure, and credentialing. Paramedics may work in community settings where they take on additional responsibilities monitoring and evaluating the needs of at-risk patients, as well as intervening to mitigate conditions that could lead to poor outcomes. Paramedics help educate patients and the public in the prevention and/or management of medical, health, psychological, and safety issues.

Paramedics:

- Function as part of a comprehensive EMS response, community, health, or public safety system with advanced clinical protocols and medical oversight.
- Perform interventions with the basic and advanced equipment typically found on an ambulance, including diagnostic equipment approved by an agency medical director.
- May provide specialized interfacility care during transport.
- Are an important link in the continuum of health care.

Other Attributes:

Paramedics commonly facilitate medical decisions at an emergency scene and during transport. Paramedics work in a variety of specialty care settings including but not limited to ground and air ambulances, occupational, in hospital, and community settings. Academic preparation enables paramedics to use a wide range of pharmacology, airway, and monitoring devices as well as to utilize critical thinking skills to make complex judgments such as the need for transport from a field site, alternate destination decisions, the level of personnel appropriate for transporting a patient, and similar judgments. Due to the complexity of the Paramedic scope of practice and the required integration of knowledge and skills, many training programs are moving towards advanced training at the Associate degree or higher level.

Education Requirements:

Successful completion of a nationally accredited Paramedic program that meets all other State requirements.

Primary Role:

Provide advanced care in a variety of settings; interpretive and diagnostic capabilities; determine destination needs within the health care system; specialty transport.

Type of Education

Academic setting •Diploma, Certificate, Associate, or Bachelors/Baccalaureate Degree awarded for successful completion.

Critical Thinking:

Within a set of protocol-driven, clearly defined principles that:

Engages in complex risk versus benefit analysis.

Participates in making decisions about patient care, transport destinations, the need for additional patient care resources, and similar judgments.

Level of Supervision:

Paramedics operate with collaborative and accessible medical oversight, recognizing the need for autonomous decision-making. Frequently provides supervision and coordination of lower level personnel

Advanced Emergency Medical Technician

Description of the Profession

The Advanced Emergency Medical Technician's scope of practice includes basic and limited advanced skills focused on the acute management and transportation of critical and emergent patients. This may occur at an emergency scene until transportation resources arrive, from an emergency scene to a health care facility, between health care facilities, or in other health care settings.

For many communities, Advanced Emergency Medical Technicians provide an option to provide high benefit, lower risk advanced skills for systems that cannot support or justify Paramedic level care. This is frequently the case in rural and volunteer systems. In some jurisdictions, Advanced Emergency Medical Technicians are the highest level of out-of-hospital care. In communities which utilize emergency medical dispatch systems, Advanced Emergency Medical Technicians may function as part of a tiered response system. In all cases, Advanced Emergency Medical Technicians work alongside other EMS and health care professionals as an integral part of the emergency care team.

The Advanced Emergency Medical Technician's scope of practice includes basic, limited advanced and pharmacological interventions to reduce the morbidity and mortality associated with acute out-of-hospital medical and traumatic emergencies. Emergency care is based on assessment findings. Additionally, Advanced Emergency Medical Technicians provide care to minimize secondary injury and provide comfort to the patient and family while transporting the patient to an emergency care facility.

The Advanced Emergency Medical Technician's knowledge, skills, and abilities are acquired through formal education and training. The Advanced Emergency Medical Technician has the knowledge associated with, and is expected to be competent in, all of the skills of the EMR and EMT. The major difference between the Advanced Emergency Medical Technician and the Emergency Medical Technician is the ability to perform limited advanced skills and provide pharmacological interventions to emergency patients.

The Advanced Emergency Medical Technician is the minimum licensure level for patients requiring limited advanced care at the scene or during transportation. The scope of practice model is limited to lower risk, high benefit advanced skills that are effective and can be performed safely in an out-of-hospital setting with medical oversight and limited training.

The Advanced Emergency Medical Technician transports all emergency patients to an appropriate medical facility. The Advanced Emergency Medical Technician is not prepared to independently make decisions regarding the disposition of patients. The Advanced Emergency Medical Technician serves as part of an EMS response system assuring a progressive increase in the level of assessment and care. The Advanced Emergency Medical Technician may make destination decisions in collaboration with medical oversight. The principal disposition of the patient encounter will result in the direct delivery of the patient to an acute care facility.

In addition to emergency response, Advanced Emergency Medical Technicians often perform medical transport services of patients requiring care within their scope of practice.

Psychomotor Skills

The following are the minimum psychomotor skills of the AEMT:

- Airway and Breathing
 - o Insertion of airways that are NOT intended to be placed into the trachea
 - o Tracheobronchial suctioning of an already intubated patient
- Assessment
- Pharmacological Interventions
 - o Establish and maintain peripheral intravenous access
 - o Establish and maintain intraosseous access in a pediatric patient
 - o Administer (nonmedicated) intravenous fluid therapy
 - o Administer sublingual nitroglycerine to a patient experiencing chest pain of suspected ischemic origin
 - o Administer subcutaneous or intramuscular epinephrine to a patient in anaphylaxis
 - o Administer glucagon to a hypoglycemic patient
 - o Administer intravenous D50 to a hypoglycemic patient
 - o Administer inhaled beta agonists to a patient experiencing difficulty breathing and wheezing
 - o Administer a narcotic antagonist to a patient suspected of narcotic overdose
 - o Administer nitrous oxide for pain relief

PROGRAM MISSION

The mission of the Paramedic Science Program at Southern West Virginia Community and Technical College is to provide competent, qualified entry-level EMS personnel to meet the needs of current and future agencies in and around southern West Virginia.

PROGRAM VISION

The EMS program at Southern West Virginia Community and Technical College will be the leader in southern West Virginia. The EMS students will become the leaders to help West Virginia emergency services grow and prosper into the ever-changing twenty-first century of patient care.

FUNCTIONAL JOB ANALYSIS/Technical Standards

Paramedic Functional Job Analysis / Technical Standards

Paramedic Characteristics

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

Even though the Paramedic is generally part of a two-person team generally working with a lower skill and knowledge level Basic EMT, it is the Paramedic who is held responsible for safe and therapeutic administration of drugs including narcotics. Therefore, the Paramedic must not only be knowledgeable about medications but must be able to apply this knowledge in a practical sense. Knowledge and practical application of medications include thoroughly knowing and understanding the general properties of all types of drugs including analgesics, anesthetics, anti-anxiety drugs, sedatives and hypnotics, anti-convulsant, central nervous stimulants, psychotherapeutics which include antidepressants, and other anti-psychotics, anticholinergics, cholinergics, muscle relaxants, anti-dysrhythmics, anti-hypertensives, anticoagulants, diuretics, bronchodilators, ophthalmic, pituitary drugs, gastro-intestinal drugs, hormones, antibiotics, antifungals, anti-inflammatories, serums, vaccines, anti-parasitic, and others.

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

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

The Paramedic must be cognizant of the impact of medications on pediatric patients based on size and weight, special concerns related to newborns, geriatric patients and the physiological effects of aging such as the way skin can tear in the geriatric population with relatively little to no pressure. There must be an awareness of the high abuse potential of controlled substances and the potential for addiction, therefore, the Paramedic must be thorough in report writing and able to justify why a particular narcotic was used and why a particular amount was given. The ability to measure and re-measure drip rates for controlled substances/medications is essential. Once medication is stopped or not used, the Paramedic must send back unused portions to proper inventory arena.

The Paramedic must be able to apply basic principles of mathematics to the calculation of problems associated with medication dosages, perform conversion problems, differentiate temperature reading between centigrade and Fahrenheit scales, be able to use proper advanced life support equipment and supplies (i.e. proper size of intravenous needles) based on patient's age and condition of veins, and be able to locate sites for obtaining blood samples and perform this task, administer medication intravenously, administer medications by gastric tube, administer oral medications, administer rectal medications, and comply with universal pre-cautions and body substance isolation, disposing of contaminated items and equipment properly. The Paramedic must be able to apply knowledge and skills to assist overdosed patients to overcome trauma through antidotes, and have knowledge of poisons and be able to administer treatment. The Paramedic must be knowledgeable as to the stages drugs/medications go through once they have entered the patient's system and be cognizant that route of administration is critical in relation to patient's needs and the effect that occurs. The Paramedic must also be capable of providing advanced life support emergency medical services to patients including conducting of and interpreting electrocardiograms (EKGs), electrical interventions to support the cardiac functions, performing advanced endotracheal intubations in airway management and relief of pneumothorax and administering of appropriate intravenous fluids and drugs under direction of off-site designated physician.

The Paramedic is a person who must not only remain calm while working in difficult and stressful circumstances, but must be capable of staying focused while assuming the leadership role inherent in carrying out the functions of the position. Good judgement along with advanced knowledge and technical skills are essential in directing other team members to assist as needed. The Paramedic must be able to provide top quality care, concurrently handle high levels of stress, and be willing to take on the personal responsibility required of the position. This includes not only all legal ramifications for precise documentation, but also the responsibility for using the knowledge and skills acquired in real life-threatening emergency situations. The Paramedic must be able to deal with adverse and often dangerous situations which include responding to calls in districts known to have high crime and mortality rates. Self-confidence is critical, as is a desire to work with people, solid emotional stability, a tolerance for high stress, and the ability to meet the physical, intellectual, and cognitive requirements demanded by this position.

Physical Demands

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

Comments

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

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

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

Source: USDOT 1998 National Standard Paramedic Curriculum.

For more information concerning pay, education, number of jobs, job outlook and more go to the following websites...

Bureau of Labor Statistics Occupational Outlook Handbook

<https://www.bls.gov/ooh/healthcare/emts-and-paramedics.htm#tab-5>

O*NET OnLine

<https://www.onetonline.org/link/summary/29-2041.00>

Click on Emergency Medical Technicians and Paramedics

Listed you will find Tasks, Tools and Technology, Knowledge, Skills, Abilities, Work Activities, Job Zone, Education, Interest, Work Styles, Work Values, Related Occupations, Wages and Employment Trends Sources of Additional Information

Occupational Risks

<https://www.cdc.gov/niosh/topics/ems/default.html>

[Español](#) | [Other Languages](#)

The National Institute for Occupational Safety and Health (NIOSH)

1. Workplace Safety & Health Topics

EMERGENCY MEDICAL SERVICES WORKERS

[Print](#)



Emergency medical services (EMS) workers provide pre-hospital emergency medical care. Their duties create an inherent risk for on-the-job injuries and illnesses. Research shows that EMS workers have high rates of fatal injuries and nonfatal injuries and illnesses.

