CODE OF ETHICS FOR EMS PRACTITIONERS

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

- to conserve life, alleviate suffering, promote health, do no harm, and encourage the quality and equal availability of emergency medical care.

- to provide services based on human need, with compassion and respect for human dignity, unrestricted by consideration of nationality, race, creed, color, or status; to not judge the merits of the patient’s request for service, nor allow the patient’s socioeconomic status to influence our demeanor or the care that we provide.

- to not use professional knowledge and skills in any enterprise detrimental to the public well-being.

- to respect and hold in confidence all information of a confidential nature obtained in the course of professional service unless required by law to divulge such information.

- to use social media in a responsible and professional manner that does not discredit, dishonor, or embarrass an EMS organization, co-workers, other health care practitioners, patients, individuals or the community at large.

- as a citizen, to understand and uphold the law and perform the duties of citizenship; as a professional, to work with concerned citizens and other health care professionals in promoting a high standard of emergency medical care to all people.

- to maintain professional competence, striving always for clinical excellence in the delivery of patient care.

- to assume responsibility in upholding standards of professional practice and education.

- to assume responsibility for individual professional actions and judgment, both in dependent and independent emergency functions, and to know and uphold the laws which affect the practice of EMS.

- to be aware of and participate in matters of legislation and regulation affecting EMS.

- to work cooperatively with EMS associates and other allied healthcare professionals in the best interest of our patients.

- to refuse participation in unethical procedures, and assume the responsibility to expose incompetence or unethical conduct of others to the appropriate authority in a proper and professional manner.

August 1, 2019

Dear EMS Student,

On behalf of our Fire and EMS education team, it is my pleasure to welcome you to Thomas Nelson Community College Emergency Medical Services (EMS) Education Program! I am delighted that you have chosen the Thomas Nelson Community College Fire and EMS Education Department to embark upon and/or continue your emergency medicine education. No matter which EMS program of study you have elected to take, we believe that you will find the work challenging, yet uniquely rewarding.

EMS is an allied health profession with a primary focus to provide essential pre-hospital and/or out-of-hospital care as part of a Mobile Integrated Healthcare System. EMS providers function under medical oversight and are a critical link in the chain-of-survival between the out-of-hospital environment and the health care system. EMS providers possess complex knowledge and the skills necessary to provide competent care and appropriate dispensation to those seeking their assistance.

EMS providers perform interventions using equipment and supplies typically found in an ambulance. The EMS provider’s scope of practice ranges from basic to advanced life support (BLS and ALS) and may occur at the point of patient contact, enroute to or between health care facilities, or in other health care settings.

EMS providers must demonstrate each competency within his or her scope of practice in a wide variety of environmental conditions and for patients of all ages and ethnic backgrounds. Care is based on an appropriate patient assessment, the formulation of an accurate provider impression, and is designed to optimize health, mitigate and/or reverse the signs and symptoms of illness and injury and provide comfort to patients and family members.

EMS providers must demonstrate the willingness to care for people with compassion, have an awareness of their abilities and limitations, transdisciplinary professionalism, strong interpersonal and communication skills, and a capacity for calm and reasoned judgment while under stress. They must blend multiple intelligences with common sense and be service oriented.

The qualities of an EMS provider require an individual to work without supervision in an uncontrolled environment while maintaining the maturity and discipline to handle any critical situation. In order to obtain these qualities, you will participate in extensive cognitive, psychomotor, and affective training in the classroom, lab, hospital, and/or on an ambulance as an EMS intern.
By the end of your chosen EMS education program you will have the qualities that it takes to become a confident and competent basic and/or advanced life support EMS provider. The pathway to achieving your certification and/or the Associate of Applied Science Degree in Emergency Medical Services at Thomas Nelson Community College will be difficult and challenging, but the reward in the end will be well worth your professional effort.

As the Fire and EMS Education Department Head/EMS Program Director, I and your instructional staff will expect your best each day. Know that we are committed to your development and success! The keys to your academic success, as well as in your future as an EMS professional are rooted in your ability to be dependable, reliable, flexible, open, fair, compassionate, attentive, ability to follow-through, document, collaborate, possess or develop an attention for detail and your ability to become a lifelong student of the evolving profession that we call EMS! Your professional growth is of utmost concern for me personally, because if you are growing as a student, our staff and programs will benefit and grow as well.

We are excited and look forward to helping you gain the knowledge, skills and abilities you desire to serve your community within the realm of emergency medicine. If I can be of assistance to you, please do not hesitate to contact me with any questions or concerns.

Sincerely,

Paul Long, MPA, CFO, NRP
Program Head and EMS Program Director
Chief of Fire and EMS Education
BASIC LIFE SUPPORT PROGRAM (EMT) ACCREDITATION

The Thomas Nelson Community College EMT program has been conferred provisional accreditation as a Virginia Basic Life Support (BLS) Education Program by the Commonwealth of Virginia Department of Health Office of Emergency Medical Services. This designation is NOT an Office of Emergency Medical Services full accreditation status, it is a status signifying that a program seeking initial accreditation has demonstrated sufficient compliance with the accreditation Standards established by the Office of Emergency Medical Services in compliance with Virginia Administrative Code 12 VAC 5-31. Conferral of provisional accreditation is NOT a guarantee of eventual full accreditation conferral.

To contact The Virginia Office of EMS
Division of Educational Development:
1041 Technology Park Drive
Glen Allen, VA 23059
Phone: 804-888-9120
Fax: 804-371-3108

www.vdh.virginia.gov/emergency-medical-services
PARAMEDIC PROGRAM SPECIAL ACCREDITATION

The Thomas Nelson Community College Paramedic program has been issued a Letter of Review by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP). This letter is NOT a CAAHEP accreditation status, it is a status signifying that a program seeking initial accreditation has demonstrated sufficient compliance with the accreditation Standards through the Letter of Review Self Study Report (LSSR) and other documentation. Letter of Review is recognized by the National Registry of Emergency Medical Technicians (NREMT) for eligibility to take the NREMT's Paramedic credentialing examination(s). However, it is NOT a guarantee of eventual accreditation.

To contact CoAEMSP:
8301 Lakeview Parkway Suite 111-312
Rowlett, TX 75088
214-703-8445
FAX 214-703-8992
www.coaemsp.org
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# THOMAS NELSON COMMUNITY COLLEGE FIRE & EMERGENCY MEDICAL SERVICES

## EMERGENCY MEDICAL SERVICES PROGRAM MANUAL 2019 - 2020

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THOMAS NELSON COMMUNITY COLLEGE FIRE & EMERGENCY MEDICAL SERVICES

FIRE AND EMERGENCY MEDICAL SERVICES EDUCATION DEPARTMENT

Department Head/EMS Program Director
Chief of Department Paul Long, MPA, CFO, NRP

Medical Director for EMS Education
Operational Medical Director Christianne Clifford, DO

Fire and EMS Faculty
Assistant Chief Amy Ashe
Battalion Chief Brad Burgess
Battalion Chief Mark Kain
Battalion Chief Paul Houde

Fire Faculty
Battalion Chief Pat Dent
Adjunct Faculty Jim Dishner
Adjunct Faculty Ronnie Best
Adjunct Faculty Ralph Hutton
Adjunct Faculty Justin Heim
Adjunct Faculty Jeff Lewis

EMS Faculty
Assistant Chief Lloyd Carter
Assistant Chief Laura Rondeau
Assistant Chief Jeff Bonavita
Battalion Chief Damien Coy
Battalion Chief Richard Weneck
Battalion Chief Ciera Fenske
Battalion Chief Damien Coy
Adjunct Faculty John Hansen
Adjunct Faculty Dan Antignano
Adjunct Faculty Paul Savage
Adjunct Faculty Hanna Carson
Adjunct Faculty Jeremy Johns
Adjunct Faculty John Young

Fire and EMS Logistics
Battalion Chief Jennifer Kennon
Logistics Specialist Torbet Lovelace
Logistics Specialist Amanda McQuistian
INTRODUCTION

This Thomas Nelson Community College Fire and Emergency Medical Services (EMS) Education Department, EMS Program Manual provides an informative and guiding framework to assist in the orientation of prospective and current EMS students and outlines program policies and procedures for all current and continuing students. It is expected that all EMS program students will familiarize themselves with the information documented within this handbook, as well as the information contained in the Thomas Nelson Community College Catalog, College Student Handbook, College Code of Ethics and Core Values and the appropriate electronic/digital EMS Psychomotor Competency Portfolio(s), which serve as an extension of this program student policies & handbook. Department and program standard operating guidelines (SOGs), policies and procedures complement applicable National, State and Local regulations, statutes and ordinances; including applicable Commonwealth of Virginia Administrative Code sections for the Virginia Office of EMS Regulations and the applicable accreditation and site requirements set-forth by the appropriate governing bodies for each respective organization by whom the department’s programs are accredited and/or designated.

EMS program students are expected to read this manual thoroughly and reference it frequently, as they will be held accountable for the information contained within the manual and aforementioned documents. Signature acknowledgement of receipt and understanding of the policies and processes is required for all EMS students. If a student determines that their religious preference(s) renders them unable to abide by a policy or policies within this Thomas Nelson Community College Fire and EMS Education Department, EMS Program Manual, they will be required to meet with the department head/program director.

Emergency Medical Services programs are classified as either Basic Life Support (BLS) or Advanced Life Support (ALS). The Emergency Medical Technician (also referred to as EMT) is an example of a nationally-recognized Basic Life Support credential. Advanced Emergency Medical Technician (AEMT) and Paramedic are examples of nationally-recognized Advanced Life Support credentials. Students in respective programs may be referenced interchangeably by the program level (BLS or ALS) or the credential sought (EMT or Paramedic).

Thomas Nelson Community College offers two programs that lead to initial certification within Emergency Medical Services. The primary program is an Associate of Applied Science degree in Emergency Medical Services, commonly called the Paramedic program, that prepares students to earn the national/state credential and for employment as a paramedic. The college also offers a career studies certificates, Emergency Medical Technician program which prepares students for entry-level EMS employment and serves as a prerequisite to progress to the paramedic program.

The Fire and EMS Education faculty and staff understand that at first glance the EMS program may seem a bit overwhelming. There is a lot of information to process and to be comfortable with. Please do not hesitate to ask for assistance, we are One Team with One Mission focused on student and program success!
The Robertson-Dever Award for Academic Excellence is an honor bestowed by the Peninsulas Emergency Medical Services Council (PEMS) upon a graduate of the Thomas Nelson Community College Paramedic Education Program. The recipient of this honor is nominated by the Fire and Emergency Medical Services Department faculty and approved by the Department Head Emergency Medical Services Program Director, and is someone who has demonstrated superior performance in each of the emergency medical services educational domains; cognitive, psychomotor skills and affective behavior; and within each of the phases of the paramedic program; classroom, laboratory, simulation, clinical and field settings. In addition to academic excellence, the recipient of this award must also demonstrate confidence and competence; and exemplify the highest ideals, qualities and human attributes of an emergency medical services provider.

Dr. John T. Dever

Chief Wallace J. Robertson

The Robertson-Dever Award for Academic Excellence, established in 2017-2018, the 50th anniversary of the founding and inaugural class of Thomas Nelson Community College, is named in honor of Wallace J. Robertson, Fire Chief and later Public Safety Director for York County, who championed the advancement of emergency medical services on the Virginia Peninsula, and Dr. John T. Dever, the 8th President of Thomas Nelson Community College.

Chief Wallace J. Robertson had a distinguished thirty-seven year career in public safety, which began in 1960 with the Williamsburg Fire Department where he served as a firefighter, ascending the career ladder to the rank of Captain. Chief Robertson later accepted a position with the Virginia State Fire Marshal’s Office, during which time he was involved with the newly emerging campus of Thomas Nelson Community College completing safety inspections in time for occupancy by the first administrators and students. Chief Robertson went on to become the first career Fire Chief and then later served as Public Safety Director for York County. He served the County for twenty-four years. While serving the citizens, businesses and visitors of York County, Chief Robertson was the architect behind the transformation and modernization of a small, rural and predominantly volunteer fire department, staying abreast of changes in the fire and rescue profession which were applied to the advancement of the York County department into a modern, sophisticated fire and rescue system that initiated the delivery of Paramedic-level emergency medical services on the Virginia Peninsula and was instrumental in the establishment of the Peninsulas Emergency Medical Services Council. Chief Robertson was also responsible for establishing the first 9-1-1 system for the County, complete with emergency medical dispatching capabilities. A member and leader within many public safety organizations throughout his career, Chief Robertson was a member of the International Association of Fire Chiefs, Virginia State Fire Chiefs Association, where he also served as that organization’s President. Chief Robertson also shared ideas and successes with a tight-knit group of nationally acclaimed public safety leaders as a member of the “Buggers Group.” Upon his retirement, Chief Wallace J. Robertson was honored as the first recipient of the “Spirit of York” award. Chief Robertson’s vision for continuously elevating the delivery of emergency medical services, coupled with his passion for supporting higher education in emergency services, provided a solid foundation upon which the support, education and delivery of emergency medical services on the Peninsula continues to build upon.

Dr. John T. Dever began his tenure as Thomas Nelson Community College’s eighth President on October 1, 2011. Dr. Dever’s career in higher education as an educator and administrator spans more than 40 years and is woven into Thomas Nelson Community College’s 50 years of storied success! While Dr. Dever has served in various executive leadership positions within the Virginia Community College System, his selection to serve as President of Thomas Nelson Community College was a homecoming, as Dr. Dever served for more than 20 years as a Professor of English and Chair of the Communications and Humanities Division at Thomas Nelson Community College from 1973 to 1993. As a community college faculty member, Dr. Dever was instrumental in providing
assistance to students from many programs, including fire science and emergency medical technician. As a community college administrator, Dr. Dever has pursued research and been involved in major projects, many of which have included significant work which supported allied and community health programs and initiatives including, but not limited to, community college transfer, workforce development, strategic planning, organizational leadership, and distance learning, as well as boards and commissions for Peninsula Council for Workforce Development, the Virginia Tidewater Consortium for Higher Education, and Riverside Lifelong Health. Throughout his career at Thomas Nelson Community College, Dr. John Dever made it his mission to support students and community constituents in their pursuit of higher education and workforce credentials where they were in their life and pursuit of higher education. It was this strategic vision and leadership that led Thomas Nelson Community College to expand the program offerings of the Fire and Emergency Medical Services Education Department to include Paramedic level training, at a time when there were no other Peninsula-based Paramedic education programs. Providing his unwavering support to the establishment of this important emergency services education program, Dr. Dever has committed Thomas Nelson Community College to a mission of delivering the highest quality emergency medical services education to the Peninsula’s emergency services providers, programs that graduate confident and competent emergency medical services providers; therein, erecting the educational pillars, which are built upon the solid foundation of service to the community, where together, they provide support and guidance for modern educational opportunities, enabling the delivery of high quality emergency medical services on the Peninsula by highly educated practitioners.

The selfless vision and leadership of Chief Wallace J. Robertson and Dr. John T. Dever are the foundation and pillars by which each student in the Thomas Nelson Community College Fire and Emergency Medical Services Education Department - Paramedic Program is supported to achieve excellence in their pursuit of higher education and workforce credentials. It is the expertise and executive leadership in their respective fields of study, which provided both Chief Robertson and Dr. Dever their inclusive vision that coupled higher education with industry standards and organizational demands to ensure that the appropriate educational opportunities were in place to support the delivery of service that encompasses excellence through education and exemplifies the highest ideals, qualities and human attributes of an emergency medical services provider.

The Peninsula Emergency Medical Services Council, Inc., was incorporated on March 9, 1976 with the primary mission to assist emergency medical service components and to assess, identify, coordinate, plan, and implement an efficient and effective regional emergency medical services delivery system in partnership with the Virginia Office of Emergency Medical Services and the Virginia Emergency Medical Services Advisory Board. The Peninsula Emergency Medical Services Council service area includes the sixteen cities and counties located on the three Virginia peninsulas (the Virginia Peninsula, the Middle Peninsula and the Northern Neck) on the western shore of the Chesapeake Bay and encompasses nearly 2,727 square miles. Thomas Nelson Community College is encompassed within this service area and the Peninsula Emergency Medical Services Council and the Thomas Nelson Community College Fire and Emergency Medical Services Education Department enjoy a collaborative partnership for the betterment of emergency medical services education and service delivery on the Peninsula.

The Robertson-Dever Award for Academic Excellence will be awarded to a paramedic program graduate who will be selected from one of the cohorts graduating in the calendar year immediately preceding the recognitions ceremony (i.e. graduates in calendar year 2019 [May and December] will be recognized at a spring 2020 awards and recognition ceremony.)
SECTION I: PROGRAM OVERVIEW

Mission

The mission of the Thomas Nelson Community College EMS programs (EMT and Paramedic) is to provide innovative educational experiences for pre-hospital and facility based care clinicians, educators, and leaders to develop excellence in their professional practice, while responding to community healthcare needs.

Vision

Thomas Nelson Community College EMS programs (EMT and Paramedic) will be the model of basic and advanced life support EMS education by:

- Promoting student-centered learning
- Utilizing innovative techniques, technologies and teamwork
- Collaborating to ensure an interprofessional continuum of patient care
- Encouraging critical-thinking through the development of cognitive (knowledge), psychomotor (skills), and affective (behavior) attributes necessary to become competent entry level EMS providers

Values

The Thomas Nelson Community College EMS Education program’s faculty and staff are committed to developing health care professionals who become valued members of the EMS profession, with values and core beliefs that support the program philosophy. The faculty and staff believe in:

- An ethical foundation reflecting the values of honesty, integrity, trust, fairness, respect and responsibility
- A commitment based on academic integrity and a high standard of individual and institutional ethics shall guide the work of the students, the faculty and the staff
- Encouraging optimal health and personal development
- Open communication
- Appreciation of diversity
- Collaborative work
- Encouraging lifelong learning
- Promoting and encouraging a safe, fulfilling and enjoyable work experience;
- Promoting a positive learning environment
- Excellence in all academic endeavors
- Effective stewardship of public resources
- Promoting professional activity
- Promoting the highest standards of the emergency medical services profession
Philosophy

The faculty and staff of the EMS Education program believe our students are our customers and that each student varies widely with respect to their life experiences, learning styles, ethnic and cultural backgrounds, and maturity levels. We respect individuality and have respect for individuals' value systems. The college setting provides the opportunity for students and faculty to participate in cultural, intellectual, and social activities, which foster the continued self-growth of the individual. We accommodate students to the greatest degree possible, and guarantee fairness. In order to meet the expectations we have of students, we provide assistance to meet those expectations. We believe in self-growth, including ongoing self-assessment and evaluation which includes student and faculty suggestions and recommendations for continued program improvement; therein, enhancing each student learning potential to become up-to-date emergency medical practitioners to meet the current and future health care needs of our community.

Emergency Medical Technician (EMT) and Advanced EMT Program Goals

The goals of the Emergency Medical Technician program are to:

1. Prepare competent entry-level Emergency Medical Technicians in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.
2. Prepare future field clinicians for a successful career in the field of Emergency Medical Services (EMS)
3. Promote innovation, research and development of the Emergency Medical Services field
4. Develop future leaders of the Emergency Medical Services field
5. Promote professionalism and innovation in the delivery of EMS education in the Commonwealth of Virginia, the United States of America and internationally
6. Continually assess and improve the scope, depth, and quality of its program offerings
7. Offer an academic framework for current EMS education offerings and provide transferable college credit that will encourage and facilitate academic degree completion by current field clinicians, educators, and managers

Paramedic Program Goals

The goals of the Paramedic program are to:

1. Prepare competent entry-level Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains with or without exit points at the Advanced Emergency Medical Technician and/or Emergency Medical Technician, and/or Emergency Medical Responder levels
2. Prepare future field clinicians for a successful career in the field of Emergency Medical Services (EMS)
3. Promote innovation, research and development of the Emergency Medical Services field
4. Develop future leaders of the Emergency Medical Services field
5. Promote professionalism and innovation in the delivery of EMS education in the Commonwealth of Virginia, the United States of America and internationally
6. Continually assess and improve the scope, depth, and quality of its program offerings
7. Offer an academic framework for current EMS education offerings and provide transferable college credit that will encourage and facilitate academic degree completion by current field clinicians, educators, and managers

EMT and Paramedic Program Objectives

Upon completion of the Paramedic program, students will consistently demonstrate entry-level competency for each of the following:

1. Assessing scene safety and demonstrating effective situational awareness.
2. Appropriately gaining patient access using a variety of tools and techniques.
3. Performing patient assessments, recognizing alterations from health, setting patient care priorities and coordinating their efforts with those of other agencies who may be involved in the care and transportation of patients.
4. Establishing a rapport with patients and significant others to decrease anxiety and meet their emotional as well as physical needs.
5. Providing care on a continuum from basic through advanced life support (as appropriate to course/program level) needed within the guidelines prescribed by the program.
6. Exercising higher-order thinking to reason critically and problem-solve to determine patient needs for care per standing orders, online medical control and/or when online medical control communication has been delayed, interrupted or aborted.
7. Communicating effectively with online medical control.
8. Thorough patient care reporting and/or documentation.
9. Modeling professional EMS characteristics and ethical behavior through appearance, actions, speech, communication and interactions with instructors, preceptors, peers, patients, public safety personnel, allied health professionals and members of the public.

Outcomes

The EMS faculty believe the mission, philosophy and goals of the EMT, AEMT and paramedic programs can be fulfilled and measured through three program outcomes. Upon completion of the program, students will:

1. Demonstrate the ability to comprehend, apply, and evaluate the clinical information relative to his/her role as an entry level EMT, AEMT or paramedic.
2. Demonstrate technical proficiency in all skills necessary to fulfill the role of the entry level EMT, AEMT or paramedic.
3. Demonstrate personal behaviors consistent with professional and employer expectations for the entry level EMT, AEMT and paramedic.

Core Competencies

Upon completion of their respective EMS program, students will consistently demonstrate the following core competencies to that expected of an entry-level EMT, AEMT or paramedic:

1. Conceptual competence: The ability to understand the theoretical foundations of the profession.
2. Technical competence: Proficiency in safely performing psychomotor skills.
3. Contextual competence: The ability to understand how your practice fits within the greater whole of the healthcare continuum and the ability to use conceptual and technical skills in the right context, avoiding the "technical imperative".
4. Integrative competence: The ability to take all the other competencies and put them all together, melding theory and practice.
5. Adaptive competence: The ability to change with evolutions in medicine and/or modify patient care based on changing clinical presentations.

Programs of Study that Lead to Initial Basic or Advanced Life Support Certification

The Thomas Nelson Community College Fire and Emergency Medical Services Department offers multiple programs of study for students whom are currently and/or aspire to hold a position within the fire, rescue and/or emergency medical services response, protection and/or community risk reduction industry including, but not limited to Emergency Medical Technician (EMT), Advanced Emergency Medical Technician (AEMT) and Paramedic. Additionally, most of the courses within each of these programs are transferable into the Associate of Applied Science Degree in Emergency Medical Services. Additional information about the specific program of study academic requirements, course sequence, course descriptions and course pre- and co-requisites students should reference the Thomas Nelson Community College catalog for their specific program of study based upon their enrollment date and catalog year of enrollment.

Course Delivery Model, Scheduling & Content

The EMT program is based on a college semester education model. EMT courses are open enrollment courses and all students participate in didactic, lab, clinical and field coursework.

The Paramedic program is based on a cohort educational model which has a group of students enter the program and complete the course sequence together over four (or more) semesters. Research asserts that cohort educational models result in higher rates of student success and less attrition because students start and complete/graduate from the program with the same group of peers at the same time allowing them to develop and build upon strong peer-to-peer and programmatic relationships. This format of learning is team-based and is an invaluable skill set in today’s emergency services and/or healthcare workplace. The Paramedic program is designed to provide students with opportunities to obtain various emergency medical credentials.

The majority of the courses in the EMS program are offered in the traditional 16-week semester or 8-week schedule to align with the College schedule. Alternate course scheduling may be offered in the summer semester or accelerated or distance courses may be offered to meet program and/or community needs. All course schedules, regardless of course length, meet the minimum number of lecture and/or lab hours required by Virginia Community College System (VCCS) policy and address all required National EMS Standards and Virginia Office of EMS course content. Paramedic program courses are currently offered on a flip/flop schedule to meet the needs of students who work in the field on rotating shifts. The flip/flop schedule refers to offering both a daytime and evening section of the course that addresses the same content so the student may attend a daytime class one week, and evening classes the following based on work
schedule. Students not working in the field are expected to attend a consistent class section for
which they have registered.

The Thomas Nelson Community College EMS Program utilizes the Virginia Community
College System Statewide EMS curriculum developed in collaboration with the Virginia Office
of EMS to provide entry level accredited EMS education programs.

Each course is guided by a course of study created and regularly updated by faculty members.
Course content is organized into topical areas, learning domains and/or modules that coincide
with VCCS/Thomas Nelson Community College requirements, policies and procedures, industry
standards and/or best practices and in accordance with the Committee on Accreditation of
Educational Programs for the Emergency Medical Services Professions, American Heart
Association, International Trauma Life Support, National Association of Emergency Medical
Technicians, National Registry of Emergency Medical Technicians and/or the Virginia
Department of Health Office of Emergency Medical Services program requirements and/or
recommendations (when/where applicable/possible).

Students advance through the EMS program by completing didactic (lecture) and practical (lab,
clinical and field) courses. The objectives for each course are clearly explained in the syllabi for
each course. Students are required to read the syllabus for each of the classes in which they are
enrolled. The course syllabus should be considered a “contract” between each student and the
instructor teaching the course. Students advance through the clinical and field portions of the
program by meeting skill and assessment objectives along with affective behavior objectives
outlined in the course syllabus. Clinical/field internships may require a minimum number of
hours and/or a minimum number of skill competencies in various clinical and/or field settings.

**Department/Program Leadership**

**Department Head/Program Director**

Mr. Paul Long serves as the Department Head for Fire and EMS Education and Program
Director (Department Head/Program Director) for the accredited Virginia Office of EMS
Basic Life Support (EMT) and CoAEMSP Paramedic programs, as well as the Site
Coordinator for American heart Association programs and Training Center Coordinator for
National Association of EMT programs. The department head/program director is a full-
time teaching faculty member who has been appointed to oversee and manage/direct the
implementation, supervision and operation of the College’s Fire and Emergency Medical
Services Education Programs and is responsible for completing program administrative
tasks for Fire and EMS programs. The department head/program director supervises the
day-to-day operations of the program, as well as the instructional delivery of the program’s
courses. The department head/program director supervises the department’s faculty and staff
providing program instruction and support. The department head/program director is
designated as the CoAEMSP Program Director [Paramedic Program] and the Virginia
Office of EMS Program Director [EMT and AEMT] role with systems in place to
demonstrate the effectiveness of the program, the cooperative involvement of the medical
director, the orientation/training of full-time and part-time faculty, lab instructors and
clinical/field preceptors and the effectiveness and quality of fulfillment of responsibilities
delegated to another qualified individual. The department head/program director is responsible for the overall planning, operations and delivery of Fire and EMS programs, equipment, students and staff at all locations.

Medical Director

The medical director is responsible for medical oversight of the program which includes the following responsibilities:

- Review and approve the educational content of the program curriculum for appropriateness, medical accuracy, and reflection of current evidence-informed pre-hospital or emergency care practice
- Review and approve the required minimum numbers for each of the required patient contacts and procedures
- Review and approve the instruments and processes used to evaluate students in didactic, laboratory, and clinical/field internship
- Review the progress of each student throughout the program
- Assist in the determination of appropriate corrective measures, when necessary, ensure the competence of each graduate of the program in the cognitive, psychomotor, and affective domains
- Engage in cooperative involvement with the program director
- Ensure the effectiveness and quality of any medical responsibilities delegated to another qualified physician
- Ensure educational interaction of physicians with students

Medical Direction

Thomas Nelson Community College Emergency Medical Services Programs operate within the Peninsulas EMS Council region and receive medical direction from one or more PEMS sanctioned Operational Medical Director(s).

Dr. Christianne Clifford is the Medical Director for Emergency Medical Services Education for the Thomas Nelson Community College EMS Education Program. Dr. Clifford, physicians, nurses and/or other allied health professions are frequent guest speakers in the Thomas Nelson EMS Education program.

Program Personnel

Thomas Nelson Community College provides Emergency Medical Services programs with a combination of college employees and community partners. The roles and responsibilities of program personnel are described in this section.

Fire and EMS Department Faculty

Faculty members include a cadre of full-time and adjunct [part-time] program faculty whom are charged with the development, delivery and evaluation of a high quality Fire and EMS curriculum and educational experience for students at multiple campuses and sites.
Clinical/Field Coordinator

The Clinical and Field Coordinator(s) is responsible for clinical and field competency tracking, scheduling, monitoring of clinical and field experiences/internships, and for the continuous quality assurance (CQA) of student clinical/field reports, as well as for assuring attainment of clinical and field skill competencies for students in the EMS Program.

Lab Instructor

The lab instructor is a staff member whom provides support to the faculty member(s) in evaluating psychomotor skills in the lab/simulation setting. The lab instructor is provided curricular guidance by the faculty member(s) and oversees student psychomotor skill practice and acquisition.

Lead Lab Instructor

The lead lab instructor fulfills all of the requirements of a Lab Instructor and also serves as a mentor/preceptor for all Lab Instructors.

Clinical/Field Preceptor

The clinical/field preceptor is a facility and/or field-based staff member whom is assigned to a student(s) during their clinical/field experiences and internships and may include, but not be limited to a nurse, department technician, field advanced life support provider (at or above the certification level for which the student is currently released to complete competencies) and/or other subject matter expert within the facility or field setting during the students assigned clinical/field shift. In specialized units (ICU, OR, NICU, L & D, etc.), students will be assigned to an appropriate preceptor (nurse, nurse anesthetist, anesthesiologist, physician, etc.). Students may be assigned to field rotations with agency EMS Supervisors to gain additional experience during their program, as well as possible internships with aeromedical services and/or critical care transport units.

Student Mentor

The student mentor is a second (2nd) year paramedic student who voluntarily supports the EMS program through the provision of assistance to EMT and first (1st) year paramedic students in their development of psychomotor skills through practice and acquisition. The student mentor is both a friend and a role model who supports and encourages their teammate in his/her academic and programmatic growth. The mentor is also a guide who helps their teammate acclimate to his/her program of study and serves as an active mentor to provide guidance and support to their teammate to perpetuate student success.

Guest Faculty

Selected specialists and experts covering specific topics or skills
CoHort/Class President

A student will be selected within the first month to assist the Program staff in the administration and organization of the class. This appointment is made solely by the Program staff through the student body.

Duties of the Student Representative:

1. Serve as a liaison between the students and the Program staff. Field all concerns of students and bring them to the attention of the CoHort lead faculty member.
2. Maintain an accurate record of lecturer and the specific title/topic of presentation.
3. Maintain an accurate attendance record. This will include the sign in sheet with arrival times of late students and departure time of individuals leaving class early, and continuing education rosters for EMS personnel attending for continuing education credits. This is to be submitted to the instructor at the end of each class session.
4. Collect an extra copy of all lecture handouts to be placed in the course file at the conclusion of the course.
5. Encourage and verify completion of the course evaluations.
6. Ensure that the classroom and labs remain neat and orderly at all times. The student representative will also have the responsibility to see that training materials used during lab sessions are replaced in the storage areas and/or secured, with the assistance of classmates.
7. Contact the instructor and/or the Department Head/Program Director to report any unsafe or unsanitary conditions in the classroom.
8. Contact Program staff in the event of defective audiovisual equipment.

Chain of Contact (Chain of Command)

Students in the EMS Program shall follow the Chain of Contact when contacting program staff.

Class

The student’s first level contact shall be the cohort or class lead faculty member. The student’s second level contact shall be the Department Head/Program Director.

Lab

The student’s first level contact shall be the lab instructor. The student’s second level contact shall be the lab lead faculty or staff member. The student’s third level contact shall be the Department Head/Program Director.

Field/Clinical

The student’s first level contact shall be their assigned Clinical/Field Coordinator. The student’s second level contact shall be the alternate Clinical/Field Coordinator. The student’s third level contact shall be the Department Head/Program Director.
Program Locations

The Thomas Nelson Community College EMS Education Program offers high quality EMS education at multiple campuses and sites throughout the Virginia Peninsula including, but not limited to the courses on the Hampton Campus, Historic Triangle Campus and/or other approved site(s) as scheduled.

The EMT and Paramedic programs have a responsibility to provide students with realistic training through the use of “real-world” scenario and simulation. Scenario and simulation demand realistic settings, each of our campuses and sites provide realistic opportunities to facilitate scenarios and simulations that mimic and/or incorporate the elements of reality necessary for an exception educational experience.

These educational opportunities require that all students be good stewards of the campus community and respect the boundaries and spaces of our campus communities as a whole. Students shall conduct themselves in a courteous and professional manner at all times respecting the campus, facilities, equipment and other students, faculty, staff and visitors while participating in educational opportunities outside of designated and classroom/lab spaces.

Program Physical Resources

Classrooms/Laboratories

Thomas Nelson will provide adequate classroom space, laboratories, clinicals, and other facilities. Thomas Nelson will provide administrative offices for program staff and faculty. Additional facilities may be utilized for supplemental educational activities, and may include contracted, public, or college-owned facilities.

Equipment/Supplies

Appropriate and sufficient equipment, supplies (in accordance with Virginia Office of EMS Accreditation Standards) and storage space is provided for student use and for teaching the didactic and supervised clinical practice components of the curriculum. Instructional aids, such as, documents, reference materials, equipment and demonstration aids will be provided when required for use by the didactic or supervised clinical education components of the curriculum. All training equipment and supplies are dedicated to training and are not utilized for actual patients at any time. Expendable supplies are available to the program with simulated medication or expired medications and other supplies as needed.

Learning Resources

Students will have ready access to a supply of current books, high-speed internet access, journals, periodicals and other reference materials related to the curriculum to enhance student learning. Clinical subjects, reference materials, audio and visual resources and computer software and hardware will be available in sufficient number and quality to enhance student learning. The Thomas Nelson libraries are available to the students to allow them access to these and additional resources needed for successful student learning.
Program Clinical and Field Resources

General Statement

The majority of the Emergency Medical Services clinical education will be provided by regional acute care hospitals and regional EMS agencies with which Thomas Nelson holds contracts. Students will have access to an adequate number of patients, appropriately distributed by disease, injury, gender and age to meet the requirements of the program. However, students may be required to schedule rotations beyond the minimum hours in order to meet these requirements. Student will have access to patients who present with common problems encountered in the delivery of pre-hospital care. Students shall have access to direct patient care responsibilities but will not be used, under any circumstances, as a substitute for essential personnel, and their care must be directly supervised by appropriate clinical faculty and preceptors.

Clinical Affiliations

Clinical affiliations have been established and confirmed in written agreements with all hospitals that provide clinical internships for all students. Students will be precepted and supervised in all clinical areas by program instructors and/or healthcare facility personnel (physicians, nurses, allied health). Clinical student to instructor ratio will not exceed 2:1. Clinical areas should have adequate patient volume with direct patient care responsibilities for students. All preceptors shall be authorized by the facility to function as a direct patient care provider at or above the paramedic scope of practice for the assigned area. All preceptors will have a preceptor manual available for reference. Clinical areas utilized may include but are not limited to the following:

- Emergency Department
- Critical Care
- Anesthesia
- Triage (Emergency Department)
- Labor and Delivery
- Respiratory Care
- Pediatrics
- Primary Care Clinical
- Physician’s Offices
- Wound Care Centers

Clinical objectives will include direct patient care responsibilities for students.

