

# **Grayson College EMS Education Student Policies 2019-2020**

**The policies in this document replace all previous EMS student policies.**

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## General Information

### ***Mission Statement***

The mission of the GC EMS Education Program is to prepare students to enter the workforce exhibiting competence, professionalism, ethical decision making, and critical thinking skills in a positive learning environment of the highest quality.

### ***Program Learning Outcomes***

Students will:

- Explain, apply, and integrate the theoretical knowledge necessary in the provision of safe and effective emergency medical care.
- Communicate and use interpersonal skills effectively in collaboration with members of the health care team, patients, and families.
- Apply wellness, safety, infection control, and disease concepts to reduce job-related risks.
- Demonstrate ethical, professional, and legal accountability consistent with the roles of the EMS professional.
- Demonstrate attitudes and behaviors that promote personal and professional growth.

### ***Degree Plans***

#### *EMT Certificate of Completion*

<b>First Year</b>	Lec	Lab	Cont	Clin	Cred
Fall/ Spring Semester	Hrs	Hrs	Hrs	Hrs	Hrs
BIOL 2404 – Survey of Human A&P	3	3	96	0	4
Institutional Core	3	0	48	0	3
EMSP 2305 – EMS Operations	3	0	48	0	3
EMSP 1501 – EMT Basic	4	4	128	0	5
EMSP 1160 - EMT Clinical	0	0	80	5	1
<b>Total Hrs</b>	<b>13</b>	<b>7</b>	<b>400</b>	<b>5</b>	<b>16</b>

#### *Paramedic Certificate of Completion*

<b>First Year</b>	Lec	Lab	Cont	Clin	Cred
Fall Semester					
EMSP 1338 - Intro to Adv Practice	3	1	64	0	3
EMSP 1356 - Pt Ax & Airway Mgmt	3	1	64	0	3
EMSP 1355 - Trauma Management	3	1	64	0	3
EMSP 2206 – Emergency Pharmacology	2	1	48	0	2
EMSP 2137 – Emergency Procedures	0	3	48	0	1
EMSP 1149 – Trauma Life Support	1	0	16	0	1
<b>Total Hrs</b>	<b>12</b>	<b>7</b>	<b>304</b>	<b>0</b>	<b>13</b>

Revised: May 9, 2019 by Curtis Groseclose

Winter Minimester					
EMSP 1161 - EMT Clinical	0	0	96	6	1
<b>Total Hrs</b>	<b>0</b>	<b>0</b>	<b>96</b>	<b>6</b>	<b>1</b>
Spring Semester					
EMSP 2444 - Cardiology	3	3	96	0	4
EMSP 2434 - Medical Emergencies	4	1	80	0	4
EMSP 2330 - Special Populations	3	1	64	0	3
EMSP 2237 – Emergency Procedures	1	2	48	0	2
EMSP 1147 – Pediatric Life Support	1	0	16	0	1
EMSP 2135 – Adv Cardiac Life Support	1	0	16	0	1
<b>Total Hrs</b>	<b>13</b>	<b>7</b>	<b>320</b>	<b>0</b>	<b>15</b>
Spring Minimester					
EMSP 2162 – EMT Clinical	0	0	96	6	1
<b>Total Hrs</b>	<b>0</b>	<b>0</b>	<b>96</b>	<b>6</b>	<b>1</b>
Summer I Semester					
EMSP 2563 - EMT Clinical	0	0	288	18	5
<b>Total Hrs</b>	<b>0</b>	<b>0</b>	<b>288</b>	<b>18</b>	<b>5</b>
Summer II Semester					
EMSP 2143 – Assessment Based Mgmt	0	3	48	0	1
<b>Total Hrs</b>	<b>0</b>	<b>3</b>	<b>48</b>	<b>0</b>	<b>1</b>
<b>Grand Total</b>	<b>25</b>	<b>17</b>	<b>1152</b>	<b>30</b>	<b>36</b>

Associate of Applied Science, Paramedicine

<b>First Year</b>	Lec	Lab	Cont	Clin	Cred
Fall Semester	Hrs	Hrs	Hrs	Hrs	Hrs
BIOL 2404 – Survey of Human A&P	3	3	96	0	4
ENGL 1301 - Comp & Rhetoric I	3	1	64	0	3
SPCH 1311, or 1315, or 1321	3	0	48	0	3
Elective	2	0	32	0	2
<b>Total Hrs</b>	<b>11</b>	<b>4</b>	<b>240</b>	<b>0</b>	<b>12</b>
Spring Semester					
Social/Behavioral Science Core	3	0	48	0	3
College Level Math	3	0	48	0	3
Fine Arts/ Humanities Core Course	3	0	48	0	3
Institutional Core	3	0	48	0	3

<b>Total Hrs</b>	<b>12</b>	<b>0</b>	<b>192</b>	<b>0</b>	<b>12</b>
<b>Second Year</b>	Lec	Lab	Cont	Clin	Cred
Fall Semester					
EMSP 1338 - Intro to Adv Practice	3	1	64	0	3
EMSP 1356 - Pt Ax & Airway Mgmt	3	1	64	0	3
EMSP 1355 - Trauma Management	3	1	64	0	3
EMSP 2248 – Emergency Pharmacology	2	1	48	0	2
EMSP 2137 – Emergency Procedures	0	3	48	0	1
EMSP 1149 – Trauma Life Support	1	0	16	0	1
<b>Total Hrs</b>	<b>12</b>	<b>7</b>	<b>304</b>	<b>0</b>	<b>13</b>
Winter Minimester					
EMSP 1161 - EMT Clinical	0	0	96	6	1
<b>Total Hrs</b>	<b>0</b>	<b>0</b>	<b>96</b>	<b>6</b>	<b>1</b>
Spring Semester					
EMSP 2444 - Cardiology	3	3	96	0	4
EMSP 2434 - Medical Emergencies	4	1	80	0	4
EMSP 2330 - Special Populations	3	1	64	0	3
EMSP 2237 – Emergency Procedures	1	2	48	0	2
EMSP 1147 – Pediatric Life Support	1	0	16	0	1
EMSP 2135 – Adv Cardiac Life Support	1	0	16	0	1
<b>Total Hrs</b>	<b>13</b>	<b>7</b>	<b>320</b>	<b>0</b>	<b>15</b>
Spring Minimester					
EMSP 2162 – EMT Clinical	0	0	96	6	1
<b>Total Hrs</b>	<b>0</b>	<b>0</b>	<b>96</b>	<b>6</b>	<b>1</b>
Summer I Semester					
EMSP 2563 - EMT Clinical	0	0	288	18	5
<b>Total Hrs</b>	<b>0</b>	<b>0</b>	<b>288</b>	<b>18</b>	<b>5</b>
Summer II Semester					
EMSP 2143 – Assessment Based Mgmt	0	3	48	0	1
<b>Total Hrs</b>	<b>0</b>	<b>3</b>	<b>48</b>	<b>0</b>	<b>1</b>
<b>Grand Total</b>	<b>48</b>	<b>21</b>	<b>1584</b>	<b>30</b>	<b>60</b>

### ***Functional Position Description***

EMS personnel must be at least 18 years of age and have a high school diploma or GED. EMS personnel must have the ability to communicate verbally via telephone and radio equipment; ability to lift, carry and balance up to 125 pounds (250 pounds with assistance); ability to interpret written, oral and

diagnostic form instructions; ability to use good judgment and remain calm in high-stress situations; ability to work effectively in an environment with loud noises and flashing lights; ability to function efficiently throughout an entire work shift; ability to calculate weight and volume ratios and read small print, both under life threatening time constraints; ability to read and understand English language manuals and road maps; ability to accurately discern street signs and address numbers; ability to interview patient, family members and bystanders; ability to document, in writing, all relevant information in prescribed format in light of legal ramifications of such; ability to converse in English with co-workers and hospital staff as to status of patient. EMS personnel should possess good manual dexterity, with ability to perform all tasks related to highest quality patient care. Ability to bend, stoop and crawl on uneven terrain and ability to withstand varied environmental conditions such as extreme heat, cold and moisture is vital. The ability to work in low light, confined spaces and other dangerous environments is required.

### ***Description of Tasks Expected of the EMS Professional***

- Receives call from dispatcher, responds appropriately to emergency calls, reads maps, may drive ambulance to emergency site, uses most expeditious route and observes traffic ordinances and regulations.
- Determines nature and extent of illness or injury, takes pulse, blood pressure, visually observes changes in skin color, auscultates breath sounds, makes determination regarding patient status, establishes priority for emergency care, renders appropriate emergency care (based on competency level); may administer intravenous drugs or fluid replacement as directed by physician.
- May use equipment (based on competency level) such as but not limited to, defibrillator, electrocardiograph, performs endotracheal intubation to open airway and ventilate patient.
- Assists in lifting, carrying, and transporting patient to ambulance, and to a medical facility.
- Reassures patient and bystanders, avoids mishandling patient and undue haste, and searches for medical identification emblem to aid in care.
- Extricates patient from entrapment, assesses extent of injury, uses prescribed techniques and appliances, radios dispatcher for additional assistance or services, provides light rescue service if required, provides additional emergency care following established protocols.
- Complies with regulations in handling deceased, notifies authorities, and arranges for protection of property and evidence at scene.
- Determines appropriate facility to which patient will be transported, reports nature and extent of injuries or illness to the facility, asks for direction from hospital physician or emergency department.