EMS Provider Infographic



EMS providers: You are critical to public health and safety. You are also at high risk for injuries and exposures at work. Learn how to protect yourself. [Download the award-winning infographic](#)

EMS Employer Fact Sheet



Learn about results from a 4-year study capturing data from EMS workers treated in emergency departments, and get recommendations to prevent injuries and exposures. [Download the fact sheet](#)

Ambulance Crash Test Infographic



NIOSH and the Department of Homeland Security partnered with other federal agencies and ambulance manufacturers to crash-test ambulances. [Download the infographic](#)

Fentanyl Exposure



Get updated [recommendations](#) from NIOSH on preventing fentanyl exposure among emergency responders.

Who are EMS workers?

Vital to disaster response, EMS workers include: first responders, emergency medical technicians (EMT), paramedics, and others whose titles may not always suggest their EMS duties. For example, firefighters and nurses may provide pre-hospital emergency care as part of their routine job duties.



The [2020 National EMS Assessment](#) reported a total of 1,030,760 licensed EMS professionals, from emergency medical responders to paramedics, in the United States. This estimate includes paid and volunteer EMS workers.

The 2021 Current Population Survey estimate for the number of employed EMTs and paramedics was 241,000. This estimate is limited to paid EMS workers.

What job hazards do EMS workers face?

EMS workers face many potential job hazards, including:



- Lifting patients and equipment
- Treating patients with infectious illnesses
- Handling hazardous chemical and body substances
- Participating in the emergency transport of patients in ground and air vehicles

How is NIOSH working to prevent EMS injuries and illnesses?

Collaborating with the [National Highway Traffic Safety Administration, Office of Emergency Medical Services](#), NIOSH uses the occupational supplement to the National Electronic Injury Surveillance System ([NEISS-Work](#)) to collect data on nonfatal injuries and illnesses among EMS workers.

In 2020, there were an estimated 16,900 injuries and illnesses among EMS workers that were treated in U.S. hospital emergency departments. The most recent injury and illness data are described in the [data section](#) of this topic page.

There are a number of other coordinated efforts by various Federal agencies to improve occupational safety and health for EMS workers. Information on some of these efforts is available at www.ems.gov.

Page last reviewed: August 18, 2022

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Meet the Faculty and Administration

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Southern WV Community & Technical College EMS Departmental Policies and Procedures

ADMISSION REQUIREMENTS

- Currently certified as an Emergency Medical Technician
 - Apply for admission to Southern West Virginia Community and Technical College.
 - Send official copies of transcript(s) high school diploma, or its equivalent (GED), ACT, and **ALL** colleges and universities attended, other than Southern, to the records department.
 - Attach a copy of **current** certifications, licenses and/or degrees, as applicable, to the application.
 - Attach an explanation and a copy of all related court copies, if ever convicted of a felony, misdemeanor, pled nolo contendere, or have pending action to any crime, had records expunged or been pardoned or any other court related cases.
- Please note: Successful completion of the paramedic program does not mandate the State Office of EMS to allow you to operate as a paramedic in the field.
- Attach a letter of explanation and a copy of the treatment/record or discharge summary printed on the facility's letterhead, if applicable, pertaining to any treatment for drug/alcohol abuse/dependency.
 - Attach copy of valid driver's license.
 - Attach copy of current CPR certification card, American Heart Association due to hospital policy. Students are required to maintain a current CPR certification throughout the course.

RE-ADMISSION

At the discretion of Southern's EMS Department and administration, students in good standing withdrawing from a paramedic course prior to completion of the program may reapply for admission in a future program. Students re-entering the paramedic program later must start the program again. As per the NREMT/ WV State Office of EMS the student has two (2) years to return and complete a program without taking the entire program again. All students exiting due to failure will be re-evaluated prior to readmission.

Readmission is contingent upon the following:

1. Applicants for readmission prior to successful completion of the first semester will be required to start at the beginning of the paramedic program.

2. Students in good standing withdrawing during the second semester, after successful completion of the program's first semester, may reapply to the second semester of the subsequent program after evaluation.

3. A reentry exam must be passed with an overall grade of 70%. The exam will contain material from all courses in the first semester.

4. Students in good standing withdrawing during the third semester, after successful completion of the program's second semester, may reapply to the third semester of the subsequent program after evaluation.

5. A reentry exam must be passed with an overall grade of 70%. The exam will contain material from all courses in the first and second semester.

Qualifying students applying for readmission will be admitted on a space available basis of classroom and clinical sites.

CONTINUANCE OF CURRENT CERTIFICATION

It is the student's responsibility to keep current the EMT/ CPR certification for the duration of the program. Any student without a current EMT/CPR card will not be permitted to attend clinical rotations until the lapsed certification has been renewed. Any classes needed for recertification cannot be attended on the same day as paramedic classes.

Advanced Placement

AEMT stands for Advanced Emergency Medical Technician. It's a level of certification for prehospital emergency medical providers in the United States. AEMTs have more advanced training and skills compared to EMTs (Emergency Medical Technicians) but less than paramedics. AEMTs are trained to provide basic and limited advanced emergency medical care and transportation for critical and emergent patients. They can perform tasks such as administering certain medications, advanced airway management, and basic cardiac monitoring.

Advanced Placement refers to a program that allows AEMTs to skip certain coursework or training modules if they have relevant prior experience or education. Students who already possess a valid National Registry AEMT certification may enter the Paramedic Program in the second semester of the first year. Students must meet all admission requirements to the college. Students will adhere to college catalog, student handbook, and Paramedic Program Handbook.

BACKGROUND CHECK AND DRUG SCREEN

All applicants will be admitted to the School of Allied Health or Nursing programs with a status of provisional based on results of the background check and drug screen. The student will be notified of the date, company, and methodology for the background check and drug screen. **Costs of the background check and drug screen is \$100.00 and the responsibility of the student.** Upon review of the results of the background check and drug screen, an applicant may be denied admission, dismissed from the program, and/or other action taken as deemed appropriate. Disclosure of a criminal record does not automatically disqualify you from admission consideration. Prior to awarding certification, State of EMS and/or employment agencies will conduct background and/or drug screens.

Background checks are due by the end of the first semester!

IMPORTANT NOTICE

The State Office of Emergency Medical Services may deny eligibility to take certification examination and/or practice to individuals who have been convicted of a felony or misdemeanor and persons with drug/chemical dependency.

DRUG AND ALCOHOL TESTING

Southern West Virginia Community and Technical College's School of Allied Health and Nursing programs have adopted and enforces a Drug and Alcohol policy for all participants in its clinical programs.

The School requires students to have a drug test prior to entering clinical sites and the program may require random testing if a reasonable suspicion or cause occurs.

Random drug testing for students undergoing treatment and/or rehabilitation for substance abuse may be enforced.

If a student has received or is currently receiving treatment for drug/chemical dependency, please submit a copy of the discharge summary, along with a letter detailing progress in recovery printed on the facility's letterhead to the Chair of the Allied Health and Nursing.

This policy also prohibits the use, possession, transportation, sale or distribution of alcohol or other non-medically prescribed controlled substances in the College or during college sponsored functions or activities. It further prohibits students from attending class or other college sponsored functions or activities while under the influence of alcohol or other non- medically prescribed controlled substances. The terms "College" and "college sponsored functions" broadly include the College premises, classes, parking lots, field trips, clinical rotations and facilities and all situations where a student is representing the College in their capacity as a student.

The College expects excellence in the performance of all its students. All prescriptive drugs must be disclosed to the Program Director upon admission to the program and throughout the duration of enrollment.

The College reserves the right to review a student's drug or controlled substance use occurring outside the College or College sponsored functions to the extent that such use

affects the student's class or clinical performance or adversely impacts the College in any way. If the College initiates such a review, the results may include disciplinary action, up to and including expulsion.

Please contact the Dean of the School of Allied Health and Nursing if you have any questions concerning this policy or visit the following site,

<https://www.southernwv.edu/assets/uploads/SCP-2156-Drug-and-Alcohol-Policy.pdf>

The Americans With Disabilities Act, Addiction, and Recovery for Private Businesses and Nonprofits

The ADA (Title III) applies to private businesses, nonprofits and businesses that are open to the public and whose operations affect commerce. Examples include healthcare and nursing homes. The goods and services offered by these entities must be accessible to people with disabilities. The ADA also requires that when a person with a disability asks for a modification of policies or the way the business operates, that modification must be considered.

Definition of Disability

A person has a disability under the ADA if the person has:

1. A physical or mental impairment that substantially limits one or more **major life activities**, e.g. someone with bi-polar disorder, diabetes or addiction to alcohol; or
2. A **history** of an impairment that substantially limited one or more major life activities, e.g. someone who has a history of cancer; or someone in recovery from the illegal use of drugs; or
3. Been **regarded** as having such an impairment, e.g. someone has a family member who has an addiction to alcohol, so it is assumed that they also have an addiction to alcohol and face discrimination as a result, or someone who is perceived to have a disability and is treated negatively based on the assumption of disability.

Major life activities include, but are not limited to, walking, seeing, caring for oneself, learning, thinking, communicating, as well as the operation of bodily functions, such as neurological and brain functions.

Addiction is generally considered a disability because it is an impairment that affects brain and neurological functions.

The ADA applies to addiction to alcohol and to the illegal use of drugs differently. Addiction to alcohol is generally considered a disability whether use of alcohol is in the **present** or in the **past**. For people with an addiction to opioids and other drugs, the ADA protects a person **in recovery who is no longer engaging in the current illegal use of drugs**.

Illegal use of drugs means:

- Use of illegal drugs such as heroin or cocaine; and/or

- The misuse of prescription medications such as opioids or benzodiazepines where the person has **no** prescription, has a **fraudulent** prescription, or is using **more medication than prescribed**.

In recovery means:

- Is in recovery from substance use disorder and is no longer engaging in the illegal use of drugs; or
- Is participating in a supervised rehabilitation program and is no longer using drugs illegally.

What does “current” mean?

- The use of the drugs occurred recently enough to have a reasonable belief that a person’s drug use is a real and ongoing problem.
- Can be demonstrated where a person fails a drug test or indicates they may fail such a test.
- Isn’t limited to days, weeks, or months but is decided on a case by case basis.

Medication to Treat Substance Use Disorder

When medication is used to treat substance use disorder, a person is legally prescribed medication such as Suboxone, Methadone, or Vivitrol to treat their addiction, along with counseling. A person who receives medication to treat substance use disorder and who no longer engages in the illegal use of drugs is considered a person with a disability and is protected by the ADA. A person’s medication is so specific to them and for the treatment of their disability that denying someone access to goods and services because of a medication they are prescribed is discrimination on the basis of disability.

Blanket Policies

Under the ADA, businesses and nonprofits, including healthcare, can’t adopt blanket policies that negatively impact people with disabilities such as denying access to services to people in recovery. An individualized assessment must be made regarding whether the business can provide services to the person with a disability with or without reasonable modifications of policies and practices.