Field Internships

Field internship affiliations will be established and confirmed in written affiliation agreements with agencies licensed by the Virginia Office of Emergency Medical Services, who are under appropriate medical direction and have field preceptors available to provide field internships for all students. All field internship experiences will not exceed a student to preceptor ratio of 2:1. Such agreements also prohibit any
unsupervised students from functioning as the sole provider of pre-hospital care while performing clinical internships. Field Internships include direct patient care responsibilities required for successful completion of the Program’s educational objectives. Affiliated agencies agree to provide students with the opportunity to progress in patient care responsibilities to the level of independent function on EMS contacts.

Field Agency Prerequisites

All agencies providing field internships have established medical quality control programs and are functioning under the local protocols.

Field Internship Preceptors

Paramedic personnel approved by the agency’s Medical Director will provide supervision of students. All preceptors must be certified at or above the level of the program for which the student is enrolled, and must successfully complete preceptor orientation.

Field Internship Hours

There is no limit to the amount of hours students may accumulate in the field. All students must meet ALL minimum program requirements for hours AND competencies. Generally, students will need to schedule significantly more than the minimum hours in order to meet the program competency requirements.
PROGRAM POLICIES
SECTION II: PROGRAM ENTRY REQUIREMENTS

College Admissions

Students must first be admitted to the College before consideration for admission to the EMS (EMT or Paramedic) program.

Students are eligible for admission to Thomas Nelson Community College if they are high school graduates or the equivalent, or if they are 18 years of age or older and able to benefit academically, as demonstrated by assessment in reading, writing and mathematics. The College reserves the right to evaluate and document special cases and to refuse or revoke admission if the college determines that the applicant or student poses a threat, is a potential danger, is significantly disruptive to the college community, or if such refusal or revocation is considered to be in the best interest of the College. See the College catalog for more information.

Thomas Nelson Community College does admit eligible high school students who are under the age of 18 years old through “Dual Enrollment” courses and other situations.

The Fire and EMS Education Department and EMS Education Programs meet and/or exceed the enrollment eligibility requirements for basic and advanced life support EMS education programs established by the Virginia Office of Emergency Medical Services (OEMS).

Thomas Nelson Community College complies with the requirements of the Americans with Disabilities Act (ADA).

“Title 11 of the ADA prohibits discrimination against a "qualified individual with a disability." This term is defined as an individual with a disability who can perform the "essential functions" of a position, with or without reasonable accommodation.”

It is the policy of the Thomas Nelson Community College to maintain and promote equal employment and educational opportunity without regard to race, color, sex, or age (except where sex or age is a bona fide occupational qualification), religion, disability, national origin, or other non-merit factors. Inquiries concerning this policy should be addressed to the Affirmative Action Officer at Thomas Nelson Community College, 99 Thomas Nelson Drive, Hampton, VA 23666.

Virginia OEMS Eligibility Requirements

The Thomas Nelson EMS Paramedic program has been designed to meet and/or exceed the Virginia EMS Education Standards (VEMSES) which are based primarily on the National EMS Education Standards (NEMSES). Virginia Office of EMS program policies, procedures and requirements for initial basic and advanced life support programs will be reviewed in class and are also located in Appendix G of this program student policies & handbook.

To be eligible to attend an Advanced Level EMS course in Virginia you must:

1. Be proficient in reading, writing and speaking the English language.
2. Be a minimum of 18 years of age at the beginning date of the certification course.
3. Hold a current certification as an EMT or higher.
4. Hold, at a minimum, a high school or general equivalency diploma.
5. Have no physical or mental impairment that would render them unable to perform all practical skills required for that level of certification.
6. Not have been convicted of or found guilty of any crime, offense or regulatory violation, or participated in any other prohibited conduct identified in state EMS regulations as follows:
   a) Have never been convicted or found guilty of any crime involving sexual misconduct where lack of affirmative consent by the victim is an element of the crime.
   b) Have never been convicted of a felony involving the sexual or physical abuse of children, the elderly or the infirm.
   c) Have never been convicted or found guilty of any crime (including abuse, neglect, theft from, or financial exploitation) of a person entrusted to their care or protection in which the victim is a patient or is a resident of a healthcare facility.
   d) Have never been convicted or found guilty of any crime involving the use, possession, or distribution of illegal drugs except that the person is eligible for affiliation or enrollment five years after the date of final release if no additional crimes of this type have been committed during that time.
   e) Have never been convicted or found guilty of any other act that is a felony except that the felon is eligible for affiliation or enrollment five years after the date of final release if no additional felonies have been committed during that time.
   f) Are not currently under any disciplinary or enforcement action from another state EMS office or other recognized state or national healthcare provider licensing or certifying body. Personnel subject to these disciplinary or enforcement actions may be eligible for certification provided there have been no further disciplinary or enforcement actions for five years prior to application for certification in Virginia.
   g) Have never been subject to a permanent revocation of license or certification by another state EMS office or recognized state or national healthcare provider licensing or certifying body.
7. All references to criminal acts or convictions under this section refer to substantially similar laws or regulations of any other state or the United States. Convictions include prior adult convictions, juvenile convictions, and adjudications of delinquency based on an offense that would have been, at the time of conviction, a felony conviction if committed by an adult within or outside Virginia.
8. Be clean and neat in appearance.
9. May not be under the influence of any drugs or intoxicating substances that impairs your ability to provide patient care or operate a motor vehicle while in class, lab, simulation or participating in clinical/field shifts, while on duty or when responding or assisting in the care of a patient.

For students enrolled in the Intermediate to Paramedic “Bridge” Career Studies Certificate program.

- If in an ALS Bridge Certification Program, must have completed the eligibility requirements for certification at the lower ALS level prior to the beginning date of the ALS Bridge Certification Program.
If in an ALS Bridge Certification Program, must have become certified at the lower level prior to certification testing for the higher level of ALS certification.

Program Admissions

In addition to completing all of the College and Virginia Office of EMS admission requirements, the EMS program has specific program requirements that must be met:

- Possess the required entry certifications as appropriate for the program of study
- Complete all of the department/program required forms (see samples in this manuals appendices and complete forms from the program forms package).
- Successful completion of a criminal background check
- Successful completion of a drug screen
- Complete a medical physical with a physician’s authorization to participate in the program of study.
- Complete immunization requirements.
- Complete all clinical and field eligibility requirements.
- Completion of the program (EMT, AEMT or Paramedic) entrance exam, as appropriate. (Entrance exams allow the program faculty and staff to gain a better understanding of the overall entry level knowledge of the students in a program of student and the data can be contrasted against the capstone exams).

EMT, AEMT and Paramedic Functional Capabilities and Physical Demands

The delivery of emergency medical care is a healthcare discipline, with cognitive, sensory, affective, and psychomotor performance requirements. Students entering the paramedic program need to understand that in various didactic, lab, clinical/field experiences and internships that they will be required to demonstrate/perform the following types of functional abilities and meet various physical demands.
### Functional Capabilities

<table>
<thead>
<tr>
<th>Capability</th>
<th>Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cognitive Perception</strong></td>
<td>The ability to perceive events realistically, to think, clearly and rationally, and to function appropriately in routine and stressful situations. Students must be able to independently and accurately assess or contribute to the assessment of a client.</td>
</tr>
<tr>
<td><strong>Critical Thinking</strong></td>
<td>Careful thought, reasoned judgment. Differentiated from personal opinion and superficial memorization of facts by the ability to obtain and use an appropriate quantity and quality of data for a given situation. Critical thinkers question assumptions, routines, and rituals, reconsider &quot;known facts&quot; when new information becomes available and develop new &quot;rules&quot; when old ones fail or unavailable. Critical thinking skills demanded of allied health professions require the ability to learn and reason: to integrate, analyze and synthesize data concurrently. Students must be able to solve problems rapidly, consider alternatives and make a decision for managing or intervening in the care of a client.</td>
</tr>
<tr>
<td><strong>Motor Skills</strong></td>
<td>Ambulatory capability sufficient to maintain a center of gravity when met with an opposing force as in supporting, lifting, moving and/or transferring a customer &quot;patient&quot;.</td>
</tr>
<tr>
<td><strong>Organization Skills</strong></td>
<td>Ability to plan routines, to think clearly and rationally, and to function appropriately in routine situations. Able to manage time within a given time period.</td>
</tr>
<tr>
<td><strong>Activity Tolerance</strong></td>
<td>Ability to tolerate lengthy periods of physical activity. Ability to tolerate repetitious and strenuous work.</td>
</tr>
<tr>
<td><strong>Communication</strong></td>
<td>Be proficient in reading, writing and speaking the English language. Ability to communicate with customers &quot;patients&quot; and members of the health care team in order to plan and deliver safe care.</td>
</tr>
<tr>
<td><strong>Interpersonal Relationships</strong></td>
<td>Interact with customers “patients,” families, staff, peers, instructors, and/or groups from a variety of social, emotional, cultural and intellectual backgrounds.</td>
</tr>
<tr>
<td><strong>Hearing</strong></td>
<td>Auditory ability sufficient to hear normal conversation and/or assess health care needs (i.e. auscultate breathe sounds, heart sounds, healthcare equipment audibilizations, and/or loud machinery, equipment and/or sirens).</td>
</tr>
<tr>
<td><strong>Vision</strong></td>
<td>Visual ability sufficient for observation, assessment, and performance of safe health care.</td>
</tr>
<tr>
<td><strong>Tactile</strong></td>
<td>Tactile ability sufficient for physical assessment, inclusive of size, shape, temperature and texture.</td>
</tr>
<tr>
<td><strong>Psychosocial Behaviors</strong></td>
<td>Possess the emotional health and wellness required for full use of intellectual abilities, the exercise of good judgment, and the prompt and safe completion of all responsibilities.</td>
</tr>
<tr>
<td><strong>Environmental Adaptability</strong></td>
<td>Ability to tolerate environmental stressors, to work indoors and outdoors in adverse environmental conditions.</td>
</tr>
</tbody>
</table>
## Physical Demands

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Examples of Necessary Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross motor skills</td>
<td>Gross motor skills sufficient to provide the full range of safe &amp; effective paramedic care activities</td>
<td>Move within confined spaces, sit and maintain balance, reach above shoulders (e.g. I.V. hangers) reach below waist (e.g. access first-in [jump] bag on scene)</td>
</tr>
<tr>
<td>Fine motor skills</td>
<td>Fine motor skills sufficient to perform manual psychomotor skills</td>
<td>Pick up objects with hands, grasp small objects with hands (e.g., IV tubing, pen) key/type (e.g., use a computer) pinch/pick or otherwise work with fingers (e.g., manipulate a syringe) twist (e.g. turn objects/knobs using hands)</td>
</tr>
<tr>
<td>Physical endurance</td>
<td>Physical stamina sufficient to perform client care activities for entire length of work</td>
<td>Stand (e.g. at patient side performing procedures) sustain repetitive movement (e.g. CPR) maintain physical tolerance (e.g., work entire shift)</td>
</tr>
<tr>
<td>Mobility</td>
<td>Physical abilities sufficient to move from place to place and maneuver to perform paramedic activities</td>
<td>Twist, bend, stoop/squat, move quickly (e.g. response to an emergency) climb (e.g., ladders/stools/stairs) walk</td>
</tr>
<tr>
<td>Physical strength</td>
<td>Physical strength sufficient to perform full range of required patient care activities</td>
<td>Push and pull 35 pounds (e.g., position patient) support 35 pounds of weight (e.g. ambulate patient) lift 35 pounds (e.g. pick up a child, transfer patient) move light objects weighing up to 10 pounds (e.g., monitor) move heavy objects weighing from 11-150 pounds, defend self against combative patients, carry equipment/supplies, use upper body strength (e.g. perform CPR, physically restrain a client) squeeze with hands (e.g. operate fire extinguisher)</td>
</tr>
<tr>
<td>Hearing</td>
<td>Auditory ability sufficient for physical monitoring and assessment of patient health care needs</td>
<td>Hear normal speaking level sounds (e.g., person-to-person report) hear faint body sounds (e.g., blood pressure sounds, assess placement of tubes) hear in situation when not able to see lips (e.g., when masks are used) hear auditory alarms (e.g. monitors, fire alarms)</td>
</tr>
<tr>
<td>Visual</td>
<td>Visual ability sufficient for accurate observation and performance of paramedic care</td>
<td>See objects up to 20 inches away (e.g., skin conditions) see objects up to 20 feet away (e.g., number of patients at scene) see objects more than 20 feet away (e.g., address of a house) use peripheral vision, distinguish color, distinguish color intensity (e.g. flushed/pale skin)</td>
</tr>
<tr>
<td>Tactile</td>
<td>Tactile ability sufficient for physical monitoring and assessment of health care needs</td>
<td>Feel vibrations (e.g., palpate pulses) detect temperature (e.g., skin, solutions) feel differences in surface characteristics (e.g. skin turgor, rashes) detect environmental temperatures</td>
</tr>
<tr>
<td>-----------------------------</td>
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</tr>
<tr>
<td>Smell</td>
<td>Olfactory ability sufficient to detect environmental and patient odors</td>
<td>Detect odors from patient (e.g., foul smelling drainage, ETOH breathe, etc.)</td>
</tr>
<tr>
<td>Reading</td>
<td>Reading ability sufficient to comprehend the written word at a minimum of eleventh grade level</td>
<td>Read and understand columns of writing (flowsheet, charts) read digital displays, read graphic printouts (e.g. ECG) calibrate equipment, convert numbers to and/or from metric system, read graphs (e.g. vital sign sheets) tell time, measure time (e.g. count duration of contractions, etc.) Count rates (e.g. drips/minute, pulse) Use measuring tools (e.g. measuring tapes) Read measurement marks (e.g. measurement tapes, scales, etc.) add, subtract, multiply and/or divide whole numbers, compute fractions (e.g., medication dosages) use a calculator, write numbers in records</td>
</tr>
<tr>
<td>Arithmetic</td>
<td>Arithmetic ability sufficient to do computations at a minimum of eighth grade level. Counting: the act of enumerating or determining the number of items in a group. Process of ascertaining the extent, dimensions, or quantity of something. Computing: the act or process of performing mathematical calculations such as addition, subtraction, multiplication, and division</td>
<td>Read and understand columns of writing (flowsheet, charts) read digital displays, read graphic printouts (e.g. ECG) calibrate equipment, convert numbers to and/or from metric system, read graphs (e.g. vital sign sheets) tell time, measure time (e.g. count duration of contractions, etc.) Count rates (e.g. drips/minute, pulse) Use measuring tools (e.g. measuring tapes) Read measurement marks (e.g. measurement tapes, scales, etc.) add, subtract, multiply and/or divide whole numbers, compute fractions (e.g., medication dosages) use a calculator, write numbers in records</td>
</tr>
<tr>
<td>Emotional stability</td>
<td>Emotional stability sufficient to assume responsibility/accountability for actions</td>
<td>Establish therapeutic boundaries, provide patient with emotional support, adapt to changing environment/stress, deal with the unexpected (e.g. patient dying, crisis) focus attention on task, monitor own emotions, perform multiple responsibilities concurrently, handle strong emotions (e.g. grief)</td>
</tr>
<tr>
<td>Analytical thinking</td>
<td>Reasoning skills sufficient to perform deductive/inductive thinking for paramedic decisions</td>
<td>Transfer knowledge from one situation to another, process information, evaluate outcomes, problem solve, prioritize tasks, use long-term memory, use short term memory</td>
</tr>
<tr>
<td>Critical thinking</td>
<td>Critical thinking ability sufficient to exercise sound paramedic judgment</td>
<td>Identify cause-effect relationships, plan/control activities for others, synthesize knowledge and skills, and sequence information</td>
</tr>
<tr>
<td>Interpersonal Skills</td>
<td>Interpersonal abilities sufficient to interact with individuals, families, and groups respecting social, cultural, and religious diversity</td>
<td>Negotiate interpersonal conflict, respect differences in clients, establish rapport with clients, and establish a rapport with co-workers</td>
</tr>
</tbody>
</table>
Communication skills

Communication abilities sufficient for interaction with others in oral and written form

Teach (e.g., patient/family about healthcare) explain procedures, give oral reports (e.g., report on patient condition to others) interact with others (e.g., emergency workers) speak on the telephone, influence people, direct activities of others, convey information through writing (e.g. patient care report)

Program Admission & Enrollment

Prior to EMS (EMT, AEMT and/or paramedic) program/course enrollment, perspective students are required to meet gain admission to Thomas Nelson Community College, meet and/or exceed the Virginia Office of Emergency Medical Services basic or advanced life support (depending upon level or program) program prerequisites, as well as meet the essential abilities and physical demand requirements for the program.

Thomas Nelson Community College EMT courses are open enrollment for all students meeting the appropriate requirements. Thomas Nelson Community College AEMT and/or Paramedic program courses have specific requirements, pre and co-requisites and students are required to have EMS department approval to complete the registration process.

Once admitted into the EMS Paramedic program, the EMS program staff will register students for courses each semester.

Admissions - Next Steps:

Meet the College’s general admission requirements.

After completing the College application, set up your MyTNCC account using your MyTNCC username and temporary password provided during the admissions process.

MyTNCC provides access to important student information and your College email account.

Use your MyTNCC username and password to sign in to Navigate, which will guide you through your next steps, including:

- Apply for financial aid - Free Application for Federal Student Aid (FAFSA)
  - meet with a financial aid specialist (as necessary)
- Apply for veteran’s benefits (as applicable)
  - meet with the Veteran’s Benefits Coordinator (as necessary)
- Complete the Virginia Placement Test [VPT] (as required)
- Set up a meeting with an academic advisor and/or the Fire and EMS Education Department Head/EMS Program Director or their designee and provide your current (valid) EMS certification and Basic Life Support for Healthcare Provider certifications.
- Review the College, Virginia Office of EMS and program requirements, policies, procedures and/or prerequisites.
• Affirm the capability to meet the essential abilities and physical demands of the EMS Paramedic program, Virginia Office of EMS Advanced Life Support Program Prerequisites, Virginia Office of EMS Position Description for the Advanced Life Support Provider within Virginia and the National Registry Paramedic psychomotor examination.

Program Admission Procedures

Prior to starting the EMT or AEMT program applicants must do the following:

• Meet eligibility requirements as stipulated by the Virginia Office of Emergency Medical Services.
• Adhere to the EMT program prerequisites including:
  o current Basic Life Support Healthcare Provider certification

Prior to starting the paramedic program applicants must do the following:

• Meet eligibility requirements as stipulated by the Virginia Office of Emergency Medical Services.
• Adhere to the paramedic program prerequisites including:
  o current EMT certification
  o current Basic Life Support Healthcare Provider certification

Criminal Background Check & Drug Screen

Conditional admission will be granted to EMS programs upon successful completion of the above steps and satisfactory proof of the following:

• acceptable drug screen
• acceptable criminal background check
• acceptable review of Virginia Office of EMS enforcement actions

After admission, all EMS program students are required to attend a program orientation session before and/or within their first semester of enrollment in their respective paramedic program (to include both pathways, Intermediate to Paramedic certificate and/or Associate of Applied Science in EMS programs of study).

Once enrolled in the EMS program, students will be required to:

• Provide proof of insurance (or insurance declination) and prerequisite certifications.
• Demonstrate physical and mental health as evidenced by a physical exam and appropriate behavior.
• Complete all required vaccinations (immunizations) by the date established by the program for the semester of study. Proof of vaccinations must be uploaded to FISDAP.
• Complete a criminal background check and drug screen prior to and/or immediately following the start date of the students initial EMS program course. This requirement must be completed and returned acceptable prior to beginning the clinical/field phase of
the program. Any expense incurred to obtain the criminal background check and/or drug screen is the responsibility of the student. Providing false or incomplete information will result in dismissal from the program. The criminal background check is required prior to participating in the clinical and field component of the EMS program. Clinical sites have the right to deny student access based on criminal background. This denial will result in the student's inability to successfully complete the program.

Tuition, Financial Aid, VA Benefits and Scholarships

Admitted students are required to remit payment, financial aid, scholarship(s) and/or Veteran’s benefits and/or make appropriate arrangements with the business/cashiers office for the timely payment of all outstanding balances. Students who do not appropriately satisfy all outstanding financial obligations may be administratively dropped from their courses and/or may be held financially responsible for unpaid financial obligations.

Students are held to current in and out-of-state Thomas Nelson Community College tuition and fees. Tuition does not cover the cost of course texts, software, uniforms, drug tests, background checks, medical physicals, immunizations, health insurance and/or required examination fees (National Registry, Consolidates Test Sites for cognitive and/or psychomotor examinations).

EMS Agency employees/members whose tuition is being paid by their employer/agency must provide a signed third-party authorization form(s) to Thomas Nelson Community College by the end of the first week of class or they may be held personally accountable for tuition fees.

Students who have not paid tuition or fees on time and have not made alternative arrangements shall be dropped by Thomas Nelson Community College from the class.

All Fire and EMS Education Department and/or program/course students are encouraged to seek/complete processes/applications to determine aid (Financial/Veteran’s) and/or scholarship eligibility.

Additional information regarding financial aid and/or Veteran’s benefits may be obtained by calling and/or visiting those offices at the College.

Scholarship information may be found by visiting the Thomas Nelson Community College Education Foundation Scholarships webpage.

Virginia Office of Emergency Medical Services Scholarship: Students pursuing funding under the auspices of the Virginia Office of Emergency Medical Services Scholarship are strongly encouraged to review all of the program's current and future funding requirements; including, but not limited to the requirements for successful course completion, affiliation requirements, as well as the information related to need-based aid and the students responsibility to balance financial aid awards, benefits and scholarships so as not to receive more funding than is necessary to cover educational requirements.

Forms Completion
All EMS program students are required to accurately and appropriately execute the program required forms packet by the date established by the program each semester.

Physical Examination, Immunizations and Insurance

All EMS program students shall complete the following physical examination requirements before the start of clinical and/or field rotations. Additional details regarding Field and Clinical requirements are documented in the clinical and field section of this manual. Students shall complete and/or provide evidence that a medical physical examination was conducted within two-years of program enrollment to include a respiratory fit test/respiratory exam.

The following vaccinations are required for the EMS program students. Acceptable records of immunizations may be obtained from: high school records, personal shot records, local health department, military records, or previous college or university records. These records must include name, date of birth, ID number, and the dates the vaccine was administered (including month, date and year).

<table>
<thead>
<tr>
<th>Vaccination</th>
<th>Requirement</th>
</tr>
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<tbody>
<tr>
<td>Measles (Rubeola)</td>
<td>2 vaccinations or a positive antibody titer</td>
</tr>
<tr>
<td>Mumps</td>
<td>2 vaccinations or a positive antibody titer</td>
</tr>
<tr>
<td>Rubella (German Measles)</td>
<td>2 vaccinations or a positive antibody titer</td>
</tr>
<tr>
<td>Varicella (Chicken Pox)</td>
<td>2 vaccinations or a positive antibody titer</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>3 vaccinations (or in process) or a positive antibody titer</td>
</tr>
<tr>
<td>Tetanus, Diphtheria, Pertussis (Tdap)</td>
<td>Tdap or Td booster within past 10 years</td>
</tr>
<tr>
<td>Polio (if &lt;18 yrs old)</td>
<td>3 vaccinations or positive antibody titer</td>
</tr>
<tr>
<td>TB skin test</td>
<td>1 step annually, 12-months or more since PPD, two step required. During shortages a T-spot (IGRA) blood draw may be required.</td>
</tr>
<tr>
<td>Influenza</td>
<td>During flu season or within the last 12-months. Affiliates may deny access without the vaccination.</td>
</tr>
</tbody>
</table>

Use of the Thomas Nelson Community College physical examination forms is required and will ensure that the program physical examination requirements are documented.

All students enrolled in the Thomas Nelson Community College EMS Education program are advised that during their clinical and/or field rotations there may be increased health risks due to exposure of unknown diseases, various bacteria, environmental hazards or radiation. If the student is pregnant or becomes pregnant, be advised that this exposure may be harmful to unborn children.

Thomas Nelson Community College does not provide or sponsor health insurance for students. In the event that a student sustains an injury while on campus or in the clinical/field setting, it is the responsibility of the student to utilize their own health insurance plan to cover the cost of treatment and/or follow up care. **Students are strongly encouraged to obtain their own health insurance policy as Thomas Nelson Community College will not cover student health care costs.**
As a student in the Emergency Medical Services Program at Thomas Nelson Community College, you will be covered by the college’s Malpractice/Liability Insurance while you are attending approved clinical/field activities self-scheduled by students (affiliated agency/facility) and approved and/or arranged/scheduled by the Fire and Emergency Medical Services Program. The malpractice/liability insurance is limited to the limits specified by the coverage, in the event a student is sued by a patient for malpractice or negligence. A student will be eligible for liability coverage only if acting within the scope of practice abilities and were being appropriately supervised at the time the incident occurred. **Note: Liability Insurance is not Health Insurance.**

Any disability/illness and/or any communicable illness and/or pregnancy will require a physician’s documentation. Please refer to the “Change in Health Status” section within this handbook for specific information.

Students with a documented (must be provided to the Program Director) allergy to and/or requesting a religious exemption to immunization(s) must provide the appropriate documentation, which may result in the students inability to schedule clinical and field internships. If this occurs, the student will be required to meet with the department head/program director to determine program eligibility.

**Program Materials: Texts, Software and Uniforms**

Each program has specific text, educational resource and associated requirements (i.e. uniforms, name tags, etc.). Students are required to obtain the correct required textbooks (packages, as applicable) and required software packages and online or electronic resources as specified by the program. This includes the required uniform components, as well as medical physical, immunizations, etc. as specified/required by the program by specific deadlines.

All textbooks and students learning aids for the program shall be purchased by the student. Certain texts may be available through the College book store. Textbook substitutions may be allowed only at the discretion of the Department Head/Program Director. It is recommended that students also have access to a laptop or tablet computer for use in the class, laboratory, and clinical settings for clinical and skills documentation and out of class required assignments. The program will make available a list of specific course and/or program required educational materials (packages). Additionally, all medical physical, background and drug screen information is available in this manual.

*Program faculty will provide specific dates by which all course, clinical and field requirements (physicals, immunizations, documentation, drug screens and background checks), uniforms, name tags, text and electronic resources must be acquired. Students who do not acquire the required course materials, packages and clinical/field pre-requisites by the established and published deadlines will be administratively dropped from their program.*

**Dress Code, Uniforms & Appearance Policy**

The EMS program has a dress code and appearance policy to which all students must adhere to during classroom, lab, simulation, clinical and field experiences, and any other college or
community activities wherein students are representing the program. Details on uniform cost and where to purchase items will be provided during orientation.

All students shall be required to acquire the appropriate and approved uniform garments, including shirt and name tape. Further, students shall be required to wear uniforms to classroom, lab, simulation, clinical facility, field agency and/or while officially representing the program.

Any student who does not adhere to this policy may be asked to leave the classroom, lab, simulation and/or clinical facility or field agency by the faculty member, instructor and/or the preceptor or appropriate facility representative. This will result in an unexcused absence from the appropriate session.

Students dismissed from classroom or lab sessions will be required to meet with the faculty member responsible for the session prior to being allowed to return. Repeated offenses may result in the student’s withdrawal from the program of study.

Students dismissed from clinical or field experiences/internships will be required to meet with the appropriate clinical/field coordinator before being allowed to schedule or attend additional clinical/fielded opportunities. (additional penalties, including dismissal from the program may result).

Each aspect of the dress code and appearance policy is further detailed in the remainder of this section.

Any questions or potential exceptions for health, religious or other reasons should be directed to the Department Head/EMS Program Director. Exceptions granted will be documented in writing with time period in the student file.

**Uniforms**

**Uniform Shirts**

All uniform shirts must be clean, with no frays, holes or stains, and worn tucked in at all times.

1. Navy Blue “Polo” style pull over, mid-button, short-sleeved shirt with the Thomas Nelson Community College Fire and EMS Program Name Tape affixed to the “Left Chest” and “THOMAS NELSON FIRE & EMS EDUCATION” screen printed in white font centered on the upper back and a single-color United States flag printed on the upper right sleeve.
2. In colder weather, a Navy Blue “Polo” style pull over, mid-button, long-sleeved shirt with the Thomas Nelson Community College Fire and EMS Program Name Tape on the “Left Chest” and “THOMAS NELSON FIRE & EMS EDUCATION” screen printed in white font centered on the upper back and a single-color United States flag printed on the upper right sleeve.
Uniform Pants

Uniform pants shall be navy blue or black in color. Jeans, shorts, skorts, capris, culottes, gauchos, palazzo pants, yoga pants, skirts* and/or sweatpants are not permissible attire when completing clinical and/or field shifts. Pants must be full length but not touching the ground. Pants must be in good condition without holes and must accommodate a belt.

* Students desiring to wear a skirt shall make a request to the program head/director that includes the specific reason for the request. Such requests will be reviewed on a case-by-case basis. The student will receive a written response to their request, as soon as possible. If authorization is granted, skirts shall be navy blue or black in color and shall be full length (extend to the area of the student’s shinbone or lower) without touching the floor.

If purchasing this uniform will cause you financial hardship, please contact your instructor, preceptor and/or the Program Head/Director. There may be gently used uniforms donated by past students, or cost-effective alternatives available.

Shoes and Accessories

- Shoes: All black, closed toe shoes (including tennis shoes) or boots. If tennis shoes are worn, they must be all black leather tennis shoes (NO CANVAS, MESH or SOFT SIDES/TOES).
- Socks: Navy blue or black in color (white socks are permitted if wearing boots).
- Belt: Black with plain silver buckle or black closure system. Belt is required for all uniform combinations.
- Watch: with a second hand, or digital readout.

Identification

All students are required to purchase a uniform name tag. This nametag is required to be worn by all students when in uniform.

All students are issued a Thomas Nelson Community College pictured student identification card. This ID is required to be in the possession of the student when in uniform. The photo ID may not have to be visible or worn on garments due to the unpredictable nature of emergency incidents, guidance will be provided by instructor/preceptor. Students shall present their issued Thomas Nelson Community College photo ID to any requestor upon request when in uniform and/or representing the College and/or program.

All EMS program students will also be issued a Thomas Nelson Community College EMS Program eSkills Card. This electronic card will be provided to each student in a portable document format (PDF). This card will provide the students name, students current education program (EMT, AEMT, Paramedic, Critical Care, etc.) and will denote the skills that the student is currently “released” to perform under the auspices of the EMS program under the supervision of their preceptor. This eSkills Card shall be maintained electronically on the students mobile device and shall be on their person for all classes, labs, simulations, clinical/field internships.
All students shall present their issued eSkills Card in conjunction with their College issued ID card to their preceptor before performing any skills at the clinical/field site. **Students are not permitted to participate in clinical/field internships if they DO NOT have both forms of identification on their person at the site.**

**Outer Garments**

For warmth during cooler weather, the following uniform additions are permitted:

3. Navy blue “job style” pull over with half zip front and collar with the Thomas Nelson Community College Fire and EMS Program Name Tape on the “Left Chest” and “THOMAS NELSON FIRE & EMS EDUCATION” screen printed in white font centered on the upper back and a single color United States flag printed on the upper right sleeve.
   - During extreme winter conditions, a plain blue or black knit skull cap and black gloves may be worn.

During appropriate weather conditions and to ensure visibility for safety, the following uniform additions are permitted for students use/wear:

- High visibility public safety style jacket with THOMAS NELSON FIRE & EMS EDUCATION’ screen printed on the back, and/or turnout “style” coat for warmth.
- High visibility public safety vest meeting ANSI/ISEA 207-2011 standards is required for all field experiences/internships and must be worn for all patient contacts on or near the roadway regardless of temperature.
- This can be worn over the high visibility and/or turnout style jacket and shall be worn for all field experiences/internships and must be worn for all patient contacts on or near the roadway regardless of temperature.

A limited number of Thomas Nelson Community College EMS jackets/coats may be available for checkout by students attending field experiences/internships (not clinical facilities).

The uniform should be worn in its entirety or not at all. Wearing parts of the uniform and not others is not acceptable.

The complete uniform consists of the following elements:
- Navy blue shirt (short-sleeved or long-sleeved depending on season)
- Navy blue or black pants
- Black belt with (buckleless silver buckle)
- Navy blue or black socks
- Black shoes or boots (steel-toed or similar recommended for field shifts)
- Watch with second hand or seconds displayed digitally
- Identification containing both the Thomas Nelson Community College ID and EMS eSkills ID.
- High visibility public safety vest (field assignment)
- Optional approved outer garments as needed by season/assignment
Students who do not adhere to the uniform policy will be asked to leave class, lab or a clinical and marked “absent without permission”.

**Appearance Policy**

The uniform must be clean and present a professional appearance at all times. Complete appearance in the uniform includes other grooming expectations outlined below:

- Students must be clean, free of odors and fragrances (body, breath, perfumes, colognes, etc.).
- Hair must be clean and neatly groomed.
- Hair that is shoulder length or longer must be tied back with an appropriate clip or band.
- Cultural head veils always worn in public places are permitted so long as they are secured in a manner to prevent contamination and injury.
- Beards and mustaches must be neatly trimmed; shaving of beards and mustaches may be required for the clinical courses to allow proper fit of HEPA masks. Mustaches and sideburns must comply with the regulations of the clinical/field internship site.
- All visible tattoos and/or body art must be covered while in uniform.
- One ring may be worn on each hand. Students are encouraged to limit rings to only flat, non-raised style for safety.
- Small post-type earrings may be worn, but are limited to one per lobe, dangle and hoop earrings are not allowed.
- Earlobe gauges or plugs are not permitted when in uniform.
- Visible piercings, other than those described above, should be removed when in uniform, this includes, but is not limited to surface piercing, body studs, nose, lip, tongue and/or eyebrow hoops, rings and/or studs.
- Other visible jewelry, including necklaces, should be removed when in uniform.
- All students must keep in mind that they may be required to remove some or all jewelry when working in specialty areas or for the performance of certain procedures.
- Fingernails will be clean, neat and a length that will not jeopardize patient safety.
- No bright nail polish. Artificial nails are not permitted.
- Nails must conform to clinical and field site requirements if more restrictive.
- Make-up must be conservative and in good taste.

All program students shall adhere to the program’s dress code and shall present to clinical/field internships in the appropriate “uniform” for their program level. Students whom report to a clinical/field shift out of compliance with the programs dress code will not be allowed to complete the scheduled internship and will receive an unexcused absence for the shift.

**Uniform and Appearance Grading**

The program faculty and/or staff will establish and publish a “due date” by which all students will be required to acquire the appropriate “uniform” for their program of study. Students who do not obtain the appropriate uniform and name tag by the established and published date will be administratively dropped from their program.
Students whom report to an assigned clinical/field internship and do not present in the appropriate “uniform” for their program of study, including Student ID and program skills card (paramedic students) will be dismissed from the clinical/field location and will be required to meet with the appropriate clinical coordinator prior to being allow to attend and/or schedule additional clinical and/or field rotations. Students whom are dismissed by clinical/field site for improper attire, will lose fifty (50) points per occurrence, which may further impact the overall clinical/field/lab grade.

Students whom report to three (3) or more shifts out of compliance with the programs dress code will receive a failing grade for the course, regardless of their total point value at the conclusion of the course and may be dismissed from the program.