- Observes patient in route and administers care as directed by physician or emergency department or according to established protocols.
- Identifies diagnostic signs that require communication with facility. Moves the patient into the emergency facility from the ambulance.
- Reports verbally and in writing concerning observations about the patient, patient care at the scene and in route to facility, and provides assistance to emergency staff as required.
- Maintains familiarity with all specialized equipment.
- Replaces supplies, sends used supplies for sterilization, checks all equipment for future readiness, maintains ambulance in operable condition, ensures ambulance cleanliness and orderliness of equipment and supplies, decontaminates vehicle interior, determines vehicle readiness by checking oil, fuel, water in battery and radiator and tire pressure.

## ***Professional Organizations***

[NREMT/www.nremt.org](http://NREMT/www.nremt.org)

The single most important goal of the National Registry of Emergency Medical Technicians (NREMT) is to offer assurance that EMS personnel providing treatment to patients—at their highest moment of need—are competent. The NREMT accomplishes this goal with a staff that includes highly qualified EMS experts who understand what is involved in treating patients in the out-of-hospital setting. They are responsible for implementing a process that involves meeting specific requirements. This is necessary due to the sensitive nature of the EMS profession and the level of trust placed on EMS personnel.

[AHA/www.americanheart.org](http://AHA/www.americanheart.org)

The American Heart Association is a national voluntary health agency whose mission is: "Building healthier lives, free of cardiovascular diseases and stroke." This is achieved through educating people from citizens to public servants in operations such as CPR, First Aid, Advanced lifesaving, and Pediatric lifesaving. Great start to expanding your knowledge of healthcare and introducing yourself to the possibilities of instructing.

[NAEMT/www.naemt.org](http://NAEMT/www.naemt.org)

NAEMT represents and serves Emergency Medical Services personnel through advocacy, educational programs, and research.

[NCTTRAC/www.ncttrac.org](http://NCTTRAC/www.ncttrac.org)

The North Central Texas Trauma Regional Advisory Council is an organization designed to facilitate the development, implementation, and operation of a comprehensive trauma care system based on accepted standards of care to decrease morbidity and mortality. The Trauma Service Area for the



NCTTRAC is comprised of the following counties: Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, and Wise.

[EMS EXPO/www.publicsafetyevents.com/ems/exhibitorlist.po](http://EMS_EXPO/www.publicsafetyevents.com/ems/exhibitorlist.po)

It works in conjunction with NAEMT to keep public servants up to date with recent EMS news, up and coming equipment and exhibits, and current events.

[Texas EMS Conference/www.texasemsconference.com](http://Texas EMS Conference/www.texasemsconference.com)

This annual event is scheduled in November of each calendar year. It is an excellent source of up to 15 hours of continuing education units, with pre-conference courses and conference courses. It also sets a stage for EMS exhibits from new ambulance designs to advancement in equipment. It also honors the outstanding services and EMS professionals of the great state of Texas.

[NAEMSE/www.naemse.org](http://NAEMSE/www.naemse.org)

The mission of The National Association of EMS Educators is to inspire excellence in EMS education and lifelong learning. The National Association of EMS Educators holds an annual symposium in conjunction with the Commission on Accreditation of Educational Programs for the EMS Professional (CoAEMSP) as well as educational rollouts throughout the year.

[CERT Team/www.citizencorps.gov](http://CERT Team/www.citizencorps.gov)

The Citizen Corps mission is accomplished through a national network of state, local, and tribal **Citizen Corps Councils**. These Councils build on community strengths to implement the Citizen Corps preparedness programs and carry out a local strategy to involve their community.

[GETAC/ http://www.dshs.state.tx.us/emstraumasystems/governor.shtm](http://GETAC/http://www.dshs.state.tx.us/emstraumasystems/governor.shtm)

The mission of the Governor's EMS and Trauma Systems Advisory Council (GETAC) is to promote, develop, and maintain a comprehensive EMS/Trauma System that will meet the needs of all patients and that will raise the standards for community health care by implementing innovative techniques and systems for the delivery of emergency care for the entire population.

## ***Student Rights and Responsibilities***

It is our hope that this course will be rewarding and enjoyable. As a student, you are investing a great deal of time and money into this course. Therefore, the EMS Education faculty and staff will work with you in any way possible to see that your investment is worthwhile. However, much of what you will get from this course will depend on what you put into it. To ensure the best possible learning experience

for you, each student is assured the following rights. Of course, with these rights come additional responsibilities.

***You have the right to know:***

- The Texas Department of State Health Services and the Texas Higher Education Coordinating Board approve the GC *EMS Education* instructional programs.
- How grades for all courses in which you enroll will be determined.
- The learning objectives for all courses in which you enroll.
- The established policies, procedures and academic and behavioral guidelines on which you are expected to base your conduct.
- That you have the right to file an academic appeal or a grievance under policies and procedures outlined in the Grayson College *Student Handbook*.

***Just as you have certain rights, you have certain responsibilities. You are obligated to:***

- Abide by all *EMS Education* policies and all Grayson College policies as outlined to you by the *EMS Education* faculty and staff or presented in departmental or college publications.
- Conduct yourself at all times in a manner that is conducive to learning.
- Exhibit a professional manner in both attire and conduct.
- Follow instructions.
- Prepare for and actively participate in all class and skills laboratory functions.
- Demonstrate cooperativeness and consideration in interaction with others, including willing participation in teamwork, and exhibition of flexibility when change is necessary.
- Demonstrate ethical behavior exemplified by such characteristics as:
  - a. Accept responsibility for your actions and academic performance.
  - b. Practice honesty and accountability, including acknowledgement of personal errors, omissions, and limitations.
  - c. Hold in confidence information relating to any and all patients or events encountered during classroom, clinical, or field internship instruction.
- Demonstrate thoroughness and completeness in work.
- Complete all required courses in a satisfactory manner as outlined in this manual.
- Demonstrate respect for instructors, fellow students, hospital personnel, EMS agency personnel, and patients, without regard to race, creed, color, gender, national origin, age, religion, weight, sexual orientation, political philosophy, marital status, or disability.

***Disability Statement***

*Students with special needs should contact the Disability Services Coordinator in the Learning Assistance Center no later than the first week of classes. Once appropriate documentation for the disability is received, the Disability Services Coordinator will coordinate delivery of approved accommodations with students and their instructors.*

The Americans with Disability Act (ADA) of 1990 has implications that pertain to licensure or certifications.

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

A second example is dealing with skills proficiency verifications that must be performed within established time frames. Performing a skill within established time frames is required because speed of performance is an integral part of patient care.

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

The Functional Position Description produced by the Texas Department of State Health Services, outlined at the beginning of this section, describes the required skills and job requirements essential to EMS personnel. This description will guide all accommodations permitted for the EMT and paramedic students.

The following specific points pertain to those involved in EMS training and education programs:

- Students cannot be discriminated against on the basis of a disability in the offering of educational programs or services.
- There can be no accommodations during screening, evaluation or course examinations that will compromise or fundamentally alter the evaluation of skills that are required to function safely and efficiently in the profession.
- Students who have received an accommodation during the course need to fully understand that there is a separate process for requesting an accommodation for the written certification exam and eligibility for an accommodation is determined on a case-by-case basis. In other words, just because a student was allowed an accommodation during the course does not guarantee an accommodation for the National Registry exam. Documentation confirming and describing the disability should be submitted according to policy for consideration.

There are accommodations that are not allowed in the EMS Program because they are not in compliance with the essential job functions of an EMT or paramedic as outlined in the Functional Job Description. These include, but are not limited to:

Students are not allowed additional time for skills with specific time frames. Obviously patients would suffer due to life threatening conditions in emergency situations if treatment were delayed.

Students are not allowed unlimited time to complete a written exam. This request is not considered reasonable because a candidate should be able to complete a test within a finite amount of time. Student will be allowed a maximum of time and one-half to complete written exams.

Students are not allowed to have written exams given by an oral reader. The ability to read and understand small English print is an essential function of the profession, and written exams are designed, at least in part, to measure that ability.

Because of the critical nature of the tasks needed in emergency situations, accommodation requests are considered very carefully, on a case by case basis. The safety and welfare of the community must be insured while providing full protection of the certification applicant's rights.

For more information on the Americans with Disabilities Act, you may call the Governor's Committee for Persons with Disabilities at (512) 463-5739.

## **FERPA**

FERPA (Family Educational Rights and Privacy Act) is a federal law designed to protect the privacy of students' education records. Education records include any information or documentation that is recorded in any way, including records produced by handwriting, computer, e-mail, audio, and video, among others. Educational records contain information directly related to a student, and are maintained by Grayson College or any party acting on its behalf.

Given the restrictions of FERPA, students must provide written consent by completing the Consent for Student Release of Information form and filing the document with the GC Registrar. Information cannot be released to any third party, including the students' parents, relatives, and friends. Particularly sensitive information includes student's social security numbers, race or ethnicity, gender, nationality, academic performance, disciplinary records, and grades.

## **Student Records**

Documents pertinent to each EMS student will be maintained in a secure location in the Health Science Department. Students have access to this file but must arrange an appointment with the Director of EMS Education for viewing these documents. Each student's file is maintained on a confidential basis. Any public inquiries concerning a student will be referred to the Director of Marketing and Public Information. Student records are kept according to Texas Department of State Health Services Rule, which is five years following course completion. All student files except those filing formal complaints are then destroyed. Transcripts may be obtained from the Office of Admission and Records. Students are expected to keep their file information current in case emergency notification becomes necessary.