Skilled Nursing Scenario

Josephine has been in recovery for five years since she started medication to treat substance use disorder. Recently, she was hospitalized for pneumonia and is now being transferred to a skilled nursing facility to continue care with the goal of returning home. Her doctor sent the completed admissions paperwork and was preparing her for the transfer. The admissions coordinator contacted Josephine about her medications, specifically her prescription for Methadone. The coordinator explained, “We don’t accept anyone taking Methadone because we don’t have anyone to administer it or a way to store it. If you stop taking Methadone, I would be happy to reconsider your application.”

Does Josephine have protections under the ADA? Yes, she does. The skilled nursing facility has discriminated against her based on the fact that she is a person with a disability in recovery and more specifically because Josephine is receiving medication to treat substance use disorder, taking Methadone. The skilled nursing facility cannot deny her admission on the basis of the medication she has been prescribed by her doctor for her disability. The skilled nursing facility must admit Josephine, and allow her to continue to take her prescribed medications, including Methadone while

she is a patient.

Recovery Home Scenario

Lucy is newly in recovery and receiving medication to treat substance use disorder. She has begun applying to recovery homes, including a nonprofit recovery home in her city. The recovery home director asks about her prescription, and she explains that she takes Adderall for her ADHD. The director states that they don't allow any addictive medications in the home and that she would have to switch her ADHD medication.

Is Lucy protected under the ADA? Yes, Lucy is protected under the ADA because she is not currently engaging in the illegal use of drugs and qualifies for the recovery program. The recovery home can't have a blanket policy around denying access based on the medications an applicant is prescribed as long as the medication is being taken as prescribed. If security is a concern, the director can set up a lockbox system or other security system that meets everybody's needs.

Healthcare Scenario

Arturo is in recovery and receiving medication to treat substance use disorder. He recently moved and starts searching for a primary care doctor near his new home. On the application of a nearby practice, he is asked about medical conditions and the medications he is currently prescribed. He is denied services because of his prescription for Suboxone. The practice indicated that Arturo needs a doctor that specializes in medications to treat substance use disorders.

Is Arturo protected under the ADA? Yes, Arturo is a person in recovery who is prescribed Suboxone, a legally prescribed drug used to treat addiction. The healthcare facility violated the ADA when it denied Arturo's application based upon his medication. The healthcare center violated the ADA and must change their policy of refusing patients based upon a prescription that treats addiction.

Educational Internship Scenario

Joseph is in recovery from addiction to heroin and has been taking medication to treat his addiction for two years. He is enrolled in a graduate school's addiction counseling program and was refused an internship at a recovery home because he is taking Suboxone.

Is Joseph protected under the ADA? It depends. It could be a violation of the ADA depending on the reason for the refusal. There are some recovery homes that do not accept applicants who are receiving medication to treat substance use disorders. This happens because some recovery homes believe that people who are prescribed Suboxone as part of their recovery are using drugs illegally and take negative actions based on this incorrect belief. Another reason might be the recovery home has a philosophy of medication abstinence. A recovery residence should not accept or reject an applicant solely based on their use of their prescribed medication, as such exclusions violate the ADA. The college has an obligation to make sure that its internship placements do not discriminate against students with disabilities. The intern could also contact the Office of Civil Rights at the Department of Education or the Department of Justice if discrimination occurs.

Healthcare Access When Intoxicated

Up to this point this factsheet has focused on people who are in recovery from the illegal use of drugs. Generally, people can't be currently engaging in the illegal use of drugs and be protected by the ADA. However, there is one exception. A person who is currently engaging in the illegal use of drugs can't be denied healthcare because of their current use if they would ordinarily qualify for the

services.

Scenario: Four years ago, Daniel injured his shoulder playing sports. Once his prescription for pain medication ran out, he started using heroin. Recently, he has felt quite sick with symptoms including problems breathing and fever. He seeks help at his local emergency room, but is turned away because he is “high.”

Is Daniel protected under the ADA? Yes, Daniel is protected under the ADA because he can’t be denied treatment that he would normally qualify for on the basis of his current use of illegal drugs. The emergency room staff would need to triage him and run the tests that would typically be run for someone with similar symptoms.

People showing signs of acute intoxication are sometimes expelled from emergency rooms by staff who are fearful of their behavior or who assume they are only seeking drugs. A hospital emergency room may not refuse to provide emergency services to an individual because the individual is illegally using drugs. Daniel can only be excluded if his behavior poses a significant safety risk and the emergency room is unable to lower the risk to a safe level through the provision of reasonable modification.

Need more information?

If you have questions about your rights or obligations under the ADA, contact your local ADA Center. Each center has ADA specialists who provide information and guidance to anyone requesting ADA information. You can call toll-free at 1-800-949-4232. You can also email your local center by clicking the following link and completing the form: adata.org/email. All calls and emails are treated anonymously and confidentially.

Content was developed by the New England ADA Center and is based on professional consensus of ADA experts and the ADA National Network.

PRESS RELEASE

Justice Department Issues Guidance on Protections for People with Opioid Use Disorder under the Americans with Disabilities Act

Tuesday, April 5, 2022

<https://www.justice.gov/opa/pr/justice-department-issues-guidance-protections-people-opioid-use-disorder-under-americans>

The information below is from a ruling against the Indiana State Board of Nursing dated March 25, 2022. It states an individual with Opioid Use Disorder (OUD) may receive treatment indefinitely.

Under Title II of the ADA, no qualified individual with a disability shall, on the basis of disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any such entity. 42 U.S.C. § 12132; 28 C.F.R. § 35.130(a). The Nursing Board is a public entity as defined by the statute. 42 U.S.C. § 12131(1); 28 C.F.R. § 35.104. Title II prohibits public entities from discriminating on the basis of disability in providing any aid, benefit, or service, either directly or through contractual means. 28 C.F.R. § 35.130(b)(1). The Complainant's OUD is a disability under the ADA. 42 U.S.C. § 12102; 28 C.F.R. § 35.108. As a person with an OUD disability who has been rehabilitated successfully and is no longer engaging in the illegal use of drugs, the Complainant is an individual with a disability. 42 U.S.C. § 12110. Title II authorizes the United States to investigate complaints, make findings of fact and conclusions of law, and attempt to secure voluntary compliance where violations are found. 42 U.S.C. § 12133; 28 C.F.R. pt. 35, subpt. F.

Medication for Opioid Use Disorder

Methadone and buprenorphine (including brand names Subutex and Suboxone) are medications approved by the Food and Drug Administration to treat OUD. According to the U.S. National Institute on Drug Abuse (NIDA), methadone and buprenorphine help diminish the effects of physical dependency on opioids, such as withdrawal symptoms and cravings, by activating the same opioid receptors in the brain targeted by prescription or illicit opioids without producing euphoria. NIDA, *How do medications to treat opioid use disorder work?* (April 2021).^[1] When taken as prescribed, these medications are safe and effective.

How long a patient receives OUD medication is tailored to the needs of each patient, and in some cases, treatment can be indefinite. According to the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA): "OUD medication can be taken on a short- or long-term basis, including as part of medically supervised withdrawal and as maintenance treatment." SAMHSA, *Treatment Improvement Protocol 63: Medications for Opioid Use Disorder* at ES-3 (July 2021).^[2] SAMHSA recommends that individuals taking medication to treat OUD "receive[] medication for as long as it provides a benefit," an approach referred to as "maintenance treatment." *Id* at 1-8. "OUD medication gives people the time and ability to make necessary life changes

associated with long-term remission and recovery,” “minimizes cravings and withdrawal symptoms,” and “lets people better manage other aspects of their life, such as parenting, attending school, or working.” *Id.*

REGISTRATION AND CHANGES IN SCHEDULES

Students desiring to enter the program are encouraged to make an appointment with paramedic program faculty for planning and advising. Upon admission to the program, the paramedic program faculty becomes your assigned advisor. It is imperative that all students accepted in the program register or make changes to their schedule and do so with program faculty. **DO NOT SCHEDULE, DROP, OR ADD ANY COURSE WITHOUT THE WRITTEN CONSENT OF YOUR PARAMEDIC ADVISOR. Making any changes with anyone other than EMS faculty may interfere with your status in the program.**

PROFESSIONAL CONDUCT

The Southern West Virginia Community and Technical College Associate of Allied Health and Nursing programs strongly support the standards of the healthcare profession regarding the need for healthcare students to be persons of good moral character who demonstrate responsible behaviors.

Applicants are advised that their conduct before and after submitting their application to an Allied Health or Nursing program will be considered in the admission process. Conduct derogatory to the morals or standing of the Departments of Allied Health and Nursing may be reason for denial of admission or dismissal from the program. Irresponsible behavior or conduct denoting questionable moral character will include, but not necessarily be limited to the following:

- criminal activities, e.g., DUI, misdemeanors, felonies
- substance abuse, e.g., manufacture, use, distribution, positive drug screen
- cheating/dishonesty
- harassment
- domestic violence
- discrimination
- breach of patient confidentiality

Students are advised that conduct both on and off campus could result in dismissal from the program.

TUITION POLICY

All tuition and fees are due at the time of registration. Students receiving financial assistance must see the Financial Assistance Counselor prior to registering for classes. If tuition is to be paid by an agency, employer, or other third party, the student must present a letter of authorization guaranteeing payment from that agency, employer or organization to the cashier at the time the students registers for class. The College also provides a payment plan for eligible students. Contact the Business Office for complete information on this payment plan. See the link below for more information on cost.

<https://www.southernwv.edu/current-students/business-office/#tuition-and-fees>

Tuition and fees are subject to change at any time. Southern West Virginia Community and Technical College reserves the right to withhold all further services and registration for those who have unpaid financial or other obligations. Grades and/or transcripts may be withheld until all financial obligations are cleared.

ACADEMIC STANDING

In order to maintain eligibility in the program, students must attain an average of "C" or better throughout the course in all courses. Students who fail any portion of the course must wait until the next class is offered and reapply for admission. Program Coordinator and instructors will review student records and will decide based on the student's previous academic and clinical performance.

The cognitive domain deals with development achieved by the assessment of written assigned the grading scale will be as follows:

90-100	A	Excellent
89-80	B	Above Average
79-70	C	Average
69-60	D	Below Average-Failing
59-below	F	Failing

The student must successfully complete both the classroom and the clinical/field internship portion of the program independent from each other. The minimum satisfactory grade for each section is 70%. Any student with less than the minimum satisfactory grade of 70% will receive counseling.