Behavior While in Uniform

When wearing clothing associated with the EMS profession or college, EMS students should always be conscious of public perception, and conduct themselves in a manner which fosters public confidence and trust in the profession.

EMS program students wearing any clothing that displays any affiliation with college or program will conduct themselves accordingly and in a manner as not to bring disgrace to the program or college. Failure to adhere may result in a student conduct review as outlined in the college student handbook.

- The use of chewing gum and candy is discouraged while engaging in classroom, lab, simulation, clinical and/or field educational opportunities.
- The use of tobacco and non-tobacco products including, but not limited to cigarettes, cigars, bidis, cigarillos, little cigars, kreteks, pipes, electronic or e-cigarettes, hookahs, etc. and smokeless tobaccos including chew, dip and snuff is discouraged and their use is permitted in designated areas only. Students shall refrain from using these products in areas where their use is prohibited.
- Many of the clinical and field affiliates are designated as “tobacco free” campuses and students must adhere to their policies and procedures when at these locations.

Additional Notes/Reminders

- If tattoo(s) cannot be covered with long sleeves, standard uniform clothing or “tatjacket” tattoo covers, the student must meet with the program head/director to determine if clinical and field site availability exists.
- Students may not wear handcuffs, knives or multi-function tools of any sort on belts and are discouraged from bringing these to clinicals. Trauma shears (medic scissors) are appropriate.
- No additional patches, pins, badges or other embellishments are permitted to be affixed to uniforms, unless approved by the program head/director.
- Hats are permitted when participating in field internships
- Hats should be navy blue in color and state TNCC or Thomas Nelson EMS Program or have the EMS program logo on the front.
- Refrain from use of fragrances, perfume or cologne. All wearing apparel at the clinical site must be free from any fragrance or the odor of smoke.

**Dress Code Exceptions**

EMS program students are not permitted to wear any other uniform or potentially identifiable garments that could potentially affiliate them with another organization or agency other than the college program while assigned to clinical/field internships, with the exception outlined below:

- Students may wear their regularly issued/assigned department/agency uniform when participating in field internships with their affiliated department/agency in a student capacity while in an on-duty status. (i.e. student affiliated with department X is scheduled for a “normal” work shift; however, they are assigned as a “student” operating under the auspices of a preceptor for a specified period of time, in this case, the student may wear their affiliated department/agency issued uniform).

If a clinical or field site has a more restrictive dress code, students are responsible to adhere to the clinical or field site dress code.

**Class Insignia**

If the student’s class (EMT or Paramedic) is in agreement, they may create their own logo/insignia. The class is responsible for any incurred fees, obtaining a graphic designer, and production site necessary for this endeavor. The design must be pre-approved by the department head/program director prior to production of the patch or t-shirt. If the class class is compliant as a whole, the faculty member may allow the students to wear their class shirt on designated class and/or lab days or the department head/program director may allow students to affix the patch on the left sleeve of their uniform shirt. These uniform options are only available to the class as a unified whole.

Students shall be permitted to wear EMS Student Association (EMSSA) apparel and/or insignias in a professional and responsible manner when not engaged in official association business.

At no time will any class specific or EMSSA apparel be substituted for the official program uniform while engaged in clinical and/or field experiences/internships.

**Special Uniform Shirts**

From time-to-time, the EMS program may authorize “special” uniform shirts (i.e. pink, camo, puzzle pieces, etc.) to demonstrate support for various awareness and/or support months. Students shall be responsible for the costs associated with such special uniform shirts if they desire to purchase and wear them when authorized to do so.

**Advanced Standing Credit**

Advanced standing credit may be awarded in accordance with the current Thomas Nelson Community College Advanced Standing Guide and/or appropriate department/program policy and procedures.
Additionally, Advanced Credit is awarded in a manner that is consistent with the Virginia Community College Emergency Medical Services statewide curriculum, developed in collaboration with the Virginia Office of EMS.

For example, students entering the program with a current ALS certification, upon successful validation/demonstration of competency and college requirements, may receive credit for the certification level currently held. The clinical hours and successful skill competencies provided within this document are the minimum mandatory hours, patient contacts and/or psychomotor skills required. It is possible that significantly more clinical hours may be required to complete the clinical/field portion of the program.

SECTION III: PROGRAM ACADEMIC POLICIES

College Academic Policies

EMS program (EMT and/or Paramedic) students are required to follow the Thomas Nelson Community College and Fire and EMS Department policies and procedures. Students must review and become familiar with the Thomas Nelson Community College Catalog and Student Handbook available on the college website (www.tncc.edu). Students must also review and become familiar with this Thomas Nelson Community College EMS Program Manual.

Students are also required to comply with all National Registry of Emergency Medical Technicians (NREMT) and Virginia Department of Health Office of Emergency Medical Services (OEMS) Administrative Code Sections, policies, procedures and requirements.

Students with further questions about policies, procedures and/or program requirements should see their instructor, and/or the Program Head/Director.

Family Educational Rights and Privacy Act (FERPA)

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students."

If a student desires to have information about their course/program status and/or progress released to a third party, a copy of this form may be obtained from the Health Professions Division Office; a copy of this form must be signed by the student and placed in their file prior to the release of any student information.
EMS Program (EMT, AEMT and Paramedic) Attendance Policy

Didactic and Lab Attendance

The Thomas Nelson Fire and EMS Education department tracks attendance per course/per class offering within each program. The means that our program interprets the Virginia Office of EMS attendance policies to each class individually.

Student attendance is a critical component of student success. The Virginia Office of Emergency Medical Services requires that students must attend a minimum of 85% of the class sessions and must complete 100% of psychomotor (practical) skills associated with a course/program. Course requirements will generally be more stringent than 85%.

All time missed in a class(s) that exceeds 15% of the class must be made up prior to the end of the class. Students who miss more than 85% of a class, do not make up missed time to the 85% point, will NOT obtain successful class completion, regardless of total points, the final grade will be an “F” due to attendance. The exception to this policy exist in merit badge courses wherein the sponsoring organization (i.e. AHA, NAEMT, etc.) have a policy that differs and in those cases, the minimum course/program attendance requirement may be stricter than this policy. This policy will not be relaxed to less than 85% of attendance regardless of the sponsoring organizations requirements.

Students must successfully complete 100% of the psychomotor skills required per lab, clinical and field, portfolio, etc. per class. At the conclusion of the students certification program (EMT, AEMT and/or Paramedic, as well as any specialty “merit badge courses” 100% of the psychomotor skills for the program must be successfully completed. The exception to this policy exist in merit badge courses wherein the sponsoring organization (i.e. AHA, NAEMT, etc.) have a policy that differs and in those cases, the minimum course/program required psychomotor skills must be successfully completed.

Students whom do not meet the 85% and 100% criteria outline above shall be subject to administrative withdrawal from their program of student and all associated course if the missed time is accumulated before the add/drop with a “W.” If the missed time accumulates after the add/drop with a “W” date, the student will receive a grade of “F” in the associated classes. In limited and very specific situations (as outlined in the Thomas Nelson College Catalog/Student handbook) a student MAY be eligible to receive a grade of “Incomplete” documented as an “I.” Students whom receive an “Incomplete” grade in an EMS course will receive information regarding their ability to continue within the program.

All incomplete grade classes must be successfully completed in the subsequent semester or the “I” grade with automatically revert to a grade of “F” for the class.

Classroom, Lab, Simulation Attendance – Students will receive a deduction of fifty (50) points per unexcused absence. Further, students will receive a deduction of twenty-five (25) points per unexcused tardy.
Students reporting for class (initially and/or retiring from a break) after the official and/or agreed upon start time shall be considered tardy.

Students who report to class and have missed 40% or more of the class period shall be considered absent.

Webster’s Dictionary defines “Tardy: as: delayed beyond the expected or proper time: LATE

Webster’s Dictionary defines “Absence” as: a failure to be present at a usual or expected place: the state of being absent

Students reporting for class (initially and/or retiring from a break) after the official and/or agreed upon start time shall be considered tardy.

The course lead faculty, in consultation with the Department Head/Program Director shall determine on a case-by-case basis the applicability of excused and/or unexcused with regard to absences and/or tardies.

Students whom accumulate three (3) unexcused absences in one class, will receive a grade of “F” for the class, regardless of their total point value at the conclusion of the class.

Three (3) unexcused tardies are equal to one (1) unexcused absence.

Students whom accumulate nine (9) unexcused tardies in one class, will receive a grade of “F” for the class, regardless of their total point value at the conclusion of the class.

**Student Evaluation**

Students will be routinely evaluated throughout the EMS program to ensure that they are developing and retaining the cognitive (knowledge), psychomotor (skills), and affective (behavior) knowledge, skills, abilities and attributes necessary to become and competently function as entry level EMS Providers.

Objective and subjective evaluation tools will be utilized to track the students’ progress in evaluation of their required lab and clinical/field competencies. The Program will utilize an electronic tracking system as determined by the program. The student will be required to have a device that is suitable for use with the electronic tracking system which will be purchased and maintained by the student.

Any student who has substandard performance at any time during any portion of the course will be subject to review by the Department Head/Program Director and Medical Director, as appropriate. Subsequent to the review, the student may be administratively dropped from the program, grades and refunds will offered in compliance with college policy the current semester academic calendar. All students in the program will be offered opportunities to work in open labs, join study groups, and seek tutoring.
The Department Head/Program Director and Medical Director, as appropriate will take into account the following when reviewing student performance: self-motivation (utilizing other students for assistance in study groups, utilizing the instructors for assistance, etc.), attitude/behavior (getting along with others, not arguing with instructors, behaving in a professional and polite manner), grades, responsibility level (turning in all necessary material/documents on time, always following policies and procedures, appearing in appropriate uniform attire, arriving to class every day and on time).

**Performance Evaluation**

Performance evaluations will be completed for each student, using a series of defined behavioral objectives and a standardized rating scale:

1. An evaluation form and Standards for Evaluation will be provided to the student and preceptor prior to the clinical / field internship phase. These will be submitted electronically.
2. The rating scale is designed to show progression from novice to competent, entry-level performance. Students must meet competency requirements of each phase of internship.

**Frequency of Evaluation**

The student’s performance will be reviewed at the end of each course and periodically by the Program Director, Medical Director and/or Primary Faculty and/or Adjunct Faculty, clearly identifying:

1. Areas of satisfactory performance
2. Areas of unsatisfactory performance
3. Remediation steps or plans to rectify unsatisfactory performance

**Course/Program Administrative Withdrawal, Dismissal**

**Academic Standards**

Students who do not attain and maintain the minimum College and Program academic standards specified in this manual and the College Students Handbook shall be academically dismissed/withdrawn from the EMS Program.

Students will be evaluated relative to the cognitive, psychomotor, and affective educational domains. By entering the Program, students agree that the Program staff shall be the sole judges of performance in both academic and non-academic areas.

The statement “Academic Dismissal” shall be placed on students’ permanent records. Academic dismissal is normally permanent. In exceptional circumstances, students may appeal and be reinstated following processes established by the College. Students who have been reinstated after academic dismissal will remain subject to dismissal until their cumulative GPA is raised to a minimum requirements. Reinstated students may be required to carry less than a normal course load the following semester and are required to consult with their advisor/counselor. Students
who are reinstated and are required to carry less than a normal course load, may not be eligible for reinstatement into the EMS Program until the credit load restriction is removed due to the Programs curriculum structure, requirements and course pre/co-requisites,

Reinstated students seeking admission to the EMS Program must meet with the Department Head/Program Director to determine if they are able to carry the appropriate course/credit load and understand the Programs requirements, policies and rigor.

Clinical/Field

The Program Medical Director will have final authority to revoke clinical and/or field practice for any student considered a risk to patients due to cognitive, psychomotor, or affective deficiencies and/or information reported to the program from the clinical and/or field site/agency that may be inappropriate and/or harmful to patients, faculty, staff and/or the Program.

Failure to Adhere to Program Policies/Procedures

Students who fail to meet and/or adhere to the program/course policies and procedures may be administratively withdrawn/dismissed from the course and/or EMS program of study.

Students recommended for administrative withdrawal and/or program/course dismissal for all issues, with the exception of failure to obtain required course material (text and software packages, uniforms and/or medical/physical requirements or refusal to complete program documentation) will be required to meet with the Department Head/Program Director prior to dismissal. A list of these students and the rationale for the administrative withdrawal and/or program/course dismissal shall be forwarded to the Division Dean, the Dean of Students.

Administrative Withdrawal and/or Program/Course Dismissal

Students may voluntarily withdraw from programs/courses in accordance with College policy.

Students administratively withdrawn and/or dismissed from the EMS program or specific courses may be eligible for a refund of their tuition paid and/or a grade of “W” for withdrawal in accordance with College policy and procedures, as well as in accordance with specific and published deadlines for each.

Students administratively withdrawn and/or dismissed from the EMS program or specific courses shall not be eligible for a refund of their expenses paid for educational packages, medical/physical/immunization costs, uniforms, name tags and other associated garments, tools and/or equipment purchased.
Emergency Medical Services (AAS EMS, EMT, AEMT and Paramedic) Program Grading Scale

Academic Evaluation System and Grades: There is a five-level evaluation system for the Program phases, in adherence to college policy with the following designations:

1. Excellent (A) – indicates extraordinary intellectual and creative performance and superior mastery of the course of study. This level reflects an academic average between 92 and 100 %.

2. Above Average (B) – Indicates acceptable performance and knowledge at a level sufficient to allow the student to progress. This level reflects an academic average between 84 and 91 %.

3. Average(C) – Indicates performance and knowledge at a level below what is expected but still academically eligible to stay in the program with encouragement and guidance to seek additional help and resources. This level reflects an academic average between 75 and 83 %.

4. Fail (F) – Indicates unacceptable performance and/or knowledge of the subject. This level reflects an academic average of less than 75%.

5. If a student receives a failing grade in a single course the student may be permitted to repeat the course with the approval of the program director and program medical director. The program director will coordinate requests, as appropriate with the program medical director. Students requesting special permission must have a written action plan for successful completion of the course requirements. The student will be required, as approved, to repeat the course in the next cohort offering (within twelve [12] months) without penalty of having to retake all of the cohort courses in that semester.

6. If a student receives a failing grade in a single course a second time (different course), they will be dismissed from the program. If this occurs in the student’s first cohort enrollment, the student will be required to begin the entire program from the beginning in a new cohort. If this occurs in the student’s second cohort enrollment, the student will be dismissed from the program and will not be allowed to enter another cohort in accordance with department policy number 10 below).

7. If the student fails the same course twice, the student will be dismissed from the program.

8. If a student receives a failing grade in two or more courses the student may reenroll in the next cohort of the same courses (within twelve [12] months) with the approval of the program director and program medical director. Students requesting special permission must have a written action plan for successful completion of the programs requirements. The student will be required to retake all cohort courses for that semester regardless of grade(s) received in other semester/cohort courses.
9. If a student fails one or more courses a second time (same or different course) the student will be dismissed from the program.

10. Students who have been enrolled in, and are dismissed from two cohorts for one or more of the aforementioned course failure infractions may not be admitted into a third cohort within thirty-six months of their final dismissal and then, only with the permission of the program director and program medical director.

Note: Students must maintain an overall GPA of 2.0. Additionally, students must earn an 75% or higher in all EMS courses.

Students must complete all course requirements by the original test window for NREMT. This is defined as two years from the course end date, as announced by the OEMS Course Approval for which the student originally enrolled. Students who fail to graduate and obtain certification within this time period will be required to restart and repeat the entire program.

The Department Head/Program Director and/or Medical Director may revoke authorization for clinical practice at any time, resulting in inability to complete the clinical and field requirements of the program. The Emergency Medical Services Program utilizes the following grading scale for all course sections (didactic, lab, clinical and field).

<table>
<thead>
<tr>
<th>Grade</th>
<th>Points</th>
<th>Grade</th>
<th>Points</th>
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<tbody>
<tr>
<td>A</td>
<td>92 - 100</td>
<td>920 – 1000</td>
<td>A</td>
</tr>
<tr>
<td>B</td>
<td>84 - 91</td>
<td>840 – 919</td>
<td>B</td>
</tr>
<tr>
<td>C</td>
<td>75 - 83</td>
<td>750 – 839</td>
<td>Minimum Passing Grade</td>
</tr>
<tr>
<td>D</td>
<td>67 - 74</td>
<td>670 – 749</td>
<td>NOT PASSING</td>
</tr>
<tr>
<td>F</td>
<td>&lt; 66</td>
<td>&lt; 669</td>
<td></td>
</tr>
</tbody>
</table>

Successful completion of EMS-prefixed program courses and BIO 145 with a minimum cumulative score of 750 points (C) is required in order for the student to continue to progress to subsequent EMS courses.

It should be noted that certain third-party certifications courses (i.e. American Heart Association [AHA] and/or National Association of EMTs [NAEMT], etc.) may require students to achieve a score greater than seventy-five (75) to successfully complete the course and receive the appropriate certification/industry credential.

The EMS program uses a point system that is based upon a total possible 1,000 points per class. Grading is adapted to this point system for each course offered.

**Make-Up/Re-Attempt Assessment Policy**

Assessment instrument is defined as any in-class quiz, test, summative assessment, exam, readiness assessment/exam and/or capstone assessment, whether cognitive or psychomotor.

Under no circumstances will a student be permitted to complete an in-class assessment instrument on a day they were absent unless approved by the instructor.
If a student is absent from class/lab, the absence will stand, even if the student completes any distance/online assessment/assignment.

All re-assessment must be completed scheduled with the lead cohort faculty member and must be completed in the testing center.

UNDER NO CIRCUMSTANCES WILL ANY FISDAP ASSESSMENT BE SCHEDULED AND ADMINISTERED IN AN UNPROCTORED FORMAT.

The initial assessment instrument score received is the score that is factored into the student’s total points and final course grade.

Under no circumstances will a student be permitted to reattempt an assessment instrument in order to achieve an improved score for grade computation after obtaining a satisfactory and/or unsatisfactory score on the original assessment.

Make-up assessment date and time will be at the discretion of the instructor.

Mandatory Re-Attempt of FISDAP Unit and Readiness Assessments

It is imperative that students demonstrate minimum mastery in each of the domains (units) within their respective program. Mastery is assessed by performance on FISDAP Unit and Readiness Assessments. Students may be restricted from scheduling clinical and field internships until such time as they are able to demonstrate cognitive and psychomotor proficiency and mastery.

Clinical and field internship restriction may and likely will cause the student to be unsuccessful in their lab, clinical and/or field courses due to their inability to complete required competencies. IF this occurs, student may be subject to dismissal from their respective program (administrative withdrawal) and render them ineligible for program progression and/or from attempting certification examination(s).

All students who score below the minimum passing score on FISDAP assessments (Unit, Readiness) shall be required to consult with their lead faculty member within 48-hours of the attempt to review the prescription agreement generated for the assessment. This meeting may occur face-to-face, telephone, email exchange, webinar and/or other video conference system (skype, facetime, etc.). Failure to consult with the lead cohort faculty member within 48-hours of unsuccessful assessment completion will result in a loss of 100 points in the course for which the examination was delivered, unless the lead cohort faculty member and the student agree to alternative arrangements in writing (can be email acknowledgement by both parties).

All students who score below the minimum passing score on FISDAP assessments shall be required to reattempt the assessment not less than 48-hours and no-more than 144-hours from their initial assessment in order to attempt to obtain the minimum passing score.

Failure to successfully complete the second attempt between 48 and 144 hours within of the initial unsuccessful assessment attempt will result in a loss of 100 points in the course for which the examination was delivered, unless the lead cohort faculty member and the student agree to
alternative arrangements in writing (can be email acknowledgement by both parties). Students whom are unsuccessful on their initial attempt of a FISDAP Unit Assessment, who DO NOT schedule and complete a reattempt will NOT be allowed to complete additional FISDAP Unit Assessments until the unsuccessful attempt is reattempted in compliance with program policy outlined above. If this occurs and the student is delayed in attempting a subsequent different FISDAP Unit Assessment, the missed assessment will be counted as an unexcused absence and may be grounds for program dismissal (administrative withdrawal) for program policy violations.

Students who score below the minimum passing score on two consecutive and/or three or more FISDAP Unit Exams will be required to meet with their cohort lead faculty member to discuss their academic performance status and review the prescription agreements for each assessment prior to attempting any further Unit Exams. Students may be required to meet with the Department Head/Program Director and/or the Medical Director before being allowed to continue in their respective program.

EMT and Paramedic candidates shall have a maximum of four attempts to successfully complete FISDAP Readiness Exams (capstone) to achieve the minimum passing score (minimum passing score provided by the program prior to test administration).

AEMT candidates shall have a maximum of two attempts to successfully complete FISDAP Readiness Exams (capstone) to achieve the minimum passing score (minimum passing score provided by the program prior to test administration).

For more information regarding readiness (capstone) assessments, refer to Section VII: Program Readiness (Capstone) & Certification Testing.

Re-assessments are required to serve as proof the student has mastered the cognitive and/or psychomotor information necessary for successful progression in the program, (lab, clinical, field and/or certification examinations).

Re-assessment dates may vary and will be determined by the instructor based on individual and/or class needs. The grades obtained on the retests will not be factored into the student’s course grade.

If a student has an UNEXCUSED absence on the date of a summative assessment, they will NOT be afforded an opportunity to make-up the assessment. Students will receive a zero (0) for their score on the assessment and may cause them to be dismissed (administratively withdrawn) from their respective program.

Only under extenuating circumstances (excused absence) and with prior written approval from the lead cohort faculty member (exception of emergencies) will a student be allowed to make-up the final cognitive exam and/or the final psychomotor exam.
Psychomotor Skill/Simulation Course Requirements

Psychomotor skill progression in EMS programs (EMT, AEMT and/or Paramedic) begin with basic skill acquisition and development, and rapidly progress to simulation, and clinical implementation.

While they are progressive and differ, the terms laboratory, “lab”, scenario, skills, and simulation are often used interchangeably to refer to course components that are practical or psychomotor.

All skills/simulation components of a course require the student’s demonstrated knowledge, psychomotor competency, and participation. Students must participate in all scheduled skills/simulation hours unless otherwise excused by their instructor.

Following formative instruction in each category, students will be required to perform skills in the scenario/simulation setting. Skill development should progress through stages of implementation, from imitation to evaluation (Dryfus Model).

Students must complete the minimum number of successful, consecutive attempts at each skill with a peer as specified in the psychomotor portfolio (for their program) before attempting to achieve an instructor’s sign-off for each skill. If unsuccessful at the initial instructor evaluation, both the student and the last peer evaluator must repeat all of the peer evaluations for each skill failed before retesting for an instructor’s sign-off. Specific psychomotor skills and competency requirements are listed in the Psychomotor Skill Competency Portfolio in FISDAP.

Paramedic Program Students - Final instructor psychomotor skill validation coupled with the peer-to-peer evaluation requirement shall serve as satisfactory completion of the first two columns of the Thomas Nelson Community College Paramedic Program Minimum Competencies on the Sequence of Learning (CoAEMSP Appendix G, as amended).

All students must pass the final psychomotor exam in each of the assigned lab courses in their program of study in order to demonstrate satisfactory competency and complete the lab portion(s) of the program successfully and maintain eligibility to continue program progression and/or achieve eligibility to attempt a capstone examination.
The Dreyfus model of skill acquisition is a model of how students acquire skills through formal instruction and practicing.

The skills/simulation final exam will be graded as pass/fail basis and administered in a manner that similar to the National Registry psychomotor examination process as outlined below:

Students will be allowed one (1) full attempt to pass the psychomotor examination (one "full attempt" is defined as successfully completing all required psychomotor skills/simulation(s) and two retesting opportunities.

If offered (faculty/instructor discretion), only one (1) psychomotor skills/simulation retest attempt may be completed on the same day as the initial test.

Students who fail any portion of a second retest must meet with the course faculty/instructor lead prior to scheduling the third and final required psychomotor skills/simulation retest attempt.

Students who fail any portion of the third and final attempt required psychomotor skills/simulation retest attempt will receive a failing grade for the lab section.
Students who fail a lab section will be required to repeat the failed lab course, as well as the corresponding didactic course prior to being allowed to continue to progress through the program.

Clinical/Field Internship Grading

All students are required to participate in clinical/field experiences and internships throughout the program. Paramedic student clinical/field courses are graded based upon the student’s demonstrated knowledge, scenario/skills competency and participation. Students must participate in all clinical and field hours unless otherwise excused by their instructor. Student clinical and field requirements are addressed in detail in a later section of this manual.

Psychomotor Competency Portfolio

Accreditation standards require that EMS (EMT, AEMT and Paramedic) students have access to adequate numbers of patients, proportionally distributed by illness, injury, sex, age and common problems encountered in the delivery of emergency care appropriate to the EMT, AEMT and/or Paramedic profession. The National Registry of EMT’s developed a psychomotor competency portfolio of vital skills that each student must demonstrate competency in their respective program in order to qualify for the NREMT EMT and/or Paramedic Certification examination. Thomas Nelson Community College has adapted the Commonwealth of Virginia psychomotor skills requirements for EMT and AEMT and the National Registry of EMT’s Paramedic Psychomotor Competency Portfolio Manual into its EMS Education programs. Each student’s portfolio is tracked by the program throughout the formative and summative phases of education in the laboratory, clinical, and field settings. The completed portfolio becomes a part of the student’s permanent educational file and is a prerequisite to seeking NREMT EMT and/or Paramedic Certification. Timely and accurate documentation of skills, patient encounters, assessments and interventions are a critical component of the EMS Education program. Student psychomotor competencies shall be tracked and documented in the program portfolio electronically in FISDAP.

Certification Maintenance & Continuing Education Credit

Students in the emergency medical technician program are required to maintain and recertify their Basic Life Support (BLS) for Healthcare Provider certification. Students who do not maintain the specified certification while enrolled in the appropriate course of study will NOT be allowed to continue and may be administratively withdrawn from their EMS course(s) and may subject to dismissal from the emergency medical technician program.

Students in the AEMT program are required to maintain and recertify their Basic Life Support (BLS) for Healthcare Provider and EMT certifications. Students who do not maintain the above certifications while enrolled in the appropriate course of study will NOT be allowed to continue and may be administratively withdrawn from their EMS course(s) and may subject to dismissal from the AEMT program.

Students in the paramedic program are required to maintain and recertify their Basic Life Support (BLS) for Healthcare Provider and EMT certifications. Students whom have received
advanced standing credit for AEMT and/or Intermediate certification are required to maintain the appropriate certification without lapse, while enrolled in the program. Students who do not maintain the above certifications while enrolled in the appropriate course of study will NOT be allowed to continue and may be administratively withdrawn from their EMS course(s) and may subject to dismissal from the paramedic program.

Faculty will request Virginia Office of EMS continuing education course credit(s) for the appropriate course offerings. Students in the paramedic program may be eligible to receive continuing education credit for courses attended. Students must request continuing education via email for courses attended. Students requesting continuing education credit must be listed on the appropriate course(s) Virginia Office of EMS Course Attendance Roster. If the requesting student is not listed on the Virginia Office of EMS Course Attendance Roster, continuing education credit will not be awarded.

When requesting continuing education credit, the student must send an email to their lead course faculty member indicating the topic area(s) required, the date and location of course(s) attended, the hours of attendance, as well as their current Virginia EMS certification number.

**Program Progression and Completion**

Students will be routinely evaluated throughout their respective EMS (EMT, AEMT and/or Paramedic) program to ensure that they are developing and retaining the cognitive (knowledge), psychomotor (skills), and affective (behavior) knowledge, skills, abilities and attributes necessary to become and competently function as entry level Basic Life Support (BLS) and/or Advanced Life Support (ALS) provider.

Any student who has substandard performance at any time during any portion of their respective program will be subject to review by the program administration team, which may include a combination of faculty, staff, department head/program director and/or the medical director, as appropriate. Subsequent to the review, the student may receive a learning contract (prescription agreement) detailing current deficiencies and requirements for improvement and/or program continuation or they may be administratively dropped from the program. If a student is administratively dropped from the program, grades and refunds (if applicable) will be processed in compliance with college policy based on the current semester academic calendar.

The program administration team will take into account the following when reviewing student performance: grades, accountability (submitting all necessary material/documents on time, always following rules, appearing in appropriate uniform attire, arriving to class every day and on time), self-motivation (utilizing other students for assistance in study groups, utilizing the instructors for assistance, etc.), attitude/behavior (working collaboratively, cohesively and with mutual respect, behaving in a professional and polite manner).

Students are required to maintain a minimum overall (college-wide) GPA of 2.0 while enrolled in the EMS program. Any student falling below an overall GPA of 2.0 during enrollment in the EMS program will be required to meet with the department head/program director (meetings may include the medical director and other program personnel as determined appropriate by the
department head/program director) and may be issued a learning contract (prescription agreement) outlining the student’s current status and strategies for future student success.

It is imperative that students demonstrate mastery of the material to the established minimum criteria (750 points/course) before being allowed to advance to additional material/skills within the program. EMS program (EMT, AEMT and/or Paramedic) students who do not meet the minimum program academic requirements (750 points/course) will not be allowed to progress through their respective program of study.

EMT students who DO NOT complete their program courses with a total minimum of 750 points per course will NOT be marked as successfully completing the EMT program requirements and will NOT be eligible to attempt the National Registry cognitive exams.

AEMT students who DO NOT meet the minimum program academic requirements (750 points/course) may be withdrawn from the program and will be required to consult/meet with the Department Head/Program Director, students who DO NOT meet the minimum program academic requirements (750 points/course) in their final semester will also not be marked as successfully completing the course and will not be eligible to attempt the National Registry psychomotor and cognitive exams.

Paramedic students who DO NOT meet the minimum program academic requirements (750 points/course) may be withdrawn from the program and will be required to consult/meet with the Department Head/Program Director, students who DO NOT meet the minimum program academic requirements (750 points/course) in their final semester will also not be marked as successfully completing the course and will not be eligible to attempt the National Registry psychomotor and cognitive exams.

Students who complete all of their EMS program (EMT, AEMT and/or Paramedic) courses with a minimum of 750 points per course, fully completed psychomotor portfolio, and successfully achieved all of the minimum clinical and field competencies will be required to successfully complete a readiness assessment (at the appropriate program level) [cognitive capstone assessment/readiness assessment] with a minimum score established and provided to students prior to the assessment before the program will designate them as successfully completing the course/program in the National Registry of EMTs web portal and the Virginia Office of EMS web portal. (additional information regarding the capstone/readiness assessment can be found in the capstone section of this publication).

Psychomotor assessment early eligibility for advanced life support National Registry psychomotor examinations will be granted per the following procedure:

AEMT and/or Paramedic students who complete all of their EMS program courses with a minimum of 750 points per course, fully completed psychomotor portfolio, and successfully achieved all of the minimum clinical and field competencies and are completing the remaining field capstone team lead shifts may be granted early eligibility to attempt the National Registry psychomotor examination prior to completing the final field capstone team lead internships.
EMT psychomotor skill verification:

As an accredited EMT program through the Virginia Office of Emergency Medical Services, EMT students are required to successfully complete 100% of the psychomotor skill portfolio and achieve a minimum passing score on the EMT readiness exam shall be designated eligible to attempt the National Registry EMT cognitive exam only. EMT psychomotor skill verification is validated through the student’s successful completion of 100% of the psychomotor skills in the skills portfolio completed during the course.

The Thomas Nelson Community College EMS program is a competency-based program, meaning that each of the cognitive, affective and psychomotor learning domain building blocks must be mastered before allowing the student to advance to the next level. Because pre-hospital and facility-based emergency medical care ultimately deals with life and death, it is imperative that each student be trained to the highest of standards. Students’ progress through the program within their perspective cohort in a course progression model that is designed to promote student success.

Successful Program Completion Requirements

Successful course completion is contingent upon successful completion of all academic and clinical requirements. A document (course syllabi and program manual) containing educational and clinical objectives for all course requirements will be provided to all students. It is the responsibility of the student to maintain and properly submit all clinical/field documentation with preceptor approval. All clinical/field documentation will be audited before a student is considered to have successfully completed the clinical requirements of the Program.

Incomplete or improper documentation will be rejected, and no credit will be awarded.

Program Completion Summary

All students must successfully complete the following requirements for initial Emergency Medical Services Course completion:

Compliance with the Thomas Nelson Community College attendance policies.

1. Successfully complete all written and practical examinations
2. Successfully complete all Clinical/Field Internship rotations
3. Successfully complete the minimum competencies required
4. Complete all graduation requirements for the certificate or degree program in which the student is enrolled (EMT certification eligibility will be granted upon successful completion of EMS 111 and 120 or equivalent, and successful completion of the EMT capstone/readiness assessment).

Students who do not successfully complete the didactic portion of the paramedic program reflect a lack of cumulative classroom knowledge necessary for safe emergency medical care in the clinical and/or field setting. The student who lacks adequate classroom knowledge is considered
unsafe and unable to meet the objectives of the program, therefore, will be ineligible to progress in the program which shall be considered unsatisfactory progress.

_Students who are unable to perform skills and/or apply didactic concepts successfully within the lab, clinical and/or field setting is considered unsafe and unable to meet the objectives of the program, therefore, will be ineligible to progress in the program which shall be considered unsatisfactory progress._

**Unsatisfactory Progress**

Students whom display and/or are demonstrating unsatisfactory progress in one or more of the cognitive, affective and psychomotor learning domains may be required to participate in a conference(s) and/or may be placed on academic warning, probation, academic suspension and/or administratively withdrawal from the course(s) or program.

- **Conference:** A conference may be held for failure to transfer classroom knowledge to the patient care setting, adhere to healthcare facility policy, or follow generally accepted rules of personal cleanliness, professional ethics, and judgment at the expected level. An instructor will confer with the student and discuss the reasons for, and means of, correcting the cause for the conference. If satisfactory progress in not made following the issuance of conference reports, the student will be required to meet with the program head/director.
SECTION IV: STUDENT BEHAVIOR, CONDUCT & PROFESSIONALISM

College Conduct Policies

Student Conduct Expectations

Expectations for student behavior and conduct at the college (and while participating in offsite college activities) are outlined in the Thomas Nelson Community College Student Handbook, found on the website (www.tncc.edu). Student disciplinary procedures are also outlined in the Student Handbook.

Scholastic Dishonesty

“Generally, scholastic dishonesty is interpreted as cheating on an examination or quiz, which includes giving or receiving information; copying, using unauthorized materials in tests; collaborating during examinations; substituting for another person or allowing substitutions during examination; plagiarizing, submitting of work other than one’s own; and colluding with another person or persons in submitting work for credit unless such collaboration is approved in advance by the instructor.” (Thomas Nelson Student Handbook).

“Scholastic dishonesty will not be condoned under any circumstances. In the event that a student is suspected of violating the College’s policy on scholastic dishonesty, the faculty member directly involved will investigate the matter. If the faculty member suspects the student of scholastic dishonesty, the faculty member will inform in writing his or her Academic Dean and the student of the evidence and the intended action. The action may involve a grade reduction for the work in question, the assignment of a failing grade for the course, and/or a recommendation for possible dismissal from the College. If the faculty member recommends that the student should be dismissed from the College, then the Academic Dean must contact the Vice President for Academic Affairs and the Vice President for Student Affairs. The Dean will immediately forward all written records to the Associate Vice President for Student Affairs or designee. When the Vice President for Student Affairs or designee receives information that a student has allegedly violated a rule, regulation, policy, or procedure, then the administrator will initiate the Disciplinary Proceeding Procedure. The Vice President for Student Affairs will contact the Vice President for Workforce Development in the case of Workforce Development courses.” (Thomas Nelson Student Handbook)

Webster’s International Dictionary defines plagiarism as follows: Plagiarism--to steal and pass off as one’s own the ideas or words of another; to use without crediting the source; to present as new and official an idea or product derived from an existing source; to commit literary theft.