Copies of certain documents will be available within ten (10) working days following receipt of written request. The fee for copies is \$5.00 plus \$0.25 per page. Records that may be available from the EMS Education Program are:

- Course Completion Certificate
- Continuing Education Certificate
- CPR Card
- ACLS Card
- PHTLS Card
- Student Skill Tracking Information

## ***Grading***

Successful completion of the course requires that the student maintain a “C” average in all areas of study. Failure to earn the minimum grade in any course constitutes failure from the program.

## **Clinical Sections**

To pass clinical sections students must complete the minimum number of required contact hours. In addition, passing the clinical section requires that all minimum patient contacts and procedures be achieved, and that preceptor evaluations identify the student as minimally competent. Preceptor evaluations which indicate unsatisfactory performance may result in failure of the clinical section.

## **Theory Sections**

Each theory section has three grading domains. A passing grade must be achieved in each domain to pass the course. If all three domains are passed the letter grade will be assigned based on the performance in the Cognitive domain. Failure of the Affective or Psychomotor domains will earn a grade of “D”. Failure of the cognitive domain will be the earned grade.

*Affective Domain:* This measures the student’s attitudes, behaviors, and professional attributes, as well as classroom conduct as demonstrated by evaluation of the student’s professional behavior in classroom, laboratory, and clinical. Passing is appropriate classroom behavior, professional ethics, and adherence to policy. Breaches will result in student conference. Significant behavioral issues may result in failure of the affective domain. In such cases a written warning and time period for improvement will be given. However, in cases where the behavior is significantly unacceptable, egregious, or poses a threat to the wellbeing of others, the posting of a failing grade may be immediate and without warning.

*Cognitive Domain:* This is the student’s knowledge as demonstrated by written exams and assignments. The following grading scale will be used:

<u>Letter Grade</u>	<u>Interpretation</u>	<u>Numerical Grade</u>	<u>Grade Points/ Semester Hour</u>
A	Excellent	91.50 – 100.00	4

B	Good	82.50 – 91.49	3
C	Satisfactory	73.50 – 82.49	2
D	Failing	64.50 – 73.49	1
F	Failing	64.49 and below	0

*Psychomotor Domain:* This is the student's ability to perform skills and tasks learned in the program. The student must pass each skill following the practical examination policy. Failure to pass all skills as described in the practical examination policy will constitute failure of the psychomotor domain.

## ***Drop/ Withdrawal/ Fail Policy***

The EMS Program follows the "Dropping a Class" and "Withdrawal Policy" found in the GC Student Handbook. A class drop means a student has dropped one or more classes but remains enrolled in other classes for the term. *A withdrawal means that the student is no longer enrolled in any courses at GC.* EMS classes may be dropped by using My Viking or in person at Counseling Services. Students leaving the EMS Program should contact their professor or the Director of EMS Education for an exit interview prior to dropping or withdrawing. The purpose of the exit interview is to establish requirements for returning to the program at a later date. Failure to officially drop the course(s) will result in the student receiving a grade of "F" in all EMS courses in which the student is enrolled for the affected semester.

Any student having academic difficulties should contact a faculty member for assistance. A student is considered to have failed an examination when the student scores below 74%. Should an examination failure occur, a counseling session must be held with the instructor/ professor. It is the student's responsibility to schedule this counseling session within three (3) business days of the examination.

**A minimum grade of "C" or better must be obtained in all concurrently enrolled EMS courses at the time of clinical release.** Failure to obtain this grade will result in failure of the course and no course completion certificate will be issued.

## ***Assistance***

The EMS Education faculty believes strongly in their responsibility to provide an environment in which students may succeed. Faculty will gladly provide additional instruction/ tutoring upon request. Please let your professor know if you feel overwhelmed or if you are falling behind so that assistance may be provided to you.

## ***Communication with Instructors***

The student should reference the course syllabus and policy manual to answer questions or concerns. Students having questions or concerns not answered by the course syllabus or policy manual are asked to address them to the professor for the course.

If the student feels he/ she has received an inadequate response, the student should then address the question or concern to the Director of EMS Education. If this does not resolve the student's concern, he/she should follow the procedures defined for academic grievances in the GC Student Handbook.

If you have an important message to give to the EMS Education faculty or staff, verbal communication may not be sufficient. Students may be advised by the faculty or staff to write a detailed and dated memo to the professor. Any concerns brought to the Director of EMS Education must be placed in writing and must be truthful statements of circumstances that gave rise to the concerns.

## ***Conflict Resolution Policy***

The EMS Program expects students to be professional while on campus and anytime off campus while performing in course related functions. It is understood that from time to time, students may encounter situations which can be unpleasant, hostile, or highly emotional while interacting with fellow students, faculty, clinical sites, or the general public. If, at any time, a student encounters offensive behavior, whether intentional or otherwise, the student should notify the party involved of the offense and request it be stopped.

Student conflicts are expected to be resolved between the parties involved in a mature professional manner when they arise. If, however, it cannot be resolved, the student should follow this chain of command when making a complaint:

- Instructor/ Professor /Preceptor present at the time of incident
- Director of EMS Education

Students will not be harassed or retaliated against in any way for making any legitimate complaints. The GC EMS Program follows the Student Complaint Policy located in the GC Handbook and GC Policy and Procedure manual.

## ***Disciplinary Action Policy***

GC EMS Program follows the Student Discipline Policy which is located in the GC Student Handbook located at <http://www.grayson.edu/current-students/catalogs-and-handbooks/Student%20Handbook%202014.pdf>

EMS students are legally responsible for their own acts, whether by commission or omission, while enrolled in the EMS program. Conduct or behaviors which may be considered critical offenses secondary to unsafe or unprofessional conduct may include, but is not limited to:

- Dishonesty
- Theft from students, GC employees, patients, clinical site or their employees, or GC
- Evidence of substance abuse (possession, use, sale or delivery)
- Possession of prohibited weapons as defined in GC Student Handbook
- Physical/verbal abuse of peers, faculty, patients, clinical site employees, or the public

- Violation of HIPPA Privacy and Security regulations/patient confidentiality
- Violation of EMS safety guidelines in classroom, laboratory, hospital, and field environments
- Falsification of patient records or reports
- Commission or omission of patient care that endangers a patient's life
- Practicing outside the National Scope of Practice
- Insubordination towards the coordinator, instructors, preceptors, hospital, or internship agency personnel will not be tolerated. Insubordinate behavior includes, but is not limited to, arguing with personnel, being disrespectful, failure to comply with requests regarding changes in behavior, dress, grooming, conduct, etc. Any student exhibiting unprofessional conduct or attitude in the classroom, laboratory, hospital, or during ambulance rotations, will be subject to dismissal from the program
- Violation of any GC policy where applicable

Commission of these critical offenses will be brought to the attention of the Director of EMS Education for review. Disciplinary action will be determined, at a minimum, by the professor and the Director of EMS Education. Additional health science administrator input may be requested.

## ***Grievance Policy***

The EMS program ascribes to and follows the policy established by GC and located in the GC Student Handbook and the GC Policy and Procedure Manual (Policy FL local) located on the college website at [www.grayson.edu](http://www.grayson.edu). Students shall be free to make use of the established appeal procedures without fear of prejudice, discrimination, restraint, coercion or reprisal of any nature. A formal grievance procedure (Policy FLD local) is available if a student believes unfair treatment has occurred. The procedure followed during the appeal process shall give full cognizance to due process. The purpose of this policy is to secure at the lowest possible level, prompt and equitable resolution of complaints, including those alleging discrimination (race, religion, color, gender, age, national origin, or handicapping condition), unfair academic treatment, or interference with the peaceful exercise of first amendment rights.

The student should first meet with the course professor and then, if unable to resolve the differences, should file a written appeal to the Program Director or Health Sciences Chairperson in accordance with the grievance procedure. Whenever meeting with faculty or administrative personnel, students have the right to waive their privacy rights and request the presence of an additional person of their choice.



# Admission

## ***Admissions Requirements***

### General Admission Guidelines

Students applying to the EMS program must first apply for admission to Grayson College and submit all required documentation to the Admissions Offices prior to registration. See GC Catalog “General Academic Policies, Admissions” for more information.

In addition to the admission requirements of Grayson College, the applicant must be 18 years of age and possess a high school diploma or GED within 180 days after course completion. Admission to the EMS program is selective, with registration in EMS courses by program permission only. Admission to the college does not guarantee admission to the EMS program. To be considered for acceptance into the EMS program, applicants must submit application to the EMS Education Program, with required documentation attached, by the deadline posted in the EMS Application Packet. Applications will not be accepted until all required documentation is attached. Incomplete applications will be returned to the student without consideration.