GRADING SCALE FOR CLINICAL ROTATIONS

The final grade for the student's clinical and field internship activities will be calculated and based on the following criteria:

- CR -Preceptor evaluation showing improvement and competency.
 -Clinical rotations were attended as scheduled.
 -No problems regarding patient confidentiality, respect for preceptor and other clinical personnel, respect for facility policies and procedures, doing patient care with the preceptor present, on time for scheduled rotation.
 -Clinical contacts are recorded in Fisdap within 7 days.
 -All clinical forms were turned in to the clinical instructor.
 -Competencies and required hours are being met.
- NC -Preceptor notes continuous problems and inconsistencies
 -No attempt to make up missed or late rotations.
 -Any incident that is blatantly in disregard of clinical or college policy.
 -Any incident that closes a facility for any clinical rotations
 -Consistently late or no recording of clinical contacts in Fisdap.
 -An incident of breach of patient confidentiality, disrespect for preceptor or other clinical personnel, disrespect for facility policies and procedures, performing patient care of any kind without the preceptor present, late/absent for scheduled rotation.
 -Competencies and hours not completed.

DIDACTIC (LECTURE) ATTENDANCE

Class and lab attendance are taken very seriously due to the amount of material covered each day in the lab or lecture. One hundred percent (100%) attendance is expected. Absence or tardy beyond "10%" will not only jeopardize your success but may also put your position in the class at risk. All absences must be accompanied by a written excuse/explanation to the instructor. That includes ALL nonattendance for any reason.

All absences regarded by students as unavoidable will be evaluated by faculty to determine validity and dismissal actions, if any to be taken. The student will provide supporting documents for institutional and unavoidable absences, otherwise all absences are considered willful and unexcused.

Class schedules can be viewed on MySouthern. Labs/Lecture are on Tuesday's at 1100. In the event of closure due to weather or mandatory shutdown, the lecture will be held on Zoom at 1200 and you can find the link delivered to your Southern email. If you do not know about your Southern email or having issues with login, click the link or copy and paste to your browser for IT information and support

<https://www.southernwv.edu/current-students/technology-services/#tutorials-helpful-information>

Lectures may be live or recorded, some classes will be recorded live while the students are present. Due to confidentiality issues do not discuss patients and incidents happening while working with EMS.

Currently, the world is suffering from the effects of the COVID-19 pandemic and along with the pandemic comes changes to the procedures of lecture, clinical, and overall college presence. Southern has developed a COVID-19 plan and it can be accessed at the following link:

<https://www.southernwv.edu/coronavirus/#update-from-president-alderman>

The following is copied from the link above.

Face masks or face coverings must be worn by all employees and students in all interior spaces including classrooms, hallways, restrooms, etc. The College will provide all employees and students with washable face masks; however, everyone is encouraged to have additional face masks/coverings for use. Each campus will have a limited supply of disposable masks if you happen to forget yours.

If any employee or student tests positive for COVID-19, the College will work with the local health department in accordance with all regulatory guidance and applicable laws to ensure contact tracing occurs. Contact tracing warns contacts of exposure in order to stop the chains of transmission. The campus(s) affected will close until the facilities can be decontaminated and cleaned by a professional cleaning service.

Lectures will be online for an undetermined amount of time. Currently, we plan to record live lectures and make them available to you online, later. Zoom meetings will be on Tuesday from 1200 to 1800 the time frame from 1100 to 1200 should be used for study and preparation for meeting. In preparation you must gather all your material, clear your work area, and provide small children with something that will keep them interested while you attend class. Also, decide if the doorbell really needs answered because you are attending class and your attention should be with the instructor.

BREAKS

A break will be provided each hour of instruction for your comfort. If in a Zoom meeting be sure to return at the assigned time. Mute your microphone if on Zoom meeting until you need to speak or ask a question during the break.

While on break on campus be careful not to discuss “that call” or the “best call” out within other students hearing. That “gory call” could be their family or friends, so keep those conversation for places away from the campus.

ABSENTEEISM FROM THE DIDACTIC (LECTURE) AREA

If a student has no recourse except to be absent, the instructor should be notified as soon as possible. If the instructor cannot be reached prior to

the beginning of class, you may notify the Director of Emergency Management Services, **Albert Smith**, at the following number 304-896-7316 or by email albert.smith@southernwv.edu

It is the responsibility of the student to review the lecture and complete assignments on time.

DO NOT schedule automobile repairs; make doctors or other appointments on scheduled class meetings. This will be considered an unexcused/willful absence with possible dismissal from the program.

ABSENTEEISM AND QUIZZES/EXAMS

If an exam is scheduled on campus and the student is absent for an institutional or an unavoidable absence as mentioned above, the student must notify the instructor prior to or immediately thereafter to determine eligibility for a make-up.

Make-up exams arranged at the instructor's discretion. The format of the exam may change from the initial regularly scheduled exam. Exams given on Respondus may or may not be given a second time. Exams not taken result in a zero (0) for the exam.

EXAMS

Exams given by internet will be given through a browser lockdown, Respondus. Go to the following site to download.

<https://downloads.digitaltrends.com/respondus-lockdown-browser/windows>

For information and instructions go to this YouTube video and watch so you can familiarize yourself with the browser lockdown and know all procedures prior to your first exam.

<https://www.youtube.com/watch?v=ugx3iXDgGy4>

PRACTICAL SKILL ATTENDANCE

Practical lab sessions will help the student gain practical knowledge of the skills needed for patient care and the testing of the National Registry for certification. Practical skill attendance is an especially essential element to paramedic education. Schedules for practical skill sessions will be listed and documented on FISDAP.

FISDAP can be found at the top of your Navigate page. All skills will be entered the day of the lab otherwise will need to be completed the skill again the next lab session. No late skills information can be put into FISDAP time will be allotted for data entry during the lab session.

Students will be required to meet competency in designated practical skills prior to clinical and field rotations. Students will work as teams to demonstrate and practice skills, afterward they will be checked off by the instructors. If a student fails, the skill test they will not be allowed to retest the same day. They must wait and test again the next scheduled lab session which gives the student time to study and master the skill.

In 2015 the National Registry of Emergency Medical Technicians (NREMT) developed a step-by-step process in which the student completes a designated number of skills with peer evaluation followed by the instructor. The Paramedic Psychomotor Competency Portfolio (PPCP) consists of clinical sheets designed to demonstrate competency in the lab prior to entering the clinical and field rotation. This portfolio must be complete to qualify for the NREMT Paramedic Certification examination. The completed portfolio will become a part of the student's permanent record.

If you have any issues working through practical skills with other students, let the coordinator know immediately. Paramedic skills consist of hands-on practice with touching in a professional manner only. Any improper touching or abuse will be dealt with and discharge from the program can be the result. The following skills are a few that require touching:

- Seated and Supine Immobilization
- Cardiac Assessment/Monitoring
- Patient Assessment/Exam
- Vital Sign Assessment
- Splinting and Bandaging
- Breath Sounds

ALL students, male and female are required to come to class dressed appropriate for floor and other practical skill practice. Please bring with you the following (1) Gloves (if you desire a product not offered in stock at the lab) (2) Stethoscope (3) Watch (4) Mask, the college has masks for students in class and clinical.

NREMT **NO LONGER** requires a practical exam of 6 practical skills for NREMT Paramedic certification. These skills are now included in the cognitive test.

The WVOEMS still requires a practical exam. These are part of the exit point of the program and will be held in the last semester of the program prior to the written portion of the exit test.

Practical skill stations for testing are as follows,

Patient Assessment - Trauma

Cardiac Management

(1) Dynamic & (2) Static

Oral Station

(1) Case A & (2) Case B

Out of Hospital Scenario

Patient Assessment – Medical

Intravenous Bolus Medications

Intravenous Therapy

Pediatric IO Infusion

Pediatric Airway Management

Cardiac Arrest Management/AED

Supraglottic Airway Device

EMT Skill Station

RELEASE OF INFORMATION

At times students will be sponsored by the agency they are employed by. That sponsor usually requests updates on student progress. They often offer special tutoring or other services and want to know if the student needs help. Southern is unable to release information about student progress without permission from the student. A release of information form can be signed by the student giving the instructors permission to discuss grades, evaluations, or attendance with the agency. This form can be terminated at any time the student wish.

WITHDRAWAL FROM THE PROGRAM

After the add/drop period, if a student wishes to withdraw from the program follow the withdrawal process in the Southern handbook. The student is urged to talk with the program instructor or coordinator concerning the reasons for departure from the program. Student should submit a letter as to the reason for the withdrawal that may be used in the future for re- admittance. Withdrawal from any paramedic class will place the student out of the program, the student will then need to sit out until the next year and reapply for entry.

Any student leaving the program is responsible for withdrawing from “all” classes not yet completed for the program. Students must go to the Student Services department to withdraw.

REASONS FOR DISMISSAL FROM PROGRAM

Students may be dismissed for the following reasons:

1. Unsatisfactory academic, lab or clinical performance.
2. Demonstration of unsafe performance and poor professional judgment in the clinical and internship area such as endangering a patient's safety by:
 - a. Violating standard safety practices during patient care.
 - b. Delay/withhold care that is within the student's scope of practice, ability and/or knowledge.
 - c. Performing skills or procedures beyond the "Scope of Practice" of their current certification
3. Being found in any restricted or unauthorized area.
4. Unethical conduct such as fraud, drug abuse, alcohol abuse, breach of confidentiality (HIPAA violation); inappropriate student/patient interaction or interpersonal relation; or aggressive or dishonest behavior to any school or hospital staff member, physician, patient, or other students.
5. Disregard of policies and procedure at any clinical/field facility or college.
6. Sometimes students do strange things that put them in jeopardy of being dismissed from the program that is not on the list or even in the college handbook. Any activity that is a negative for the student or the college can be considered for discharge from program.

REQUIREMENTS FOR PROGRAM COMPLETION/CERTIFICATION

Students must meet the following program requirements to be eligible to take the NR certification:

- ✓ Successfully complete all competencies specified by the National Standard Curriculum, WV State Office of EMS, and the National Registry of EMT's.
- ✓ Successfully complete the classroom, lab, and clinical courses as designated by Southern with a grade of 70% or better.
- ✓ Exit final will be on the EMS Testing website. Students will complete the exam with a score of 70% or higher. The student will have three attempts. **If they fail, they WILL NOT be allowed to attempt the National Registry Exam for paramedic certification.**

METHODS OF INSTRUCTION

Various methods of instruction are and can be utilized throughout the program to increase the student's sensory pathways and to accommodate individual learning styles and needs may include:

Lecture, Discussion, Workbook, Audiovisuals, Demonstrations
Outside Assignments, Clinical Rotations, Field Trips,
Individual Guidance (as needed), Text from support courses
Required text(s) for the course, Computer Programs,
Practical Skill practice Assignments, Conference Attendance,
Quizzes, Exams, Research Projects,

With the COVID-19 pandemic instruction has resulted in other resources for teaching. At this time, we are in the learning phase of online instruction and ask you to bear with us as we work through all the changes that have occurred in 2020.

Respondus (an online browser security for testing),

Panopto (recording classes),

Zoom (online meeting platform,

Other possible online delivery methods that will enhance student learning that will be introduced in the future.