Thomas Nelson Community College has found the following Virginia Polytechnic Institute and State University’s amplified definition to be useful: Language: Plagiarizing the words of another consists of copying single words without acknowledging your indebtedness to the author.

A student’s diction and phraseology should always be his or her own except where he or she clearly indicates otherwise. Obviously, it is not dishonest to copy an author’s words in quotation marks and give credit to the source by footnoting or by acknowledging the source in the text of a
Honesty and integrity are the cornerstones of emergency medical care, and circumstances involving scholastic dishonesty will be addressed in accordance with Thomas Nelson Community College policies and procedures. Students who witness suspected actions of scholastic dishonesty are expected to report such incidences to their course instructor and/or program head/director.

Scholastic dishonesty shall be immediately reported to the course lead faculty member and the Department Head/Program Director and may be grounds for the student(s) dismissal from the program.

Student Affective Evaluation & Behavior Contracts

EMS program students are expected to conduct themselves in accordance with college policy, applicable laws, and demonstrate competence in all areas identified in the EMS program affective/professional behavior evaluation. The areas of evaluation include: integrity, empathy, self-motivation, appearance and personal hygiene, self-confidence, communication, time management, teamwork and diplomacy, respect, patient advocacy, and careful delivery of service.

Accountability is expected from all EMS program students and student privileges may be revoked if that accountability is not demonstrated. For example, not returning program resources; books, manuals, multimedia resources and/or equipment on time may revoke your privileges to borrow and/or check-out resources.

Students are expected to conduct themselves in a manner consistent with the educational purposes of the College. Student conduct should reflect consideration for the rights of others, and students are expected to cooperate with all members of the College community.

See Appendix B for evaluation form and further details. Expected conduct in the EMS program includes, but is not limited to, the following student behaviors:

- Treat others with respect, courtesy, and dignity.
- Conduct oneself in a professional and cooperative/collaborative manner.
- Work cooperatively and harmoniously with other members of the class, clinical units, agencies, and educators.
- Strive toward academic and clinical excellence.
- Encourage and assist colleagues in the pursuit of academic excellence and improvement through team/group activities.
- Maintain professional behaviors at all times.
- Respect cultural differences and protect the rights, privileges, and beliefs of others.
- Avoid threatening, profane, and/or abusive language.
- Refrain from verbal or written communication that defames any person or organization.
• Address concerns or conflicts in a direct, prompt, and sensitive manner, and in appropriate setting. If this fails, continue through proper channels to appropriately resolve the conflict.
• Practice within the scope of approved clinical privileges.
• Comply with Federal HIPAA Privacy Rule requirements.
• Respect patient autonomy, confidentiality and rights.
• Comply with all statutes, rules, regulations, and procedures that govern the program.

Standards of Behavior

Thomas Nelson Community College EMS Program students are expected to conduct themselves in accordance with the high ethical standards expected of health professionals. All student activity is educational in nature and students will use all scheduled time for educational experiences. The health and safety of all students, faculty, and patients will be adequately safeguarded at all times.

Students will be provided with a clear description of their respective EMS Program and its content, including learning goals, course objectives, policies, and competencies to be attained.

Because Thomas Nelson EMS Program graduates will assume responsibility for the health and welfare of the public as certified health care practitioners, students are expected to demonstrate levels of competence and patterns of behavior deserving of the public trust with which they will be vested. The Program has the right and responsibility to sever the relationship with any student considered unfit for a career in the health-related professions. Allegations of prohibited conduct will receive fair and thorough review, with vigorous attempts to avoid arbitrary and capricious decision making. Further, students who violate policy and in addition commit a criminal offense, the matter will be brought to the attention of the appropriate law enforcement agency and, if warranted, prosecution will be pursued.

Prohibited Conduct

Students whom engage in prohibited conduct may be dismissed from the Program.

1. Submitted material in assignments, examinations or other academic work which is based upon sources prohibited by the instructor or the furnishing of materials to another person for the purposes of aiding another person to cheat.
2. Submitting material in assignments, examinations and other academic work which is not the work of the student in question.
3. Knowingly providing false evidence or false statements, making charges in bad faith against any other person, or making false statements about one’s own behavior related to educational or professional matters.
4. Falsification or misuse of Thomas Nelson records, permits, or documents.
5. Violating existing Program policies or regulations relating to non-academic matters.
6. Exhibiting behavior, which is disruptive to the learning process or to the academic or community environment.
7. Conviction of a felony or misdemeanor as defined in the OEMS rules and regulations to prevent certification eligibility.
8. Disregard for the ethical standards appropriate to the practice of a health or related profession while a student.
9. Obstruction or disruption of teaching, research, administration, disciplinary procedures, or other institutional activities including the institution’s public service functions or other authorized activities on institutionally owned or controlled property.
10. Obstruction or disruption interfering with freedom of movement, either pedestrian or vehicular, on institutionally owned or controlled property.
11. Possession or use of firearms, explosives, dangerous chemicals or other dangerous weapons or instruments on institutionally owned or controlled property e.g. clinical environment, classrooms, etc., in contravention of law or institutional rules.
12. Detention or physical abuse of any person or conduct intended to threaten imminent bodily harm or endanger the health of any person on any institutionally owned or controlled property.
13. Malicious damage, misuse, or theft of institutional property, or the property of any other person where such property is located on institutionally owned or controlled property, or, regardless of location, is in the care, custody, or control of the institution.
14. Refusal by any person while on institutional property to comply with an order of the Program Director or appropriate authorized official to leave such premises because of conduct prescribed by this rule when such conduct constitutes a danger to personal safety, property, or educational or other appropriate institutional activities on such premises.
15. Unauthorized entry to or use of institutional facilities, including buildings and grounds.
16. Illegal use, possession, or distribution of drugs or alcohol on Thomas Nelson grounds, while attending course sponsored events, or while participating in clinical or field settings.
17. Inciting others to engage in any of the conduct or to perform any of the acts prohibited herein. Inciting means that advocacy of proscribed conduct which calls upon a person or persons addressed for imminent action, and is coupled with a reasonable apprehension of imminent danger to the functions and purposes of the institution, including the safety of persons and the protection of its property.
18. Performance of any skill or procedure exceeding the student’s authorized scope of practice, or practicing skills outside of scheduled clinical or field rotations for which the student is not certified. Students may not perform skills in the lab or clinical setting until cleared to do so in that setting by the instructor. Such actions are considered practicing medicine without a license, and will be reported to the Virginia Office of EMS, and the student dismissed from the program.
19. Exhibiting a demonstrated pattern of leaving class, lab, clinical and/or field experiences and not appropriately following policies and procedures related to attendance may be dismissed from the program.
20. Students demonstrating characteristics of and/or knowingly committing academic dishonesty or unethical academic integrity may be dismissed from the program.

Class Conduct

Students while at the College, or any clinical affiliate, will conduct themselves in a professional manner. During clinical assignments, students will be expected to perform tasks within their scope of practice, and to do so without complaint.
Lecture Conduct

During a presentation/lecture/class or lab session, common courtesy is expected. The students will remain seated during the lecture and not leave prior to the end of the presentation. The students are expected to arrive on time, prepared to begin and not delay the presentation by reason of tardiness.

1. Lectures will generally start as scheduled, and will incorporate breaks at reasonable intervals. Break periods are not “guaranteed”, and scheduling may require lectures which vary in length. Students should not disrupt the presentation to leave for a “scheduled” break. Also, due to scheduling, breaks may be for various periods of time and at the discretion of the Program staff.
2. Students are expected to return to classroom promptly for the next scheduled activity, without summons from Program staff. Should students arrive late from a break, they will be counted tardy, in accordance with program policy outlined in this manual. Repetitive issues with returning from breaks will result in dismissal from the class with an absence, in accordance with program policy outlined in this manual.
3. Program staff are expected to be present and ready to present their lecture at least 15 minutes before lecture time. For laboratory sessions, all instructors must be present 30 minutes prior to class, and are expected to remain 30 minutes after class for debriefing. If unable to meet their commitment they must contact the Department Head/Program Director in advance, who will be responsible for the course content being covered by another qualified professional. The students must notify the Department Head/Program Director if a lecturer has not arrived by class time.

Noise in the Classroom

In order to keep the educational integrity of the Program, noise in the classroom should be limited to interactive class discussions.

Anyone disrupting the class will be subjected to consideration for violation of the Programs conduct policies.

Student Advocacy

The Program staff strives to serve as student advocates. Whenever possible, Program staff will support student decisions in administrative, educational, and clinical matters. To do this most effectively, we request timely notification of any significant incident, problem or error.

4. If the student knows or feels that there may be some controversy regarding his or her actions (or inactions), it is best to notify Program staff before we hear about the problem from other sources. This will allow Program staff to respond proactively to an incident.
5. Students are requested to write incident reports regarding any significant problem or unusual occurrence. Promptly notify Program staff, who will advise you of the necessity and format of the incident report.
Group Structure

The student body will be divided into groups of approximately equal size. The purpose of these groups is to facilitate skills training by lowering the student to instructor ratio. It becomes advantageous to break the class into smaller components, usually in the lab setting.

Group assignments will be determined by the instructor.

Students assigned to group assignments, projects, etc. who are identified by one or more members of the group as a non-participant and/or non-contributor to the assignment may receive a grade appropriate for the level of participation and/or lack of participation, to and including no points awarded (0).

Resolution of Problems

Students who have complaints of unfair and/or unlawful treatment have a Student Grievance Policy and Procedure described in the Thomas Nelson Community College Student Handbook.

Student Grade Appeal

Students who believe that received an inaccurate grade, may contact the appropriate faculty member to discuss the matter. If an amicable resolution is not reached, the student may request a meeting with the Department Head/Program Director. If at this point a resolution to the situation if not satisfactory to the student, students have a Grade Appeal Policy and Procedure described in the Thomas Nelson Community College Student Handbook.

Honor Code

Program students are responsible for conducting themselves in a manner which is above reproach at all times. The Program staff maintains that above all, ethical conduct, especially honesty, is one of the most important attributes of a competent health care professional. As a result, Program quizzes and examinations will be proctored.

Ethics

Having adopted the high ethical standards of the Emergency Medical Services profession, the student is charged with the responsibility for the behavior of his or her colleagues as well as their own.

Ethical Standards

The Program expects the following from each student:

1. All assignments will be completed on an individual basis unless otherwise directed by the Program staff.
2. No resources will be consulted during examinations or quizzes unless specifically authorized.
3. Students will not receive assistance or assist other students from this or other programs in falsely completing requirements of EMS education.

Violation of Ethical Standards

Violations of this honor code are a breach of the Behavioral Standards. Students with knowledge of an infraction of this honor code are obligated to provide this information to the Program staff immediately.

Code of Ethics for EMS Practitioners and the EMT Oath

All students enrolled in and/or attending an EMS program/course are expected to meet and/or exceed and uphold the standards and expectations of the Code of Ethics for EMS Practitioners and the EMT Oath located inside the front and rear covers of this manual.

Knowledge of Misconduct

Any person who witnesses or has first-hand knowledge of misconduct (academic, behavioral or otherwise) as described under in this manual is obligated to send a written and documented report of the infraction to the Department Head/Program Director. Those determined to have acted in a manner inconsistent with the expected standards of behavior may be subjected to disciplinary action or dismissal from the Program.

Email and Contact Information

All students are assigned a college email account when officially registered for classes and are required to use the college email address when corresponding with college faculty and staff.

You are required to email your instructor and the clinical coordinator at the beginning of each semester, using this account. This form of communication will be used between you and your instructors for the purposes of class announcements, scheduling requests, and other individual student issues.

You must check your email a minimum of once every twenty-four (24) hours.

Students are discouraged from forwarding their Thomas Nelson Community College and/or VCCS email to other personal accounts or electronic devices as messages that are sent or received from the Thomas Nelson and/or VCCS accounts may get deleted or filtered out as spam.

While discouraged, if you elect to forward your email (at your own risk) from your official VCCS email account to another (student-selected) email system, you are still required to use your Thomas Nelson Community College/VCCS email when replying to class emails.
If you do not have access to the World Wide Web, you may find web access on any Thomas Nelson Community College Campus, in the open computer labs or campus libraries.

Contact Information

It is the responsibility of ALL students to inform the admissions office and the EMS program of any change of name, address, phone number, or e-mail address, in writing, within one week following the change to assure accurate records.

Reporting for Class, Lab, Clinical and Field

Due to the unpredictable nature of Emergency Medical Services (EMS), punctuality is very important. EMS personnel arriving late may force a department to operate understaffed, or force an off-going crew to be held on overtime. Arriving on time is just as important for students. Showing up even a few minutes late may mean missing your preceptor for up to several hours, depending on call volume and unit availability. Additionally, reporting late to class or lab, including simulations is disruptive to the learning environment. More importantly, it demonstrates a lack of professionalism, respect and commitment to the Thomas Nelson EMS Education program and the host facility/agency.

You are required to report to and be prepared for class no less than five (5) minutes prior to the scheduled start time; further, you are required to report for and be prepared to complete clinical and/or field experiences/internships fifteen (15) minutes prior to the scheduled start of the shift.

Expectation

Students are expected to be on time and prepared to work at the scheduled class, lab, clinical and field shift start time.

Paul’s Rule of Thumb for Class/Shift Promptness:
- Arrive 30-minutes prior to class/shift, you are early,
- Arrive 15-minutes prior to class/shift, you are on time,
- Arrive at the class/shift start time, you are late!

Principles

1. All student absences or tardies at field/clinical shifts must be reported immediately.
2. Every absence or tardy is considered “unexcused” until reviewed by your clinical instructor, clinical coordinator and/or the program head/director.
3. Make-up work is required for all absences or tardies. Make-up work must be proposed or designed by the student and approved/amended by the instructor.
4. Note for clinical facilities and field agencies: Make-up shifts will be scheduled on a first-come/first-serve basis if additional clinical/field shifts are available. Make-up shifts may be limited based on available opportunities. No make-up shifts will be granted after the last scheduled clinical deadline.
5. A single unexcused absence or tardy from a clinical may result in suspension of clinical and field scheduling privileges.
6. Absences may negatively affect individual course grades, up to and including failure. For additional information regarding clinical/field attendance grading criteria, review clinical/field attendance in the clinical/field grading criteria section.

Leaving Class, Lab, Clinical and Field

All students are expected to attend all lectures, labs, clinical and field shifts for the entire scheduled duration of the class, lab, clinical and/or field shift.

It is also understood that situations arise that require students to request early dismissal.

All students who must request early dismissal are required to notify the course or lab lead instructor and/or instructor in charge of the session. If the student must request early dismissal from a clinical and/or field shift, the student must immediately notify the assigned preceptor, complete all required documentation (exception – time sensitive emergencies) and immediately “clock-out” via the clinical telephone number and send a follow-up email to clinic.coordinator@tncc.edu within twenty-four hours of leaving the shift. The hours of attendance will be amended if determined to be unexcused for lecture and lab and the hours will not completed in clinical and field shifts will always be deducted from the student shift.

Documenting Attendance

All students are required to sign a Virginia Office of EMS course attendance roster for each class they attend on the date of attendance.

At no time shall any students sign a Virginia Office of EMS course attendance roster for any other student. Any student(s) signing a Virginia Office of EMS course attendance roster on behalf of another/other students will be subject to dismissal from the program and the incident will be reported to the Virginia Office of EMS.

Attendance shall be taken at the beginning and at the end of every class. Additionally, attendance will be taken upon return from any break that meets and/or exceeds a thirty-minute (30) interval.

Attendance shall be taken at the onset and completion of any class, lab and/or simulation that is conducted outside of the normal classroom/lab setting.

Students who leave a class, lab, simulation, clinical/field shift and/or other required program related meeting/event shall be considered Absent Without Permission (AWOP) and students will NOT receive credit for the missed time and the missed time will be considered as an unexcused absence and shall be subject to the same absence requirements previously outlines in this manual.

Students are expected to return from breaks and meal breaks on time; failure to do so will be considered a tardy and/or absence and are subject to the same tardy and absence requirements previously outlined in this manual.
Process for Reporting an Absence (Marking Off) or Reporting Tardy

Student Responsibilities

If you are going to be late or absent from class for ANY reason, you are required to email your instructor as soon as possible (preferably, prior to the class start time).

If you are going to be late or absent to a lab, simulation, clinical or field shift for ANY reason, you are required to do ALL the following BEFORE your shift is supposed to begin:

1. Call the EMS program information/notification line: (757) 825-3505; AND
2. Mark yourself absent/tardy in FISDAP; AND
3. In FISDAP, add a comment in the “Skills & Patient Care Shift” explaining the reason for the absence (i.e. personal illness, family illness, vehicle/transportation trouble, accident, etc.)

Note: Preceptors will report all episodes of tardiness and absence by sending an e-mail to the Thomas Nelson Community College Clinical Coordinator at clinical.coordinator@tncc.edu. Chronic tardiness will affect your grade and/or your standing in the EMS program. Unexcused absences/tardiness will not be tolerated and may be cause for dismissal from the EMS program.

Process for “Clocking In” and “Clocking Out”

Attendance is tracked by voice print call in procedure. To “clock-in” and “clock-out” of your clinical/field internships:

- Call the EMS program information/notification line: (757) 825-3505 from a phone at the clinical/field site (do not use your cell)
- Say the time, your name, the clinical site and shift duration.
- Hang-up (your time stamp will be recorded)
- At the conclusion of your shift call in again and “clock-out” and state the number of patient encounters, assessment and/or runs you completed; remember to use the phone at the clinical site.
- Failure to follow this policy will result in a grade deduction for every occurrence.

Sick Calls

Working while you are ill helps no one. You run the risk of not only making yourself sicker, but also infecting your assigned crew, facility staff, and patients.

While no one wants to miss a clinical and/or field shift, you SHOULD call in sick if you have one or more of the following:

- Fever >100 degrees.
- Frequent productive cough.
- Nausea and vomiting.
THOMAS NELSON COMMUNITY COLLEGE FIRE & EMERGENCY MEDICAL SERVICES

- Diarrhea.
- Any infectious disease (pink eye, strep throat, chicken pox, etc.), unless you are cleared to return to duty by a physician.
- Any condition where you feel your illness or injury will disrupt the function of the crew (needing to leave early after you arrive, etc.), or is disruptive to patient care.

NOTE: Preceptors, clinical facility leadership and/or field agency leadership may dismiss a student from the clinical site if the student appears ill, and/or is unable to complete his/her duties due to illness or injury. When this occurs, preceptors shall send an email to the Thomas Nelson Community College Clinical Coordinator at clinical.coordinator@tncc.edu as soon as possible.

Portable Electronic Devices Policy

As a general practice, cellular telephone should not be used in/during classes, labs, clinical/field experiences/internships with the following exceptions:

- All portable electronic devices (cellular phones, tablets, PDAs, etc.) shall be set non-audible (vibrate) alert features while engaged in classroom, lab, clinical and/or field educational settings;
- Additionally, visual alert features (flashing lights, etc.) are not permitted while engaged in classroom, lab, clinical and/or field educational settings;
- Acceptance of telephone calls while engaged in classroom, lab, clinical and/or field educational settings, shall be reserved for emergency situations only;
- Students needing to accept emergency telephone calls should politely excuse themselves from the educational setting prior to answering the call;
- Students should NEVER accept telephone calls or check portable device notifications while engaged in simulated patient care and/or actual patient care situations and/or while operating in and/or about emergency situations/incidents.

Portable electronic devices may be used in the course of instruction and/or student participation, when:

- Approved by the instructor, preceptor; for, the enhancement of the student(s) educational outcome(s).

Personal Computer Usage

While proactive in allowing student use of portable devices and technology inclusion, we must take steps to protect the integrity of our program and that of our third-party assessment software vendor(s), as well as the privacy of our students. To this extent, all quizzes, tests, readiness exams, etc. that require in class completion/proctoring must be completed on Thomas Nelson Community College computers, desktop, laptop and/or within the testing center. The Fire and EMS Education Department will not accommodate student requests to use their personal devices for any program assessments.
Students using computers in the lab setting to record their lab/portfolio competencies shall be required to complete these processes on Thomas Nelson Community College computers, laptops and/or desktop computers made available for student use by the program. The Fire and EMS Education Department will not accommodate student requests to use their personal devices for any documentation of lab skills.

Students are more than welcome and encouraged to use their personal electronic devices for daily classroom use and in the clinical and field setting; however, no longer in the lab or test/assessment setting.

Social Media Policy

“Social networks and the internet provide unparalleled opportunities for rapid knowledge exchange and dissemination among many people, but this exchange does not come without risk. EMS practitioners and EMS students have an obligation to understand the nature, benefits, and consequences of participating in social networking of all types. Online content and behavior has the potential to enhance or undermine not only the individual EMS providers’ career, but also the EMS profession.”

“Social Media” is the term given to websites, online tools and interactive communication technologies that allow users to interact with one another to share information, opinions, knowledge, photos and interests. Examples of social media include such web platforms as blogs, message boards, wikis, social and professional networking websites, and content sharing sites.

Social media is a great way to connect with others, exchange knowledge, share information and promote cooperation.

However there are also possible risks for both EMS providers and Thomas Nelson Community College related to each of the various forms of social networking. The purpose of this document is to inform Thomas Nelson Community College EMS Program students about the policy of the EMS program with regard to social media in order to ensure that they remain in compliance with this policy when using multi-media and social networking websites.

Basic Rules to Follow when Using Social Media

Below are the current and official "Thomas Nelson Community College EMS Program Social Media Guidelines." These will be reviewed and adapted periodically to reflect emerging technologies and online social tools. The rules for social media continue to evolve as new technologies and social networking tools become available.

EMS program faculty, staff and/or students have no reasonable expectation of privacy when using Thomas Nelson Community College and/or clinical and field affiliate owned or provided devices or networks. The Thomas Nelson Community College EMS program reserves the right to monitor use of its devices or networks, including but not limited to Internet access and social media use; to retrieve data from third party service providers paid by the Thomas Nelson Community College; and to shut down, without prior notice, any Thomas Nelson Community College sponsored social media platform for any reason, and to delete content on its social media
sites without providing a reason or notification at its sole discretion. The Thomas Nelson Community College further reserves the right to block access from its networks and assets to any internet site at its sole discretion as permitted by applicable law.

Any software or other downloads on Thomas Nelson Community College equipment or devices must comply with IT guidelines, licensing compliance and protections against viruses, spyware, malware or other threats to Thomas Nelson Community College systems.

Social media activities should not interfere with faculty, staff and/or student work/course commitments.

Information published on social media sites should comply with the Thomas Nelson Community College’s EMS program confidentiality policies.

Thomas Nelson Community College faculty, staff and/or students are personally responsible for the content they publish online, whether in a blog, social media site or any other form of user-generated media. Be mindful that what you publish will be public for a long time—protect your privacy and take care to understand a site’s terms of service.

If you publish content online relevant to the Thomas Nelson Community College and/or the College’s EMS program in your personal capacity use a disclaimer such as this: "The postings on this site are my own and don't necessarily represent Thomas Nelson Community College’s and/or the EMS program’s positions, strategies or opinions."

Be respectful to the College and the EMS program, your faculty members, college staff, clinical and field affiliates, colleagues, and the general public.

Respect copyright, fair use and financial disclosure laws.

Only members of Thomas Nelson Community College and/or authorized EMS program students/staff who are assigned the responsibility to be spokespersons are authorized to act as spokespersons on behalf of the Thomas Nelson Community College and/or the EMS program on any topic in any forum or in response to any inquiry.

Don't use the Thomas Nelson Community College and/or Fire and EMS program seal, logos or trademarks unless you have received written approved from the Program Head/Director.

Even if your social media activities take place completely outside of class, as your personal activities should, what you post can reflect on your professionalism and the program. Students shall not post anything that is false, misleading, obscene, defamatory, profane, discriminatory, libelous, threatening, harassing, abusive, hateful, or embarrassing to another person or entity. Make sure to respect others' privacy. Third party Web sites and blogs that you link to must meet our standards of propriety. Be aware that false or defamatory statements or the publication of an individual's private details could result in legal liability for the EMS program and you.
The American Nurses Association (ANA) has published the following ANA’s Principles for Social Networking, which the Thomas Nelson Community College EMS program found to be an appropriate addition to its social media policy:

- Nurses must not transmit or place online individually identifiable patient information.
- Nurses must observe ethically prescribed professional patient-nurse boundaries.
- Nurses should understand that patients, colleagues, institutions, and employers may view postings.
- Nurses should take advantage of privacy settings and seek separate online personal and professional information.
- Nurses should bring content that could harm a patient’s privacy rights or welfare to the attention of appropriate authorities.
- Nurses should participate in developing institutional policies governing online conduct.

6 Tips to Avoid Problems

- Remember that standards of professionalism are the same online as in any other circumstance.
- Do not share or post information or photos gained through nurse-patient relationship.
- Maintain professional boundaries in the use of electronic media. Online contact with patients blurs this boundary.
- Do not make disparaging remarks about patients, employers, or co-workers, even if they are not identified.
- Do not take photos or videos of patients on personal devices, including cell phones.
- Promptly report a breach of confidentiality or privacy.


Potential Consequences of Breaching the Social Media Policy: All of these principles apply to EMS program students, faculty and staff. The EMS faculty adhere to the professional standards of the EMS profession and will discipline any EMS student who fails to adhere to the professional standards outlined above. Discipline may take various forms, but could result in course failure or dismissal from the EMS program and/or Thomas Nelson Community College.

Fund Raising Policy

At no time are individual students and/or the Thomas Nelson Community College EMS Student Association permitted to engage in fund raising solicitation and/or crowdfunding activities on behalf of the College, Public Safety, Allied Health and Human Services Division, Fire and EMS Education Department and/or an EMS program of study or in any manner that provides the perception that they are doing so on behalf of or in for support to Thomas Nelson Community College, its agents and/or affiliates without the expressed documented permission of the college. All fund-raising activities will be conducted in accordance with all applicable college policies and procedures, as well as in collaboration with the appropriate college department(s) and/or
division(s) as applicable. Students with ideas about fundraising opportunities should direct ideas and questions to the program head/director.

**Care of Facilities & Equipment**

**Equipment Definitions**

Medical Equipment - Medical equipment is equipment which is primarily and customarily used for medical purposes and is not generally useful in the absence of illness or injury.

Durable Medical Equipment - Durable medical equipment is equipment which can withstand repeated use, and is primarily and customarily used to serve a medical purpose.

Consumable Medical Equipment - Consumable medical supplies are those non-durable supplies that are typically of limited usage and must be replaced on a frequent basis.

**Facilities and Equipment**

Students shall comply with the following requirements when using program facilities and equipment:

- Classrooms and labs (layout/set-up) shall not be rearranged without the permission of the instructor.
- Eating in the classroom is allowed if care is used to protect college and other student/faculty property and garbage is placed in proper receptacles.
- Eating is not allowed in any lab space.
- Beverages are permitted in classroom and lab space(s) provided they can be sealed to prevent inadvertent leaks and spills. If beverages do not have a sealable lid, they shall NOT be brought into the lab space.
- All food and beverage privileges will be revoked if classroom furnishing become soiled or damaged due to food or beverages, lab space(s) and/or equipment are damaged and/or the program faculty and/or staff has to clean up after class.
- Food and drinks are NOT allowed in computer labs.
- Equipment shall not be removed from the lab space without the permission and/or under the supervision of the EMS faculty and staff.
- Equipment assigned to students shall be maintained in operational/functional condition and returned after use.
- Students shall report all missing, lost or damaged durable medical equipment to the appropriate instructor and/or staff member (simulation and lab proctor) immediately.

**Department Vehicles/Apparatus**

Students, with prior approval of the department head/program director shall be released (permitted) to operate the department vehicles and/or apparatus. Department medic units are not Virginia Office of EMS permitted vehicle.
Students will be required to comply with the following requirements before release and/or when operating/using the medic unit:

- Vehicle operators must have a valid operator’s (driver’s) license. The department head/program director will verify that the authorized operator has a valid driver’s license.
- Student operators shall present a valid driver’s license, as well as provide a copy of their DMV driving record that is no more than 60-days old prior to being authorized to operate the medic unit.
- Operators of specialized vehicles (ambulance and/or other rescue vehicle) may be required to complete an approved Virginia Emergency Vehicle Operations Course (EVOC) and/or provide proof of prior course completion or demonstrate operational competency prior to being allowed to operate a specialized vehicle (ambulance and/or other rescue vehicle).
- Vehicle warning lights and sirens shall only be operated during training, public relations and marketing/public outreach events.
- As a matter of practice, warning lights and sirens shall not be operated on public roadways.
- Exception to the above: training, public relations, marketing and/or public outreach events, as authorized by the EMS faculty member on-site. Additionally, if during the operation of the vehicle the operator encounters a traffic/roadway hazard and/or are flagged down for assistance, the vehicles warning lights may be activated in an attempt to provide a measure of safety for the operator, vehicle and/or other bystanders.
- If during vehicle operations, operators are hailed and/or summoned for assistance operators should attempt to provide assistance consistent with their level of certification and/or as any other prudent individual would provide. Prior to rendering assistance and/or simultaneously, the operator shall call for the appropriate assistance (9-1-1 or other appropriate assistance, i.e. Campus, Police, VDOT, etc.).

Training Outside of Designated Classroom/Lab Spaces

The EMS program has a responsibility to provide students with realistic training through the use of “real-world” scenario and simulation. Scenario and simulation demand realistic settings, each of our campuses and sites provide realistic opportunities to facilitate scenarios and simulations that mimic and/or incorporate the elements of reality necessary for an exceptional educational experience.

These educational opportunities require that all students be good stewards of the campus community and respect the boundaries and spaces of our campus communities as a whole. Students shall conduct themselves in a courteous and professional manner at all times respecting the campus, facilities, equipment and other students, faculty, staff and visitors while participating in educational opportunities outside of designated and classroom/lab spaces.

Recovery of Damages/Restitution

If a student is found to have defaced or damaged college, faculty, colleague and/or clinical/field affiliate property, they may be assessed the cost for expenses incurred by the program or other parties resulting from the student’s infraction. Such reimbursement may take the form of
monetary payment or appropriate service to repair or otherwise compensate for damages to program property or equipment.

Restitution may be imposed on any student who alone, or through group activities, participates in causing the damages or costs to the program. The student will not graduate and/or be authorized to test until full restitution has been made.

**Health Insurance Portability and Accountability Act (HIPAA) & Confidentiality**

Maintaining confidentiality is an integral part of healthcare. Federal regulations guide the scope of practice of health care workers to safeguard protected health information (PHI) through the Department of Health and Human Services and the Health Insurance Portability and Accountability Act (HIPAA). Protected Health Information (PHI) is defined by Health and Human Services to mean demographic and health information that makes the individual identifiable. This information includes but is not limited to names, addresses, date of birth, social security or medical records numbers.

As a student in the Thomas Nelson Community College EMS Program, you are required to learn about and abide by the health information privacy requirements HIPAA. All clinical and field affiliates require that students are trained and familiar with the HIPAA regulations.

Students who violate HIPAA requirements may be subject to disciplinary action which could lead to dismissal from the program.

The following guidelines are to be followed by students and faculty:

- Maintain confidentiality by only sharing PHI with those who are considered individuals who need to know.
- When you need to discuss PHI, hold conversations in private areas where others cannot hear the conversation.
- Shred PHI which is no longer necessary to maintain in approved shredding bins, if shredding bins are not available, destroy the document before disposal.
- Do not use patient names, date of birth, medical record number or social security numbers on any written course or clinical & field assignments.
- Do not share PHI with family members, peers or those individuals who are not directly involved with care of the patient.
- Information shared during the clinical day and pre/post conference is not to be shared outside of the conference area and cannot be discussed outside of the clinical setting (i.e. home, work, other public settings)
- Students may not access any electronic health records outside of the assigned clinical & field facility.
- Students may not leave/save any patient, family, faculty, clinical facility or student information on any open access desktop or hard-drive.
- PHI is not to be left open in public areas.
- PHI (medical record) is not to leave the clinical and/or field site.
- Computer screens and electronic health records with PHI are not to be left unattended, students are expected to log out before leaving the workstation.
Students are not allowed to share their personal login or password information.

PHI and even descriptions of clinical cases should never be shared or addressed over electronic communications including email, text and social media (i.e. Facebook, Twitter, Snap Chat, Pinterest, Instagram, Tumbler, Vine, etc).
SECTION V: CLINICAL/FIELD POLICIES AND PROCEDURES

Clinical/Field Outcomes/Competencies

This Thomas Nelson Community College EMS Paramedic Program Student Policies & Handbook coupled with the EMS Paramedic Program Psychomotor Competency Portfolio serve as the foundation for successful EMS student lab, simulation, clinical/field experiences/internships and clinical competency completion.

Upon completion of the Thomas Nelson Community College EMS Paramedic program, students will consistently demonstrate entry level competency for each of the following:

1. Demonstrate the ability to safely administer medications.
2. Demonstrate the ability to safely perform endotracheal intubation.
3. Demonstrate the ability to safely gain venous access in patients of all age groups.
4. Demonstrate the ability to effectively ventilate intubated and unintubated patients of all groups.
5. Demonstrate the ability to perform a comprehensive assessment on pediatric patients.
6. Demonstrate the ability to perform a comprehensive assessment on adult patients.
7. Demonstrate the ability to perform a comprehensive assessment on geriatric patients.
8. Demonstrate the ability to perform a comprehensive assessment on obstetric patients.
9. Demonstrate the ability to perform a comprehensive assessment on trauma patients.
10. Demonstrate the ability to perform a comprehensive assessment on psychiatric patients.
11. Demonstrate the ability to perform a comprehensive assessment, formulate and implement a treatment plan for patients with chest pain.
12. Demonstrate the ability to perform a comprehensive assessment, formulate and implement a treatment plan for patients with dyspnea/respiratory distress.
13. Demonstrate the ability to perform a comprehensive assessment, formulate and implement a treatment plan for patients with syncope.
14. Demonstrate the ability to perform a comprehensive assessment, formulate and implement a treatment plan for patients with abdominal complaints.
15. Demonstrate the ability to perform a comprehensive assessment, formulate and implement a treatment plan for patients with altered mental status.
16. Demonstrate the ability to serve as a team leader in variety of emergency medical situations.

Clinical/Field Orientation

All EMT students are required to attend a clinical/field orientation program as a prerequisite to scheduling clinical/field experiences/internships.

All AEMT and/or Paramedic program students are required to successfully complete an EMS clinical/field course in their first semester in their respective program prior to being authorized to schedule clinical and field experiences and internships.
EMS Standard of Care

Students may only perform the skills within the clinical/field experiences/internships for which they have received instruction, practical skills lab application and final instructor approval and they may do so only when they are in the presence and are authorized to do so by their preceptor. At no time shall a student attempt to perform a skill outside of their scope of practice and/or that they have not been approved to perform. Any breach of this policy may result in immediate dismissal from the site, location, course and/or EMS education program. At no time shall a student assume the role of the primary staff member while participating in a clinical and/or field internship or experience.

Patient Care

Students will be required to perform medical intervention and provide patient care on real patients during real emergencies. While providing care, students are under the direct supervision of their preceptors or instructors. The ultimate responsibility for patient care always rests with the preceptor.