### Required Application Documentation of All EMS Student Candidates:

1. **Completed Health Science Division Application for Admission.** The health science division application for admission provides contact information to the EMS Education Program, EMS Selection Committee, and Director of EMS Education.
2. **Completed Verification Statement.** The verification statement asks the EMS applicant to confirm that the application requirements have been read, that the required documentation is attached to the application, and that the Grayson College admissions process has been completed.
3. **Copy of transcripts** from all previously attended colleges or universities. Turn in to the GC Admissions Office official transcripts from all colleges previously attended. Turn in to the EMS Education program unofficial transcripts. A cumulative GPA of 2.0 in course work which applies to the Associate of Applied Science in Paramedicine degree is required for admission to the EMS Education Program.
4. **Pre-Entrance Physical Exam and Health Statement** completed by approved medical professional. The prospective student must meet the core performance standards, defined by the Physical Exam and Health Statement, in physical and mental health to participate in the EMS Education Program.
5. **Documentation of immunization\*** as follows:
  - a. *Diphtheria/tetanus/pertussis*; within 10 years of clinical start date
  - b. *Measles, mumps, rubella*; two injections
  - c. *Varicella*; two injections

- d. *Hepatitis B*; three injections before clinical start date, without schedule interruption
- e. *Influenza*; annual vaccine with the most up-to-date strains
- f. *Negative tuberculosis skin test* (or negative chest x-ray with positive skin test); within the 6 months before clinical start date

\* Immunity may be documented with titer

**Additional Required Application Documentation of the Paramedic Student Candidate:**

- 6. **Copy of current EMT certificate or license** issued by one of the following: The State of Texas or the National Registry of EMTs.
- 7. **Copy of current CPR for Healthcare Provider card** issued by the American Heart Association.
- 8. **Documentation of FISDAP Paramedic Entrance Exam scores.** The FISDAP Paramedic Entrance Exam must be taken at the Grayson College Testing Center located at the main campus, 6101 Grayson Drive, Denison, TX. The paramedic student candidate is required to bring \$24, in credit/ debit card form, to the Testing Center at the time of the exam. The Testing Center may be contacted by telephone, 903-463-8724, for more information about scheduling the exam.

The Paramedic Entrance Exam is comprised of two sections: a cognitive test and an affective test. The cognitive test measures student preparedness in Anatomy and Physiology, Reading Comprehension, Math, and EMT. The affective test is a personality evaluation designed for law enforcement personnel, which provides strong indicators for identifying ideal paramedic candidates.

*No minimum score is required for the cognitive or affective tests.* The results will be used in advising paramedic student candidates of the preparation and approach necessary for successful paramedic course completion. However, should applications exceed the number of seats available, the cognitive exam score will be used to rank the applications. In this situation, candidates will be selected from the highest scores.

## ***Selection and Acceptance Procedure***

### **Basic (EMT) Selection and Acceptance:**

Applications for basic (EMT) courses, including dual credit courses, received before the last date of registration for the desired semester will be reviewed for the required documentation listed above. Applicants who submit completed applications before the last date of registration for the semester will be granted permission to register. Applications received after the last date of registration and before the first day of class may be reviewed. Applications will not be accepted after the first day of class.

### **Advanced (paramedic) Selection and Acceptance:**

Applications for advanced (paramedic) courses received by the published deadline will be reviewed for the required documentation listed above by the EMS Admissions Committee during the five days immediately following the deadline. Only complete applications will be considered for selection.

Applications will be prioritized for selection to the Paramedic Course Waiting List using the cognitive component score of the Fisdap Paramedic Entrance Exam.

In the case where applicants having equal scores must be chosen for limited space availability, the selection will be made by the EMS Admissions Committee and/or Program Director. Applicants will be notified regarding selection or non-selection by telephone or email, or both, at least five days prior to the scheduled orientation.

Should more applications be received than seats available, a waiting list will be maintained until the first class day. Any remaining applications will be destroyed.

### ***Final Acceptance Requirements***

- Attend a scheduled *mandatory* orientation day on campus.
  - Basic (EMT) orientation is scheduled for the first class day.
  - Advanced (paramedic) orientation is published in the Paramedic Application Packet.
- Pass a urine drug screen (at the student's expense and completed as scheduled through a GC approved company).
- Pass a criminal background check (at the student's expense and completed as scheduled through a GC approved company).

### ***Transfer of EMT/Basic Coursework***

Students who completed EMT/ Basic coursework at a college or university other than GC must submit official transcripts from each college or university previously attended to the GC Office of Admissions and Records, and submit a copy (official or unofficial) of the transcript attached to the EMS Admissions Application. EMT/ Basic coursework completed via continuing education or a training site other than a college or university must be approved by the Director of EMS Education for credit award. Minimum documentation required for the approval process includes a copy of the initial course completion certificate including classroom and clinical hours, a grade report, and the course syllabus.

### ***Financial Aid***

The Grayson College EMS Education program is eligible for financial assistance. It is the student's responsibility to contact the GC Financial Aid department for more information.

## ***Scholarships***

Scholarships have been made available through private donations and there are several scholarships available to GC EMS Education Students. To be eligible for scholarships, students must complete the GC Scholarship Application available in the GC Financial Aid department and return it to the GC Financial Aid department by the designated deadline. It is the student's responsibility to contact the GC Financial Aid department for more information.

## ***Readmission/ Reinstatement***

Readmission is not automatic. Any student who does not successfully complete all classes must reapply for the entire program, basic or advanced. Readmission is considered on a space available basis. Readmission may require a contract agreement between the student and the professor with specific expectations for successful completion.

Students who are accepted for readmission must complete all aspects of the course. Those who finish either the didactic or clinical portion of the program, but are unable to finish the other, must complete both components with re-enrollment. No credit will be given for previously passed examinations, didactic or practical.

A student who has been dismissed as a result of drug screen failure shall not be eligible for readmission for a period of twelve months.

A student who has been dismissed as a result of disciplinary action may apply for readmission. The application and student record regarding disciplinary action and remediation will be subject to review by the EMS Admissions Committee. An interview may be required.

# Student Conduct

## ***Classroom Decorum***

Students are expected to maintain classroom decorum that includes respect for other students and the instructor.

Disruptive behaviors such as harassment of fellow students and/or instructors; persistent talking in class while lecture is in progress; using electronic equipment without authorization (cell phone/ texting) or repeated tardy arrival to class will not be tolerated. Students will be counseled initially, but may be dismissed from the classroom for repeated offenses.

Dress for classroom includes *the GC EMS student uniform described in the Uniform Policy*. Students are recognized by the public as representatives of Grayson College. Their appearance reflects not only on themselves, but also on the college. Therefore, students can expect to be reminded of the dress code regulations by any faculty member who observes them improperly dressed. In addition, instructors may choose to remove students from an area in which they are not appropriately dressed.

## ***Sexual Harassment***

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

**a.** It is implicitly or explicitly suggested that submission to or rejection of the conduct will be a factor in academic decisions or evaluations, or permission to participate in a GC activity; or

**b.** The conduct has the purpose or effect of unreasonably interfering with an individual's academic performance or creating an intimidating or hostile academic environment. Determining what constitutes sexual harassment depends upon the specific facts and the context in which the conduct occurs. Sexual harassment may take many forms—subtle and indirect, or blatant and overt. For example,

- It may be conduct toward an individual of the opposite sex or the same sex.
- It may occur between peers or between individuals in a hierarchical relationship.
- It may be aimed at coercing an individual to participate in an unwanted sexual relationship or it may have the effect of causing an individual to change behavior or performance.
- It may consist of repeated actions or may even arise from a single incident if sufficiently egregious.

GC EMS program strives to provide a place of study free of sexual harassment, intimidation or exploitation. Where sexual harassment is found to have occurred, the GC EMS Education program will act to stop the harassment, prevent its recurrence, and discipline and/or take other appropriate action against those responsible.

## ***Hazing***

Hazing is defined as any action that recklessly or intentionally endangers the physical and mental health or safety of any GC student *or student property, or that of the college or clinical facility*. No one shall harass, intimidate, mock, or ridicule anyone else or commit any other similar act. The following activities are examples of violations of this standard:

- Requiring the consumption of any food, liquor, drug, or other substance;
- Requiring participation in physical activities, such as calisthenics, exercise, or other games or activities requiring physical exertion;
- Exposing another to weather elements or other physically or emotionally uncomfortable situations;
- Forcing excessive fatigue from sleep deprivation, physical activities, or exercise;
- Requiring anything that would be illegal under any applicable law, including laws of the State of Texas;
- Requiring anything that can be reasonably expected to be morally offensive to another;
- Committing or requiring any act that demeans another based on race, gender, ability, sexual orientation, religion, or age;
- Committing any act of physical brutality against another, including, but not limited to, paddling, striking with fists, open hands or objects, and branding;
- Kidnapping or transporting another with the intent of stranding him or her;
- Committing verbal abuse;
- Forcing or requiring conduct that can be reasonably expected to embarrass or adversely affect the dignity of another, including the performance of public stunts and activities such as scavenger hunts;
- Intentionally creating work or labor for another;
- Denying sufficient time for study or other academic activities; or
- Committing or requiring another to commit any sexual act or engage in lewd behavior.

Students have a duty to avoid being hazed. Therefore, it shall be an offense under this section for a student to permit himself or herself to be hazed, subject only to the defense that the student could not reasonably have prevented the hazing.

## ***Academic Integrity***

Scholastic honesty and integrity are vital to the ongoing interests of any academic community. Students have a responsibility to protect their work and to report instances of academic dishonesty to the appropriate instructor or administrator. Any instance of A) plagiarism, B) collusion, C) cheating, or D) falsifying records, will result in an F for the course. The same principle of honesty applies to the use of modern technologies such as the computer.