REQUIRED TEXTBOOKS

Southern Bookstore accessed through the Southern webpage.

CAUTION: Do not go to other websites to buy your textbook you will not get what you need and will need to purchase the online materials and spend more money than you would have buying this package.

Paramedic Course Textbooks

Nancy Caroline's Emergency Care in the Streets Flipped Classroom - Volume 1 and 2 - Package 9th 18 This is a set of [2 components](#) created by the publisher. List Price: \$951.00

Author: AAOS
ISBN-13: 978-1-284-180633
ISBN-10: 1-284-180638
Edition/Copyright: 9th 18
Publisher: Jones & Bartlett Publishers

Nancy Caroline's Emergency Care in the Streets Flipped Classroom - Workbook - Package 9th 18
This is component created by the publisher. List Price: \$185.95

Author: AAOS
ISBN-13: 978-1-284-26251-3
ISBN-10: 1-284-26251-3
Edition/Copyright: 9th 18
Publisher: Jones & Bartlett Publishers

Introduction to Basic Cardiac Dysrhythmias – Workbook
This is component created by the publisher. List Price: \$92.95

Author: Sandra Atwood, RN, BA;
Cheryl Stanton, RN; Jenny
Storey-Davenport, RN, MSN,
BC
ISBN-13: 9781284139686
ISBN-10: 1-284-139686
Edition/Copyright: 5th 19
Publisher: Jones & Bartlett Publishers



Online computer adaptive testing to help ems students prepare for their EMR, EMT, AEMT, and Paramedic certifications.

- EMSTesting EMT Access Card - \$52.00
- EMSTesting AEMT Access Card - \$70.00
- EMSTesting ParamedicAccess Card \$99.00

Library Mission

Through the Southern West Virginia Community and Technical College Logan Campus (Harless) and Williamson Campus libraries, students and community patrons have access to more than 60,000 books, more than 400 periodicals (in hard copy and on microfilm), plus hundreds of on-line periodicals. The facilities house approximately 12,000 reels of microfilm and 6,000 audiovisual titles. Students and community patrons also have access to 42 computers.

Southern is a member of the Online Computer Library Center (OCLC), a bibliographic network which provides access to on-line cataloging and interlibrary loans for libraries.

Southern has two libraries: Williamson Campus Library and Harless Library (Logan Campus). Students have access to more than 60,000 books classified according to the Library of Congress Classification System.

Reference collections are available at Boone/Lincoln and Wyoming/McDowell campuses.

Students and the public have access to 42 personal computers in Southern libraries.

ACADEMIC DISHONESTY

Cheating is defined as any practice which gives one student a dishonorable advantage over another engaged in the same or similar course of study. Students need to be aware of various situations that may arise that are defined as academic dishonesty. Faculty members who encounter academic dishonesty will report the issue to the appropriate officials.

DEFINITIONS OF ACADEMIC HONESTY:

Cheating

- (a) employ illegal assistance in taking tests, quizzes, or examinations
- (b) using sources not authorized by the instructor while writing papers or other assignments

(c) hold in your possession tests or academic material belonging to a member of the college faculty.

Plagiarism

- (a) the use of the published or unpublished information belonging to another person
- (b) using papers and/or documents acquired from a group selling term papers or other materials.

ACADEMIC DISHONESTY PROCEDURE

Within fourteen days the instructor will notify the student, along with the Dean, Chief Academic Officer, in writing along with the physical evidence and action to be taken.

If the student feels he/she is being treated unfairly he/she may file a grievance following the procedures listed in the college handbook. The second or multiple violations in addition to be given a grade of "F" the student may be expelled from the College. For more details, the student should go to the college handbook.

STUDENT GRIEVANCE PROCEDURE

A student grievance is a college-related issue in which a student believes someone was unfair, discriminated against, or caused an issue to change the goals and educational process. A grievance could be discrimination based on race, religion, national origin, sex, disability, age, or sexual orientation. Complete details of the procedure for filing the grievance can be found in the college handbook at www.southernwv.edu

ETHICAL CODE

Confidentiality is of the utmost importance while working with the public in any venue. Any student discussing or revealing privileged information acquired during clinical rotations will fail the course and lose the ability to apply later. Revealing privileged information includes the use of names, pictures, or any document with private protected information.

CERTIFICATION EXAMS

Students successfully completing the entire Paramedic program will be eligible to sit for the National Registry of Emergency Medical Technicians' paramedic certification exam. These exams are given by the National Registry of EMT's and are not considered part of the EMT course or paramedic program and are taken at the student's expense. For complete information on testing the written portion of the certification exam go to www.nremt.org for more information on paying and scheduling your test.

CLINICAL ROTATION POLICIES

The purpose of the clinical/field rotations of the paramedic student is to provide hands-on experience necessary to ensure entry-level paramedic status upon completion of program. Rotation through various clinical sites in the emergency room, surgery, obstetrics, medical command, pediatric, clinics, 911, and field facilitates learning process. It is the responsibility of the student to complete all required clinical time prior to final testing. All clinical forms will be entered into FISDAP within 168 (7 days) hours, or the shift will be lost. All clinical forms are due at the next scheduled class meeting. It is possible that some sites may be closed to the student.

If that occurs the program will make needed changes to make sure the student has access to those patients through simulation.

SPECIFIC GUIDELINES PARAMEDIC CLINICAL/FIELD COURSES

Prior to entering the clinical setting in the spring, the student must show competency in patient assessment, ventilatory management, IV and medication skills. Upon failure of a practical station the student will not be allowed to enter the clinical setting until satisfactory completion.

- Paramedic students are authorized to perform clinical skills as listed in the guidelines by the National Standard Curriculum. All clinical skills performed by the student must be under the direct supervision of a clinical preceptor and **MUST NOT** be performed while employed by the facility or on the job as an EMT.
- Everyone serving as a paramedic preceptor in the emergency department or ambulance setting are required to document, oversee, and demonstrate skills for all paramedic students.
- All clinical affiliations will have a current written affiliation agreement on file with the college.
- Students always request to go to various facilities in the service area but unless a clinical agreement is in place with the college, students will not be allowed to enter that facility for the purpose of obtaining clinical time.
- Clinical facilities are chosen due to the contacts a student has access to during the rotations. Every effort will be made to ensure students will be able to meet all requirements.
- While in the clinical setting, students will be dressed as outlined in this handbook.
- Students and employers should note that it is against regulations for a paramedic student to perform practical skills during their employment as an EMT.
- Students will not respond with fire or rescue outside of class or clinical rotations and perform any ALS skills on scene with or without a preceptor present.
- Any preceptor at his/her place of employment with an on-duty EMT, "paramedic student" cannot, when presented with an opportunity to perform a practice skill do so then document it as a goal for the program. The preceptor that allows that action will not be asked or given the opportunity to precept for the program again.
- Each training facility is required to inform students of the policies and procedures of their company. Students are required to attend each, and every orientation offered by the facilities.
- Field Internships are pre-arranged using the schedules of the preceptors. If a rotation is not on the schedule, it is NOT available for clinical rotations.

- All preceptors must be approved by the program and have completed a preceptors training course with an agreement on file.
- Students will be cautious concerning any actions that may be interpreted as sexual harassment/behaviors toward staff or patients. Any incident should be reported to the preceptor immediately and the program coordinator as soon as possible.
- A 30-minute lunch is allowed while in the clinical setting. Preceptors will document excessive absences on form as incomplete hours/minutes.
- Clinical sites are smoke free students must abide by the same rule's employees are to follow. Excessive breaks, smoking or otherwise will be documented by the preceptor and the student will be required to make up for the lost time.
- Students are required to be in no less than one – twelve-hour clinical site each week. Once you schedule a clinical rotation it is a mandatory assignment and will not change. Check your work and personal schedule carefully before you lock in a clinical site.

Students are to be always professional with concentration on perfecting the following.

1. Professionalism
2. Self-motivation.
3. Integrity.
4. Empathy.
5. Appearance.
6. Personal hygiene.
7. Self-confidence.
8. Communication with patients, family, and medical personnel.
9. Time management.
10. Ability to work with a team.
11. Team leader skills.
12. Respect.
13. Patient advocacy.
14. Patient care.

CLINICAL DRESS CODE

Students must always maintain a professional appearance. A conservative appearance in grooming is mandatory. Returning students must adhere to current uniform policy. *It is recommended the student purchase two (2) shirts and two (2) pair of pants for the clinical rotations.*

Shirt and Pants: Black polo shirt and pants, Undergarments or cleavage should not show when bending over. Pants are not to be tucked into boots. (Undershirts and/or coats worn must be approved by the clinical instructor). Jeans are not permitted. The belt should be black, simple, unadorned buckle, and in good/new condition.

Shoes: Black, non-permeable, closed-toe and hard-soled footwear. Leather boots will be worn during field rotations. Plain, athletic-type footwear with black socks is permitted in hospital settings.

Hair and Beard: Hairstyle and color are to be consistent with the professional dress of EMS; extremes in either parameter will not be allowed. Hair longer than shoulder length in men and / or women will be tied back and away from the face, ribbons or scarves not permitted. Plain, inconspicuous barrettes may be worn. Mustaches and beards should be neatly kept. Hats are not to be worn in the classroom, lab, or hospital clinical sites. Hats approved by clinical coordinator are allowed during ambulance rotations due to weather extremes.

Badges/Name Tags: College issued student name badges will be worn on the shirt lapel. Do not wear your name tag on or below your belt. Name badges must be visible above the waist while at clinical sites.

Personal Hygiene and Perfumes: A clean and neat student is expected at each class and clinical rotation. It is important the student pay attention to personal hygiene. Strong perfumes, cologne and after-shave may not be worn in the clinical setting. Heavy make-up will not be permitted. Remember, you are working with people who may become sick due to your strong or offensive odors.

Jewelry: You may wear engagement rings and/or wedding bands if you choose except in situations where all jewelry is contraindicated. You are not permitted to wear class rings or costume jewelry of any sort in the clinical setting. You may wear small, inconspicuous, pierced earrings. No dangling earrings or body piercing. Body piercing that is not to be worn into the clinical site are the brows, nose, lips, and tongue, nose, face, or eyebrow jewelry. This jewelry policy is for both male and female students.

Fingernails/Nail Polish: Fingernails must be kept short not to exceed ¼" past nail tip and smoothly filed. Only clear nail polish is allowed bright and dark colors are not permitted. (Nails must be clear of polish for the operating room or obstetrical ward). Artificial nails are not allowed in any setting.

Telephones: FISDAP offers a mobile app for documenting clinical competencies. You may have your phone if the clinical preceptor is aware and tells you it is ok to use.

Outerwear: Coats and/or Raincoats will be black in color free of patches or insignia. A long black sleeve shirt or turtleneck may be worn instead of a sweater under the uniform shirt as needed. Only approved head wear is permitted for field rotation as noted above.