At no time shall a student assume the role of the primary staff member while participating in a clinical and/or field internship or experience.

The Program Medical Director may revoke a student’s authorization to participate in clinical/field internships at any time, resulting in the student’s inability to complete the clinical and field requirements of the program. If this occurs, the student(s) will be required to meet with the program head/director and the program medical director to determine the student’s status in the program.

Definitions

Clinical Experience - planned, scheduled, educational student experience with patient contact activities in settings other than advanced life support (ALS) unit, such as hospitals, clinics, and free-standing emergency centers.

Field Experience - planned, scheduled, educational student time spent on an ALS unit, which may include observation and skill development, but which does not include team leading and does not contribute to the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) definition of field internship.

Field Internship - planned, scheduled, educational student time on an ALS unit to develop and evaluate team leading skills. The primary purpose of field internship is a capstone experience managing the Paramedic level decision-making associated with pre-hospital patients.

Primary Clinical/Field Internship Affiliate - facilities and/or agencies that serve as primary program partners that have agreed to allow students to be assigned for the provision of student educational opportunities which include, but are not limited to observation, skill development, team leads, etc.
Secondary Facility/Agency - facilities and/or agencies that serve as a clinical/field affiliate for which an assigned student will use as their alternate facility/agency to complete their clinical and/or field experiences and capstone shifts/competencies. Secondary facilities/agencies are primary program partners that have agreed to allow students to be assigned for the provision of student educational opportunities which include, but are not limited to observation, skill development, team leads, etc.; however, they are referenced as secondary for a particular student(s) whom utilize the facility/agency as an alternate or back-up to their primarily assigned facility/agency.

Elective Clinical/Field Internship Site/Agencies - facilities and/or agencies that have agreed to allow students to be scheduled for educational opportunities which include, but are not limited to observation, skill development, team leads, etc. Scheduling at these facilities and/or agencies shall be reserved for special circumstances (opportunities for specific skills [not completed at primary sites], residential convenience and other circumstances approved by the Program Head/director).

Student Assignment

While the goal of the clinical/field internships is to assign students to a specific preceptor at a specific clinical and/or field affiliate for the duration of the student’s educational experience, the EMS program recognizes the multitude of limiting factors within this region that would likely create impediments to satisfactory student academic/clinical-field program progress. These limiting factors include, but are not limited to student/facility and agency scheduling availability, the fluidity of facility shift assignments (rotating schedules), as well as the fluidity of personnel assignments within the regions fire-based EMS delivery system; wherein, all providers are cross-trained firefighters and EMS providers and are regularly rotated between fire and EMS apparatus.

Therefore, the Thomas Nelson EMS program elected to assign students to specific facilities and field agencies only and decided to forego the additional assignment of students to specific personnel at each of these facilities and agencies. Program faculty and staff encourage students to attempt to schedule their clinical/field internships with the same preceptor to the extent possible.

Facility/Field Agency Assignment

The Thomas Nelson Community College EMS program understands the importance of collaborative partnerships and believe that our student’s clinical and field experiences will be enhanced through their ability to build a trusting collaborative partnership with program clinical affiliates. Therefore, all students will be assigned to a primary facility and a primary field agency for clinical/field experiences/internships. Students will attempt to schedule and complete all clinical experiences and obtain all clinical competencies at this primary facility.

Each student is also assigned to a secondary facility and a secondary field agency, which will serve as a back-up facility/field agency for the student.
The assignment of a primary and secondary facility/filed agency for clinical and field experiences/internships will promote an ongoing collaborative partnership between the student and the facility/agency staff and over the duration of the program should allow the student to gain the trust of the facility/agency staff and therein, allow the student to integrate into the facility/agency team when completing clinical experiences.

The EMS program realizes that the student’s availability may not always match the facilities/agencies availability; additionally, depending upon the facilities/agencies patient census and/or call volume, students may not complete the required clinical competencies at a satisfactory average to progress confidently and competently through the program by only scheduling clinical/field experiences/internships at their primary facility/agency. It is for these reasons that the EMS program assigns two facilities/agencies to each student.

Further, the assignment of only two clinical/field affiliates reduces the overall documentation that each student must complete in order to meet eligibility requirements to begin their clinical experiences.

**Shift Classification System**

**Precepted Clinical/Field Experience (Facility/Agency Preceptor)**

Precepted clinical/field experiences are shifts available in a clinical facility or with a field agency wherein students are assigned to a facility or agency selected/assigned and Thomas Nelson trained preceptor for the duration of the assigned shift. Preceptors shall be certified at or above the level of student’s current progression in the program. The preceptor shall be responsible for establishing a collaborative learning environment for students. Additionally, preceptors shall be responsible for validating student documentation and completed competencies prior to the student completing their shift and leaving the facility/agency at the conclusion of their scheduled shift.

**Faculty Clinical Experiences (Faculty)**

Faculty clinical/field experiences are shifts available in a clinical facility wherein students are assigned to a facility or agency selected/assigned and Thomas Nelson trained preceptor for the duration of the assigned shift. Additionally, a Thomas Nelson EMS Program faculty member will be at the facility for a portion and/or all of the assigned shift. Faculty members will be onsite to serve as a liaison to the facility and observe student/patient/preceptor interactions and psychomotor skills performance, as applicable/possible. The facility preceptors shall be certified at or above the level of student’s current progression in the program. The preceptor shall be responsible for establishing a collaborative learning environment for students. Additionally, preceptors shall be responsible for validating student documentation and completed competencies prior to the student completing their shift and leaving the facility/agency at the conclusion of their scheduled shift.
Allied Health Clinical Experiences (Thomas Nelson Allied Health Faculty)

Allied health clinical experiences are shifts available in a clinical facility wherein students are assigned to a facility or agency selected/assigned and Thomas Nelson trained preceptor for the duration of the assigned shift. Additionally, a Thomas Nelson Health Professions Division faculty member will be at the facility for a portion and/or all of the assigned shift. Faculty members will be onsite to serve as a liaison to the facility and observe student/patient/preceptor interactions and psychomotor skills performance, as applicable/possible. The facility preceptors shall be certified at or above the level of student’s current progression in the program. The preceptor shall be responsible for establishing a collaborative learning environment for students. Additionally, preceptors shall be responsible for validating student documentation and completed competencies prior to the student completing their shift and leaving the facility/agency at the conclusion of their scheduled shift.

Allied health clinical experiences will likely occur when the Nursing Program faculty are completing nursing clinical rotations in specific departments within the facility where the EMS student is scheduled. EMS students should attempt to meet with the Nursing Program faculty member without compromising their assigned duties, responsibilities and expectations and with the permission of their facility preceptor. Nursing clinical rotations typically conclude with a student conference and EMS students are encouraged to make an attempt to attend the nursing rotation student conference, to the extent possible without compromising their assigned duties, responsibilities and expectations and with the permission of their facility preceptor.

Medical Direction Shift (Thomas Nelson EMS Medical Director)

Medical direction clinical experiences are shifts available in a clinical facility wherein students are assigned to a facility or agency selected/assigned and Thomas Nelson trained preceptor for the duration of the assigned shift. Additionally, the EMS Program Medical Director will be at the facility for a portion and/or all of the assigned shift. The Medical Director will take time to observe student/patient/preceptor interactions and psychomotor skills performance, as applicable/possible. Additionally, the Medical Director will include the student in patient exams and consultations, as appropriate and applicable. The facility preceptors shall be certified at or above the level of student’s current progression in the program. The preceptor shall be responsible for establishing a collaborative learning environment for students. Additionally, preceptors shall be responsible for validating student documentation and completed competencies prior to the student completing their shift and leaving the facility/agency at the conclusion of their scheduled shift.

At no time will a student be substituted for staff during clinical and/or field experiences and internships.

Scheduling (Hours/Reporting)

During each phase of the program students may be required to complete a minimum number of clinical hours outlined in the course syllabus for each clinical and/or field course. Additionally, students will be required to complete a minimum number of skill competencies prior to being granted permission to attempt certification testing. This section delineates the process of
scheduling, reporting and clinical/field internships, patient contacts and clinical skill competencies.

All scheduling for EMS program clinical/field internships is conducted in FISDAP; an internet based clinical/field shift/competency tracking system. The calendar in FISDAP is the official clinical/field calendar for the EMS program and represents a real-time accurate schedule of student clinical and field shifts.

Students are responsible for making sure their clinical/field schedule is up to date in FISDAP. Shifts will be made available to second year paramedic students first, followed by first year paramedic students, followed by AEMT and EMT students in FISDAP.

Shifts will be open to groups in their respective programs for approximately one-week prior to being opened for the next group of students.

Students are encouraged to try to schedule clinical experiences on identified Faculty, Allied Health and/or Medical Direction shifts. These shifts will be identified appropriately in FISDAP.

The schedule in FISDAP must be up-to-date at all times. Any changes must be approved one week in advance by the clinical coordinator, department head/program director or their designee.

It is strongly discouraged for students to make any changes to their schedule once it is filed.

Any changes to the student’s clinical and/or field schedule must be submitted in writing to the clinical coordinator with a detailed description of the reason for the change.

Students may not cancel “drop” scheduled shifts less than seventy-two (72) hours prior to the start time of the scheduled shift.

Students shall be permitted to drop a maximum of two (2) clinical or field shifts per semester with the exception of AEMT and Paramedic program students completing their program capstone semester.

AEMT program students completing their program capstone semester shall be permitted to drop all remaining shifts scheduled, without penalty only after achieving/successfully completing all clinical/field requirements.

Paramedic program students completing their program capstone semester shall be permitted to drop all remaining shifts scheduled, without penalty only after achieving/successfully completing all clinical/field requirements.

Students who drop clinical and/or field shifts, with the exception of self-scheduled agency affiliated shifts and AEMT/Paramedic field capstone students with less than seventy-two (72) hours’ notice and no valid reason (illness, emergency) will be subject to a 50 point reduction in course points for each shift dropped per clinical/field course.
Student who drop more than two (2) clinical or field shifts in a semester with the exception of self-scheduled agency affiliated shifts and AEMT/Paramedic field capstone students will be subject to scheduling restrictions, which may include a reduction in available shifts and/or not being allowed to schedule until all shifts have been made available to all programs.

Students who habitually drop clinical and/or field shifts without a valid reason may be restricted to specific sites, shifts and/or withdrawn from the program.

All changes to the clinical/field schedule must be communicated to the facility and/or agency.

SPECIAL SCHEDULING NOTE: Field internships may be scheduled with the students affiliated organization/agency (employer/volunteer) as long as the following criteria are met:

- The department/agency has a valid field/clinical agreement with Thomas Nelson Community College;
- Student is engaged in a student role;
- Student is precepting under the supervision of a trained preceptor;
- Student does not act outside of their scope of practice and/or that of an EMS Education program student (firefighting operations, extrication operations – outside of the provision of medical or rehab care);
  - If at any point the student must engage in operations outside the student scope of practice for a field internship, the field internship is immediately concluded and the person is then operating/acting as an employee and/or volunteer of their affiliated department/agency. When this occurs (and it should be a rare occurrence), the student and their preceptor shall document the circumstances on an incident report and email a copy to the Clinical Coordinator and the Program Head/director.

It is understood that many of the field affiliates are fire-based EMS systems; it is for this reason that students may perform and be credited for successful skill competencies when performing skills when assigned to a piece of fire apparatus, providing the following criteria are met:

- The department/agency has a valid field/clinical agreement with Thomas Nelson Community College;
- The unit for which the student arrived is licensed by the Virginia Office of EMS;
- Skills were performed in the presence of a trained preceptor;
- The student maintained the continuum of care by accompanying the patient on the transporting unit to the emergency department and/or transfer to another agency (other transport unit, aeromedical asset, etc.);
- The student was a third provider during the transport and operated under the supervision of a preceptor.

Personality Conflicts with Field Preceptors

If a student perceives that a personality conflict is developing with his/her preceptor, it is expected that the student will attempt to resolve the problem by discussing it directly with the
preceptor. If this method of resolution is ineffective, the student will ask for the assistance of the Clinical Coordinator or Department Head/Program Director, who will inform the Medical Director of the situation, as appropriate. The student may be assigned to a different preceptor or to a different unit to resolve the issue. Unresolved issues will be handled by the Clinical Coordinator or Department Head/Program Director in collaboration with the agency’s designated representative. It will not be acceptable for any student to claim personality conflict if a final recommendation of failure is received by the Program.

Parking

Students should park in areas designated by the individual facilities and/or agencies and may be required to remit fees for parking. If you have any questions you should check with the agency or facility staff prior to parking your car for the shift. Thomas Nelson Community College and its agents (faculty, staff, and affiliates) assume no responsibility for a student’s vehicle and/or the contents that is parked in any medical facility or agency parking lot. If anything happens to your vehicle while parked at a facility contact the facilities security department or the local law enforcement agency/department for further information/assistance.

Meals

Coffee breaks, lunch or dinner schedules will be determined at the discretion of the preceptor, unit supervisor, or coordinator while on clinical or field assignment. As a general guideline, follow the hospital/agency schedule for breaks and meals.

Documentation

Defined Age Groups for Proper Documentation

- Newborn (first 2 hrs. of birth)
- Neonate (2 hrs. – 28 days)
- Infant (29 days <2)
- Toddler (2-3)
- Preschool (4-5)
- School age (6-12)
- Adolescent (13-17)
- Adult: 18-63 years
- Geriatrics: 64+ years

Clinical/Field Experience/Internship Competency Documentation

Accurate, appropriate and timely documentation is a critical component of good patient care. Documentation reflects good assessment, treatment and a legal record of the interaction. As part of the student clinical/field experience/internship and scenario simulations students are required to document their patient encounters and competencies.

Important Confidentiality Note: Students are prohibited from using real names, locations or any information that identifies a real patient. Students are prohibited from removing any identifying
patient information from the premises of a clinical site. When discussing cases in a learning environment identifying information should remain confidential and mock names assigned.

Thomas Nelson Community College is in full compliance with state privacy laws and federal HIPAA laws. If you breach patient confidentiality you may be accountable to state and federal regulatory agencies outside of Thomas Nelson Community College, as well as be subject to criminal and/or civil litigation. Additionally, you may be subject to removal from your respective Thomas Nelson Community College EMS Program (EMT, AEMT and/or Paramedic).

A. Students are required to enter clinical/field experience/internship documentation/competencies into FISDAP (http://www.FISDAP.net/) for all patient encounters.
B. All clinical/field experience/internship documentation/competencies must be entered into the FISDAP program prior to leaving the facility/site.
C. If the FISDAP is offline during and/or at the completion of the students shift, the documentation shall be entered offline and uploaded as soon as the system is restored.
D. If hard copy documentation (see next section) is completed due to the FISDAP system being completely inaccessible, the documentation must be entered within 24-hours of the shifts completion, the hard copy sent to the appropriate clinical coordinator and the document will be scanned and attached to the shift.
E. All shifts shall be locked by the student upon completion of accurate, appropriate and complete data/documentation entry.
F. All shifts will lock automatically 24-hours after the end of the shift.
G. Interesting clinical/field experience/internship cases may be reviewed during the Program’s Continuous Quality Improvement (CQI) process and the student may be asked to present their case for the entire class.
H. Students are prohibited from completing the actual/real ambulance run [Pre-hospital Patient Care Report – PPCR] report unless they are affiliated with that service.

Hard Copy Documentation

FISDAP allows for offline data entry and will sync the entered information when connectivity is restored. However, in rare instances, hard copy documentation may be required; including, but not limited to competency and affective evaluation forms. When hard copy documentation is completed, it shall be reconciled into FISDAP within 24-hours of the program access. Upon reconciliation, all hard copy documentation will be provided to the clinical coordinator and the documentation will be scanned and uploaded to the appropriate student and shift experience/internship.

Preceptor Documentation Validation/Notes

After students have completed entering their FISDAP data/documentation for the shifts activities, the student is required to allow the preceptor access to review the entered documentation, make notes as determined by the preceptor to be appropriate, complete the student’s affective evaluation for the shift and validate the entries and competencies by signing the completion of the shift. After the preceptor signs, no further data is allowed and the shift is locked.
All shifts must be signed (validated) by the preceptor.

Shifts without a validating signature will not be counted, nor will any completed patient contacts and/or psychomotor skill competencies.

Students who accumulate a minimum of five (5) unsigned (non-validated) clinical and/or field shifts throughout the duration of their program of study will be required to meet with the clinical coordinator and/or the department head/program director before they will be allowed to scheduled additional shifts.

Unlocking Shifts in FISDAP

FISDAP is setup to delete the preceptors signature (shift validation) if the shift is unlocked.

Shifts will only be unlocked on a case-by-case basis and this will typically involve instances that are related to software issues. Students must learn to be diligent, deliberate, accurate, inclusive and timely when completing documentation/data entry. These are same requirements expected in the emergency medical services industry.

Students are encouraged to review all documentation to ensure that they are documenting all skills performed, patients contacted and note necessary for each contact per shift before seeking the preceptors signature. Information not documented will not be allowed to be added at a later date and information not documented and validated is considered incomplete and/or non-compliant data.

These data entry requirements and lock/unlock policies are inclusive of lab shifts, including peer-to-peer and instructor validations.

Shifts will only be unlocked by a request form the student and at the discretion of the clinical coordinator, department head/program director and/or medical director.

No shift will be unlocked if the elapsed time from shift completion exceeds two-weeks or falls in a different semester than the current semester.

All shifts that are unlocked, must have the preceptors signature (validation) re-obtained by the student prior to the shift being relocked. Preceptors are not required to resign the documentation if they are unable to recall the details of the information presented. For this reason, students must exercise caution when requesting to have a shift unlocked.

Reminder – no preceptor signature will result in no shift hours, no patient contacts and/or psychomotor skills being counted.

Psychomotor Skill Competency Requirements (Lab, Simulation, Clinical and Field)

A critical component to the success of students enrolled in EMS courses/programs and pursuing certification as an emergency medical services provider is their ability to translate their cognitive knowledge into successful psychomotor skills acquisition and mastery.
The Thomas Nelson Community College EMS programs are structured to provide students with a balance of cognitive, psychomotor and affective knowledge and skill opportunities, which will allow each student to develop their abilities and mastery of the material and skills required to be eligible to attempt industry required certification examinations and operate confidently and competently as entry level BLS and/or ALS providers.

This is accomplished through the establishment of minimum didactic academic standards and minimum psychomotor skill, hours, location, patient demographic, injury/illness type lab/portfolio, clinical and field competency requirements.

The minimum didactic academic standards and lab/portfolio, clinical and field competency requirements have been established to meet and/or exceed the Virginia Community College System statewide EMS curriculum, Virginia Office of EMS regulations and/or certifications requirements, National Registry or EMTs standards and requirements, CoAEMSP accreditation standards and requirements, as well as NAEMT and AHA requirements and industry standards.

FISDAP Lab Shifts will not be unlocked after they are locked. All FISDAP Lab Shifts must have the appropriate skill, patient, peer-to-peer student name, instructor name and appropriate documentation prior to being locked. Missing information may result in the competencies not being counted toward portfolio completion.

Psychomotor Skill, Clinical and Field Competency Requirements

All Thomas Nelson EMS Programs that lead to initial certification shall be guided by a psychomotor skill portfolio which outlines in detail the program of study’s lab, clinical and field competency requirements.

This section of the Program Manual includes the psychomotor skill, clinical and field competency requirements for students who entered EMS program in the Spring 2018 semester and is applicable to the 2018-2019 academic year.

Students who entered the Paramedic program through the Intermediate to Paramedic Bridge or Intermediate Advanced Standing shall refer to Appendix: D for their program lab/portfolio psychomotor skill, clinical and/or field competency requirements.

EMT and AEMT Lab – Psychomotor Portfolio Requirements

All students entering their respective EMS program (EMT, AEMT and/or Paramedic) are subject to the lab/portfolio, clinical and field competency requirements included in this section of this Emergency Medical Services Program Manual.
## EMT Psychomotor Skill Portfolio

<table>
<thead>
<tr>
<th>Preparatory Competencies</th>
<th>Peer-to-Peer</th>
<th>Faculty Validation</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select, don, doff and properly/safely discard PPE</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Determine a patient’s level of consciousness</td>
<td>3</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Assess a patient for a patent airway</td>
<td>3</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Assess a patient for breathing and provide depth, rate and quality.</td>
<td>3</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Acquire a pulse and provide rate, rhythm, and strength</td>
<td>3</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Assess the skin color, temp, and moisture, turgor in an adult</td>
<td>3</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Assess capillary refill</td>
<td>3</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Assess the pupils as to equality, size, reactivity, accommodation</td>
<td>3</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Obtain an auscultated blood pressure</td>
<td>3</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Obtain a palpated blood pressure</td>
<td>3</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Obtain a SAMPLE history</td>
<td>3</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Operate a stretcher</td>
<td>3</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Operate a stair chair</td>
<td>3</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Provide proper patient lifting and moving techniques</td>
<td>3</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Perform a simulated, organized, concise radio transmission (lab setting)</td>
<td>3</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Perform pt. Report that would be given to staff at receiving facility (lab setting)</td>
<td>3</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Perform report that would be given to ALS provider in (lab setting)</td>
<td>3</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Complete pre-hospital care report (lab setting)</td>
<td>3</td>
<td>1</td>
<td>4</td>
</tr>
</tbody>
</table>

### Airway Oxygen and Ventilation Competencies

| Perform a chair-lift during an airway scenario.                                          | 3            | 1                  | 4     |
| Perform a jaw thrust during an airway scenario.                                          | 3            | 1                  | 4     |
| Perform suctioning using soft/rigid suction device during an airway scenario.           | 3            | 1                  | 4     |
| Assemble, connect to O2 and ventilate with a BVM during an airway scenario.             | 3            | 1                  | 4     |
| Ventilate using a BVM for 1 min at the appropriate rate.                                | 3            | 1                  | 4     |
| Artificially ventilate patient w/stoma.                                                 | 3            | 1                  | 4     |
| Insert OP airway during an airway scenario.                                              | 3            | 1                  | 4     |
| Insert NP airway during an airway scenario.                                              | 3            | 1                  | 4     |
| Operate an O2 tank and regulator.                                                       | 3            | 1                  | 4     |
| Use a non-rebreather and adjust O2 flow requirements needed during an airway scenario.  | 3            | 1                  | 4     |
| Use a nasal cannula and adjust O2 flow requirements needed during an airway scenario.   | 3            | 1                  | 4     |
| Use a Venturi mask during an airway scenario.                                            | 2            | 1                  | 3     |
| Use a supraglottic airway in a scenario.                                                | 3            | 1                  | 4     |
| Use and interpret pulse oximetry in a scenario.                                          | 3            | 1                  | 4     |
| Apply and use capnography in a scenario.                                                | 3            | 1                  | 4     |

### Patient Assessment Competencies

| Identify potential hazards while performing a scene size-up                               | 3            | 1                  | 4     |
| Assess mental status in a scenario                                                      | 3            | 1                  | 4     |
| Assess the airway in a scenario                                                         | 3            | 1                  | 4     |
| Assess if a patient is breathing in a scenario                                          | 3            | 1                  | 4     |
| Assess if a patient has a pulse in a scenario                                          | 3            | 1                  | 4     |
| Assess a patient for external bleeding in a scenario                                    | 3            | 1                  | 4     |
| Assess patient skin color, temperature, moisture, and turgor in scenario                | 3            | 1                  | 4     |
| Prioritize a patient in a scenario                                                      | 3            | 1                  | 4     |
| Assess a responsive patient with no known history in a scenario                         | 3            | 1                  | 4     |
| Assess an unconscious/ALOC patient in a scenario                                       | 3            | 1                  | 4     |
| Perform a secondary assessment in a scenario                                            | 3            | 1                  | 4     |
| Perform a reassessment in a scenario                                                    | 3            | 1                  | 4     |

### Medical, Behavioral and OB/GYN Competencies

| Assist a patient with self-administration of medication                                 | 3            | 1                  | 4     |
| Read labels and confirm each type of medication                                       | 3            | 1                  | 4     |
| Perform steps in using an inhaler in a scenario.                                       | 3            | 1                  | 4     |
| Apply and operate an AED in a scenario with CPR                                        | 3            | 1                  | 4     |
| Perform steps to administer nitroglycerin for chest pain/discomfort in a scenario.     | 3            | 1                  | 4     |
| Perform steps to administer aspirin for chest pain/discomfort in a scenario.           | 3            | 1                  | 4     |
| Apply and obtain a 12 lead ECG to include Vr4, V8 and V9                             | 3            | 1                  | 4     |
| Provide emergency medical care for a patient taking diabetic medicine w/ALOC in a scenario. | 3            | 1                  | 4     |
| Perform steps to administer of oral glucose in a scenario                               | 3            | 1                  | 4     |
| Use a glucometer in a scenario.                                                        | 3            | 1                  | 4     |
| Perform steps to administer and dispose of epinephrine in a scenario.                  | 3            | 1                  | 4     |
| Perform steps to administer of naloxone via the intra-nasal route in a scenario.        | 3            | 1                  | 4     |
| Assess and care for a patient with a behavioral emergency in a scenario                | 3            | 1                  | 4     |
EMT students may not schedule clinical and/or field experiences until the psychomotor portfolio is completed.
### AEMT Psychomotor Skill Portfolio

<table>
<thead>
<tr>
<th>AEMT Psychomotor Skill Topic Area</th>
<th>Required Peer-to-Peer</th>
<th>Required Instructor</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vitals</td>
<td>4</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Cardiac Arrest AED</td>
<td>4</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Medication Administration</td>
<td>4</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Oxygen Administration</td>
<td>4</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Airway, Oxygen and Ventilation</td>
<td>4</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Bleeding Control/ Shock Management</td>
<td>4</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Spinal Immobilization (Seated Patient)</td>
<td>4</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Spinal Immobilization (Supine Patient)</td>
<td>4</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Immobilization Skills- Joint Injuries</td>
<td>4</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Immobilization Skills- Long Bone Injuries</td>
<td>4</td>
<td>1</td>
<td>5</td>
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<tr>
<td>Immobilization Skills- Traction Splint</td>
<td>4</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Respiratory Distress/Failure Scenario</td>
<td>4</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Chest Pain Scenario</td>
<td>4</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Patient Assessment – Trauma</td>
<td>4</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Patient Assessment – Medical</td>
<td>4</td>
<td>1</td>
<td>5</td>
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<tr>
<td>Supraglottic Airway Device</td>
<td>4</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Cardiac Arrest Management/AED</td>
<td>4</td>
<td>1</td>
<td>5</td>
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<tr>
<td>Intravenous Therapy</td>
<td>4</td>
<td>1</td>
<td>5</td>
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<tr>
<td>Intravenous Bolus Medications</td>
<td>4</td>
<td>1</td>
<td>5</td>
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<tr>
<td>Pediatric Intraosseous Infusion</td>
<td>4</td>
<td>1</td>
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<tr>
<td>Pediatric Respiratory Compromise</td>
<td>4</td>
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<tr>
<td>Stroke Scenario</td>
<td>4</td>
<td>1</td>
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<tr>
<td>Overdose Scenario</td>
<td>4</td>
<td>1</td>
<td>5</td>
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<tr>
<td>Abdominal Pain Scenario</td>
<td>4</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Allergic Reaction/ Anaphylaxis Scenario</td>
<td>4</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Diabetic Emergencies Scenario</td>
<td>4</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Psychiatric Condition Scenario</td>
<td>4</td>
<td>1</td>
<td>5</td>
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<tr>
<td>Seizure Scenario</td>
<td>4</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>OB/GYN Scenario</td>
<td>4</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Blunt Trauma Scenario</td>
<td>4</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Penetrating Trauma Scenario</td>
<td>4</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Burns Scenario</td>
<td>4</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Hemorrhage Scenario</td>
<td>4</td>
<td>1</td>
<td>5</td>
</tr>
</tbody>
</table>

AEMT students may not schedule clinical and/or field experiences until the psychomotor portfolio is completed.
### EMT and AEMT Clinical and Field Requirements

<table>
<thead>
<tr>
<th>Location/Required Minimum Hours</th>
<th>EMT</th>
<th>AEMT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Department&lt;sup&gt;1&lt;/sup&gt;</td>
<td>12 hours</td>
<td>24 hours</td>
</tr>
<tr>
<td>Other Setting</td>
<td>-</td>
<td>12 hours</td>
</tr>
<tr>
<td>Clinical Hours</td>
<td>-</td>
<td>36 hours</td>
</tr>
<tr>
<td>Field Hours</td>
<td>12 hours&lt;sup&gt;5&lt;/sup&gt;</td>
<td>12 hours</td>
</tr>
<tr>
<td><strong>Total Clinical/Field Hours</strong></td>
<td><strong>24 hours</strong>&lt;sup&gt;6&lt;/sup&gt;</td>
<td><strong>48 hours</strong></td>
</tr>
</tbody>
</table>

- **Patient Contacts**
  - 10 in the ED
  - 30

- **Trauma Assessment – Pediatric**
  - 2

- **Medical Assessment – Pediatric**
  - 2

- **Trauma Assessment – Adult**
  - 2

- **Medical Assessment – Adult**
  - 2

- **Trauma Assessment – Geriatric**
  - 2

- **Medical Assessment – Geriatric**
  - 2

- **Cardiovascular Distress**
  - 5

- **Respiratory Distress**
  - 5

- **Altered Mental Status**
  - 5

- **Medication Administration**
  - 15

- **IV Access**
  - 25

- **Airway Management**
  - 20

- **Field Experience (Team Member)**
  - 5 (BLS or ALS)

- **Capstone Field Internship (Team Lead)**
  - 5 (ALS)

---

1 May be free-standing ED, i.e. Port Warwick, etc., clinics, urgent care centers, physician offices or other locations may not be substituted.

2 Cardiac Arrest, Chest discomfort, STEMI, NSTEMI, dysrhythmia, CHF, etc.

3 Airway management must be 100% successful in the last 40% of required attempts at each certification level. Airway management may be any intervention or treatment of a patient with a respiratory complaint. Airway management is not an individual skill, but successful comprehensive assessment and care of a patient requiring airway or respiratory intervention and may include any combination of lab scenarios, low- or high-fidelity simulations, cadavers, or live patients across all age groups. Ventilations include any positive-pressure ventilations (CPAP, BVM,). May include any combination of lab scenarios, low- or high-fidelity simulations, cadavers, or live patients. Students must provide appropriate ventilations and assess quality for at least one minute during a scenario. Each ventilation skill documented must be a separate occurrence (i.e., 20 breaths on a single patient ≠ 20 ventilation skills; ventilation of the same patient for 2 minutes ≠ 2 ventilation skills).

4 Team Leads must be 90% successful in the last 20 team leads. To receive credit for a “team lead” at any level the student must be the primary decision-maker in patient care and make appropriate clinical decisions consistent with the standard of care. The student must not require prompting on any interventions or decision within the scope of the level of certification for which the team leads apply. For example, and AEMT student being precepted by a paramedic must perform all interventions at the AEMT level without direction, but may receive credit if a preceptor intervenes for procedures and care outside the scope of the student’s program level or progression. Success on team leadership will be determined by a preceptor’s rating of “Competent” in the Team Leadership category on the Field Internship Evaluation. Team leads must be accomplished on a transport-capable ALS unit responsible for responding to critical and emergent patients who access the EMS system, and must be supervised by a preceptor certified at or above the student’s program level. Team leads at each
certification level will be counted toward team member requirements at higher certification levels.

EMT field hours may be completed on non-fire-based EMS transport units. Additionally, students whom do not desire to practice EMS on a transport unit (within a facility) may complete their field hours in a clinic, urgent care center, physician office or other locations. Faculty may specify locations or offer options dependent upon access and availability.

AEMT Competency/Simulation Equivalents: As referenced in the table below, certain competencies may be satisfied through the completion of any combination of lab scenarios, low- or high-fidelity simulations, cadavers, or live patients.