*Plagiarism* includes:

- Using three or more consecutive words of another without placing quotations marks around the words or without giving credit to the author.
- Using another person's ideas without giving him or her credit.
- Submitting another person's work as one's own.

*Collusion* is defined as working on any assignment with another person without the written permission of the instructor.

*Cheating* includes:

- Copying work from another student.
- Using materials during the examination not authorized by the instructor/ test administrator.
- Substituting for another student, or permitting another student to take an exam in one's place.
- Using, buying, selling, stealing, or soliciting any examination material or assignments.

*Falsifying records* or evidence includes furnishing false or misleading information to any college office or representative or clinical agency.

## ***Attendance Policy***

Academic success is closely associated with regular attendance and participation. It is critical that you attend all classes and labs. Since classroom demonstrations and lab skill practice cannot be made up, each absence and late arrival represents a missed opportunity to learn. Missed opportunities may negatively impact your success as a student and, later, as an EMS professional. An absence is not an excuse for inability to acquire knowledge or to perform a skill. Responsibility for course content missed is placed upon the student. Student withdrawal from the course requires completion of formal documentation through the GC admissions office. If the student is not officially withdrawn before the official withdrawal ending date, a grade of "F" will be received.

## ***Dress Code***

- Classroom and laboratory uniforms will consist of the class-approved T-shirt or polo, blue pants with black belt, and solid black shoes or boots.
- Clinical uniforms will consist of the class-approved uniform shirt, blue pants with black belt, and solid black shoes or boots. Only ball caps approved by the program will be allowed to be worn during field internship. Hats are not allowed to be worn during hospital clinical.
- Weather gear may include: jackets in navy or black, free of patches, no logos, white crew neck or turtleneck, under the uniform shirt, designed to prevent heat loss.
- GC EMS student ID cards with photo (no pins allowed on ID card) shall be clearly visible on the right collar of the uniform shirt or jacket.

- Holster [optional], if worn, must be black leather and limited to three items; for example, one trauma shear, one penlight, and one black ballpoint pen.
- Clothing shall be clean and wrinkle free. Students may need multiple uniforms to assure proper grooming. Shirts will be tucked in. ID badges will be properly displayed.
- Jewelry shall be limited to wristwatch, medic alert (if applicable) and plain wedding band. Students should understand that jewelry can be a significant safety and infection control hazard in the clinical setting and plan accordingly.
- Tattoos and body piercing shall be covered at all times. Tongue studs are not permitted.
- Questionable appearance shall be addressed by the clinical instructor, ambulance preceptor, clinical coordinator, Director of EMS Education, or Medical Director. Violation of uniform policy is cause for removal from clinical site and shall constitute a clinical absence.

***Clinical affiliate policies regarding grooming shall supersede this policy. Violation of the clinical agency policy may result in dismissal from the clinical site and shall constitute a clinical absence, which may result in removal from the program.***

## ***Grooming / Hygiene***

Students are expected to maintain personal and oral hygiene to prevent strong body and breath odors. Some students may be required to bathe, brush teeth, or shave more than once per day.

Hair must be clean, neatly groomed and of a natural color. Length must not fall below the bottom of the collar while standing. Students with longer hair are required to wear hair off the collar [chignon]. The hairstyle must be such that it remains neat and professional throughout the clinical rotation, and one which does not draw unnecessary attention.

Beards of any kind are **NOT PERMITTED**. Mustaches must be neatly cleaned and must not fall over the upper lip. Sideburns must be neatly trimmed and groomed.

Perfume, cologne, body spray, or aftershave is not allowed.

Makeup, if worn, should be conservative.

Nail color/polish must be clear. Artificial nails are prohibited. Shortening of nails may be required.

The EMS Program reserves the right to remove students from the classroom, laboratory, or clinical site for poor hygiene. This includes strong body or breath odors, including and especially tobacco, failure to shave and unkempt hair.

***Clinical affiliate policies regarding grooming shall supersede this policy. Violation of the clinical agency grooming policy may result in dismissal from the clinical site and shall constitute a clinical absence, which may result in removal from the program.***



## ***Cell phones and other Electronics***

Students should be aware that cell phones and other electronic devices distract from learning and disrupt others as well. Cell phones and other electronic devices should be turned off during classroom, laboratory and clinical assignments unless the instructor requires the use for any classroom activity. If the instructor, examiner, or preceptor determines the use of electronic devices is disruptive, he/ she may take action which includes the following:

- Request the student to turn off and/ or stow the device.
- Dismiss the student from the classroom, laboratory, or clinical assignment in which case the student will be counted absent for the day.
- Note: Cell phone use is strictly prohibited in any clinical area unless used in a designated break room away from the view of patients or staff.

## ***License to Carry Permit Holders***

As of August 1, 2017, Grayson College complies with Texas State Laws to include Texas Government Code Section 411.2031 (Carrying of Handguns by License Holders of Certain Campus) and Texas Penal Code 46.035 (Unlawful Carrying of Handgun by License Holder). Please refer to Grayson College Student Handbook for further information.

**As of August 1, 2017, this rule does not apply to the clinical/field internship settings. Concealed carry is not permitted in patient care settings.**

# Health and Safety

## ***Illness/ Injury***

Because of the nature of the EMS profession, during their education students may be exposed to risk of serious injury or illness. Students must comply with prescribed protocols, safety regulations, and work practices. In the event of an acute illness or injury while on campus, the student should follow the Grayson College Emergency Action Plan posted in each classroom or laboratory.

GC is not responsible for illness/ injury that occur during the normal course of classroom/ lab/ clinical experiences. The student is financially responsible for any emergency care that might be received as a result of an illness or injury while assigned to a clinical affiliate of Grayson College.

A student who has any significant change in his/ her health that may affect or be affected by his/ her Emergency Medical Services Education coursework will be required to obtain a physician's release. The release must specify the conditions that the student is able to return to the classroom and clinical activities. Examples of significant changes in health status include pregnancy, infectious diseases, and significant physical injury or illness.

## ***Infection Control***

Skill practice sessions will be conducted with the intent of preparing students for the practice of patient care on known or suspected infectious patients. All students will wear gloves at all times when in skills practice sessions. Eye protection will be worn during the practice of airway control procedures, peripheral venipuncture, medication administration, or other procedures which could potentially expose the student to the splash or spray of blood or body fluids. At the completion of each skill practice session students must remove their gloves and wash their hands before handling personal equipment. Gloves are not to be worn in the hallway between practice sessions.

Students are required to comply with the infection control policies of the clinical site. At a minimum, students should:

- Wash their hands before and after contact with patients and patient care equipment.
- Wear gloves when contact with blood, body fluid, tissue, or contaminated surfaces is anticipated.
- Wear gowns or aprons when spattering of blood or other potentially infectious material is likely.
- Wear masks and eye protection when aerosolization or spattering is likely to occur.
- Clean all blood spills promptly with an appropriate disinfectant or germicidal agent.
- Consider all specimens of blood or other body fluids as potentially infectious.
- Locate protective mouthpieces and/or bag valve masks at the beginning of the clinical. No student should **ever** perform mouth-to-mouth resuscitation.

The Texas Administrative Code, Title 25, Part 1, Chapter 92, Subchapter B, Rule 97.64 mandates specific immunizations for students enrolled in health-related courses in institutions of higher education. Furthermore, clinical affiliation agreements with area medical providers also impose specific requirements on Grayson College students.

The following immunizations are required for all students who participate in EMS Education laboratory exercises and clinical assignments. All students must submit a copy of the records with a validation stamp or signature, a signed statement from a physician, or lab report indicating serologic confirmation.

- Negative TB skin test [or negative chest x-ray] that is less than six months old showing no TB infection.
- Tetanus/diphtheria/pertussis vaccine that is less than 10 years old.
- Proof of two doses of measles vaccine if born after January 1, 1957, at least 30 days apart.
- Mumps vaccine of one dose, minimum.
- Rubella vaccine of one dose, minimum.
- Varicella vaccine of two doses
- Hepatitis B vaccine of three doses.
- Annual influenza vaccine.

### ***Blood and Body Fluid Exposure***

A student, who has a known or suspected exposure to an infectious disease during the performance of their academic responsibilities, will follow the employee exposure policy at the facility at which the exposure occurred. Examples of exposures include parenteral exposure (e.g., needle stick or cut); mucous membranes exposure (e.g. splash to the eye or mouth); cutaneous exposure involving large amounts of blood or prolonged contact with blood (especially when the skin exposed is chapped, abraded, or afflicted with dermatitis).

In addition to following the employee exposure procedure at the facility, the following steps will be taken:

- Immediately wash, irrigate, and/or flush the exposed area as appropriate.
- The student must notify the Preceptor and/or on-site supervisor immediately with the following information:
  - Patient's name
  - Date and time of exposure
  - Type of exposure

The Preceptor and or on-site supervisor will immediately notify the appropriate facility staff person. Prompt reporting is recommended in order to start post-exposure prophylaxis within one to two hours. The student will need to contact the Grayson College Infectious Control Officer, Joanna Barnes as soon as possible.

Revised: May 9, 2019 by Curtis Groseclose

Contact information: Joanna Barnes

barnesjo@grayson.edu

903-465-8688

The Preceptor and the student will provide a written statement of the date and circumstances of the exposure to the Infectious Control Officer using the Grayson College, Health Science Department, Body Fluid Exposure Incident Report. This form is obtained from Joanna Barnes.