Tobacco and/or Vaping: Southern is a smoke-free campus as is most clinical and field sites. Therefore, tobacco use in any form on campus and clinical sites is forbidden. If you must smoke it must be done in the designated smoking area.

Chewing Gum: Chewing gum is prohibited while in the clinical site. Breath mints are suggested as needed for a breath "pick-me-up."

Individual preceptors and/or the director of the facility reserve the right to send a student home if these guidelines are not met. Students will receive an unsatisfactory for the day if sent home and will lose all hours and competencies gained that day.

Violations of these policies could result in the following disciplinary action:

First Offense = Verbal Warning

Second Offense = Written Warning

Third Offense = Possible dismissal from the program

NO EXCEPTIONS! Students working with EMS and/or fire departments will not be excused to respond to an emergency call during class or clinical rotations. If the student leaves a didactic or clinical site to respond, it will be counted as an unexcused absence.

CLINICAL DOCUMENTATION

It is the student's responsibility to attend all clinical sessions scheduled. Designated color-coded forms are available for each session and must be completed and turned in to the instructor the next class period after documentation. If for any reason class does not meet, the forms will be due the next class period. See Attachments

CLINICAL SITE OVERTIME POLICY

Verification must be submitted by the preceptor for the student to receive credit for overtime. Overtime occurs when a student is in a clinical site past the designated time set by the company or when the student remains past the time, he/she scheduled for. To receive credit for overtime while on a call or for continuation of patient care the preceptor must note the time and reason on the evaluation forms. Leave the clinical site at the designated time unless you are detained by the continuation of patient care.

CLINICAL SAFETY

Remember emergency situations can occur any time and you need to be able to make good quick decisions for your safety, as well as others. Your safety is important! Always follow the O.S.H.A. and C.D.C. standards for blood and body fluids. If you are unsure in a situation, do not hesitate to ask your preceptor and follow clinical agency safety policies

CLINICAL SCHEDULES AND TRAVEL

Clinical experiences are held at a variety of health care agencies. Day, evening, night and/or weekend clinical may be required. Travel is required in each program. Travel may include all

parts of West Virginia and neighboring states. Applicants admitted to a program are responsible for transportation to and from the College and health care agencies utilized for classroom, clinical, and other learning experiences.

STUDENT EMPLOYMENT

Classroom, lab, and clinical rotation scheduling cannot be arranged around a student's employment schedule. It is expected the student's academic obligations come first. Your employment should in no way interfere with the student's class schedule or clinical assignments. Students have some flexibility in scheduling their clinical field rotation, but course requirements must still be met. Any situation encountered at work cannot be substituted for clinical education.

CLINICAL SITE ACCESSIBILITY

A variety of clinical/field sites are utilized during the clinical portion of the program. At any time, we may use a site of a previous employer of which, you may not be welcome or get a suitable evaluation for clinical experiences. If for any reason you feel this is a situation that may involve you, notify the program instructor so documentation from you and the site can be obtained. It is your responsibility to notify the proper individuals for resolution, otherwise a bad evaluation may cause failure of the clinical portion and the program.

ABSENTEEISM FROM THE CLINICAL AREA

Students should check their work and personal schedules prior to scheduling clinical rotations. All absences excused and unexcused, which occur in the clinical component must be made up as soon as possible. If a student is absent from the clinical area, the following procedure will be taken:

- a. Send an email to the instructor via the college email
- b. Go to FISDAP and request a drop as soon as you know that you will be absent to give another student the opportunity to schedule the shift.
- c. Schedule a make-up shift as soon as possible.

CLINICAL ROTATION AND INCLEMENT WEATHER

Clinical facilities may be impeded by inclement weather as well. If unable to travel to a clinical site due to inclement weather the student must notify the clinical instructor prior to the scheduled time.

Go to FISDAP and request a drop so others may utilize that shift.

CONFLICT RESOLUTION

In the classroom, when possible, problem solving, and grievances should be resolved with the person(s) involved. As a healthcare provider Conflict Resolution is a “must-have skill.” Any disputes between students and should be brought to the attention of faculty for resolution immediately.

Clinical rotations, conflicts are to be directed to the charge nurse/preceptor for that shift. If that is not a reasonable option, the student should call the Clinical Coordinator as soon as possible. If the conflict involves the charge nurse/preceptor report to the Clinical Coordinator. Students are always expected to conduct themselves professionally and involve hospital or ambulance staff in conflict. The Clinical Coordinator will work with the student to achieve a resolution.

Reporting Incident, incidents that result in personal injury, injury to another individual, or property damage must be reported to the Program Coordinator immediately once the student has had medical attention. Incidents occurring during clinical rotations will follow the reporting procedures for that clinical site. A detailed statement of the incident is required as soon as reasonably possible.

DISORDERLY CONDUCT

While all conflicts cannot be resolved to the satisfaction of all parties involved, any form of disorderly conduct on campus or at clinical facilities will be cause for disciplinary actions. Disorderly conduct includes offensive language, violent behavior, and/or physical harm to others by you or others incited by the conflict.

A student should never cause a disturbance on the campus or at the clinical site and cause an interruption of activities or patient care. All issues should be brought to the program coordinator as soon as possible for attempts at resolution.

HAZING

Hazing is against the law in West Virginia as stated in WV Code 18-16-2, 3 & 4. Hazing is defined as

"any action or situation which recklessly or intentionally endangers the mental or physical health or safety of another person or person or causes another person to destroy or remove public or private property for the purpose of initiation or admission or affiliation with, or as a condition of continued membership with, any organization operating under the sanction of or recognized by an institution of higher education."

Hazing is prohibited as listed in WV Code 18-16-3 and enforcement of said law is described in WV Code 18-19-4. Responsibilities and Procedures for hazing are listed in the SWVCTC

Academic catalog on page 189. Results of college action will determine if student will be dismissed from the program.

SAFETY/INCIDENT REPORTING

The college, clinical, and field sites have safety standards, which include, but are not limited to; fire drills, inclement weather regulations, equipment usage, and traffic/parking rules. These will be covered in the program orientation. These safety standards will be reinforced throughout the program and at the clinical site.

During clinical rotations, an unplanned occurrence can result in injury and/or damage to people or property. You should be quick to notify officials of unsafe conditions to ensure they are quickly corrected. Any incident occurring while in class or during clinical rotations must be reported to the Program Coordinator in writing within 24 hours of the incident. Report must include events, and all actions taken.

BLOOD AND BODY FLUID EXPOSURE POLICY

POLICY: All persons participating in teaching and learning in allied health practical skills settings may acquire a needle stick, sharp injury, and or skin or mucous membrane exposure to blood or body fluid must comply with the following guidelines.

SCOPE: Pertains to all students and faculty

PURPOSE: To prevent trauma and infection with a break in the skin barrier. Follow the appropriate protocol for blood or body fluid exposure.

RESPONSIBILITY: General Information

1. Students will always follow OSHA Universal Precautions guidelines in the practical skill and clinical settings.
2. Students are instructed that any practice done using needles is not to be done on individuals without direct instructor supervision.
3. Teaching aides/models are provided to the students.
4. Dispose only in sharps container
5. Never leave needles lying open.
6. Never recap a needle.

If exposure to blood or body fluids occurs: The steps to be taken

- Report the needle stick, sharp injury, or bloody or body fluid exposure to the instructor, clinical instructor, or manager immediately
- Students will see and inform the program coordinator as soon as possible
- Coordinator will discuss the document with the student on the appropriate form what occurred.

- If a stick, sharp injury, or other type of blood or body fluid exposure occurs:
 - The student will immediately wash the wound /exposed area (except mucous membranes and eyes) with 70% isopropyl alcohol or minimum of 10% bleach solution.
 - Apply bandage with antibiotic ointment (except mucous membranes and eyes)
 - For mucous membrane eye exposure, flush the area immediately with a large amount of water or normal saline.
 - The student is to immediately seek health care from their physician/clinical or emergency room.
 - The cost of any treatment is the responsibility of the student

INFECTIOUS DISEASE

Clinical rotations may expose the student to patients with communicable diseases. The knowledge of the disease may not be known to the patient or the health care provider at the time. Therefore, you are encouraged to use standard precautions and barrier protection. These precautions may include gowns, gloves mask, safety glasses and frequent handwashing. Orientation prior to entering the clinical setting will review infectious diseases and your actions for each facility.

Students should follow the policies set by the clinical facility regarding infectious disease. For your protection do not participate in procedures with patients with known infectious diseases. Discussion of infectious diseases will take place often while we are practicing clinical skills. While practicing skills lab students will wear gloves and protective eye wear.

PPE

- Gloves during all patient contact for any possible exposure to bodily fluids or infectious diseases.
- Goggles/face shield and/or surgical mask for any procedures of the airway (intubation, suctioning) or patients with active cough to protect you from exposure.
- Cover for uniform that is likely to expose you to infectious situations.
- Always follow current checklist for proper donning and doffing of isolation protection.
- Removal of PPE should take place in an appropriate doffing area to prevent further contamination. Dispose of discarded PPE in a leak-proof container labelled to ensure no further contamination.
- Potential exposures should be reported to the preceptor immediately to start the protocols.

HEALTH INSURANCE

Clinical site rotations require you to have medical coverage at the time of the training. Southern does not provide or cover the student with health insurance. It is the student's responsibility to have medical coverage for sickness and injury during class and clinical rotation. The student must be covered by health and liability insurance for the duration of the course (See Attached).

Health Requirements

To work around the sick, the student must be free of communicable diseases and be in good physical condition to be able to lift patients and manipulate equipment. The student must be alert and mentally sharp. If clear and concise evidence has proven that the student is abusing drugs or alcohol while in the clinical setting, disciplinary action will be taken with possible expulsion from the program.

All students who enter the program **must** have a physical examination at their cost along with a chest x-ray or tuberculin test submitted prior to entering clinical sites. Immunization for tetanus must be current.

Requirements

1. A recent physical with forms to be submitted to the Coordinator by the end of the first semester
2. A recent Tuberculin Skin Test or recent chest x-ray
3. A recent Hepatitis B test or waiver must be submitted to the Coordinator

CRITICAL INCIDENT PLAN

"The easiest period in a crisis situation is actually the battle itself. The most difficult is the period of indecision - whether to fight or run away. And the most dangerous period is the aftermath. It is then, with all his resources spent and his guard down, that an individual must watch out for dulled reactions and faulty judgment." Former President Richard M. Nixon

This is true for first responders in the aftermath of a crisis or critical incident but only part of it. EMS students can be affected during the clinical rotation. A critical incident is defined as an unexpected event that causes distress and/or suffering as part of work, school or even events at home. If this occurs during EMT or paramedic class, you are encouraged to seek support and include your instructors so others may be called upon to help as needed. Incidents not dealt with may interfere with your ability to function at the scene, home, or school. Debriefings should be done as soon as possible, it is recommended, within a 24-72-hour period. Confidentiality is mandatory for all involved.