<table>
<thead>
<tr>
<th>Safe Medication Administration</th>
<th>5 successful simulations = 1 patient competency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Airway Management</td>
<td>5 successful simulations = 1 patient competency</td>
</tr>
<tr>
<td>Venous Access</td>
<td>5 successful simulations = 1 patient competency</td>
</tr>
<tr>
<td>Ventilations</td>
<td>5 successful simulations = 1 patient competency</td>
</tr>
<tr>
<td>Assessment of Newborn</td>
<td>5 successful simulations = 1 patient competency</td>
</tr>
<tr>
<td>Assessment of Infant</td>
<td>5 successful simulations = 1 patient competency</td>
</tr>
<tr>
<td>Assessment of Toddler</td>
<td>5 successful simulations = 1 patient competency</td>
</tr>
<tr>
<td>Assessment of Preschooler</td>
<td>5 successful simulations = 1 patient competency</td>
</tr>
<tr>
<td>Assessment of School Agers</td>
<td>5 successful simulations = 1 patient competency</td>
</tr>
<tr>
<td>Assessment of Adolescents</td>
<td>5 successful simulations = 1 patient competency</td>
</tr>
<tr>
<td>Assessment of Geriatrics</td>
<td>5 successful simulations = 1 patient competency</td>
</tr>
<tr>
<td>Required Competencies and Skills Prior to Capstone Field Internship</td>
<td>Psychomotor Portfolio</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>Individual Student Competency Evaluation in the Laboratory</td>
<td>Individual Student</td>
</tr>
<tr>
<td>(Minimum # of Times)</td>
<td>Competency</td>
</tr>
<tr>
<td></td>
<td>Instructor Evaluation in a Laboratory Simulation/Scenario</td>
</tr>
<tr>
<td>Obtain a Patient History from an Alert and Oriented Patient</td>
<td>2</td>
</tr>
<tr>
<td>Comprehensive Normal Physical Assessment - Adult</td>
<td>2</td>
</tr>
<tr>
<td>Comprehensive Normal Physical Assessment - Pediatric</td>
<td>2</td>
</tr>
<tr>
<td>Direct Orotracheal Intubation - Adult</td>
<td>10</td>
</tr>
<tr>
<td>Direct Orotracheal Intubation - Pediatric</td>
<td>10</td>
</tr>
<tr>
<td>Nasotracheal Intubation - Adult</td>
<td>2</td>
</tr>
<tr>
<td>Supraglottic Airway Device - Adult</td>
<td>2</td>
</tr>
<tr>
<td>*Needle Cricothyrotomy (Percutaneous Translaryngeal Ventilation)</td>
<td>2</td>
</tr>
<tr>
<td>CPAP and PEEP</td>
<td>1</td>
</tr>
<tr>
<td>*Trauma Physical Assessment - Adult</td>
<td>2</td>
</tr>
<tr>
<td>Trauma Endotracheal Intubation - Adults</td>
<td>2</td>
</tr>
<tr>
<td>*Pleurale Decompression (Needle Thoracostomy)</td>
<td>2</td>
</tr>
<tr>
<td>Medical including Cardiac Physical Assessment</td>
<td>2</td>
</tr>
<tr>
<td>Intravenous Therapy</td>
<td>2</td>
</tr>
<tr>
<td>Intravenous Bolus</td>
<td>2</td>
</tr>
<tr>
<td>Intravenous Piggyback Infusion</td>
<td>2</td>
</tr>
<tr>
<td>Intravenous Infusion</td>
<td>2</td>
</tr>
<tr>
<td>Intravenous Medication Admininstration</td>
<td>1</td>
</tr>
<tr>
<td>Subcutaneous Medication Administration</td>
<td>1</td>
</tr>
<tr>
<td>Synchronized Cardioversion</td>
<td>2</td>
</tr>
<tr>
<td>12-Lead ECG Placement</td>
<td>-</td>
</tr>
<tr>
<td>Defibrillation</td>
<td>2</td>
</tr>
<tr>
<td>Transcutaneous Pacing</td>
<td>2</td>
</tr>
<tr>
<td>Normal Delivery with Newborn Care</td>
<td>1</td>
</tr>
<tr>
<td>Abnormal Delivery with Newborn Care</td>
<td>1</td>
</tr>
<tr>
<td>Neonatal Resuscitation Beyond Routine Newborn Care</td>
<td>1</td>
</tr>
<tr>
<td>Totals</td>
<td>60</td>
</tr>
<tr>
<td>IOOH/ Clinical/Field Exp.</td>
<td>74</td>
</tr>
</tbody>
</table>

**Column 1 and 2 must be completed before students are eligible to schedule clinical and field experiences.**

**Column 3 is to be completed in clinical experience.**

**Column 4 is to be completed in clinical and/or field experience.**

**Everything prior to the green bar must be completed before entering capstone field internship.**
## Paramedic Lab - Psychomotor Portfolio Requirements

(Must be completed before Clinical/Field Begins)

<table>
<thead>
<tr>
<th>Paramedic Program Psychomotor Skill Competencies</th>
<th>Individual Student Competency Evaluation in the Laboratory</th>
<th>Individual Student Competency Instructor Evaluation in a Laboratory Simulation/Scenario</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>To Be Completed in Lab and Simulation</td>
<td>Peer-to-Peer</td>
<td>Instructor Verification</td>
<td></td>
</tr>
</tbody>
</table>

**MUST BE COMPLETED IN THE FIRST SEMESTER**

<table>
<thead>
<tr>
<th>Competency</th>
<th>Peer or Instructor Evaluation</th>
<th>Instructor Evaluation in Scenario Prior to Capstone Field Internship</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obtain a Patient History from an Alert and Oriented Patient</td>
<td>2</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>Comprehensive Normal Physical Assessment Adult</td>
<td>2</td>
<td>-</td>
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</tr>
<tr>
<td>Comprehensive Normal Physical Assessment Pediatric</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Direct Orotracheal Intubation Adult</td>
<td>10</td>
<td>2</td>
<td>12</td>
</tr>
<tr>
<td>Direct Orotracheal Intubation Pediatric</td>
<td>10</td>
<td>2</td>
<td>12</td>
</tr>
<tr>
<td>Nasotracheal Intubation Adult</td>
<td>2</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>Supraglottic Airway Device Adult (Combitube, LMA, King, Cobra, etc.)</td>
<td>2</td>
<td>6</td>
<td>8</td>
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<tr>
<td>Needle Cricothyrotomy (Percutaneous Translaryngeal Ventilation)</td>
<td>2</td>
<td>4</td>
<td>6</td>
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<tr>
<td>CPAP and PEEP</td>
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<td>3</td>
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<tr>
<td>Trauma Adult Physical Assessment</td>
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<tr>
<td>Trauma Endotracheal Intubation Adult</td>
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<td>2</td>
<td>4</td>
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<tr>
<td>Pleural Decompression (Needle Thoracostomy)</td>
<td>2</td>
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<td>4</td>
</tr>
<tr>
<td>Medical and Cardiac Physical Assessment</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Intravenous Therapy</td>
<td>2</td>
<td>10</td>
<td>12</td>
</tr>
<tr>
<td>Intravenous Bolus Medication Administration</td>
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<tr>
<td>Intravenous Piggyback Infusion</td>
<td>2</td>
<td>2</td>
<td>4</td>
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<tr>
<td>Intravenous Therapy</td>
<td>2</td>
<td>4</td>
<td>6</td>
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<tr>
<td>Intravenous and Subcutaneous Medication Administration</td>
<td>1</td>
<td>1</td>
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<tr>
<td>Intramuscular and Subcutaneous Medication Administration</td>
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<td>1</td>
<td>2</td>
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<tr>
<td>Synchronized Cardioversion</td>
<td>1</td>
<td>1</td>
<td>2</td>
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<tr>
<td>12-lead ECG</td>
<td>2</td>
<td>4</td>
<td>6</td>
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<tr>
<td>Defibrillation (Unwitnessed Arrest)</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Transcutaneous Pacing</td>
<td>2</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Normal Delivery with Newborn Care</td>
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<td>6</td>
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<tr>
<td>Abnormal Delivery with Newborn Care</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Neonatal Resuscitation Beyond Routine Newborn Care</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

**Basic Competencies to be Evaluated in Laboratory Prior to Any Live Patient Encounters in Clinical, Field Experience or Capstone Field Internship**

**MUST BE COMPLETED IN THE FIRST SEMESTER**

<table>
<thead>
<tr>
<th>Competency</th>
<th>Peer or Instructor Evaluation</th>
<th>Instructor Evaluation in Scenario Prior to Capstone Field Internship</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spinal Immobilization Adult (Supine Patient)</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Spinal Immobilization Adult (Seated Patient)</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Joint Splinting</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Long Bone Splinting</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Traction Splinting</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Hemorrhage Control</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Intranasal Medication Administration</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Inhaled Medication Administration</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Glucometer</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>12-lead ECG</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
</tbody>
</table>

**CPR Competencies Lab equivalent to AHA BLS for Healthcare Providers**

**MUST BE COMPLETED IN THE FIRST SEMESTER**

<table>
<thead>
<tr>
<th>Competency</th>
<th>Peer or Instructor Evaluation</th>
<th>Instructor Evaluation in Scenario Prior to Capstone Field Internship</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 &amp; 2 Rescuer CPR For Adults</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>1 &amp; 2 Rescuer CPR For Children</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>1 &amp; 2 Rescuer CPR For Infants</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Bag-Mask Technique and Rescue Breathing for Adults</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Bag-Mask Technique and Rescue Breathing for Children</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Automated External Defibrillator</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Relief of Choking in Infants</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Relief of Choking in Patients 1 Year of Age and Older</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
### Integrated Out of Hospital Scenarios (IOOH) – Required Completion Prior to Capstone Field Internship

#### Total Minimum Number of Scenarios Where the Student is a Team Member Throughout the Program

Must be Completed Prior to Capstone Field Internship

<table>
<thead>
<tr>
<th>Laboratory Scenario - Pathology or Patient Complaint</th>
<th>Minimum # as Team Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team Member - Respiratory Distress / Failure (Pediatric)</td>
<td>1</td>
</tr>
<tr>
<td>Team Member - Chest Pain (Adult)</td>
<td>1</td>
</tr>
<tr>
<td>Team Member - Cardiac Dysrhythmia / Cardiac Arrest (Adult)</td>
<td>1</td>
</tr>
<tr>
<td>Team Member – Stroke (Geriatric)</td>
<td>1</td>
</tr>
<tr>
<td>Team Member - Abdominal Pain (Geriatric)</td>
<td>1</td>
</tr>
<tr>
<td>Team Member – Seizure (Adult)</td>
<td>1</td>
</tr>
<tr>
<td>Team Member - Obstetric or Gynecologic (Adult)</td>
<td>1</td>
</tr>
<tr>
<td>Team Member - Delivery with Neonatal Resuscitation (Neonate)</td>
<td>1</td>
</tr>
<tr>
<td>Team Member - Trauma (blunt, penetrating, burns, or hemorrhage) (Pediatric)</td>
<td>1</td>
</tr>
<tr>
<td>Team Member - Trauma (blunt, penetrating, burns, or hemorrhage) (Adult)</td>
<td>1</td>
</tr>
<tr>
<td>Team Member – Sepsis (Geriatric)</td>
<td>1</td>
</tr>
</tbody>
</table>

#### Total Minimum Number of Scenarios Where the Student is a Team Lead Throughout the Program

Must be Completed Prior to Capstone Field Internship

<table>
<thead>
<tr>
<th>Laboratory Scenario - Pathology or Patient Complaint</th>
<th>Minimum # as Team Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team Lead - Cardiac Dysrhythmia / Cardiac Arrest (Geriatric)</td>
<td>1</td>
</tr>
<tr>
<td>Team Lead - Chest Pain (Adult)</td>
<td>1</td>
</tr>
<tr>
<td>Team Lead - Cardiac Dysrhythmia / Cardiac Arrest (Adult)</td>
<td>1</td>
</tr>
<tr>
<td>Team Lead – Stroke (Geriatric)</td>
<td>1</td>
</tr>
<tr>
<td>Team Lead – Overdose (Adult)</td>
<td>1</td>
</tr>
<tr>
<td>Team Lead - Abdominal Pain (Pediatric)</td>
<td>1</td>
</tr>
<tr>
<td>Team Lead - Allergic Reaction / Anaphylaxis (Pediatric)</td>
<td>1</td>
</tr>
<tr>
<td>Team Lead – Psychiatric (Geriatric)</td>
<td>1</td>
</tr>
<tr>
<td>Team Lead – Seizure (Adult)</td>
<td>1</td>
</tr>
<tr>
<td>Team Lead – Shock (Adult)</td>
<td>1</td>
</tr>
</tbody>
</table>

### Paramedic Minimum Clinical and Field Hours Requirements (Must be Completed Prior to Capstone Field Internship)

Required Departments and **Minimum Hours** in Clinical, Field Experiences Completed Prior to Capstone Field Internship

<table>
<thead>
<tr>
<th>Location/Required Minimum Hours</th>
<th>Paramedic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Department</td>
<td>72 hours</td>
</tr>
<tr>
<td>Critical Care Area</td>
<td>12 hours</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>24 hours</td>
</tr>
<tr>
<td>OR/PACU</td>
<td>12 hours</td>
</tr>
<tr>
<td>L&amp;D</td>
<td>12 hours</td>
</tr>
<tr>
<td>Other Setting</td>
<td>prn</td>
</tr>
<tr>
<td>OMD Rotation in the Emergency Department (as available, if not available, schedule 12 hours in another area)</td>
<td>12 hours</td>
</tr>
<tr>
<td><strong>Clinical Experience Hours</strong></td>
<td>144 hours</td>
</tr>
<tr>
<td><strong>Field Experience Hours</strong></td>
<td>48 hours</td>
</tr>
<tr>
<td><strong>Total Clinical/Field Hours</strong></td>
<td>192 hours</td>
</tr>
</tbody>
</table>

### Paramedic Clinical and Field Experience and/or Capstone Internship Minimum Competency Requirements

Required Competencies, Skills, Ages, Differential Diagnoses, and Complaints on Patients in Clinical, Field Experience, or Capstone Field Internship

<table>
<thead>
<tr>
<th>Program Required Minimum Numbers</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Trauma</td>
<td>30 Total</td>
</tr>
<tr>
<td>Trauma - Pediatric</td>
<td>6</td>
</tr>
<tr>
<td>Trauma - Geriatric</td>
<td>6</td>
</tr>
<tr>
<td>Trauma – Pediatric, Adult, or Geriatric</td>
<td>18</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>18 Total</td>
</tr>
<tr>
<td>Newborn</td>
<td>2</td>
</tr>
<tr>
<td>Infant</td>
<td>2</td>
</tr>
<tr>
<td>Toddler</td>
<td>2</td>
</tr>
<tr>
<td>Preschool</td>
<td>2</td>
</tr>
<tr>
<td>School-Aged</td>
<td>2</td>
</tr>
<tr>
<td>Adolescent</td>
<td>2</td>
</tr>
<tr>
<td>Pediatric (Any of the Above Age Groups)</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------</td>
<td>--------------------------------</td>
</tr>
<tr>
<td></td>
<td><strong>Medical</strong></td>
</tr>
<tr>
<td></td>
<td>Medical - Pediatric</td>
</tr>
<tr>
<td></td>
<td>Medical - Geriatric</td>
</tr>
<tr>
<td></td>
<td>Medical – Pediatric, Adult, or Geriatric</td>
</tr>
<tr>
<td></td>
<td>Stroke/TIA</td>
</tr>
<tr>
<td></td>
<td>Acute Coronary Syndrome</td>
</tr>
<tr>
<td></td>
<td>Cardiac Dysrhythmia</td>
</tr>
<tr>
<td></td>
<td>Respiratory Distress/Failure</td>
</tr>
<tr>
<td></td>
<td>Hypoglycemia/DKA/HHS</td>
</tr>
<tr>
<td></td>
<td>Sepsis</td>
</tr>
<tr>
<td></td>
<td>Shock</td>
</tr>
<tr>
<td></td>
<td>Toxicological Event/OD</td>
</tr>
<tr>
<td></td>
<td><strong>Medical – Pediatric, Adult, or Geriatric</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Medical</strong></td>
</tr>
<tr>
<td></td>
<td>Medical - Pediatric, Adult, or Geriatric</td>
</tr>
<tr>
<td></td>
<td>Medical - Pediatric, Adult, or Geriatric</td>
</tr>
<tr>
<td></td>
<td>Stroke/TIA</td>
</tr>
<tr>
<td></td>
<td>Acute Coronary Syndrome</td>
</tr>
<tr>
<td></td>
<td>Cardiac Dysrhythmia</td>
</tr>
<tr>
<td></td>
<td>Respiratory Distress/Failure</td>
</tr>
<tr>
<td></td>
<td>Hypoglycemia/DKA/HHS</td>
</tr>
<tr>
<td></td>
<td>Sepsis</td>
</tr>
<tr>
<td></td>
<td>Shock</td>
</tr>
<tr>
<td></td>
<td>Toxicological Event/OD</td>
</tr>
<tr>
<td></td>
<td><strong>Psychiatric</strong></td>
</tr>
<tr>
<td></td>
<td>Altered Mental Status</td>
</tr>
<tr>
<td></td>
<td>Abdominal Pain</td>
</tr>
<tr>
<td></td>
<td>Chest Pain</td>
</tr>
<tr>
<td></td>
<td><strong>Skill Competency Performed and Evaluated in a Laboratory Scenario or on a Live Patient in the Clinical or Field Experience</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Inhaled Medication (MDI, Nebulizer)</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Obtain a Patient History from an Alert and Oriented Patient</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Direct Oropharyngeal Intubation – Adult</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Direct Oropharyngeal Intubation – Pediatric</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Supraglottic Airway Device – Adult</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Needle Cricothyrotomy (Percutaneous Tranlaryngeal Ventilation)</strong></td>
</tr>
<tr>
<td></td>
<td><strong>CPAP and PEEP</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Trauma Physical Assessment – Adult</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Trauma Endotracheal Intubation – Adults</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Pleural Decompression (Needle Thoracostomy)</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Medical including Cardiac Physical Assessment</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Intravenous Therapy</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Intravenous Bolus Medication Administration</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Intraosseous Infusion</strong></td>
</tr>
<tr>
<td></td>
<td><strong>IM or SQ Injection</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Synchronized Cardioversion</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Defibrillation</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Transcutaneous Pacing</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Normal Delivery with Newborn Care</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Abnormal Delivery with Newborn Care</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Neonatal Resuscitation Beyond Routine Newborn Care</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Total Psychomotor Skill Competencies</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Team Leads in Capstone Field Internship</strong></td>
</tr>
</tbody>
</table>

Skill Competencies listed above in red may be completed on live patients during clinical and field experiences or during the capstone field internship.
Each of the lab courses in the Paramedic Program require specific portfolio, scenario and simulation competency completion before each course end date.

**First Semester (Portfolio and Pre-Clinical Requirement Completion)**

**EMS 123 - EMS Clinical Preparation**
- Demonstrate the use of therapeutic communication while completing a health history and physical assessment
- Demonstrate communication skills within a team
- Perform a comprehensive normal adult patient assessment
- Obtain a history from an alert and oriented patient
- Demonstrate the ability to complete a comprehensive patient care report
- Perform basic diagnostic procedures related to patient assessment

**EMS 126 - Basic Pharmacology Lab**
- Establish a minimum of two (2) intravenous (IV) catheters in a laboratory setting within 100% accuracy
- Demonstrate the ability to initiate an intravenous fluid bolus on a minimum of two (2) patients in a laboratory setting
- Demonstrate the ability to initiate a piggyback infusion on a minimum of two (2) patients in a laboratory setting
- Establish a minimum of two (2) intraosseous (IO) infusions within 100% accuracy.
- Administer a minimum of one (1) medication via the intramuscular (IM) route within 100% accuracy
- Administer a minimum of one (1) medication via the subcutaneous (SC) route within 100% accuracy
- Administer a minimum of two (2) medications via the intranasal (IN) route within 100% accuracy
- Administer a minimum of two (2) medications via a nebulizer within 100% accuracy
- Calculate various drug dosages within 100% accuracy

**EMS 128 - Airway, Shock and Resuscitation Lab**
- Perform airway management techniques safely and accurately in the laboratory setting.
- Demonstrate competency in the use of supraglottic airway devices.
- Demonstrate competency in the use of CPAP and PEEP.
- Demonstrate competency in CPR, AED use and management of the choking patient.
- Demonstrate competency in performing orotracheal intubation on a minimum of ten (10) adult patients in the laboratory setting.
- Demonstrate competency in performing nasotracheal intubation on a minimum of two (2) adult patients in the laboratory setting.
- Demonstrate competency in the use of fluid resuscitation in a patient suffering from shock.
EMS 136 - Emergency Medical Care Lab
- Demonstrate integration of scene and patient assessment findings with knowledge of epidemiology and pathophysiology to form a field impression, including developing a list of differential diagnoses through clinical reasoning to modify the assessment and formulate a treatment plan.
- Integrate medical assessment, intravenous therapy, intraosseous therapy, and multiple routes of medication administration within the context of comprehensive patient management.

EMS 138 - Trauma Care Lab
- Perform a minimum of two (2) trauma physical assessments on an adult patient in the laboratory setting.
- Perform a minimum of two (2) trauma physical assessments on an adult patient in a scenario.
- Demonstrate competency in initiating intravenous therapy in a minimum of five (5) scenarios.
- Demonstrate competency administering an intravenous bolus.
- Demonstrate competency in performing needle cricothyrotomy on a minimum of (2) patients in a laboratory setting.
- Demonstrate competency in performing endotracheal intubation on a minimum of (2) adult patients suffering traumatic injury in the laboratory setting.
- Demonstrate competency in initiating an intraosseous infusion in a minimum of two (2) scenarios.
- Demonstrate competency in the use of basic trauma management skills in the laboratory setting.

Portfolio Competencies and Pre-Clinical Requirements Must Be Completed to Continue

Second Semester (Continue Scenario and Simulation Proficiency)
EMS 140 - Special Populations Lab
- Perform a normal delivery with newborn care on a patient in a laboratory setting.
- Perform a minimum of two (2) normal deliveries with newborn care in a scenario.
- Perform an abnormal delivery with newborn care on a patient in a laboratory setting.
- Perform a minimum of two (2) abnormal deliveries with newborn care in a scenario.
- Perform a neonatal resuscitation in a laboratory setting.
- Perform a minimum of two (2) neonatal resuscitations in a scenario.
- Perform a minimum of two (2) comprehensive normal physical assessments on a pediatric patient in a laboratory setting.
- Perform a minimum of two (2) comprehensive normal physical assessments on a pediatric patient in a scenario.
- Perform a minimum of two (2) needle cricothyrotomy with percutaneous translaryngeal ventilation procedures in a laboratory setting.
- Perform a minimum of four (4) needle cricothyrotomy with percutaneous translaryngeal ventilation procedures in a scenario.
- Perform direct orotracheal intubation on a minimum of ten (10) pediatric patients in the laboratory setting.
EMS 142 - Cardiovascular Care Lab
- Demonstrate competency in identifying basic EKG rhythms and associated treatments
- Perform a minimum of two (2) assessments on patient complaining of cardiac related emergencies in a scenario.
- Demonstrate competency in defibrillating a minimum of two (2) patients in an unwitnessed arrest in a lab setting
- Demonstrate competency in defibrillating a minimum of four (4) patients in an unwitnessed arrest in a scenario.
- Demonstrate competency in performing transcutaneous pacing on a minimum of two (2) patients in an in a lab setting
- Demonstrate competency in performing transcutaneous pacing on a minimum of four (4) patients in an in a scenario.
- Demonstrate competency in performing synchronized cardioversion on a minimum of two (2) patients in an in a lab setting
- Demonstrate competency in performing synchronized cardioversion on a minimum of four (4) patients in an in a scenario.
- Demonstrate competency in interpreting a 12 lead EKG

Lab Requirements Must Be Completed to Continue in the Program

Third Semester (Simulation Mastery)
EMS 204 - Advanced Patient Care Lab
- Provide care of a pediatric patient complaining of respiratory distress/failure in a scenario.
- Provide care of an adult patient with cardiac dysrhythmia/cardiac arrest in a scenario.
- Provide care of a geriatric patient presenting with signs and symptoms of a stroke in a scenario.
- Provide care of a patient with an obstetric or gynecologic complaint in a scenario.
- Provider care of a neonatal patient requiring resuscitation during delivery in a scenario.
- Provide care of a pediatric patient with a traumatic injury in a scenario.
- Provide care of an adult patient with a traumatic injury in a scenario.
- Provide care of a geriatric patient with signs and symptoms of sepsis in a scenario.
- Demonstrate the ability to perform surgical cricothyrotomy.
- Demonstrate competency in the management of a patient on a ventilator.
- Demonstrate competency in the use of ultrasound.
- Apply the concepts of lab value evaluation to patient assessment.
- Interact with patients with special challenges or cultural differences.
- Provide care for a minimum of two (2) patients complaining of any of the following complaints: Chest pain; Overdose; Abdominal pain; Allergic reaction/anaphylaxis; Hypoglycemia/DKA/HHNS; Psychiatric; Seizure; Shock.

Lab Requirements Must Be Completed to Continue in the Program
Forth Semester (Demonstrate Competency in Cognitive, Psychomotor and Affective aspects of each of the Paramedic Domains)
EMS 216 - Paramedic Review
- Demonstrate competency of material contained in the Paramedic curriculum
- Apply knowledge in a lab setting to depict competency in psychomotor testing requirements of Virginia Office of EMS and/or the National Registry of EMTs.
- Utilize assessment and techniques of the Paramedic provider in a laboratory setting

Each of the Clinical and Filed Experiences, as well as the Capstone Field Internship require specific competency completion before the course end date.

First Semester
No Clinical or Filed Rotations Scheduled in the First Semester

Portfolio Competencies and Pre-Clinical Requirements Must Be Completed to Continue in the Program and Schedule Clinical

Second Semester (Clinical Only) (exception: AEMT candidates will be allowed to schedule field to meet the AEMT requirements only)
EMS 175 - Paramedic Clinical Experience I (Second Semester)
- Perform a comprehensive normal physical assessment on patients ranging in a variety of ages in the clinical setting.
- Perform a comprehensive normal physical assessment on a minimum of two (2) pediatric patients in the clinical setting.
- Perform a minimum of six (6) trauma assessments on an adult patient in the clinical setting.
- Perform a minimum of forty (40) medical assessments on a patient in the clinical setting.
- Establish a minimum of twenty (20) IVs on a live patient in the clinical setting within 100% accuracy.
- Initiate an intravenous fluid bolus on a minimum of two (2) patients in the clinical setting.
- Place a minimum of four (4) patients on a 12-lead monitor in the clinical setting.
- Integrate a comprehensive written report in the clinical setting.

Clinical competencies Must Be Completed to Continue in the Program

Third Semester Clinical and Field)
EMS 247 - Paramedic Clinical Experience II (Third Semester)
- Perform a trauma assessment on a minimum of six (6) pediatric patients.
- Perform a trauma assessment on a minimum of six (6) geriatric patients.
- Perform a trauma assessment on a minimum of twelve (12) adult patients
- Perform a medical assessment on a minimum of twelve (12) pediatric patients including a minimum of two (2) patients for each of the following age groups: newborn; infant; toddler; preschool; school-aged; adolescent
- Perform a medical assessment on a minimum of twelve (12) geriatric patients.
- Perform a medical assessment on a minimum of twenty-four (24) adult patients.
• Perform a minimum of one (1) medical assessment for each of the following patient complaints: stroke/TIA; acute coronary syndrome; cardiac dysrhythmia; respiratory distress/failure; Hypoglycemia/DKA/HHS; sepsis; shock; toxicological event/OD; altered mental status; abdominal pain; chest pain
• Perform a minimum of four (4) medical assessments of a patient complaining of a psychiatric related issue.
• Establish an IV on a minimum of ten (10) patients in the clinical setting within 100% accuracy.
• Administer a medication via intramuscular route in the clinical setting.
• Administer a medication via subcutaneous route in the clinical setting.
• Administer a medication via inhaled route in the clinical setting.
• Perform endotracheal intubation in the clinical setting.
• Assist with the delivery of a newborn in the clinical setting.

EMS 248 - Paramedic Comprehensive Field Experience (Third Semester)
• Perform a trauma assessment on adult, geriatric and pediatric patient populations.
• Perform a medical assessment on adult, geriatric and pediatric patient populations.
• Establish an IV on a minimum of five (5) patients in the clinical setting within 100% accuracy.
• Administer a medication via intramuscular route in the field setting.
• Administer a medication via subcutaneous route in the field setting.
• Administer a medication via inhaled route in the field setting.
• Demonstrate competency in delivery of care in the field setting.

All Portfolio Competencies, Scenario, Simulation, Clinical and Field Requirements Must Be Completed to Continue in the Program and Schedule Capstone Field Internship Time and Begin to County Team Leads

EMS 249 - Paramedic Capstone Internship (Final Semester)
• Provide comprehensive assessment and management for a minimum of twenty (20) patients in the pre-hospital setting as the Team Leader.
• Demonstrate entry-level competency in a capstone psychomotor exercise.
• Demonstrate entry-level competency in a capstone cognitive evaluation.
Clinical/Field Grading Criteria

THIS GRADING CRITERIA IS FOR USE IN CLINICAL AND FIELD COURSES ONLY. STUDENTS MUST MEET THIS GRADING CRITERIA IN ADDITION TO THE DIDACTIC AND CAPSTONE GRADING CRITERIA ESTABLISHED BY THE PROGRAM AND DETAILED IN THIS STUDENT POLICIES & HANDBOOK.

Clinical/Field Internships

All students are required to participate in clinical/field internships throughout the program.

Clinical/field internships (courses) are graded based upon the student’s demonstrated knowledge, scenario/skills competency and participation. Students must participate in all skills lab hours unless otherwise excused by their instructor.

Requirements for Completion of the Clinical / Field Internship

At the conclusion of the scheduled clinical / field internship for each certification level:

1. A student must achieve a consistent “satisfactory” pattern in each evaluation category to pass the clinical /field internship.
2. Students who do not receive a satisfactory summative evaluation during the minimum period of internship may be offered an opportunity to extend the period of internship by repeating the course. Students will be required to pay tuition for the repeated course. A student failing the second, repeated internship phase shall be subject to academic dismissal. In extenuating circumstances, the Department Head/Program Director and Medical Director may make a recommendation to the Dean of Students whom may authorize a third and final attempt to complete the requirements.
3. At each certification level, students must successfully complete required clinical rotations and receive authorization from the Department Head/Program Director and/or the Program Medical director before beginning field rotations and internship.

Clinical/Field Grading Scale

The EMS program utilizes a grading scale for all course sections (didactic, lab, clinical and field).

<table>
<thead>
<tr>
<th>Score Range</th>
<th>Points Range</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>92-100</td>
<td>920 – 1000</td>
<td>A</td>
</tr>
<tr>
<td>84-91</td>
<td>840 – 919</td>
<td>B</td>
</tr>
<tr>
<td>75-83</td>
<td>750 – 839</td>
<td>C</td>
</tr>
<tr>
<td></td>
<td>Minimum Passing Grade</td>
<td></td>
</tr>
<tr>
<td>67-74</td>
<td>670 – 749</td>
<td>D</td>
</tr>
<tr>
<td>&lt; 66</td>
<td>&lt; 669</td>
<td>F</td>
</tr>
</tbody>
</table>

Clinical/Field Grading Criteria

Additionally, the EMS program uses a point system that is based upon a total possible 1000 points per class. Grading is adapted to this point system as detailed below:
Clinical/field internship grades are based on the following:

Clinical/Field/Lab Software Acquisition - The program faculty and/or staff will establish and publish a “due date” by which all students will be required to acquire access (in their name) and log into the specified clinical/field/lab software scheduling/competency tracking program. **STUDENTS WHOM DO NOT ACQUIRE ACCESS IN THEIR NAME AND LOG INTO THE CLINICAL/FIELD/LAB SOFTWARE SCHEDULING/COMPETENCY TRACKING PROGRAM BY THE PUBLISHED DUE DATE WILL BE ADMINISTRATIVELY WITHDRAWN FROM THE PROGRAM OF STUDY.**

Pre-Clinical/Field Documentation/Process Completion - The program faculty and/or staff will establish and publish a “due date” by which all students will be required to have completed and submitted all pre-clinical/field documentation/processes (i.e. physical, immunization records, drug screen, background check, etc.). **STUDENTS WHOM DO NOT SUBMIT ALL REQUIRED/COMPLETED CLINICAL/FIELD DOCUMENTATION BY THE PUBLISHED DUE DATE WILL BE ADMINISTRATIVELY WITHDRAWN FROM THE PROGRAM OF STUDY.**

Clinical/Field Uniform Acquisition - The program faculty and/or staff will establish and publish a “due date” by which all students will be required to have obtained the complete clinical/field uniform required by the program. **STUDENTS WHOM DO NOT ACQUIRE THE REQUIRED CLINICAL/FIELD UNIFORM BY THE PUBLISHED DUE DATE WILL BE ADMINISTRATIVELY WITHDRAWN FROM THE PROGRAM OF STUDY.**

Clinical and Field Attendance and Documentation Requirements

Clinical/Field Attendance – Students must follow the absence/tardy policy outlined in this program student policies & handbook. Students will receive a deduction of fifty (50) points per unexcused clinical/field experience/internship absence. Further, students will receive a deduction of twenty-five (25) points per unexcused clinical/field experience/internship tardy. Students are required to present at their internship location fifteen (15) minutes prior to their assigned shift. Students will be considered absent from their shift if they report more than one and one-half (1.5) hours late to their assigned shift and students will be considered tardy if they report more than one-half (.5) hour late to their assigned shift.

Students whom accumulate three unexcused absences in one course, will receive a grade of “F” for the course, regardless of their total point value at the conclusion of the course.

Three (3) unexcused tardies are equal to one (1) unexcused absence.

Students whom accumulate nine (9) unexcused tardies in one course, will receive a grade of “F” for the course, regardless of their total point value at the conclusion of the course.

Clinical/field Shift Documentation – All clinical/field internship documentation shall be completed appropriately and submitted via the software program (FISDAP) in use by the program prior to leaving the clinical/field location. Students will lose fifty (50) points per day, for everyday that they have not submitted completed clinical/field internship documentation,
which may further impact the overall clinical/field/lab grade. (see previous section regarding documentation submission when FISDAP is not available)

Additionally, students whom have documentation/reporting errors and/or incomplete information will lose twenty-five (25) points per occurrence.

See previous section regarding appropriate appearance and uniform requirements and the associated point deductions for non-compliance.

Students whom are experiencing and/or perceive that they are experiencing a hardship and/or other program, course and/or life experience that has or may contribute to their inability to comply with the above requirements must speak with their course instructor, clinical/field coordinator and/or the department head/program director about their situation.

The grading rubric below will be used for clinical and/or field experience and internship courses within the EMS program at Thomas Nelson Community College.

<table>
<thead>
<tr>
<th>Clinical/Field Requirements</th>
<th>Available Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>C/F Software Acquisition</td>
<td>Not Acquired and Logged Into by Due Date - Withdrawal</td>
</tr>
<tr>
<td>Pre-C/F Documentation</td>
<td>Not Completed and Turned in by Due Date - Withdrawal</td>
</tr>
<tr>
<td>Uniform Acquisition</td>
<td>Not Acquired by Due Date - Withdrawal</td>
</tr>
<tr>
<td>Attendance</td>
<td>250 points</td>
</tr>
<tr>
<td>Appearance</td>
<td>225 points</td>
</tr>
<tr>
<td>Competency Completion</td>
<td>300 points</td>
</tr>
<tr>
<td>C/F Shift Documentation</td>
<td>225 points</td>
</tr>
<tr>
<td>Total</td>
<td>1000 points</td>
</tr>
</tbody>
</table>

Students who do not successfully complete 100% of the required course psychomotor competencies will receive 0 points for the Competency Completion of the class and will receive a failing grade for the class.

Successful completion of the clinical/field internship courses with a minimum cumulative score of 750 points (C), as well as successful completion of all clinical and/or field competencies for the class is required in order for the student to continue to progress through the program of study.

Students are required to maintain a minimum overall GPA of 2.0 while enrolled in the EMS program. Any student falling below an overall GPA of 2.0 during enrollment in the EMS program will be required to meet with the Program Head/director or their designee (meetings may include the Medical Director and other program personnel as determined appropriate by the Program Head/director) may be issued a learning contract outlining the students current status and strategies for future student success.

Failure of the Clinical/Field Internship

The student may receive a failing grade for the clinical / field internship if s/he:

1. Fails to comply with recommendations for remediation as described in this manual (evaluation), or
2. Does not successfully complete the educational assignments as described in this manual, or
3. Does not consistently receive “satisfactory” ratings on each of the points of evaluation on the Affective Evaluation Form.
4. Fails to submit satisfactory documentation of clinical/field experiences.
5. Displays unsatisfactory behavior or provides unsafe patient care.

*The Program Medical Director may revoke authorization for clinical practice at any time, resulting in inability to complete the clinical and field requirements of the program.*

**Site/Location/Facility/Agency Restrictions**

It is understood that from time-to-time a student may be restricted from completing clinical and/or field experiences and/or internships at a specific site, location, facility and/or agency for one or more reasons (i.e. student had previous affiliation with site, location, facility and/or agency and separated from the same in a manner that has led to a non-return status); when this situation occurs, the student is required to self-disclose this information through the completion of the appropriate program documentation prior to scheduling any clinical and/or field experiences and/or internships. Failure to voluntarily disclose this information may result in a deduction of twenty-five (25) grade points and multiple occurrences may result in withdrawal from the program.

**Site/Location/Facility/Agency Removal-Ban**

Students who are asked to leave and/or are removed from and/or banned from returning to a specific site, location, facility and/or agency for any reason must meet with the appropriate clinical coordinator, department head/program director and the medical director, as appropriate prior to attending any future clinical and/or field experience/internship shifts. The student may receive an immediate point reduction in the course of two-hundred (200) points; the student may be assigned an “F” for the course; and/or the student may be administratively withdrawn from the program.
SECTION VI: HEALTH, SAFETY & RELATED POLICIES

Continuing Student Health Requirements

Students must be able to meet the technical standards, the immunization requirements and the immunity levels as required by Thomas Nelson Community College clinical/field affiliates for participation in the internship portion of the program. Clinical and field sites may decline from allowing the student to continue doing rotations in their hospitals or field agencies if specified requirements have not been met, regardless of religious or personal beliefs.

A student may be asked to obtain a physician’s review of the student’s condition and approval to continue in the program, in addition to the required medical physical. The student’s clinical coordinator, program director, medical director and/or dean may be involved in advising, counseling, and recommending a student’s continuation in the program if requirements have not been met. Each circumstance, will be handled on an individual basis.