The student will be referred to his or her private physician or the appropriate public health facility.

**The care and compensation of infected students is the financial responsibility of the student.**

# Clinical Eligibility and Pre-requisites

## ***Drug Screening***

Substance abuse inhibits learning, jeopardizes safety and poses a liability to the patient, student and college. Students who are suspected of substance abuse will be subject to the Student Conduct Policy: Alcohol and Drug (Grayson College Student Handbook).

*In order for clinical affiliates to comply with Joint Commission accreditation standards pertaining to due diligence and competency assessment of all individuals whose assignments bring them in contact with patients, employee prescreening requirements such as criminal background checks and drug screens are extended to clinical students.*

***In keeping with community health standards, health science students are required to have substance abuse screening at the student's expense initially and randomly throughout the course of their enrollment in health science clinical courses. Health Science students pay for the initial drug screen as well as random drug screens throughout the course of the program through non-refundable registration fees.***

1. Drug screening via urine collection is required for all health science students prior to the start of the first clinical rotation.
2. All urine samples will be obtained by a company selected by the college and processed at a certified SAMHSA (*Substance Abuse and Mental Health Services Administration*) laboratory. At least one drug screening time will be scheduled for each class at the college campus. Upon instruction, the student will provide a photo ID (State issued driver's license is preferred) at the time of the specimen collection. The collection techniques will adhere to strict guidelines following chain- of-custody protocol. The company will perform a *Healthcare Professional 10-panel* with integrity checks for creatinine and pH levels. Test results that fall outside any of the acceptable ranges will be considered presumptive-positive tests and will automatically be sent for a separate confirmatory test by a *gas chromatography mass spectrometry (GCMS)* method. If the results remain non- negative, a Medical Review Officer (MRO) will call the student to determine if there is a valid prescription for the drug in question. If a valid prescription exists, the test result is deemed to be "negative" and acceptable.
3. The student **must** complete drug screening at the time requested by the program. Failure to do so will be interpreted as a refusal for drug testing and the student will be withdrawn from the program and/or clinical course. If a student leaves the building during a drug screen collection, it shall be interpreted as refusal to submit to testing and the student will be withdrawn from the program. If a student is absent when the screening is performed, whether scheduled or random, he/she will be notified. The student must be screened at a designated location, and within a time frame specified by the program director and health science department chair. Failure to do so will be considered to

be a refusal to submit to testing and the student will be dismissed from the program and / or clinical course.

4. Students who transfer into a health science program after the first clinical course, or students who are returning after a one semester break in enrollment, will be responsible for the cost of the drug screening at the time of testing (money order or cash).
5. Random screening of students in health science courses will be performed each semester. No less than 10% of a class will be randomly screened in each semester. Any time that a student's behavior causes a faculty member to suspect substance abuse, the student may be screened at that time.
6. The Health Science Department Chair or designee will review all drug screen results. All drug screen results will be maintained until the student has graduated or has not been enrolled in a health science program for 1 year.
7. The drug screen will be honored by all Grayson College clinical affiliates for the duration of the student's enrollment, if the student has not had a break in enrollment in a health sciences program. A break in enrollment is defined as nonattendance of one required semester or more. Students returning to clinical courses after a break in enrollment must be re-tested. The student will be responsible for paying the cost at the time of re-testing (money order or cash).
8. A student with a positive drug screen will be notified by the Health Science Department Chair. *A positive drug test is defined as a medically acceptable drug test, approved by Grayson College, the results of which indicate the use of illegal drugs. Illegal drugs are defined as those drugs made illegal to possess, consume, or sell by Texas and Federal statutes. An illegal drug also includes those drugs taken by an individual which exceed the prescribed limits of a lawful prescription or the taking of a prescription drug without a valid prescription.*
9. If a student wishes to contest a positive drug screen, the student must make this request in writing to the Health Science Chairperson within five days of learning of the positive result. If contesting the results, the student must make this request in writing and pay for the repeat test. The repeat test will be conducted on the original urine specimen. The collection and testing of a second specimen is not permitted. Once the repeat test is completed and confirms a positive drug test, no further appeal is permissible. A student with a positive drug screen will be required to withdraw from the related course(s), and will not be eligible to re-enroll in any clinical course for a period of twelve months. Upon re-enrollment (if allowed by program policy), individual health science programs may require additional testing and/or documentation of counseling or treatment. Students may be subject to further drug screen testing if required by a clinical facility or if the student is suspected of substance abuse at any time during their enrollment in a health science program.
10. Faculty reserve the right to dismiss any student from clinical should the student exhibit signs of alcohol intoxication, or should the student arrive at clinical smelling of alcohol. This will be

considered a clinical absence and the student will be counseled by the appropriate Department Chair as to the consequences of this action.

11. Substance abuse problems may prohibit a graduate from taking the licensure or certification exam.

## ***Criminal Background Checks***

In order for clinical affiliates to comply with Joint Commission accreditation standards pertaining to due diligence and competency assessment of all individuals whose assignments bring them in contact with patients, employee prescreening requirements such as criminal background checks and drug screens are extended to clinical students. All students and faculty must have a negative criminal background check before starting clinical rotations.

*Criminal background checks will review a person's criminal history at least seven years back from the date of application. The check will include the cities and counties of all known residences.*

1. *Prior to the start of clinical rotations, criminal background checks will be performed. The Grayson College Health Science department will make arrangements with a Consumer Reporting Agency that operates under the Fair Credit Reporting Act designed to ensure quality assurance quality screening.*
2. The student must submit the required information for a criminal background check by the scheduled date. Failure to do so will be interpreted as a refusal to submit to a criminal background check and the student will be withdrawn from the program and/or clinical course per program policy.

The cost of the initial criminal background check is paid through non-refundable registration fees in the first clinical course. Students who transfer into a health science program after the first clinical course, or students who are returning after a one semester break in enrollment, will be responsible for the cost of the drug screening at the time of testing (money order or cash).

3. The following may disqualify an individual from consideration for the clinical rotation:
  - a. Felony convictions
  - b. Misdemeanor convictions, misdemeanor deferred adjudications or felony deferred adjudications involving crimes against persons (physical or sexual abuse)
  - c. Misdemeanor convictions related to moral turpitude (prostitution, public lewdness/exposure, theft under \$1,500, crimes of fraud, etc.)
  - d. Felony deferred adjudications for the sale, possession, distribution, or transfer of narcotics or controlled substances
  - e. Registered sex offenders
  - f. OIG, GSA and Medicaid Sanctions
  - g. Terrorist Suspect List
  - h. Pending charges and warrants for arrest

Program specific exceptions based on state credentialing standards will be considered on an individual basis by the Health Science Chair, Program Director, and clinical agency representative. Contractual agreements stipulate that criminal background check results will be provided to the clinical agency where the student rotation is taking place.

4. The following convictions or deferred adjudications at any time in the past will constitute an absolute bar to participation in clinical rotations: Criminal homicide; kidnapping and unlawful restraint; indecency with a child; sexual assault; aggravated assault; injury to a child; aiding suicide; agreement to abduct from custody; sale or purchase of a child; arson; robbery; aggravated robbery; conviction under the laws of another state, federal law, or the uniform Code of Military Justice for an offense containing elements that are substantially similar to the elements of an offense listed previously; felony conviction for theft which occurred within the previous five years and any other offense that the facility may impose.
5. The Health Science Chair or Program Director may request an exception from the first clinical agency for a student with a felony deferred adjudication (other than #3d above) and no alternative recourse through a licensing/registry authority. Following approval from the first clinical agency, the student may progress according to individual program policies.
6. The Health Science Chair, Program Director or their designee will notify the student either verbally or in writing if anything in the student's record indicates a situation barring the student from clinical rotations. If the student is deemed ineligible for clinical rotations due to criminal history record, the student will be required to withdraw from the program and/or related courses as stipulated by the individual program.
7. Information obtained from any background check/registry search will be maintained until the student has graduated or has not been enrolled in a health science program for one year. Records will then be destroyed.
8. The background check will be honored by all Grayson College clinical affiliates for the duration of the student's enrollment at the college, if the student has not had a break in enrollment in a health science program. A break in enrollment is defined as nonattendance of one required semester or more.

### ***Physical/ Mental Performance Policy***

In order to accomplish the objectives of the program, students must be able to meet the following core performance requirements:

1. Visual acuity with corrective lenses to identify cyanosis, absence of respiratory movement in patients, and to read small print on medication containers, physicians' orders, monitors and equipment calibrations.



2. Hearing ability with auditory aids to understand the normal speaking voice without viewing the speaker's face and to hear monitor alarms, emergency signals, call bells from patients and stethoscopic sounds originating from a patient's blood vessels, heart, lung and abdomen.
3. Physical ability to stand for prolonged periods of time, perform cardiopulmonary resuscitation, lift patients, and move from room to room or maneuver in limited spaces.
4. Ability to communicate effectively in verbal and written form. Ability to speak clearly and succinctly when explaining treatment procedures, describing patient conditions, and implementing health teaching. Ability to write legibly and correctly in patient's chart for legal documentation.
5. Manual dexterity to use sterile techniques and inset catheters. Prepare and administer medications such as IVs, POs and IMs.
6. Ability to function safely under stressful conditions, adapting to ever-changing clinical situations involving patient care.