STUDENT GOVERNANCE

The student is involved in the governance of the college in three ways:

1. Each class will elect officers, who will guide all efforts in fund raising, communicate to program officials, social events, and seminar selections.
2. The class officers by default become members of Paramedic Advisory Board and are expected to attend each annual meeting.

STUDENT IDENTIFICATION CARDS

Students enrolled at Southern West Virginia Community and Technical College must obtain an identification card for admission to student activities, to vote in student elections, to check out books from the library, to participate in other college related programs, and to receive financial aid checks. Identification cards may also be used for obtaining some student discounts sponsored by organizations or commercial agencies in the community. There is a \$5.00 fee for replacement of lost ID's. Identification cards must be worn in a visible location while on Campus.

PREGNANCY POLICY

Due to potential hazards to the pregnant student the following policy will be enforced.

- a. The student may or may not disclose this condition to the program. However, if the student chooses not to disclose; the program is not responsible for assistance under these conditions.
- b. Should the student disclose this condition, the program will offer assistance and education as to safety of the remainder of the pregnancy or program duration, whichever is shorter.
- c. Should the student disclose this condition, the program will ask for a statement from the attending physician concerning patient safety in the completion of the program.
- d. The student will not be able to test the National Registry until all program requirements have been met. Along with the student the coordinator will make every effort to assist in completion of the program.
- e. The Americans with Disabilities Act does not exempt the student from these Core Performance Standards.
- f. These standards are viewed as essential to the job. However, whenever possible, reasonable accommodation will be made for students with disabilities.

Students must work with Southern's Student Disability Services office in conjunction with the EMS Program Director and instructor of record to be considered for accommodation.

The following is a sample list of accommodations that are not allowed in the EMS Program because they are not in compliance with the essential job functions of an EMT or paramedic as outlined in the Core Performance Standards. These include, but are not limited to:

1. Students are not allowed additional time for skills with specific time frames. Obviously, patients would suffer due to life threatening conditions in emergency situations if treatment were delayed.
2. Students are not allowed unlimited time to complete written or computer exams or quizzes. This request is not considered reasonable because a candidate should be able to complete an exam or quiz within a finite amount of time. Exams and quizzes are designed, at least in part, to measure the ability to quickly recall information. Students will be allowed a maximum amount of time to complete written or computer exams or quizzes.
3. Students are not allowed to have written, or computer exams given by an oral reader. The ability to read and understand small English print is an essential function of the profession, and written exams are designed, at least in part, to measure that ability.
4. Students must be able to understand and communicate in medical terms appropriate to the profession.
5. Students can use calculators on exams as permitted by the National Registry of EMT's.
6. LATEX ADVISORY – Latex-based products may and can be used in labs and all health care facilities. Please advise.

CLINICAL/FIELD FACILITY AVAILABILITY

Students are strongly cautioned not to count procedures, time, and patient competencies toward completion of course requirements while on the job. The above may only be counted when the student is in clinical uniform at a scheduled rotation. Not only will you jeopardize your place in the paramedic program, but you may also lose your job and certification.

Working the night shift immediately before a class or clinical is discouraged. Rest is always particularly important to you but more so as a student. Grades can and will be affected if the student has not slept or rested prior to coming to class. If you are sleeping during class, you are considered absent. The instructor will wake you up and ask you to leave.

The EMS Department cannot guarantee that all required clinical sites will be available outside of the hours of a student's regular employment. If a clinical site required for course completion is available at a time when a student is in his/her regular employment, the student will be required to arrange time off from work to complete the rotation.

SERVICE WORK POLICY

EMS students are not to perform service work or take the place of qualified staff members during clinical or field rotation. Students will be observed by the appointed trained personnel while performing any or all rotational objectives.

If a student is employed or seeking employment at a clinical or field institution, they will adhere to the standards set by the program during instructional hours. Instructional hours are the hours you are wearing the program clinical uniform and representing the college as a paramedic student.

DISASTERS AND THREAT

As in the past we have had cancellations due to natural disasters in one or more of the counties we serve. As to the nature of the job, we respond quickly with our colleagues to aid in the assistance and security of our service area. If any such threat occurs the student will be excused with a letter from the employer stating the student was involved in the incident. If in a clinical site at the time, follow the instruction given to staff at the site. Contact the program instructors as soon as possible.

Clinical facilities may be impeded by inclement weather as well. If unable to travel to a clinical site due to inclement weather the student must:

- a. Notify the clinical instructor prior to the scheduled time.
- b. Notify the clinical site / preceptor in which you were scheduled prior to the scheduled time. The lack of notification counts as an unexcused absence. All unexcused absences in the clinical component regardless of the reason must be compensated for.

SOUTHERN ALERTS

is an emergency notification system that will be used by Southern to notify faculty/staff, students and other constituents of emergency situations that are occurring on one or all of our campuses or sites providing instructions for actions you should take. All emergency alerts will automatically be sent to:

Every Southern provided email address (@southernwv.edu)

Every Southern office or classroom phone

Southern's [website](#)

Southern's [Facebook page](#)

Southern's [Twitter feed](#)

A pop-up window on every Southern owned desktop/laptop computer on the Southern network

In addition, you may also sign up to have alerts delivered via email to:

Any personal email addresses

Text messages sent to any cell phone numbers you provide

Voice calls made to any voice phone number you provide

As you sign up, be aware that if you use your @southernwv.edu email address as the username, you will receive two emails at that address whenever an emergency alert is sent. You may prefer to use a personal email address as the username for this Southern ALERTS account to avoid receiving duplicate emails.

AFFIRMATIVE ACTION

Southern West Virginia Community and Technical College is an EEO/AA/Title VI/Title IX/Section 504/ADA/ADEA institution in the provisions of its education and employment programs and services. It is the policy of Southern West Virginia Community and Technical College to provide equal opportunities to all prospective and current members of the student body, faculty, and staff on the basis of individual qualifications and merit without regard to race, ethnicity, sex, color, gender, religion, age, sexual or gender orientation, disability, marital status, veteran's status, or national origin. This nondiscrimination policy also applies to all educational programs, to admission, to employment, and to other related activities covered under Title IX, which prohibits sex discrimination in higher education. Southern West Virginia Community and Technical College also neither affiliates with nor grants recognition to any individual, group, or organization having policies that discriminate on the basis of race, ethnicity, sex, color, gender, religion, age, sexual or gender orientation, disability, marital status, veterans status, or national origin. Inquiries regarding compliance with any state or federal nondiscrimination law may be addressed to: Title IX Coordinator Affirmative Action Officer

Title IX Coordinator

Mr. Darrell Taylor
Chief Student Services Officer
100 College Drive
Logan, WV 25601
Phone: 304-896-7432
Fax: 304-792-7096
TTY: 304-792-7054 TTY:304-792-7054
Email: darrell.taylor@southernwv.edu

Affirmate Action Officer

Ms. Debbie Dingess
Chief Human Resources Officer
100 College Drive
Logan, WV 25601
Phone: 304-896-7408
Fax: 304-792-7096
Email: debbie.dingess@southernwv.edu

Section 504 ADA Coordinator

Ms. Dianna Toler
Director of Disability and Adult Services
100 College Drive
Logan, WV 25601

Phone:304-896-7315
Fax: 304-792-7096
TTY: 304-792-7054
Email: dianna.toler@southernwv.edu

National Registry Policy

<https://content.nremt.org/static/documents/accommodations-policy.pdf>

For Accommodations required during National Registry written or practical testing, you must contact NR.

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

CAMPUS SAFETY/ILLNESS PREVENTION PRECAUTIONS:

Southern requires that facemasks/face coverings be worn in all indoor classrooms and public spaces in all academic buildings including hallways, stairways, and elevators or anywhere it is impossible to maintain appropriate physical distancing.

Southern will provide one cloth facemask/face covering for each student. Students are encouraged to use and launder their reusable cloth facemask/face covering or use a disposable mask.

Faculty have the authority to enforce the use of facemasks/face coverings in their classrooms unless a student has a verified health exemption from the facemask/face covering requirement on file with the Office of Disability Services.

In the case of an exemption to the required face mask rule, students will be required to use alternative safety measures as specified by the instructor.

STUDENTS STATEMENT OF UNDERSTANDING

A copy of the EMS Student Handbook is available to me via download or printed copy as requested. I understand a copy of the college handbook is available on the web at www.southernw.edu I realize it is my responsibility to abide by the rules and regulations of both Southern West Virginia Community and Technical College and the EMS Program. The coordinator has discussed the handbook with me and I have been given an opportunity to ask questions concerning its contents. I understand I must follow guidelines set by the college, the paramedic program, and the State Office of EMS and National Registry of Emergency Medical Technicians in order to remain a student in the paramedic program at Southern.

I understand policies and procedures are subject to changes upon notification. I understand that if I reapply to the program or repeat a course, I will utilize the most current handbook indicated for that course.

Student's Printed Name _____

Student's Signature: _____

Date: _____

CONFIDENTIALITY AGREEMENT

As a student in Southern West Virginia Community and Technical College's Paramedic Program you will have the privilege to complete your clinical/field rotations at various healthcare facilities in our service area. As a student participating in actual hands-on patient care you will have access to private and confidential information concerning the patients you observe and/or treat.

To protect patient information from being released to individuals not involved in the care of patients you must read and understand this agreement thoroughly. This "Confidential Agreement" is designed to aid you in understanding your duty regarding the confidential information given to you during your rotation.

Confidential information includes but is not limited to the patient's name, events leading up to, treatment, financial information, and any other information relating to the incident. Confidential information is valuable, sensitive and is protected by strict laws referred to as (HIPAA). The intent of these laws and policies is to assure that confidential information will remain confidential.

As a paramedic student you are required to conduct yourself in strict conformance to applicable laws and agency policies. Violation of any of these rules and obligations will subject you to discipline which will include expulsion from the program as well as legal liability.

As a student you must understand you will have access to, but not limited to the following:

- ✓ Medical Records
- ✓ Treatment
- ✓ Conversations
- ✓ Admittance information
- ✓ Financial information

You will use all confidential information only as needed to perform your legitimate duties.

- ✓ You will only access confidential information for which you have a need to know.
- ✓ You will not in any way divulge copy, release, sell, loan, review, alter or destroy any confidential information you access.
- ✓ You will not misuse confidential information or carelessly care for confidential information.
- ✓ You will safeguard and accept responsibility for confidential information entrusted to you.

You also understand:

- ✓ Your obligations under this Agreement will continue after completion of the program.
- ✓ You understand that you have no right or ownership of any confidential information.

As a student in the Paramedic Program, I verify that I have read and understand the intent of this agreement is to protect the patient's privacy as per the HIPAA Patient Privacy Rules and I agree to abide by them.