Should a physician's consultation and written permission to continue in the program be necessary and/or the student has not met all required technical standards of the program (including the immunity/immunization requirements of the affiliates) the student has several options: withdrawal in good standing with the student returning at the point where the student left off in the program provided that it is within the time frame as directed by the EMS program requirements. The student may also choose to continue in the classroom portion of the course and postpone the internship portion of the program until a medical clearance is granted by the physician.

Continuation in the program under the following circumstances:

- Physician’s approval and meeting the required immunity levels, immunizations, and technical standards of the hospitals and agencies;
- Hospital or Agency approval;
- Counseling with the student’s, clinical coordinator, program head/director and the dean of health professions to discuss potential risks;
- To ensure consistency in all aspects of clinical education and meeting clinical objectives, all rotations which are missed due to a medical condition will have to be rescheduled;
- A record will be kept to document any missed rotations or incidences while on rotation;
- Depending on the option chosen, it is conceivable that the student's completion date may be delayed until all clinical and field hours and competencies are completed;
- Neither the college nor any hospital or field affiliate will accept responsibility for alleged exposure damage to the student;
- The student must sign a form releasing the college and its affiliates of any liability associated with medical liability.
Infection Control and Blood Borne Pathogens (BBP)

Students must wear personal protective equipment any time they are in contact with a patient.

A. Exposure to blood should be minimized.

- When the possibility of exposure to blood or other body fluid exists, gloves are recommended. When hand washing facilities are not available, an antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic wipes will be used. When antiseptic hand cleansers or wipes are used, hands shall be washed with soap and running water as soon as feasible.
- Students will wash their hands immediately or as soon as feasible after the removal of gloves or other personal protective equipment.
- Students shall wash hands any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following the contact of such body areas with bodily fluids or other potentially infectious materials.
- Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed. Shearing or breaking of contaminated needles is prohibited.
- Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly processed. These containers shall be:
  - Puncture resistant; and
  - Labeled or color-coded in accordance with this standard; and
  - Leak proof on the sides and bottom.
- Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.
- Food and drink shall not be stored in an area where bodily fluids or other potentially infectious materials are present.
- All procedures involving bodily fluids or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances. When there is a risk of eye or mouth contamination (for example, the patient is vomiting bloody material or there is arterial bleeding), protective eye wear and masks are recommended.
- Specimens of bodily fluids or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.
- Equipment which may become contaminated with bodily fluids or other potentially infectious materials shall be examined and decontaminated as necessary, unless decontamination of such equipment or portions of such equipment is not feasible.

B. Personal Protective Equipment (PPE)

- Students are must receive the three immunization Hepatitis B series. There is no vaccine for Hepatitis C or HIV. Some facilities and/or agencies may require students to have and/or to have initiated the Hepatitis B series in order to schedule clinical or field shifts at their facility and/or with their agency.
Students are encouraged to receive the Influenza immunization. Some facilities and/or agencies may require students to have the Influenza immunization in order to schedule clinical or field shifts at their facility and/or with their agency.

Students will use appropriate PPE necessary to protect them from likely exposure to Other Potentially Infectious Materials (OPIM). The equipment should be chosen specifically for the hazardous task; i.e., gloves, gowns, booties, and eye protection for when splashing may occur and/or N-95 mask.

In the event a Blood borne Pathogen (BBP) exposure be suspected or known to have occurred the following procedure must be observed:

First aid and proper wound cleansing must occur immediately without delay. If possible, wound cleansing should be done within seconds of exposure. The wound should be flushed with water (and soap if available) for 5-10 minutes. Eye contamination should be flushed for 15-30 minutes continuously. The location of hand and eye washing stations must be reviewed with all at-risk employees and readily available for use.

When students are operating at dangerous and/or hazardous emergency scenes, fires, hazardous materials incidents, highway incidents, vehicle accidents and/or vehicle extrications, or when broken glass is present, proper personal protective equipment (PPE) [coat, eye protection, head protection, extrication gloves or firefighter gloves] should be used. If the proper PPE is not available, the student shall not enter or be placed in an area that presents a hazard or danger to their personal safety.

See also the student appearance standard section of this document

C. Needles and other sharp objects should be considered as potentially infectious and shall be handled with extraordinary care.

D. Needles should NOT be recapped. If it becomes absolutely necessary to recap a needle use the appropriate technique (shoe holding the cap to the floor). Needles syringes and broken vials should be immediately placed in a puncture-proof “sharps” container after use.

E. Pocket masks with one-way valves or positive pressure ventilators should be used for artificial respiration. Masks should be worn by the EMS providers and/or patients for those infectious agents known to be transmitted by the airborne route (i.e., tuberculosis, chicken pox, measles, etc.).

F. Sufficient information should be obtained to determine if a patient may have active tuberculosis (TB); recent history of TB, HIV infection, fever, recent weight loss or cough. A surgical mask should be placed on patients with a history suggestive of active TB unless the mask would compromise the patient’s respiratory effort/status. In circumstances where a surgical mask appears to make or might make the patient’s breathing worse, the pre-hospital personnel should wear surgical masks. Ventilation should be maximized in the patient compartment during transport of patients known to have active TB.

G. Equipment should be thoroughly cleaned after each use. Disposable equipment should be considered for use whenever appropriate.

Exposure/Suspected Exposure Procedures

In the event of exposure or suspected exposure to a pathogen, the following protocol shall to be followed:

- Notify the agency/facility staff and the preceptor immediately.
Immediate care must be initiated where the incident occurred and the student should cooperate with the facility/agency staff and follow their exposure or suspected exposure reporting, testing and treatment policies and procedures.

Contact Campus Police 24/7 at 757-879-3649 and ask them to contact the Fire and EMS Duty Officer. Students do not have to provide any additional information and do not have to notify the Program Head/Director of the potential exposure.

The student will complete an agency or hospital Infectious Disease Report Form, the form is available for download or printing from the Peninsulas Emergency Medical Services (PEMS) Council website, or located in every Emergency Department and/or field agency within the PEMS region. The form shall be completed and submitted to the DO within 24-48 hours of the exposure notification.

Any cost associated with the incident will be the responsibility of the student, or the agency. Students are required to carry current health insurance or complete the insurance declination form for this purpose.

Significant exposure is defined as the following:

- Any puncture of the skin by a needle or other sharp object that has had contact with patient’s blood or body fluids or with fluids infused into the patient.
- Blood spattered onto mucous membranes (e.g. mouth) or eyes.
- Contamination of open skin (cuts, abrasions, blisters, open dermatitis) with blood, vomit, saliva, amniotic fluid or urine. Bite wound to providers would be included in this category.

If you appear too fatigued or ill to perform SAFELY during your clinical rotation or field internship, the preceptor reserves the right to dismiss you immediately. Sound physical and mental well-being is important to patient care.

Students should not work consecutive shifts (be it work, clinical or field) and should arrange their schedules so they are not fatigued.

**Mental Health Awareness**

Emergency Medical Services provides a challenging, sometimes rewarding, and nearly always stressful career. Preventing burnout by remaining mentally healthy is as important to staying in this career as maintaining physical health.

Sometimes even routine problems can cause more stress than we can manage. This is especially true in the student environment, where you are experiencing emergency services stress, the stress of being a student, possible financial strain, and the strain of not having enough time to yourself, or to spend with family members. One way to help reduce this stress is to talk to someone you trust: your instructor, preceptor, a fellow student, or your spouse or significant other.

If at any time during the class or your involvement with Thomas Nelson Community College EMS programs, you feel as though a simulation, clinical, field shift, or other event has adversely affected you, please contact your preceptor, instructor, faculty advisor, the EMS Program Head/Director and/or student services immediately.
If you require assistance after hours and/or have been unable to contact the Fire and EMS Education Department Head/Program Director, contact Campus Police 24/7 at (757) 879-3649 and ask them to contact the Fire and EMS Education Department Head/Program Director and/or their designee.

If you are not comfortable establishing contact with any or the above entities, you may use the National Volunteer Fire Council Fire/EMS Helpline: 1-888-731-FIRE (3473) or initiate an online chat feature that is also available as part of the Fire/EMS Helpline. Go to http://americanaddictioncenters.org/fire-services and click on the Live Chat button at the top of the page.

The program head/director can place you in contact with the PEMS Critical Incident Stress Management (CISM) Team. You are encouraged to familiarize yourself with the causes and contributing factors of critical incident and cumulative stress, and learn to recognize the normal stress reactions that can develop from providing emergency medical services.

The Peninsulas EMS Council's Regional CISM team can be activated whenever it is deemed necessary by an individual or an agency by calling the 24 Hour Team Access Number at 757-220-4356. If you do not get a response from the page within a reasonable amount of time, please call the PEMS Office at 804-693-6234 or the Team Coordinator at 804-366-7189.

The PEMS CISM Team is available to Emergency Service personnel and Thomas Nelson Community College EMS students. The program consists of mental health professionals, chaplains, and trained peer support personnel who develop stress reduction activities, provide training, conduct a defusing or debriefing, and assist emergency services personnel in locating available resources. The team will provide voluntary and confidential assistance to those wanting to discuss conflicts or feelings concerning their work or how their work affects their personal lives.

Critical Incidents

As an EMS provider, you often encounter events that would overwhelm the average person. You and your peers have built up strong emotional defenses to these events. A critical incident is an event that has the emotional power to overcome your coping abilities. Some typical critical incidents are:

- Line of duty death.
- Serious injury to emergency services worker.
- Mass Casualty Incident
- Suicide of emergency services worker.
- Traumatic death of children.
- Serious injuries to children.
- Victims that are known to emergency services workers.

If you are involved in a critical incident, you may be invited to a Critical Incident Stress Debriefing (CISD). Your preceptor will contact you if there is a debriefing scheduled. In addition, the requesting agency will advise the Thomas Nelson Community College EMS program staff, who may also notify you.
A CISD is usually held 24 to 72 hours after a critical incident. It is facilitated by a mental health professional and peer counselors from the PEMS CISM team.

A CISD is not a performance critique. Instead, it serves to walk providers through the incident, concentrating on their thoughts and feelings during and after the incident. Time is also spent discussing any stress reactions that may be occurring, and assuring providers that such reactions are NORMAL. Providers are also taught some methods of managing these stress reactions.

Attendance at Critical Incident Stress Debriefings is strongly suggested for any Thomas Nelson Community College EMS student(s) who have been involved in a critical incident and have been invited to participate in the CISD.

Any student who is demonstrating a significant signs and/or symptoms of stress may be dismissed from clinical and/or field shifts by their preceptor, instructor and/or the Program Head/Director until he/she is cleared by a mental health professional.

**Change in Health Status Policy and Procedures**

Any student experiencing a change in health status, including pregnancy, while enrolled in the Thomas Nelson Community College Emergency Medical Services Program will be required to submit a written statement from his/her health care provider as to the student’s ability to perform all expected functions fully, safely, and without jeopardizing the health and/or well-being of the student or others. Pregnant students must submit a written statement from their health care provider prior to the beginning of the semester. The documentation must state the student’s ability to perform all expected functions fully, safely, and without jeopardizing the health and well-being of the student, fetus, and/or others. After delivery, the student must submit a written release statement from the health care provider. The release of care must be presented prior to resuming classes, labs clinical and field experiences and internships. Any restriction of activity will be considered in terms of the student’s ability to meet the course and/or program objectives.

**Leave of Absence Policy and Procedures**

Definition: Temporary suspension of participation in the Program, at the student’s request, to allow the student to resolve serious problems which require his or her immediate attention and which will interfere with the educational process.

A leave of absence may be requested from the Program to allow the student to resolve issues which require his or her immediate attention. Examples of circumstances for which the leave of absence may be granted are family emergencies, pregnancy or family illness, military or agency orders/deployments, or other extenuating circumstances.

A leave of absence may be granted for a single semester and may result in grades of withdrawal, incomplete and/or earned grade as determined by the Department Head/Program Director. Absences exceeding the Program and/or Virginia Office of EMS attendance policies will require the student to restart the program.
1. A leave of absence may be granted at any point during the program if the student has maintained acceptable academic performance.
   a. No student who is on academic probation will be granted a leave of absence. A student on academic probation must meet the requirements agreed upon in the probationary meeting, and thereby be returned to good standing, prior to being authorized to take a leave of absence.

2. The student must submit written request for a leave of absence, indicating reason(s) to the Department Head/Program Director.

3. The student must schedule and meet with Department Head/Program Director to discuss request and to establish plan for continuation of the Program if leave of absence is granted.

4. If leave of absence is granted, the student and Department Head/Program Director will sign a document on which the following information is specified:
   a. Reason for the leave of absence.
   b. Time table for the leave of absence, and conditions or methods for resumption of the Program.

**Leave of Absence Time Limits**

- Leave of absence granted during the Didactic and Laboratory phase:
  a. If absence will exceed the absence allowance, with a faculty recommendation, a student may be permitted a leave of absence. This will only be granted on a case by case basis with the approval of the Department Head/Program Director and Program Medical Director.
  c. If the absence is less than the permitted absences, the student shall be responsible for all materials and information. Acquisition of this information shall be indicated by successful completion of the examinations covering the missed material.
  d. Students granted a leave of absence will resume coursework at the next semester in which the course is offered. Students returning will be required to resume at the end of the last successfully completed course.

- Students must still complete all requirements within the original certification eligibility period defined by NREMT and the Virginia Office of EMS Course Approval.
  e. When mitigating circumstances are present, the Department Head/Program Director may authorize a “Grade I Contract” for which the student may receive a temporary extension to complete coursework. A minimum of 60% of all coursework must be completed to be eligible. Such contracts require all course requirements to be completed within a defined period, not to exceed one semester, or the grade will be changed to an “F”.

All leave of absence requests will receive a written response outlining the conditions of the leave of absence or the reason for not granting the leave of absence. Documentation of the request will become a part of the student’s file.

**IMPORTANT NOTE** - Students who do not return to the program as scheduled in the program sequence and have not requested and been granted a leave of absence shall be required to restart their respective program from the initial semester and course.
Program Separation – Resumption Requirements

Rejoining the next class, as described above, may obligate the student to one or more of the policies below:

- Students who are separated from the program for one or more semesters may be required to resubmit for a criminal background check and drug screen at their expense.

- Students who are separated from the program for one or more semesters may be required to resubmit a current medical physical and updated immunizations and/or immunization records.

- Students who are separated from the program for one or more semesters may be required to acquire new and/or additional educational packages (textbooks, eResources, etc.), if they have changed since the student was previously enrolled.

- Students who are separated from the program for one or more semesters may be readmitted under a new or updated set of program policies, procedures and curriculum requirements including, but not limited to new program competency portfolio and/or clinical/field competency requirements which require the student to complete additional competency requirements.

- Students who are separated from the program for one or more semesters will be required to resubmit a copy of their current BLS/CPR and/or EMS certification.

This resumption of program policy shall also apply to students who exit at any certification level, and resume to the next level.

Inclement Weather Policy and Procedures

In the event of inclement weather, the Thomas Nelson Community College website and Facebook page provide the operational status of the College. Additionally, Thomas Nelson Community College reports the operational status to local media outlets including but not limited to local television and radio broadcasters.

EMS program students are required to register for alerts from the Thomas Nelson Community College notification system, e2campus (https://www.e2campus.net/my/tncc/signup.htm), which provides timely notifications and alerts regarding the college. Students are not required to complete and/or initiate scheduled clinical/field internships shifts when the College announces closure due to inclement weather. Students who determine that they should conclude and/or not report to their assigned clinical/field internships due to inclement weather conditions will not be penalized for doing so. Students will be required to complete the remaining shift balance only if they have not met the minimum required competencies. If the student is going to report late and/or is not reporting for a scheduled clinical/field internships due to inclement weather, they are required to follow the tardy/absent policy.
If the College is closed due to inclement weather conditions, students who are actively participating in clinical/field internships shifts must complete their assigned clinical and/or field shift, at the college closing time (if possible). If inclement weather occurs while the student is on completing a field internship shift, reasonable efforts will be made to get the student back to quarters to get off on time. It should be understood that driving conditions, call volume, and staff shortages may result in the crew (and student) being held over at an alternate location.

Thomas Nelson Community College and its agents (faculty, staff, and affiliates) assume no responsibility for any injury, illness and/or property damage that may incurred, caused by and or related to students attempting to arrive at and/or department from clinical/field internships at any time, including, but not limited to those instances occurring before, during and following inclement weather conditions.

Unless Thomas Nelson Community College is announced as "closed or delayed" due to weather, paramedic program classes and clinical/field internships remain in effect as scheduled.

Faculty and staff may and likely will not be immediately available to students during announced closures and/or alternate operational schedule (delayed openings, etc.). Students should continue to follow all policies and procedures and utilize the EMS program information/notification line: (757) 825-3505 to retrieve and/or leave pertinent information. Additionally, students are required to use the “clock-out” policy before leaving the facility/site and in cases of emergencies and/or exposures, students shall contact Campus Police for immediate assistance at (757) 879-3649.

**Student Accommodations**

All students requesting accommodations in Thomas Nelson Fire and EMS Education Department EMS Education Programs are required to meet with a representative from the Thomas Nelson Office of Disability Services prior to enrolling in an EMS course. Thomas Nelson Community College follows the requirements established in the Virginia Office of EMS, as well as National Registry of EMTs accommodation policies and procedures.

In accordance with Virginia OEMS and/or National Registry policies and procedures, which require students seeking accommodation(s) to submit specific documentation to the appropriate agency with the required accommodation request form prior to enrollment and/or any accommodation being granted in any Virginia Office of EMS course.

Program faculty and instructors are not able to acknowledge or grant accommodations in our EMS courses (including CPR) until such time as the student presents appropriate documentation from the Virginia Office of EMS.

Students should note that there are three (3) different accommodations that may be considered:

1. Accommodation requests for the course and course work, exams, etc. (OEMS)
2. Accommodation requests for the cognitive and psychomotor exams (OEMS)
3. Accommodation requests for the cognitive and psychomotor exams (National Registry of EMTs)
A student granted course accommodations is not automatically granted examination accommodations, see above regarding separate requests.

Students whom request and receive documentation outlining the disposition of the request are required to provide a copy of the request disposition to both the Office of Disability Support Services, as well as to the lead faculty member of their EMS course.

This information is provided to help students better understand the processes, in addition to the support provided by our Disability Support Services staff and places the responsibility for reviewing and granting accommodations in EMS courses on the Office of EMS, as required in their policies.

**Virginia Office of EMS Disability Accommodations**

Virginia Office of EMS disability and accommodation information can be referenced in Appendix G.

**National Registry Accommodations**

National Registry of Emergency Medical Technician disability and accommodation information can be referenced in Appendix G.

**Harassment Policy and Procedures**

No student or faculty member shall be subject to harassment, sexual harassment and/or bullying. Unwelcome comments, sexual advances, requests for sexual favors or other verbal or physical conduct of a sexual nature constitute harassment and/or sexual harassment. For full definition and information on reporting alleged harassment, reference the Thomas Nelson Community College Faculty and/or Student Handbook, as appropriate. (www.tncc.edu)

**Substance Use/Abuse Policy and Procedures**

The College substance use policy is outlined in the Student Handbook, found on the college website at www.tncc.edu.

Students cannot possess, use or be under the influence of drugs or alcohol during classes, labs, clinical/field experiences/internships or any other college or program sponsored events/activity (regardless of location). Faculty, staff and/or clinical/field affiliate employees will dismiss students immediately from the setting and may pursue further action as described in this manual if they determine a student is impaired. Faculty will base decisions on reasonable cause. Students may be required to submit to additional drug testing if behavior indicates a need. If faculty determine reasonable cause, the Department Head/Program Director will be notified, and drug testing will be arranged at the student’s expense. Refusal to submit to re-testing will be grounds for dismissal from the program.

Definition: Reasonable Cause is a reasonable good faith objective suspicion on the part of faculty that a Student has used drugs or alcohol prior to reporting to class, clinical or field sites and is
impaired by drugs or alcohol. Reasonable Cause can be based on the Students performance, appearance or conduct, including but not limited to any of the following:

1. Odor of alcohol or other intoxicant about the Student or on the Student’s breath;
2. Abnormally impaired speech, stumbling, weaving, or other loss of motor coordination;
3. Unexplained animated signs of intoxication or influence of drugs on the part of the Student;
4. Other discernible signs of intoxication or influence of drugs on the part of the Student;
5. Possession of alcohol, drugs or associated paraphernalia;
6. A Student’s apparent lack of judgment, inattentiveness or specific unsafe act.

Possession, use or distribution of drugs or alcohol while in uniform is expressly forbidden and will result in disciplinary actions as outlined below.

Students suspected of being in violation of this policy will immediately be referred to the Vice President of Student Affairs. The Vice President of Student Affairs provides the student with hard copies of the Thomas Nelson Community College Code of Conduct, formal disciplinary process, and a listing of Virginia and federal penalties and sanctions for the violation of alcohol and drug laws. After meeting with the student, the Vice President of Student Affairs determines whether to (1) initiate a formal investigation of the charge by the institution; (2) refer the matter to local law enforcement authorities; and/or (3) issue a sanction in accordance with the violation. Sanctions include, but are not limited to, warning, restitution, probation, suspension, mandated course withdrawal, expulsion, counseling or referral.

**Smoking and Vaping Policy**

Smoking and vaping are permitted in designated college, agency and hospital areas only when permitted. Smoking and vaping are prohibited on most hospital campuses. As representatives of the healthcare field, students are encouraged not to smoke and/or vape.

Students who are caught smoking or vaping in designated non-smoking areas on campus and/or at clinical and/or filed locations may be subject to program dismissal.

Affiliated students are responsible for the following their policies and procedures of their affiliated agency.
SECTION VII: PROGRAM CAPSTONE & CERTIFICATION TESTING

Capstone Experience(s)

The Committee on Accreditation of Educational Programs for the Emergency Medical Service Professions (CoAEMSP) defines the Capstone Experience as the activities occurring toward the end of the educational process to allow students to develop and practice high-level decision making by integrating and applying their paramedic learning.

Didactic Capstone Requirements

After completing all of the didactic section(s) of their respective EMS program (EMT, AEMT and/or Paramedic), each student is required to complete a readiness assessment (at the appropriate program level) [cognitive capstone assessment] with a minimum score established and provided to students prior to the assessment to demonstrate proficiency in each of the domains of EMT, AEMT and/or Paramedic (respective of their program) practice as defined by National Registry or EMTs.

The minimum successful score (cut score) is different for each version of the readiness assessment delivered to students. The score is not available until the assessment is assigned, it is for these reasons that the cut score may not be available to students until the date of the assessment.

The readiness assessment (capstone) serves as the course summative assessment for EMT, AEMT and Paramedic programs and the grade received on the initial attempt shall be factored into the student’s final course grade.

All students shall be assigned the most current readiness assessment for their initial assessment attempt.

EMT and Paramedic Readiness Assessment (Capstone) Policies/Requirements

EMT and Paramedic students will be afforded a total of four capstone assessment attempts within the following parameters:

EMT and/or Paramedic students will be afforded the opportunity to achieve the minimum established cut score on the initial capstone assessment attempt, if the student is unsuccessful, they will be afforded the opportunity to achieve the minimum established cut score on the subsequent capstone assessment attempt on the same readiness (capstone) assessment at the appropriate level after a minimum 48-hour waiting period.

EMT and/or Paramedic students whom are unsuccessful at achieving the minimum cut score after two readiness assessment attempts will be required to meet with the lead cohort faculty to review the strengths and weaknesses of both attempts.

Following another minimum 48-hours waiting period, EMT and/or Paramedic students will be afforded a second attempt (third overall) to successfully complete the readiness assessment tool.
The third overall attempt (initial attempt at the subsequent readiness assessment) and fourth overall attempt (second attempt at the subsequent readiness assessment), as necessary, will be provided using the immediate previous, to the most recent readiness assessment (assessment tool used in the first two “initial/second” attempts); if the EMT and/or Paramedic student is unsuccessful at their third overall attempt, the student must wait an additional 48-hours to attempt a fourth overall and final EMT and/or Paramedic readiness (capstone) assessment attempt. Prior to the fourth and final EMT and/or Paramedic readiness assessment attempt, the EMT and/or Paramedic student shall be advised by the faculty member, and this provision of the program manual that failure to achieve the cut score will result in their unsuccessful completion of the entire program, regardless of individual course grade(s) and/or overall program grade point average. This final EMT and/or Paramedic attempt will be a second attempt (fourth overall) to successfully complete the subsequent capstone assessment tool.

EMT and/or Paramedic students who find themselves unsuccessful after completing the EMT and/or Paramedic readiness (capstone) initial, second and/or third assessment attempt(s) are encouraged to seek assistance in reviewing and/or studying the areas of deficiency referenced on the prescription agreement (assessment outcome) provided by the assessment tool software.

EMT and/or Paramedic Students are encouraged to use a mechanism and/or consult with the knowledgeable persons and/or the cohort lead faculty member prior to any subsequent capstone attempt(s).

EMT and/or Paramedic Students whom do not successfully complete the capstone assessment after four attempts will be required to repeat the program in its entirety.

AEMT Readiness Assessment (Capstone) Policies/Requirements

Until such time as a second readiness (capstone) assessment is provided for AEMT students, each student shall have a maximum of two attempts to successfully obtain the cut score assigned to the assessment tool by the software vendor.

AEMT candidates who are unsuccessful at their initial AEMT readiness assessment must wait an additional 48-hours to attempt a second overall and final AEMT readiness (capstone) assessment attempt. Prior to the second and final AEMT readiness assessment attempt, the AEMT student shall be advised by the faculty member, and this provision of the program manual that failure to achieve the cut score will result in their unsuccessful completion of the entire program, regardless of individual course grade(s) and/or overall program grade point average.

AEMT students who find themselves unsuccessful after completing the initial AEMT readiness (capstone) assessment are encouraged to seek assistance in reviewing and/or studying the areas of deficiency referenced on the prescription agreement (assessment outcome) provided by the assessment tool software.

AEMT students are encouraged to use a mechanism and/or consult with the knowledgeable persons and/or the cohort lead faculty member prior to any subsequent capstone attempt.
All AEMT students who are unsuccessful after the second AEMT readiness assessment (capstone) attempt will be required to repeat their respective program from the beginning of the program, with the exception of paramedic program students opting to attempt the AEMT test examination while continuing progression toward the completion of paramedic. All students, other than the noted AEMT/Paramedic exception, whom achieve an unsuccessful readiness assessment score on their second attempt shall also be marked as FAILED in the Virginia Office of EMS course enrollment portal and the National Registry web portal for their respective program.

Paramedic student/AEMT readiness assessment who are unsuccessful at both AEMT readiness assessment attempts will not be granted eligibility to attempt the AEMT certification exam and will be marked as withdrawn from the Virginia OEMS AEMT course. These students will be allowed to continue to progress toward the completion of the paramedic program, as long as all other requirements have been met to continue program progression.

The above referenced exemption exists because the student is program placed in the paramedic program and instructional material is delivered at the paramedic, not that of AEMT, and while the student will complete the minimum didactic and psychomotor skills in order to meet eligibility requirements, the information will not be tailored specifically for the AEMT candidate and may be delivered in an order appropriate for and at a level for paramedic students.

**Maximum Cognitive Readiness (Capstone) Assessment Attempts**

EMT and/or Paramedic students shall be permitted a maximum of four readiness (capstone) assessment attempts per program enrollment, no exceptions and/or additional attempts shall be considered, authorized and/or granted.

AEMT students shall be permitted a maximum of two readiness (capstone) assessment attempts per program enrollment, no exceptions and/or additional attempts shall be considered, authorized and/or granted.

**STUDENTS WHOM ACHIEVE THE MINIMUM PASSING SCORE (750 POINTS) IN THE COURSE; HOWEVER, ARE UNABLE TO SUCCESSFULLY PASS THE READINESS (CAPSTONE) ASSESSMENT(S) WILL BE MARKED AS FAILING IN THE VIRGINIA OFFICE OF EMS COURSE ENROLLMENT PORTAL AND WILL NOT BE ELIGIBLE TO ATTEMPT THE CERTIFICATION EXAMINATIONS AND WILL BE SUBJECT TO PROGRAM WITHDRAWAL AND MAY BE REQUIRED TO RESTART THE PROGRAM FROM THE BEGINNING.**

**Psychomotor Capstone Requirements**

After completing all of the lab section(s) of the paramedic program, in their final lab section, each student is required to take successfully complete an Integrated Out Of Hospital (IOOH) scenario/simulation (capstone psychomotor assessment) and achieve a passing score for the lab section of 750 points or higher to demonstrate proficiency in their psychomotor competencies. The IOOH capstone assessment will be conducted in a manner that is consistent with the National Registry’s Paramedic Integrated Out-of-Hospital (IOOH) Examination Scenario.
Students will have three attempts to successfully complete the IOOH capstone assessment, with a reduction in total available points per attempt consistent with the program grading criteria established in this manual. Students will have three attempts to successfully complete the IOOH capstone assessment, with a reduction in total available points per attempt consistent with the program grading criteria established in this manual.

Each AEMT and paramedic student in their first, second and third semesters of their program shall be required to successfully complete a modified IOOH scenario/simulation (capstone psychomotor assessment) and achieve a passing score for the lab section(s) of 750 points or higher to demonstrate proficiency in their psychomotor competencies. The IOOH capstone assessment will be conducted in a manner that is consistent with the National Registry’s Paramedic Integrated Out-of-Hospital (IOOH) Examination Scenario (appropriate to the student’s current level of learning within their program). Students will have three attempts to successfully complete the IOOH capstone assessment, with a reduction in total available points per attempt consistent with the program grading criteria established in this manual. Students who do not successfully complete the modified IOOH will NOT be permitted to continue to the next level of their respective program and/or be granted eligibility to test at the intended certification level until such time as they repeat the previous semester courses and reattempt the modified IOOH scenario/simulation within three additional attempts.

Maximum Psychomotor Capstone (IOOH) Assessment Attempts

EMT students are required to successfully complete 100% of the psychomotor portfolio prior to the last date of the course (OEMS course date, available from your faculty member). Students who do not successfully complete 100% of the psychomotor skills within the portfolio will receive no points for lab participation, as well as no points for portfolio completion and will NOT be eligible to attempt the EMT certification exam (whether they have 750 points or more in the course), and they will be required to repeat the didactic and lab courses in their entirety a second time.

AEMT/Paramedic students shall be permitted a maximum of three psychomotor capstone (IOOH) attempts per program enrollment (AEMT/Paramedic), no exceptions and/or additional attempts shall be considered, authorized and/or granted.

Any student who unsuccessfully attempts the IOOH (Paramedic or modified) a total of six times (three initial attempts and three subsequent attempts the following semester/program repeat shall be required to reattempt (restart) their program from the beginning, repeating all courses, coursework, labs, psychomotor skills, portfolios, etc.).

Certification Examination Eligibility

All students shall be required to establish a National Registry of EMTs account, Virginia Office of EMS (OEMS) Account (portal access) and successfully submit a National Registry application to test at the appropriate level(s) under Thomas Nelson Community College, as well as appropriately complete an OEMS course registration with the specified time period (time frame announced in class). Students who do not complete these processes within the specified
All students are required to successfully complete all cognitive, psychomotor and affective course requirements in each of their didactic, lab, clinical and field courses, as well as successfully complete the readiness (capstone) assessments (cognitive/psychomotor) in accordance with the education standards, program policies and/or procedures established for their respective program(s) in this manual prior to be certified eligible to participate in the National Registry examination process.

All students are required to follow the directions to properly announce their intent to test so that the program faculty and staff may verify student eligibility and communicate the eligibility to the appropriate agency in order for students to receive their Psychomotor and/or Authorization To Test (PATT and/or ATT) letter.

Failure to follow all of the announced directions may, and likely will result in the student(s) being marked ineligible to test, creating a potential delay in the students test attempt.

The program will assist the student in registering for the National Registry of Emergency Medical Technicians (NREMT) written and practical examinations in class. Upon successful completion of the National Registry examination (cognitive and psychomotor), results shall be forwarded to the Virginia Department of Health, Office of Emergency Medical Services, who may grant reciprocity and Virginia Emergency Medical Services Certification.

Only students who successfully receive National Registry certification status will be eligible for Virginia Emergency Medical Services certification after completion of this program.

**EMT Certification Examination Requirements**

In addition to completing all of the program requirements and announced test eligibility requirements, students applying for National Registry Emergency Medical Technician certification must meet the following requirements:

1. 18 years of age or older.
2. Successful completion of a state-approved Emergency Medical Technician (EMT) course that meets or exceeds the National Emergency Medical Services Education Standards for the Emergency Medical Technician.
   - Candidates must have completed the course within the past two years and the course Program Director must verify successful course completion on the NREMT website.
   - If the initial Emergency Medical Technician (EMT) educational program was completed more than two years ago, and the candidate is currently state licensed at the EMT level, the candidate must document successful completion of a state-approved EMT refresher course or 24 hours of equivalent continuing education topic hours within the past two years.
   - If the candidate is not currently state licensed as an EMT and it has been more than two years from the completion of an approved EMT course, the candidate must
complete a new state-approved EMT course prior to applying for National Certification.
3. Have a current CPR-BLS for Healthcare Providers or equivalent credential.
4. Successful completion of a state-approved Emergency Medical Technician (EMT) psychomotor exam.
5. Successful completion of the EMT Cognitive Exam

AEMT Certification Examination Requirements

In addition to completing all of the program requirements and announced test eligibility requirements, students applying for Advanced-Emergency Medical Technician national certification must meet the following requirements:

1. 18 years of age or older
2. Current National Registry certification (NREMT) or state license at the EMT level, or a higher
3. Successful completion of a state-approved Advanced Emergency Medical Technician (AEMT) course that meets or exceeds the National Emergency Medical Services Education Standards for the Advanced Emergency Medical Technician.
   o Candidates must have completed the course within the past two years and the course Program Director must verify successful course completion on the National Registry website.
4. Have a current CPR-BLS for "Healthcare Provider" or equivalent credential.
5. Successful completion of the National Registry cognitive (knowledge) and psychomotor (skills) exams.
   o Passed portions of each exam (cognitive and psychomotor) remain valid for twelve (12) months.

Paramedic Certification Examination Requirements

In addition to completing all of the program requirements and announced test eligibility requirements, students applying for Paramedic national certification must meet the following requirements:

1. Be 18 years of age or older
2. Possess current national certification at the EMT level or a current state license at the EMT level or higher.
3. Successfully complete a CAAHEP-accredited paramedic program (or a program that has a current "Letter of Review").
4. Successfully complete a psychomotor competency portfolio that complies with national registry requirements.
   o Program directors must verify that candidates have met the requirements of the portfolio through the NREMT website
   o If the initial paramedic (NRP) educational program was completed more than two years ago and the candidate is currently state-licensed at the paramedic (NRP) level, candidates are required to submit documentation verifying completion of a state-approved paramedic (NRP) refresher course or 48 hours of equivalent
continuing education covering the mandatory and flexible core content topics specified within the past two years.

- If a candidate's paramedic state license has lapsed, or an individual's NRP has lapsed for more than two years, candidate(s) must use the re-entry process.
- If a candidate has never held a state license as a paramedic (or NRP) and it has been more than two years from the completion of the paramedic course, the candidate(s) must complete an entire CAAHEP-accredited paramedic program prior to applying for national certification.

5. Hold a current CPR-BLS for Healthcare Providers or equivalent credential.
6. Successfully complete the NREMT Paramedic Psychomotor Exam.
7. Successfully complete the Paramedic Cognitive Exam

National Paramedic certification requires successful completion of both a cognitive (knowledge) and psychomotor (skills) exam. Passed portions of the exam (both cognitive and psychomotor) remain valid for up to a twelve (12) month period, provided all other requirements for National Paramedic certification are met.