### ***Liability Insurance***

The Texas Higher Education Coordinating Board encourages institutions to provide access to liability insurance for students who are enrolled in external learning experiences. Grayson College and its clinical sites require professional liability insurance coverage on all students before the student may attend clinical. Professional liability insurance coverage does not cover student illness or injury. Payment for insurance coverage is made at the time of registration in the clinical course. Additional information concerning this coverage is available through the Director of EMS Education.

Students are limited to practicing only those skills defined by the specific clinical course objectives. The liability insurance does not cover students in the non-student capacity (i.e., students who have Medical Director approval to practice skills above current TDSHS level of certification.).

Students enrolled in the EMS Education program may accept invitations to ride with EMS agencies as a citizen of the community. However, students will not be considered by GC to be conducting a clinical rotation and are not permitted to wear a GC clinical uniform or represent GC in any fashion.

### ***Pre-Clinical Skills Verification***

The student must be verified as competent in the skills identified in the applicable syllabus prior to beginning the clinical assignment(s). While it is understood that the student has not reached the mastery level of performance prior to clinical rotations, the student must have shown that he or she is able to perform the skill in a safe manner.

**Verification Process Definition:** The student must have been evaluated by at least **two** different Grayson College skill examiners. The examiner must have indicated, in the comments section of the evaluation instrument, that the student is competent to perform the indicated skill in the clinical setting

under the supervision of a clinical preceptor and/or instructor. The evaluation instrument must also show a passing grade without compromise of critical criteria indicators.

## **Clinical Policy**

### ***Clinical Attendance***

The dates of clinical rotations will be announced on the first class day. Students must coordinate clinical activities with employers and professors so as to be available for each assigned clinical rotation. In most cases, the instructor or Clinical Coordinator will be making specific student assignments. In the event that the student is given the option of choosing rotations, assignments must be confirmed with the instructor at least one week in advance of the start of the rotations.

Once clinical rotations are scheduled, they are considered part of the class schedule and student must complete the assigned hours and meet all objectives within the semester or section timeframe of those clinical and field internship rotations. Should circumstances arise that require rescheduling of an assigned clinical rotation, the Clinical Coordinator must be notified, not the preceptor assigned for the shift. Only one (1) reschedule will be permitted per semester. A student, who will miss an assigned clinical rotation, must notify the Clinical Coordinator first and then preceptor, as well as the clinical site, in advance of the absence. In the event of a “no call, no show,” where the student fails to notify the clinical coordinator, preceptor, and the clinical site, prior to missing an assigned rotation will **NOT** be allowed to reschedule another rotation, thus, resulting in clinical failure.

If the student is late for a scheduled shift and does not notify the Clinical Coordinator, the preceptor and the clinical site of the tardiness, then they will be considered as a “No call, No Show”, thus, resulting in clinical failure.

Clinical rotations are performed with local employers of EMS professionals. Students should treat each rotation as an opportunity to show potential employers that they are competent in the knowledge, skills, and attitudes of the EMS professional.

### **Clinical Objectives**

Clinical rotations are an essential component of the EMS Education program. Each clinical assignment is intended to offer the student both a positive learning opportunity and real life experiences. The primary purpose of clinical rotations is to expose the student to patient assessment including the gathering of pertinent medical information and past medical history. The practice of basic and advanced skills and patient documentation are secondary, but highly essential, parts of clinical rotations.

To receive a passing grade for the clinical course, students must accomplish the following, by the course completion date:

- Complete the required number of clinical hours, at each clinical site.
- Complete the number of patient contacts required to meet the minimum goals in age demographics, pathologies, and complaints.
- Complete the number of ambulance runs required to meet the minimum emergency calls and / or team leads.
- Perform assessments and interventions to the satisfaction of the preceptor and clinical coordinator.

The specific numbers of hours, patient contacts, and ambulance runs, as well as the goals for age demographics, pathologies, and complaints, are defined in the syllabus for each clinical course. Documentation of these experiences must be submitted to the instructor on the proper form, and audited by the preceptor and/ or clinical coordinator.

*NOTE: The required minimum number of experiences may require more than the minimum number of hours to complete. Students who have not met the minimum number of experiences should schedule additional clinical time to achieve them. Allow for this possibility by scheduling and completing the minimum number of hours at least one week before the end of the clinical course.*

## **Patient Contact Documentation**

**Patient assessment must be PERFORMED by the student to meet patient contact goals.**

During clinical assignments other than ambulance clinical, only the student performing the assessment and the preceptor are allowed in the patient's room. The performance of multiple assessments of one patient by one student to meet patient contact goals is NOT PERMITTED. The performance of multiple assessments of one patient by more than one student is HIGHLY DISCOURAGED. However, in cases of extremely low patient census, a patient who has given consent may be assessed by more than one student. In this situation, student documentation should contain only the patient contact data collected by the individual student. Collaboration in the preparation of student documentation for these assignments is NOT appropriate and will be considered a breach of the Academic Integrity Policy.

During ambulance assignments, student documentation will contain patient contact data collected by the team. The patient assessment in the field is a collaborative experience, with members of the team assigned to collect components of the history and physical examination. Preceptors may guide the student through the writing of a patient care report, but will not provide the student with a copy of the agency patient care report.

## ***Standard Delegated Orders***

GC EMS students will practice patient care as prescribed by the American Heart Association regarding BLS and ALS out of hospital practice; the US Department of Health and Human Services Center for Disease Control National Trauma Triage Protocol regarding out of hospital practice; the National Highway Traffic Safety Administration in its most current national EMS education standard. GC EMS students have been granted permission to practice patient assessment and management to the level of training and in the clinical setting by the program Medical Director. This permission is conditional in that this permission is granted to students who are in good academic standing and who have shown competency in the manner prescribed by this document. This delegation of authority does not extend beyond the scope of the scheduled and approved clinical assignments.

Although the permission to practice as an EMS student has been authorized by the GC EMS Education program medical director, when attending ambulance clinical rotations, the EMS student must be aware of the physician-patient relationship between the clinical site medical director and the EMS patient. The EMS student is expected to provide care as defined by the EMS clinical site patient care protocol and as delegated by the EMS service medical director. As a delegated practice state, Texas physicians can authorize any procedure to EMS personnel; however, the EMS student is limited to practice within the national scope of practice model.

## ***Student Documentation Portfolio***

Students will be responsible for developing and maintaining a Student Documentation Portfolio. Documentation for the portfolio will be recorded in the student FISDAP account. The portfolio will contain two sections: (1) Lab Practice Skill Competency, and (2) Clinical Records. The Lab Practice Skill Competency section will contain, as a minimum, a summary report from the FISDAP database documenting skill practice and proficiency verifications that are observed and recorded by GC EMS skill examiners. The Clinical Records section will contain, as a minimum, attendance confirmations signed by preceptors and various reports from the FISDAP database documenting hours, patient contacts, and a summary of the evaluations of the student. The portfolio will be submitted to the instructor/ clinical coordinator for audit by the date published in the clinical course syllabus. Portfolios will be checked by the instructor and/ or clinical coordinator periodically throughout the clinical course.

The Student Documentation Portfolio must be complete within the audit guidelines described in the respective lab and clinical courses for the student to be eligible for course completion.

“All Portfolio and course educational requirements must be met prior to National Registry authorization to test (ATT).” Additional information can be obtained at [www.nremt.org](http://www.nremt.org) regarding requirements.

# **Clinical Conduct**

## ***Patient Confidentiality/ HIPAA***

Maintaining patient confidentiality is a critical part of providing health care. In accordance with HIPAA laws and regulations, students must not make note of, copy, record or remove from the clinical site any personal patient information such as names, addresses or other personal identifying information of any patient. The purpose of the clinical experience is to assure a proper assessment and documentation of that assessment for each patient contact.

Violation of HIPAA is serious and federal law provides for substantial fines and the possibility of imprisonment in the federal penitentiary in cases where confidentiality of health care information is breached, and could lead to dismissal from the program

The student will complete the HIPAA training program prior to clinical attendance as directed by the clinical instructor.

## ***Clinical Site Policies/ Expectations***

Students who are at a clinical site are expected to follow the general policies in place for the employees to follow. Those policies may not always be readily available for the student to reference; therefore, it is vital that the student act professionally at all times and use the knowledge, skills, and behaviors taught in the classroom and laboratory at the clinical site. While at a clinical site, students are expected to function as a part of the team and participate in any activities or assignments alongside preceptors and clinical site employees. Students will be expected to adhere to the concepts of Universal Precautions, Standards of Care, patient confidentiality (HIPAA), etc. The student should ask for clarification from the preceptor if there is any question. Violations of these policies may result in removal from the program.

During hospital clinical rotations, the student is expected to actively seek opportunities to achieve patient contact goals. Certain behaviors are to be avoided, such as sitting in the nurse's work area or break room when patient care opportunities are available. Meal breaks at the hospital are limited to 30 minutes and the student must remain on the hospital campus. The student will notify the clinical instructor/ preceptor prior to leaving an assigned patient care area for breaks.