Student _____ Date _____

Southern WV Community and Technical College

Paramedic Science

Medical Insurance Policy

2020-2022 Class

Students in Southern West Virginia Community and Technical College's Paramedic Program are required to have and maintain a form of health insurance during the entire time enrolled in the program. During clinical rotations, the student must always carry proof of insurance with them.

Note the health insurance cannot expire at any time while you are in the program. If health insurance should expire, disciplinary action and/or dismissal from program may occur.

Please complete the form below and return it to the Paramedic Coordinator's office as soon as possible. If you have any questions or problems, contact your program coordinator immediately.

Coordinator: Albert M. Smith II

Email: albert.smith@southernwv.edu

Phone: 304.896.7316 Office

Health Insurance Information

Student's Name _____

Name of Insurance Carrier _____

Group Number _____

ID Number _____

Student's Name (Printed) _____

Student's Signature _____ Date _____

Paramedic Program Sequence

First Year-First Semester (Fall)

BS 115 Essentials of Human Systems for Healthcare Professionals – 3
BS 116 Essentials of Human Systems for Healthcare Professionals Lab- 1
EM 102 EMS Preparatory- 2
EM 114 Pre-Hospital Pharmacology I- 3
EM 117 Advanced Medical Emergencies I- 3
EM 119 Advanced Trauma Emergencies- 3
EM 120 Paramedic Clinical I- 3

Total Semester Hours: 18

First Year-Second Semester (Spring)

EN 101 English Composition I- 3
BU 115 Business Mathematical Applications- 3
EM 116 Pre-Hospital Pharmacology II- 3
EM 118 Advanced Medical Emergencies II- 4
EM 218 Rescue Operations- 4
EM 121 Paramedic Clinical II- 2

Total Semester Hours: 19

Second Year-First Semester (Summer)

CS 103 Introduction to Applications- 1
EM 217 Special Populations- 4
EM 220 Paramedic Clinical III- 3

Total Semester Hours: 08

Second Year-Second Semester (Fall)

AH 108 Medical Terminology- 2
AH 200 Health Care Ethics and Law- 1
AH 203 Communication Skills for Health Care Professionals-1
EM 215 EMS Seminar- 4
EM 216 Assessment Based Management- 4
EM 219 Paramedic Clinical IV- 3

Total Semester Hours: 15

60 credit hours for AAS degree

49 credit hours for program completion (All EM courses and BS 115 and BS 116)

JOB TITLE: Clinical Coordinator, Emergency Medical Services (EMS)

DEPARTMENT: Nursing and Allied Health LEVEL: Adjunct

LOCATION: Logan Campus, Building C, Rm 227

REPORTS TO: Dean of Nursing and Allied Health/Program Director

POSITION SUMMARY: This is an assignment made to an adjunct member teaching in the EMS program following the guidelines established by the Committee on Accreditation of Educational Programs for the Emergency Medical Services profession (CoAEMSP) and Commission on Accreditation of Allied Health Education Programs (CAAHEP) and as delegated by the Dean of Health Sciences.

The position has responsibilities for the day-to-day oversight all clinical aspects of the program. The adjunct member's teaching assignment may be contractually reduced by annual agreement to reflect performance of oversight duties.

EDUCATION, EXPERIENCE, and LICENSES/CERTIFICATIONS: (A comparable amount of training, education or experience may be substituted for the minimum qualifications.) Three year's work experience in emergency medicine / prehospital care. Must hold a current, undisciplined paramedic license.

ESSENTIAL TASKS: Employee must be able to perform the following essential functions to the satisfaction of the employee's supervisor.

1. Coordinate the overall clinical aspects of the EMS program activities with the Program Director and Dean of Health Sciences.
2. Responsible for teaching all clinical education courses within the academic year and summer semesters.
3. Demonstrates proficiency in instruction, evaluation, and supervision of students.
4. Coordinating clinical education with didactic education.
5. Coordinate clinical activities – to include maintaining clinical competencies.
6. Provide direct and indirect supervision of students while at clinical sites.
7. Develop clinical schedules, syllabi, and orientation information.
8. Oversees the collection, maintenance, and reporting of all documentation required by the clinical sites, including, but not limited to: immunization records, criminal background screenings, drug screenings, federal exclusion lists, BLS/ ACLS/PALS or PEPP/PHTLS or ITLS certification, HIPAA training and compliance, and Standard Precaution training and compliance.
9. Participate in local events related to student recruitment and any other activities related to the EMS program and community outreach.
10. Compliance with CoAEMSP and CAAHEP standards for accreditation.
11. Maintain confidential student records in compliance with ECC Board Policy.
12. Maintain clinical and educational competencies in area of instruction.

13. Perform other related duties as may be assigned.

KNOWLEDGE, SKILLS, and ABILITIES: Knowledge of the Family Educational Rights and Privacy Act (FERPA); knowledge of college policies, procedures, and practices; ability to plan, organize and implement multiple tasks effectively. Knowledge of department policies, procedures, and practices with the ability to answer work related questions; and/or interpret and apply these guidelines correctly in various situations; budget management skills; ability to write routine reports and correspondence.

LEADERSHIP and COMMUNICATION SKILLS: Ability to exchange ideas, information, and opinions effectively with others to formulate procedures and/or arrive jointly at decisions, conclusions, or solutions; ability to manage interpersonal conflict situations requiring tact, diplomacy and discretion; ability to communicate diplomatically, clearly and effectively with a variety of people including coworkers and staff of external agencies; ability to demonstrate safe work habits and safe use of equipment; ability to communicate clearly both orally and in writing; ability to interact effectively with diverse student populations and a wide variety of co-workers, and the general public.

DECISION-MAKING and ANALYTICAL SKILLS: Apply principles of logical thinking to define problems, collect data, establish facts, and draw valid conclusions; ability to use sound judgment in decision making areas; ability to interpret information in mathematical, written and diagram form, such as statistical reports, profit and loss statement, financial statements and credit regulations.

EQUIPMENT AND SOFTWARE: Utilize current College and/or department information technology including but not limited to, Microsoft Office, Outlook, etc.; office machines such as telephones, and copiers.

PHYSICAL DEMANDS AND WORKING ENVIRONMENT: The conditions herein are representative of those that must be met by an employee to successfully perform the essential functions of this job.

Environment: Work is performed primarily in a standard classroom/lab setting with frequent interruptions and distractions; extended periods of time viewing computer monitor. The employee may be required to work or meet in the evenings and/or on weekends; may be required to work clinicals as needed.

Physical: Primary functions require sufficient physical ability and mobility to work in a classroom/lab setting; to stand or sit for prolonged periods of time; to lift, carry, push, and/or pull up to 10 lbs; to operate office equipment requiring repetitive hand movement and fine coordination including use of a computer keyboard; and to verbally communicate to exchange information.

Lead Instructor of Emergency Medical Science (EMS)

Job Location

Logan Campus, Building C, Rm 227

Job Category

Instructional Adjunct

Reports to

The EMS lead instructor will report to the Dean of Nursing and Allied Health and EMS Program Director for instructional and program accreditation responsibilities.

Minimum Qualifications

Hold and maintain a National Registry Paramedic credential.

Obtain an WV Level I EMS Instructor credential with eligibility to attain an WV Level II EMS Instructor credential.

Three (3) years of as an EMS provider at the Paramedic level. The teaching experience should incorporate educational methodology, curriculum development, test construction, and measurement/evaluation.

Preferred Qualifications

Certifications for ACLS, PALS or PEPP, and ITLS or PHTLS. It is preferred that the candidate has instructor certifications in these disciplines, or, if not, willingness to attain such.

Excellent communication skills, computer applications proficiency, and the ability to work effectively with others.

Position Description

The Lead Instructor of EMS is responsible for the planning, selection, organization, implementation, supervision, facilitation, and evaluation of the learning experience of curriculum EMS students. The EMS lead instructor will report to the Dean of Nursing and Allied Health for instructional and program accreditation responsibilities.

Job Duties EMS Instructor Responsibilities:

Teach classes as assigned by EMS Program Director.

Planning, placement, and supervision of students engaged in classroom and clinical education.

Make recommendations for clinical and internship host facilities.

Maintain current syllabi and ensure that syllabi are posted to the college banner for all sections of all courses being taught each semester.

Advise students toward completion of program, diploma, or degree goals and assist students with job placement or college transfer.

Refer students, as appropriate, to student support areas of Southern including Counseling and/or Student Support Services, the Learning Resources Center, Student Services, the Writing Center, etc.

Serve as a mentor/role model to students, faculty, and the community by presenting a positive professional image.

Assist the Director of Emergency Medical Services programs with administrative and program duties related to accreditation and other duties that may be assigned.

Assist the EMS Program Director or Dean of Division in maintaining academic currency (in conjunction with other full-time faculty members in the discipline, if any) by providing leadership for curriculum revision and development and by maintaining the quality and currency of the book and periodical collections in the Learning Resources Center/Library.

Assist the EMS Program Director in long- and short-range planning and determining an annual budget.

Assist the EMS Program Director every semester in preparing academic schedules and in selecting textbooks and submitting accurate and timely information for the division schedule and textbook order.

Recommending appropriate and current equipment to the EMS Program Director, maintaining equipment in good working condition, and taking necessary steps to ensure student safety around equipment.

Recruit, mentor, and evaluate qualified adjunct instructors.

Other duties required by the supervisor.

[Cite your source here.]

Paramedic Program Estimated Costs

A.A.S. in Paramedic Science

Fall 1st Semester

Books, Tuition, and Fees– 18 Credit Hours-\$4,398

Spring 2nd Semester

Books, Tuition, and Fees-15 Credit Hours-\$4,398

Summer 3rd Semester

Books, Tuition, and Fees-11 Credit Hours-\$3,828

Fall 4th Semester

Books, Tuitions, and Fees-17 Credit Hours-\$4,398

Non-Degree Costs

Fall 1st Semester

Books, Tuition, and Fees– 18 Credit Hours-\$4,398

Spring 2nd Semester

Books, Tuition, and Fees-9 Credit Hours-\$3,132

Summer 3rd Semester

Books, Tuition, and Fees-11 Credit Hours-\$3,828

Fall 4th Semester

Books, Tuition, and Fees-11 Credit Hours-\$3,828

Other Estimated Costs

Clinical Polos vary by size– sm-xl \$24.99, 2xl-\$26.99, 3xl-\$28.99, above 3xl add \$1.00 per xl

Drug Test/Background Check-\$100.00

Physicals-Price will vary; student can go to their PCP to obtain

EMSTesting-\$100.00

FISDAP– included with JB Learning-\$0.00

AEMT Testing Cognitive Exam \$144 AEMT Psychomotor Exam \$150

Paramedic Testing Cognitive Exam \$160 Paramedic Psychomotor Exam \$150