**Application Process**

- Create an account/login profile on National Registry of EMTs website.
- Submit a NREMT application and answer all questions truthfully.
- The NREMT may deny certification or take other appropriate actions in regards to applicants for certification or recertification when a criminal conviction has occurred.
- Pay the application fee in U.S. funds (current fees available on the National Registry website). The application fee is non-transferable and non-refundable. **The National Registry examination fee is charged for each attempt of the cognitive examination.**
- Candidates will receive an electronic Authorization to Test (ATT) once you are eligible for the exam. The electronic ATT contains scheduling instructions and important details concerning proper identification required at testing centers. You can find the ATT in the 'Check Application Status' page.
Strategies to Facilitate Student Success

It is understood that students have a variety of preferred learning styles and the Thomas Nelson Community College EMS program attempts to diversify educational methods to appeal to each one. Instructors may use lecture, discussions, case studies, scholarly writing, reading for meaning, practical labs, simulations, scenarios, role playing, games, and independent study to help students achieve the objectives.

Student-centered learning experiences engage participants in meaningful outcome-focused exercises to stimulate self-reflection, higher order critical thinking and the ability to problem solve and apply instructional theory into practice.

Educational methods may be enhanced by the use of slides, electronic media, patient case reviews, student handouts, high fidelity simulation and published literature/texts.

EMS Student Association (EMSSA)

The EMS Student Association (EMSAA) is an approved college student organization that promotes professionalism in the field of emergency medical services and provides students with an avenue to become involved with emergency medical health care issues and activities beyond the classroom. Examples activities include: demonstration of EMS skills, sponsoring guest speakers and presentations, student recruitment and retention, and service to the college and EMS field. There are annual dues for membership, opportunity to join will be provided during the EMS orientation.

PROGRAM CONTINUOUS QUALITY ASSURANCE PROGRAM (CQAP)

The Thomas Nelson Community College Fire and EMS Education Department, EMS Program Continuous Quality Assurance Program (CQAP) exists to build organizational and programmatic excellence in the delivery of pre-hospital emergency medical education, patient care and research.

Utilizing CQAP, which is a multi-faceted process allows us to meet the department’s mission and the industry’s needs.

Curriculum Development and Review

The Program staff welcomes and encourages written feedback regarding any aspect of the Thomas Nelson Community College Emergency Medical Services Program.

Evaluation

Students, faculty, staff and our clinical/field partners will be asked to complete evaluations of didactic presentations, skill labs, clinical and field rotations.
Clinical and field preceptors will be asked to complete evaluations of each student at the end of each clinical and field shift performed under their supervision.

1. The feedback provided shall be considered confidential, and information determined from the contents of the evaluations may be disseminated outside of the Program only in a summary, without identification of the student or the preceptor, unless specifically authorized by the student and/or preceptor.
2. These evaluations will be maintained in a permanent Program file, and will be used to refine the curriculum and ensure the selection of optimal instructors and preceptors in subsequent educational programs.

Focus Groups

At the end of each program, a focus group of 4-5 students will meet with Program staff to discuss class strengths, and areas needing improvement. The Department Head/Program Director will ask for student volunteers to form the focus group.

Program/Course Revisions: Prior to the start of a new academic year, the Department Head/Program Director shall review the curriculum with the faculty and staff and recommend program revisions to the Medical Director.

PROGRAM RECORDS

The program maintains all student files and training records electronically, as well as a minimal amount of hard copy format documentation. All files will be updated as necessary and appropriate. All hard-copy format student files are maintained in a locked office within the college office. Electronic records are located on a secured server. Only the Director, Medical Director, Clinical Coordinator and Primary Instructor are permitted access to these records.

Each student shall be permitted to review his/her file upon request. All records will be made available to students upon written request.

Program Files: Program files will contain for each course: summary of student attendance, summary of written exams, summary of skills performance, copies of all written exams with answer keys, copy of practical exam plan to include evaluations utilized. Also included for each course is a detailed syllabus, course approvals, copy of training center policies, and a copy of clinical policies.

Faculty Files: Faculty and staff files will contain a listing of all topics and classes taught, student evaluations, current CV, and copies of current certifications.

Student Files: Student Files will contain all program required forms including a signed program policy manual affirmation form, prerequisite credentials, skill competency record, exams, quizzes, counseling forms, clinical evaluations, incident reports, and learning prescriptions (as needed).
All faculty shall be required to submit all course and student files in a timely manner, and must keep all required files on premises. Adjunct faculty who fail to maintain and properly submit all records will not be permitted to continue teaching in the program.

Clinical/Field Agreement File: The Clinical/Field Agreement File will contain proof of documented clinical and field agreements to support student experiences and internships.

Accreditation File: The Accreditation File will contain proof of current VAOEMS and CoAEMSP accreditation and any correspondence regarding the status of the Thomas Nelson Community College EMS programs.

Record Storage: Student, faculty and training program files will be maintained as directed by the Virginia Office of EMS Training Program Administration Manual, policy T-040 and T-045.
SECTION IX:
APPENDICIES
# APPENDIX A: ESTIMATED EMS PROGRAM EXPENSES

<table>
<thead>
<tr>
<th></th>
<th>EMT</th>
<th>Paramedic</th>
<th>AAS EMS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TUITION</strong></td>
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</tr>
<tr>
<td>2019-2020 Virginia Resident Tuition/Out-of-State Resident Tuition (per credit) - (Includes Auxiliary, Parking, Technical &amp; Institution Fees)</td>
<td>$160.20 Virginia In-State - $357.80 Out of State</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TEXTBOOKS AND SOFTWARE</strong> (textbook and software packages are only available through the Thomas Nelson bookstore)</td>
<td>$288.00</td>
<td>$693.90</td>
<td>$1,000.00</td>
</tr>
<tr>
<td>eText, Navigate 2, FISDAP Package (cost are approximate)</td>
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<tr>
<td>AAS Degree book costs include all EMS text packages and additional texts – Approximate Costs</td>
<td></td>
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<tr>
<td><strong>UNIFORMS, SOFTWARE AND EQUIPMENT</strong></td>
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<tr>
<td>One (1) Clinical/Field Uniform (Shirt, Pants, Name Tapes and Shoes)</td>
<td>$120.00</td>
<td>$120.00</td>
<td>$120.00</td>
</tr>
<tr>
<td>Watch with Second Hand or Digital Seconds Display</td>
<td>$30.00</td>
<td>$30.00</td>
<td>$30.00</td>
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<tr>
<td>Stethoscope (Optional)</td>
<td>$25.00</td>
<td>$25.00</td>
<td>$25.00</td>
</tr>
<tr>
<td>Trauma Shears (Optional)</td>
<td>$10.00</td>
<td>$10.00</td>
<td>$10.00</td>
</tr>
<tr>
<td><strong>HEALTH, PHYSICAL AND VACCINATION REQUIREMENTS</strong></td>
<td></td>
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<tr>
<td>Health Insurance (optional)</td>
<td>varies</td>
<td>varies</td>
<td>varies</td>
</tr>
<tr>
<td>Physical Examination with Titers and/or Vaccinations</td>
<td>$250.00</td>
<td>$250.00</td>
<td>$250.00</td>
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<tr>
<td><strong>BACKGROUND CHECK AND DRUG SCREEN</strong></td>
<td>$84.00</td>
<td>$84.00</td>
<td>$84.00</td>
</tr>
<tr>
<td><strong>EMS STUDENT ASSOCIATION (EMSSA) MEMBERSHIP</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Dues (Optional; however, recommended) ($50/year)</td>
<td>$50.00</td>
<td>$100.00</td>
<td>$100.00</td>
</tr>
<tr>
<td><strong>CERTIFICATION TESTING</strong></td>
<td></td>
<td></td>
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<tr>
<td>National Registry EMT Cognitive Exam Fee</td>
<td>0 (1st attempt)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>National Registry AEMT Psychomotor Exam Fee [site test fee varies by site]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>National Registry AEMT Cognitive Exam Fee</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>National Registry Paramedic Psychomotor Exam Fee</td>
<td>$120.00</td>
<td>$120.00</td>
<td>$120.00</td>
</tr>
<tr>
<td>National Registry Paramedic Cognitive Exam Fee</td>
<td>$300.00</td>
<td>$300.00</td>
<td>$300.00</td>
</tr>
<tr>
<td><strong>GRADUATION EXPENSES</strong></td>
<td></td>
<td></td>
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<tr>
<td>Class Shirt (optional)</td>
<td>$20.00</td>
<td>$20.00</td>
<td>$20.00</td>
</tr>
<tr>
<td>Regalia</td>
<td>$50.00</td>
<td>$50.00</td>
<td>$50.00</td>
</tr>
<tr>
<td><strong>APPROXIMATE REQUIRED EXPENSES LISTED ABOVE</strong></td>
<td>$1,141.10</td>
<td>$1,967.00</td>
<td>$2,274.00</td>
</tr>
<tr>
<td><strong>APPROXIMATE TOTAL TUITION PER PROGRAM</strong> (in-state tuition)</td>
<td>$1,281.60</td>
<td>$8,330.40</td>
<td>$10,573.20</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>$2,422.70</td>
<td>$10,297.40</td>
<td>$12,847.20</td>
</tr>
</tbody>
</table>
## APPENDIX B: AFFECTIVE/PROFESSIONAL BEHAVIOR EVALUATION

**Student’s Name:** ____________________  **Date of evaluation:** __________________

<table>
<thead>
<tr>
<th>1. INTEGRITY</th>
<th>Competent [ ]</th>
<th>Not yet competent [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examples of professional behavior include, but are not limited to: Consistent honesty; being able to be trusted with the property of others; can be trusted with confidential information; complete and accurate documentation of patient care and learning activities.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>2. EMPATHY</th>
<th>Competent [ ]</th>
<th>Not yet competent [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examples of professional behavior include, but are not limited to: Showing compassion for others; responding appropriately to the emotional response of patients and family members; demonstrating respect for others; demonstrating a calm, compassionate, and helpful demeanor toward those in need; being supportive and reassuring to others.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>3. SELF - MOTIVATION</th>
<th>Competent [ ]</th>
<th>Not yet competent [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examples of professional behavior include, but are not limited to: Taking initiative to complete assignments; taking initiative to improve and/or correct behavior; taking on and following through on tasks without constant supervision; showing enthusiasm for learning and improvement; consistently striving for excellence in all aspects of patient care and professional activities; accepting constructive feedback in a positive manner; taking advantage of learning opportunities.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. APPEARANCE AND PERSONAL HYGIENE</th>
<th>Competent [ ]</th>
<th>Not yet competent [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examples of professional behavior include, but are not limited to: Clothing and uniform is appropriate, neat, clean and well maintained; good personal hygiene and grooming.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>5. SELF - CONFIDENCE</th>
<th>Competent [ ]</th>
<th>Not yet competent [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examples of professional behavior include, but are not limited to: Demonstrating the ability to trust personal judgment; demonstrating an awareness of strengths and limitations; exercises good personal judgment.</td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. COMMUNICATIONS</th>
<th>Competent [ ]</th>
<th>Not yet competent [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examples of professional behavior include, but are not limited to: Speaking clearly; writing legibly; listening actively; adjusting communication strategies to various situations.</td>
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</table>

<table>
<thead>
<tr>
<th>7. TIME MANAGEMENT</th>
<th>Competent [ ]</th>
<th>Not yet competent [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examples of professional behavior include, but are not limited to: Consistent punctuality; completing tasks and assignments on time.</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>8. TEAMWORK AND DIPLOMACY</th>
<th>Competent [ ]</th>
<th>Not yet competent [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examples of professional behavior include, but are not limited to: Placing the success of the team above self-interest; not undermining the team; helping and supporting other team members; showing respect for all team members; remaining flexible and open to change; communicating with others to resolve problems.</td>
<td></td>
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<table>
<thead>
<tr>
<th>9. RESPECT</th>
<th>Competent [ ]</th>
<th>Not yet competent [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examples of professional behavior include, but are not limited to: Being polite to others; not using derogatory or demeaning terms; behaving in a manner that brings credit to the profession.</td>
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</table>

<table>
<thead>
<tr>
<th>10. PATIENT ADVOCACY</th>
<th>Competent [ ]</th>
<th>Not yet competent [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examples of professional behavior include, but are not limited to: Not allowing personal bias to or feelings to interfere with patient care; placing the needs of patients above self-interest; protecting and respecting patient confidentiality and dignity.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>11. CAREFUL DELIVERY OF SERVICE</th>
<th>Competent [ ]</th>
<th>Not yet competent [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examples of professional behavior include, but are not limited to: Mastering and refreshing skills; performing complete equipment checks; demonstrating careful and safe ambulance operations; following policies, procedures, and protocols; following orders.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Use the space below to explain any "not yet competent" ratings. When possible, use specific behaviors, and corrective actions.

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

____________________________________________

Student ID Number ______________

Student Name _______________ Signature _______________ Date________

Preceptor Name _______________ Signature _______________ Date________

Instructor Name _______________ Signature _______________ Date________

Program Head/director Name _______________ Signature _______________ Date________

--------------------------------------------------------------------------------------------------------------------------------------------------------------

Parent or Legal Guardian if Student is a Minor:

Printed Name____________________________ Date___________________________

Signature ______________________Relationship to Student__________________
APPENDIX C: EMS PROGRAM STUDENT FORMS

Students are responsible for executing and/or requesting the execution of various agreements, forms and documents as a participant in Thomas Nelson Community College Fire and EMS Education Department EMS Program. These agreements, forms and documents are part of each student's program and/or medical file and are accessible only by designated program faculty and staff. Failure to complete required agreements, forms and/or other program required documentation by the date specified in your course syllabus will result in your administrative withdrawal from the program of study.

All EMS Program forms, agreements, course completions, EMS and CPR (current non-expired) certifications and documents shall be executed and uploaded by the student to the FISDAP software program by the published/announced due date(s). Documentation must be uploaded in a PDF format.

Department/Program faculty and/or staff will verify compliance with these requirements immediately after the published/announced due date(s).

Failure to comply with this requirement by the published/announced due date(s) will result in your administrative withdrawal from the program of study.
Photo/Video/Digital Media Release Form

I certify that my signature being affixed below on this consent form give permission to Thomas Nelson Community College the full right to use my photograph(s) and/or videotape image and sound byte in its marketing, public relations, promotional or instructional efforts. I willingly agreed to have my photograph(s), videotaped image, and/or sound byte taken, knowing that it could be used in various publications.

Please complete this form, convert/print to PDF and upload to FISDAP.

Student ID Number_________________________________

Student Printed Name _______________________________ Date _________________

Student Signature___________________________________ Date_________________

Witness Signature___________________________________ Date_________________

Witness Printed Name________________________________ Date_________________

------------------------------------------------------------------------------------------------------------

Parent or Legal Guardian if Student is a Minor:

Printed Name____________________________________

Date__________________________

Signature ____________________________ Relationship to Student____________________
Communicable Disease Statement

Upon enrollment in the Emergency Medical Science program, I have been informed and am fully aware of the risks for exposure to blood and body fluids and the potential for transmission of bloodborne and other potentially infectious material and/or disease prior to, during and following patient care activities. Understanding my risks, I agree to treat all patients as assigned to me, regardless of disease state of the patient. If I refuse to treat any patient, I realize that my academic success and/or my ability to continue as a student within the EMS program may be affected by my decisions.

Please complete this form, convert/print to PDF and upload to FISDAP.

Student ID Number ________________________________

Student Printed Name ___________________________ Date __________________

Student Signature ______________________________ Date __________________

Witness Signature ______________________________ Date __________________

Witness Printed Name ___________________________ Date __________________

Parent or Legal Guardian if Student is a Minor:

Printed Name _________________________________

Date _______________________________

Signature _______________________________ Relationship to Student ______________
Influenza Vaccination Attestation

I understand that due to my occupational (student clinical/field internship) exposure to influenza and/or other potentially infectious materials, viruses and diseases and that I may be at high risk of acquiring the Influenza Virus and I understand the protection the vaccination could offer, and have been advised to be vaccinated at my own expense. Many and/or all of the institutional contracted healthcare facilities and/or EMS agencies are requiring and/or recommending that all healthcare workers and students be vaccinated annually with the influenza vaccine to protect themselves and the patients they serve from influenza.

In completing this form, I understand and acknowledge that I am aware of the following information:

- Influenza is a serious respiratory disease that kills, on average, 36,000 Americans every year.
- Influenza virus may be shed for up to 48 hours before symptoms begin, allowing transmission to others.
- Up to 30% of people with influenza have no symptoms, allowing transmission to others.
- Influenza virus changes often, making annual vaccination is necessary. Immunity following vaccination is strongest for 2 to 6 months.
- I understand that influenza vaccine cannot transmit influenza. It does not, however, prevent all disease.

Vaccine Attestation: Please complete this section to confirm that you received the flu vaccine for this flu season and provide the program with documented proof of vaccination:

I received the flu vaccine from ________________________________ on ________________________.  
(name of provider/entity)  (month/year)

Student ID Number______________________________

Student Printed Name _____________________________ Date__________________________

Student Signature_________________________________ Date__________________________

Witness Signature_________________________________ Date__________________________

Witness Printed Name_____________________________ Date__________________________

Parent or Legal Guardian if Student is a Minor:

Printed Name____________________________________ Date__________________________

Signature _________________________________ Relationship to Student_________________

Please complete this form, convert/print to PDF and upload to FISDAP.
HIPAA/Medical Confidentiality Policy Acknowledgement

In connection with my duties as a student in the Thomas Nelson Community College EMS program, I have read and understood the Thomas Nelson Community College EMS program HIPAA/Medical Confidentiality policy and agree to treat all clinical information concerning patients confidential. I will not divulge any information to unauthorized personnel and will safeguard the patient’s right to privacy by judiciously protecting that information. I understand violation of patient confidentiality will result in dismissal from the EMS curriculum.

Please complete this form, convert/print to PDF and upload to FISDAP.

Student ID Number_________________________________
Student Printed Name _______________________________ Date _________________
Student Signature___________________________________ Date_________________
Witness Signature___________________________________ Date_________________
Witness Printed Name________________________________ Date_________________
------------------------------------------------------------------------------------------------------------

Parent or Legal Guardian if Student is a Minor:

Printed Name____________________________________
Date__________________________
Signature ____________________________Relationship to Student_________________
Social Media Policy Acknowledgement

I have read and understood the Thomas Nelson Community College EMS program Social Media Policy. I agree to follow all policies, procedures and/or program requirements outlined in the policy. I understand that failure to do so will result in disciplinary action and may also result in dismissal from Thomas Nelson Community College EMS courses and/or the EMS program.

Please complete this form, convert/print to PDF and upload to FISDAP.

Student ID Number_________________________________

Student Printed Name _______________________________ Date _________________

Student Signature___________________________________ Date_________________

Witness Signature___________________________________ Date_________________

Witness Printed Name________________________________ Date_________________
Approval to Use Student Assignments

I, _____________________________________ give / do not give permission for any assignments, projects, photographs, and/or videos received by instructors to be used for promotion of Health Professions and/or Emergency Medical Science Programs. I am aware these items may be displayed during my enrollment and/or after leaving the program.

Please complete this form, convert/print to PDF and upload to FISDAP.

Student ID Number _____________________________

Student Printed Name ___________________________ Date__________________________

Student Signature _____________________________ Date__________________________

Witness Signature ______________________________ Date__________________________

Witness Printed Name ___________________________ Date__________________________

Parent or Legal Guardian if Student is a Minor:

Printed Name _________________________________ Date__________________________

Signature ____________________________________ Relationship to Student________
I have read and understood the contents of the Thomas Nelson Community College EMS Program Manual. I agree to follow all policies, procedures and/or program requirements outlined in the manual. I understand that failure to do so may result in disciplinary action and may also result in dismissal from Thomas Nelson Community College EMS program.

Please complete this form, convert/print to PDF and upload to FISDAP.

Student ID Number______________________________

Student Printed Name ___________________________ Date ________________

Student Signature________________________________ Date ________________

Witness Signature________________________________ Date______________

Witness Printed Name____________________________ Date______________

---------------------------------------------------------------------------------------------

Parent or Legal Guardian if Student is a Minor:

Printed Name_______________________________

Date______________________________

Signature______________________________ Relationship to Student________________________
Student Information Form

Legal Name _______________________________ Student ID ______________________________

Address ___________________________________ Telephone Number ________________

Telephone Number __________________________ Telephone Number __________________

Email Address ______________________________ Email Address ________________________

Level of EMS Certification ___________________ Expiration Date ______________________

BLS for Healthcare Provider Certification ☐ YES ☐ NO Expiration Date __________________

Have you attempted EMS courses at another Virginia Community College? ☐ YES ☐ NO

If yes, please provide course(s) number, date of last enrollment and the number of attempts.

_________________________________________________________________________________

_________________________________________________________________________________

Please provide the name of the community college where the above courses were attempted.

_________________________________________________________________________________

If you have completed an accredited EMS program within the previous 12-month period, please complete the next section.

Date of Completion _________________________ Certification Achieved __________________

Name of Program _________________________________________________________________

Program Sponsor __________________________________________________________________

Location of Program _______________________________________________________________

Name of Program Director __________________________________________________________

Program Telephone Number _________________________________________________________

STUDENT EMERGENCY CONTACT INFORMATION

In case of emergency, is there someone that you would like for us to contact and do you authorize the release of information about your condition and/or location? (person listed must be at least 18 years of age)

Name ___________________________ Relationship _______________ Telephone Number __________

Age of Contact _________ Student Signature ______________________ Date _____________

Witness Printed Name ___________________________ Witness Signature ______________________

Please complete this form, convert/print to PDF and upload to FISDAP.
Clinical and Field Facility/Site/Agency Restriction Self-Disclosure

As a student in the below Thomas Nelson Community College EMS Program:

☐ EMT    ☐ AEMT    ☐ Paramedic    ☐ AAS EMS

☐ I am not aware of any restrictions that would preclude me from being scheduled to complete clinical and/or field experiences and/or internships.

☐ I am self-disclosing to the program faculty and staff the information below related to my inability to schedule clinical and/or field experiences and/or internships at the following clinical and/or field facility, site, location, health system and/or agency:

Name of facility, site, location, health system and/or agency(s):

___________________________________
___________________________________
___________________________________
___________________________________

By my signature below, I am attesting that to the best of my knowledge, the information reported on this form is true and accurate.

Student Name: ___________________________    Student Number: ________________

Student Signature: _________________________    Date: _________________________

Please complete this form, convert/print to PDF and upload to FISDAP.
EMS PROGRAM AFFILIATION - SPONSORSHIP LETTER TEMPLATE

This letter should be replicated on your agencies letterhead.

Date

Paul Long, MPA, CFO, NRP
Department Head/Director
Fire and Emergency Medical Services Education
Thomas Nelson Community College
99 Thomas Nelson Drive
Hampton, Virginia 23666

Dear Mr. Long:

Mr./Ms. _______ , certification number _______ a student in the Thomas Nelson Community College □ EMT, □ AEMT or □ Paramedic program is currently affiliated with the _______. Mr./Ms. _______ is a released provider for the _______ at the _______ level, practicing under the general supervisor of the department/agency operational medical director, _______ , Department Standard Operating Procedures and the _______ Emergency Medical Services Council protocols.

The _______ will allow Mr./Ms. _______ to complete his/her course required field rotations on department/agency operated apparatus while assigned to a patient care team under the supervision of a department preceptor.

Thank you for your assistance in this matter. Please contact me if you have any questions or require additional information. I can be reached at (000) 000-0000 (office), (000) 000-0000 (administration), or via e-mail at _______.

Sincerely,

Signature
Name
Title/Rank
CRIMINAL HISTORY BACKGROUND CHECK LETTER TEMPLATE

This letter should be replicated on your agencies letterhead.

Date

Paul Long, MPA, CFO, NRP
Department Head/Director
Fire and Emergency Medical Services Education
Thomas Nelson Community College
99 Thomas Nelson Drive
Hampton, Virginia 23666

Dear Mr. Long:

Mr./Ms. ___________ Student Full Name ______________, certification number ______ NR/VA EMS # __________ a student in the Thomas Nelson Community College EMS Education program is currently affiliated with the __________ Agency/Department Name __________. Mr./Ms. ___________ Last Name ___________ through the course of their affiliation with the __________ Agency/Department Name __________ had a criminal history background check completed as part of their employment/affiliation process. The criminal history background check did not return any criminal history that would preclude Mr./Ms. ___________ Last Name ___________ from serving as an EMS provider in the Commonwealth of Virginia, pursuant to 12VAC 5-31-910.

If Mr./Ms. ___________ Last Name ___________ was employed and/or affiliated on or before July 1, 2014, the criminal history background check was conducted pursuant to department and/or agency policies and procedures. If Mr./Ms. ___________ Last Name ___________ was employed and/or affiliated on or after July 1, 2014, the criminal history background check was conducted pursuant to the Code of Virginia § 32.1-111.5.

Thank you for your assistance in this matter. Please contact me if you have any questions or require additional information. I can be reached at (000) 000-0000 (office), (000) 000-0000 (administration), or via e-mail at ___________ Email Address ___________.

Sincerely,

Signature
Name
Title/Rank
DRUG SCREEN COMPLETION LETTER TEMPLATE
This letter should be replicated on your agencies letterhead.

Date

Paul Long, MPA, CFO, NRP
Department Head/Director
Fire and Emergency Medical Services Education
Thomas Nelson Community College
99 Thomas Nelson Drive
Hampton, Virginia 23666

Dear Mr. Long:

Mr./Ms. ______________, certification number ______________ NR/VA EMS #________ a student in the Thomas Nelson Community College EMS program is currently affiliated with the __________ Agency/Department Name__________. Mr./Ms. ______________, through the course of their affiliation with the Agency/Department Name__________ had a ten panel drug screen completed within the previous twelve-months to the Thomas Nelson EMS program standard requirements as part of their employment, continued employment and/or affiliation process. The drug screen did not return results that would preclude Mr./Ms. ______________ from serving as an EMS provider in the Agency/Department Name__________.

Thank you for your assistance in this matter. Please contact me if you have any questions or require additional information. I can be reached at (000) 000-0000 (office), (000) 000-0000 (administration), or via e-mail at ______________.

Sincerely,

Signature
Name
Title/Rank
THIRD PARTY PAYMENT LETTER TEMPLATE
This letter should be replicated on your agencies letterhead.

Date

Paul Long, MPA, CFO, NRP
Department Head/Director
Fire and Emergency Medical Services Education
Thomas Nelson Community College
99 Thomas Nelson Drive
Hampton, Virginia 23666

Dear Mr. Long:

This letter serves as an agreement between the __________________________________ and Thomas Nelson Community College. It is the intent of the __________________________________ to fund the remaining balances and/or charges, after all student financial aid, loans, scholarships and/or other account credits have been applied for the following:

☐ tuition,
☐ fees,
☐ textbooks,
☐ required computer software programs/access,
☐ other required program costs (uniforms, name tags, etc.)

required and/or associated with enrollment in the Fire and/or EMS education program(s) for Mr./Ms. __________________________, a student in the Thomas Nelson Community College Fire and/or EMS Education Program.

Mr./Ms. __________________________ will be funded by the __________________________________ for the __________________________. All correspondence and/or invoices shall be directed to __________________________ at the address listed below:

Name, Title
Street/PO Box
City, State, Zip Code

Thank you for your assistance in this matter. Please contact me if you have any questions or require additional information. I can be reached at (000) 000-0000 (office), (000) 000-0000 (administration), or via e-mail at __________________________.

Sincerely,

Signature
Name
Title/Rank
Intermediate Advanced Standing Clinical/Field Competencies

Currently certified Intermediate providers will be granted advanced standing clinical and field competencies in accordance with Fire and EMS Edu. Department (Intermediate 12-month) policies and procedures. Currently certified Intermediate providers required to complete the full Intermediate to Paramedic Bridge (EMS 123, EMS 213 and BIO 145) program will be granted advanced standing clinical and field competencies after successfully completing all of the bridge program requirements; including, but not limited to paramedic portfolio skill validation.

<table>
<thead>
<tr>
<th>Location/Required Minimum Hours</th>
<th>Intermediate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Department</td>
<td>24 hours</td>
</tr>
<tr>
<td>Critical Care Area</td>
<td>16 hours</td>
</tr>
<tr>
<td>Pediatrics’</td>
<td>16 hours</td>
</tr>
<tr>
<td>OR/Recovery</td>
<td>8 hours</td>
</tr>
<tr>
<td>L&amp;D</td>
<td>8 hours</td>
</tr>
<tr>
<td>Clinical Hours</td>
<td>72 hours</td>
</tr>
<tr>
<td>Field Hours</td>
<td>24 hours</td>
</tr>
<tr>
<td><strong>Total Clinical/Field Hours</strong></td>
<td><strong>96 hours</strong></td>
</tr>
</tbody>
</table>

- Patient Contacts: 60
- Trauma Assessment – Pediatric: 5
- Medical Assessment – Pediatric: 5
- Trauma Assessment – Adult: 5
- Medical Assessment – Adult: 5
- Trauma Assessment – Geriatric: 5
- Medical Assessment – Geriatric: 5
- Cardiovascular Distress: 10
- Respiratory Distress: 10
- Altered Mental Status: 10
- OB Assessment: 5
- Medication Administration: 30
- IV Access: 25
- Airway Management: 25
- Intubation: 1
- Team Member: 5 BLS and 10 ALS (15 Total)
- ALS Team Lead: 10
APPENDIX E: PROGRAM REQUIREMENT CHECKLISTS

Thomas Nelson Community College
EMT Program/Course Student “TO DO” Checklist

<table>
<thead>
<tr>
<th>Student Name: __________________________</th>
<th>Student Number: ________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Campus: ☐ Historic Triangle ☐ Hampton</td>
<td>Semester: ______________________</td>
</tr>
<tr>
<td>OEMS Course Number: __________________</td>
<td>OEMS Course PIN: ________________</td>
</tr>
</tbody>
</table>

- Enrolled in EMS 111 ☐ Yes ☐ No
- Enrolled in EMS 120 (same campus, day/night) ☐ Yes ☐ No
- Tuition Satisfied ☐ Yes ☐ No
- Obtained Thomas Nelson Community College Student ID and Parking Permit ☐ Yes ☐ No
- Purchased Thomas Nelson EMT Program Educational Resource Package ☐ Yes ☐ No
- Purchased Uniform Shirt ☐ Yes ☐ No
- Purchased Name Tag ☐ Yes ☐ No
- Established Navigation 2 Profile (NAV2 Course ID __________) ☐ Yes ☐ No
- Established Fisdap Profile ☐ Yes ☐ No
- Completed Background Check ☐ Yes ☐ No
- Completed Drug Screen ☐ Yes ☐ No
- Established OEMS Profile/Account ☐ Yes ☐ No
- Requested Enrollment in OEMS Course ☐ Yes ☐ No
- Established NREMT Profile/Account ☐ Yes ☐ No
- Completed NREMT Application to Test ☐ Yes ☐ No

NREMT Applications Must Indicate Thomas Nelson Community College for the Instructor/Program
DO NOT select your individual course instructor or any other program!

- Completed All Medical (clinical/field) Requirements ☐ Yes ☐ No
- Signed and Submitted all Department/Program Forms (uploaded in FISDAP only) ☐ Yes ☐ No

**IMPORTANT DATES TO REMEMBER**

- Due Date for Having Books and Software (Nav 2/Fisdap) Add/Drop w/Refund
- Due Date for Ordering Uniform and Name Tag Add/Drop w/Refund
- Due Date for Completing Background and Drug Screen Add/Drop w/Refund
- Scheduled Appointment for Physical Add/Drop w/Refund
- Completed Physical Last Day to Drop with “W”
- Due Date for Nav 2 Setup
- Due Date for Fisdap Setup
- Due Date for OEMS Course Enrollment
- Due Date for NREMT Account and Application Completion

If you do not meet the above due dates, you will be administratively dropped from the Thomas Nelson Community College Emergency Medical Technician Program/Course.
Thomas Nelson Community College Paramedic Course Student “TO DO” Checklist

<table>
<thead>
<tr>
<th>Student Name: __________________________</th>
<th>Student Number: ________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Campus: □ Historic Triangle □ Hampton</td>
<td>Semester: __________</td>
</tr>
<tr>
<td>Paramedic OEMS Course Number: __________</td>
<td></td>
</tr>
</tbody>
</table>

- Enrolled in appropriate Paramedic courses □ Yes □ No
- Tuition Satisfied □ Yes □ No
- Obtained Thomas Nelson Community College Student ID and Parking Permit □ Yes □ No
- Purchased Thomas Nelson Paramedic Program Educational Resource Package □ Yes □ No
- Purchased Uniform Shirt □ Yes □ No
- Purchased Name Tag □ Yes □ No
- Established Navigate 2 Profile (NAV2 Course ID ________) □ Yes □ No
- Established Fisdap Profile □ Yes □ No
- Completed Background Check □ Yes □ No
- Completed Drug Screen □ Yes □ No
- Established OEMS Profile/Account □ Yes □ No
- Requested Enrollment in OEMS Course(s) □ Yes □ No
- Established NREMT Profile/Account □ Yes □ No
- Completed NREMT Application(s) to Test □ Yes □ No

**NREMT Applications Must Indicate Thomas Nelson Community College for the Instructor/Program**

**DO NOT select your individual course instructor or any other program!**

- Completed All Medical (clinical/field) Requirements □ Yes □ No
- Signed and Submitted all Department/Program Forms (uploaded in FISDAP only) □ Yes □ No

**IMPORTANT DATES TO REMEMBER**

- Due Date for Having Books and Software (Nav 2/Fisdap) **Add/Drop w/Refund**
- Due Date for Ordering Uniform and Name Tag **Add Drop w/Refund**
- Due Date for Completing Background and Drug Screen **Add Drop w/Refund**
- Scheduled Appointment for Physical **Add Drop w/Refund**
- Completed Physical **Last Day to Drop with “W”**
- Due Date for Nav 2 Setup
- Due Date for Fisdap Setup
- Due Date for OEMS Course Enrollment
- Due Date for NREMT Account and Application Completion

*If you do not meet the above due dates, you will be administratively dropped from the Thomas Nelson Community College Paramedic Program/Course(s).*
APPENDIX F: ORGANIZATIONAL STRUCTURE/STUDENT CHAIN OF COMMAND
APPENDIX G:
INITIAL OFFICE OF EMS BLS and ALS CORUSE DOCUMENTATION

Refer to www.tncc.edu/fire-ems/information-resources for Virginia Office of EMS First and Last Night Documentation Packages.
EMT OATH

Be it pledged as an Emergency Medical Technician, I will honor the physical and judicial laws of God and man. I will follow that regimen which, according to my ability and judgment, I consider for the benefit of patients and abstain from whatever is deleterious and mischievous, nor shall I suggest any such counsel. Into whatever homes I enter, I will go into them for the benefit of only the sick and injured, never revealing what I see or hear in the lives of men unless required by law.

I shall also share my medical knowledge with those who may benefit from what I have learned. I will serve unselfishly and continuously in order to help make a better world for all mankind.

While I continue to keep this oath unviolated, may it be granted to me to enjoy life, and the practice of the art, respected by all men, in all times. Should I trespass or violate this oath, may the reverse be my lot.

So help me God.

Written by: Charles B. Gillespie, M.D.; Adopted by the National Association of Emergency Medical Technicians, 1978