During ambulance clinical rotations, the student is expected to understand that the nature of EMS work, specifically the traditional 24-hour duty schedule, creates a station environment that feels to the employees the same as their personal homes. The student is considered a guest and station living quarters are to be given the same respect as would be granted to a personal home. Certain behaviors are to be avoided, such as excessive cell phone use and napping in station recliners. Meal breaks are to be taken at the same time as the ambulance crew and the student must remain with the ambulance crew

for the entire duration of the assigned rotation. The student should be prepared to contribute a fee to the station crew for shared meals, or bring their own meals. If the student is at an ambulance clinical site which allows overnight stays, the student is expected to bring bedding as this is not furnished by the facility. The student is assigned to an ambulance station to learn not only patient assessment and management, but also EMS operational duties. The student must participate in all operational duties, such as ambulance inventory and cleaning, meal preparation and cleaning, and any other station duties performed by the team. However, the student is assigned to ambulance clinical as an EMS student. Regardless of certifications or licenses held by the student, the student will not be permitted to participate in any firefighting or advanced rescue activities.

## ***Electronic devices***

Although EMS students and faculty are increasing their use of personal technology in the clinical setting, inappropriate use of technology can violate the rights of patients and others. The following guidelines have been established to prevent inappropriate use of technology:

- Taping/ Videoing: Students may not take personal video or audio devices to the clinical setting. This includes debriefing areas where patient data may be discussed.
- Photography: Students may not take personal photography equipment to the clinical setting. **It may be appropriate with written consent, to use the clinical facility's camera to document wounds, bruises, etc., but the student may not take a copy of the picture outside the facility.**
- Cell Phone: Cell phones may not be used for personal use in the clinical setting unless on break and out of the patient care area. Cell phones should be placed in silent mode in the clinical setting, concealed, and preferably left secured in the break room.
- Laptops/ Tablets: Students may use Laptops/ Tablets or other electronic devices in the clinical setting as a resource to look up medications, labs, or other data applicable to clinical assignments. Students may not download patient data into these devices.
- Social Media: Although computers allow students to express their thoughts and feelings on websites such as Facebook and Twitter, students are not allowed to give any identifying information including, but not limited to, patients, facilities, staff, preceptors, instructors, or other students.
- Medical Records: Originals or duplicates (photocopies, faxes, or computer printouts) of medical records may not be taken from the clinical setting.

Any violation of this policy will result in disciplinary action which may include dismissal from the EMS Education program.

# Examination Policy

## ***Written Examinations***

Examinations will be administered on the GC campus as scheduled by the instructor. The length of time allowed for testing is based on the number of test items on the exam and will be determined by the instructor. Examinations will begin on time and finish on time. Students who arrive late will be admitted at the discretion of the instructor, and, if admitted, will have only the remaining time available. Students who are absent from an examination may be eligible for a makeup examination only when certain circumstances are met and approved by the instructor.

Major exam results will be processed through item analysis and peer review once the exam is submitted for grading. This process will insure accuracy of the results and validate the exam. While every effort will be made to complete this in a timely fashion, please understand that releasing of the student's grade for the exam may be delayed until the process is complete. At no time will 'raw' scores be released to the student.

The student has the right to submit a written appeal of an examination, if he or she feels the question did not come from an objective. It is at the instructor's discretion to omit the question. It is the student's responsibility to obtain all information necessary throughout the class.

Students will be notified of grades via the Canvas "My Grades" link.

Extra credit activities are not available.

## ***Psychomotor/ Skills Examinations***

Skills competency is assessed throughout the course in laboratory and clinical settings.

### *Skills Competencies of the EMT include:*

- Oropharyngeal airway device
- Nasopharyngeal airway device
- Oral suctioning
- Bag valve mask ventilation
- Oxygen administration by non-rebreather mask
- Bleeding control/shock management
- Cardiac arrest management/ AED
- Medication administration – oral and sublingual
- Medication administration – metered-dose inhaler
- Medication administration – small volume nebulizer
- Medication administration – auto-injector
- Blood glucose testing



- Spinal immobilization – seated patient
- Spinal immobilization – supine patient
- Long bone fracture immobilization
- Joint dislocation immobilization
- Traction splinting
- Pelvic fracture stabilization
- Patient assessment/management – trauma patient
- Patient assessment/ management – medical patient

*Skills Competencies of Paramedic, in addition to the above:*

- Airway management – tracheobronchial suctioning
- Airway management – percutaneous cricothyrotomy
- Ventilatory management – BiPAP/ CPAP
- Ventilatory management – waveform capnography
- Ventilatory management – tracheostomy mask
- Ventilatory management – adult endotracheal tube
- Ventilatory management – supraglottic airway
- Oxygen therapy – oxygen humidifier
- Cardiac management – defibrillation/ cardioversion
- Cardiac management - megacode
- Venipuncture – collection of blood for analysis
- IV and medication – intravenous therapy
- IV and medication – intravenous bolus medications
- IV and medication – access indwelling catheter/ implanted central IV port
- Medication administration - intranasal
- Medication administration – subcutaneous route
- Medication administration – ET Tube
- Medication administration – intramuscular route
- Oral station – 2 separate scenario based stations
- Pediatric skills – pediatric ventilatory management via endotracheal tube
- Pediatric skills – pediatric intraosseous infusion
- Central line monitoring
- Eye irrigation with the Morgan Lens
- Assist chest tube insertion

Skills Examinations will be conducted at the end of each course in an individual station using the National Registry of EMT's skills testing documents which can be found on the website [www.nremt.org](http://www.nremt.org).

## ***Capstone***

The Capstone examination is a knowledge-based exit exam prepared by a nationally recognized on-line EMS testing provider. The current Capstone provider for the GC EMS Education Program is FISDAP. The Capstone examination is required for course completion of the GC EMS Education student. The Capstone examination is administered on campus in a proctored computer lab setting. The passing score will be the cut score recommended by the current testing provider. Students who fail the capstone may be eligible for one retest.

The Capstone examination will be considered the final exam of the EMT or paramedic course. A failure to meet the Capstone minimum score will result in failure of the EMT or paramedic course.

The Capstone examination is a scheduled and proctored exam given by an off-site provider. Failure to appear at the scheduled time/date will result in a forfeiture of course completion.

# Certification/ Licensure

## ***Eligibility***

In order to become eligible to test with the NREMT, the student must successfully meet the following requirements:

Complete the courses in the respective plan of study with a grade of “C” or above.

### EMT Basic

EMSP 2305-EMS Operations

EMSP 1501-Emergency Medical Technician-Basic

EMSP 1160-Emergency Medical Technician Clinical

### Paramedic

EMSP 1338 – Introduction to Advanced Practice

EMSP 1356 – Patient Assessment & Airway Management

EMSP 1355 – Trauma Management

EMSP 2206 – Emergency Pharmacology

EMSP 2137 – Emergency Procedures

EMSP 1149 – Trauma Life Support

EMSP 1161 – EMT Clinical

EMSP 2444 – Cardiology

EMSP 2434 – Medical Emergencies

EMSP 2330 – Special Populations

EMSP 2237 – Emergency Procedures

EMSP 1147 – Pediatric Life Support

EMSP 2135 – Advanced Cardiac Life Support

EMSP 2162 – EMT Clinical

EMSP 2563 – EMT Clinical

EMSP 2143 – Assessment Based Management

Pass the respective Capstone examination.

The student who successfully completes these requirements will be issued a GC Course Completion Certificate which documents the course of study; hours in classroom, clinical, and internship; and the DSHS course approval number.

## **National Registry of EMT's**

It is the responsibility of the student to complete the NREMT application and submit applicable testing fees to the NREMT as these are not included in the course tuition. The application can be found at [www.nremt.org](http://www.nremt.org). Once the application is completed, course completion and skills verification, if applicable, are confirmed, and applicable fees are received by the NREMT, an Authorization to Test (ATT) letter/ email will be issued with instructions to the student for scheduling his/ her examination.

## **State Certification/ Licensure**

### **State certification/ licensure is required for EMS employment (paid or volunteer).**

It is the responsibility of the student to complete the state application and submit applicable fees as these are not included in the course tuition. The Department of State Health Services is the licensing agency for the state of Texas. The application can be found at [www.dshs.state.tx.us/emstraumasystems/](http://www.dshs.state.tx.us/emstraumasystems/). Once the application is completed, applicable fees are received by the DSHS, and NREMT certification has been confirmed, state certification/ licensure may be awarded.

## **Scope of Practice**

The EMT Basic Student may practice the skills of the EMT Basic only while enrolled in the EMSP 1160 clinical course and when participating in scheduled clinical activities. *Any EMT Basic skills performed without state EMT Basic certification/ licensure and outside the parameters of scheduled clinical activities is considered a breach of GC policy and DSHS Rule and may result in disciplinary action by GC and DSHS.* (See Rule 157.36)

The Paramedic Student may practice the skills of the paramedic only while enrolled in the EMSP 1161, EMSP 1162, and EMSP 2563 clinical courses and when participating in scheduled clinical activities. *Any paramedic skills performed without state paramedic certification/ licensure and outside the parameters of scheduled clinical activities is considered a breach of GC policy and DSHS Rule and may result in disciplinary action by GC and DSHS.* (See Rule 157.36)

## **Responsibility**

It is the responsibility of the individual to maintain certification and license. Review the NREMT website, [www.nremt.org](http://www.nremt.org), and the state licensure website, [www.dshs.state.tx.us/emstraumasystems/](http://www.dshs.state.tx.us/emstraumasystems/), for information concerning the requirements for maintaining certification and license.