

# **Grayson College EMS Education Student Handbook 2024-2025**

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

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## **General Information**

### ***Mission Statement***

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

### ***Admission to Program Requirements***

Applicants applying to the EMS program must first apply for admissions to Grayson College and submit all required documentation to the Grayson College Admissions Office. It is the applicant’s responsibility to log in to their MyViking Portal to assure that they have all information submitted and their status is “Admitted” by the time of the deadline.

### **Admissions Requirements:**

- Full Admissions to Grayson College (status must be admitted, apply here: <https://gcapp.grayson.edu/>)
- Completed EMS Program Application (<https://app.smartsheet.com/b/form/443a0d06326f4439a1afff1478c17462>)
- For Paramedic Applicants ONLY: Must have a current and valid certification from the National Registry of Emergency Medical Technicians or a license to practice as an EMT from a state EMS agency.

### **After Acceptance Requirements (deadlines and how to submit are discussed the first week of class):**

- Pass drug screen (completed as scheduled through a GC approved company)
- Pass criminal background check (completed as scheduled through a GC approved company)
- Documentation of clinical readiness (Physical exam/health statement demonstrating Core Performance Standards and Mental Capabilities are met & immunization record)
- Pre-entrance physical exam and health statement; completed by an approved medical professional.
- Document of required immunizations *\*Immunity may be documented with titer*

### ***Core Performance Standards***

#### ***Physical and Mental Capabilities for Admission and Progression***

In order to accomplish the objectives of the EMS program, students must be able to meet the following core standards at admission and duration of enrollment in the EMS program:

- 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 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 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 coworkers and hospital staff as to the status of patients.
- EMS personnel should possess good manual dexterity, with the ability to perform all tasks related to highest quality patient care;
- the ability to bend, stoop, and crawl on uneven terrain and the ability to withstand varied environmental conditions, such as extreme heat, cold and moisture is vital; and
- The ability to work in low-light, confined spaces, and other dangerous environments is required.

### ***Selection and Acceptance Procedures***

#### **EMT Applicants**

All applicants must submit an EMS Program Application prior to the application deadline. Only complete applications and students fully admitted to Grayson College will be considered for acceptance to the EMT program. Applications are processed in the order they are received. Applications will be reviewed within 7 business days of the deadline to apply. Acceptance/Denial letters will not be sent until after the application deadline.

#### **Paramedic Applicants**

After Application to the EMS Program has been received and approved the program will reach out to you to schedule the following:

- Entrance Exam
- Mandatory Interview

Applications and supporting documents for the paramedic program will be reviewed by the EMS

Admissions Committee. Only complete applications will be considered for selection.

After the EMS application has been reviewed, the applicant must take the Paramedic Entrance Exam and complete an interview with the EMS Admissions Committee. Scores of the entrance exam and interview will determine acceptance into the program. Applications will be prioritized for selection to the Paramedic Course Waiting List using the score of the 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 email to GC email 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.*

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

As a student, you are investing a great deal of resources into this program. The EMS Education faculty and staff will work to create an environment of learning that will optimize your opportunity for success. As an EMS student, much of what you will get from this course will depend on what you put into it. The success of a student in the EMS program is ultimately the responsibility of the student.

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, the Texas Higher Education Coordinating Board, and CoAEMSP approves 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, 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 specific 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, skills laboratory functions, and

- clinical opportunities.
- Demonstrate cooperativeness and consideration while interacting with others, including willful participation in teamwork and exhibition of flexibility when change is necessary.
  - Demonstrate ethical behavior exemplified by such characteristics as:
    - Accept responsibility for your actions and academic performance.
    - Practice honesty and accountability, including acknowledgment of personal errors, omissions, commissions and limitations.
    - Adhere to HIPAA regulations regarding PHI.
  - Demonstrate thoroughness and completeness in work.
  - Complete all required courses in a satisfactory manner.
  - 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. 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 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 based on 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. **The student is responsible for contacting the National Registry in regards to accommodations.**

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 reasonable and defined amount of time.
- 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.

### ***Pregnancy and Marital Status***

Please refer to the Grayson College Student Handbook on information regarding pregnancy and parenting status

### ***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, email, 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. Otherwise, information cannot be released to any third party, including the students' parents, relatives, employer, and friends. Protected information includes student's social security numbers, student ID 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 requesting access to their file 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 the 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 in accordance with college policy. Transcripts may be obtained from the Office of Admission and Records. Students are expected to keep their contact information current in case emergency notification becomes necessary.

### ***Grading***

Successful completion of each EMSP course requires that the student meet the minimum requirements established in the individual course syllabus. Failure to earn the minimum grade in any course constitutes failure from the program.

### **Learning Domains**

Each student will be evaluated for competency in all three learning domains.

Cognitive Domain: This is the student's knowledge as demonstrated by written exams and assignments.

Psychomotor Domain: This is the student's ability to perform skills and tasks learned in the program. The student must pass each skill as outlined in the course syllabus. Failure to pass all skills will constitute failure of the psychomotor domain.

Affective Domain: This measures the student's attributes of professional behavior and affect by evaluation of the student's professional behavior in the classroom, laboratory, and clinical settings.

Criteria and expectations for a competent affective evaluation include the following:

1. Integrity
  - Consistent honesty; trustworthy with the property of others; trustworthy with confidential information; complete and accurate documentation.
2. Compassion
  - Acts to support others who are suffering, actively listens to patients and families and demonstrates concern.

3. Accountability
  - Takes responsibility for actions, complete assignments, open to constructive feedback.
4. Respect
  - Polite to others, does not use derogatory or demeaning terms; has a manner that brings credit to the profession.
5. Empathy
  - Responds appropriately to the response of patients and family members; demonstrates respect for others; supportive and reassuring to others.
6. Self-Motivation
  - Takes initiative to complete assignments; takes initiative to improve and/or correct behavior; takes on tasks and follows through without constant supervision; shows enthusiasm for learning and improvement; consistently strives for excellence in all aspects of patient care and professional activities; accepts constructive feedback in a positive manner; takes advantage of learning opportunities.
7. Appearance and Personal Hygiene
  - Clothing and uniform is appropriate, neat, clean, and well maintained; good personal hygiene and grooming.
8. Self-Confidence
  - Demonstrates the ability to trust personal judgment, demonstrates an awareness of strengths and limitations; exercises good personal judgment.
9. Communications
  - Speaks clearly; writes legibly; listens actively; adjusts communication strategies to various situations.
10. Teamwork and Diplomacy
  - Places the success of the team above self-interest; not undermining the team; helps and supports other team members; shows respect for all team members; remains flexible and open to change; communicates with others to resolve conflict.
11. Patient Advocacy
  - Does not allow personal bias or feeling interfere with interactions with others; places the needs of patients above self-interest; protects and respects patient confidentiality and dignity.
12. Cultural Competency
  - Maintains awareness of the assumptions and biases related to cultural issues and how they may affect patients, peers and all others involved in the delivery of medical care. Seeks to learn about others' cultural identities and looks at how one's own background and social environment have shaped the individual. Provides culturally competent, equitable and medically appropriate care to each and every patient no

matter their background.

Significant behavioral issues may result in failure of the affective domain. In such cases, a written warning and time 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.

### **Clinical Sections**

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

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

The EMS Program follows the "Dropping a Class" and "Withdrawal Policy" found in the GC Student Handbook.

### ***Student Assistance***

The EMS Education faculty believe strongly in their responsibility to provide an environment in which students may succeed. Faculty will gladly provide additional instruction/ tutoring upon request and within reason. 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 the EMS Student 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 with the professor of the course. Communication with EMS Faculty and Staff should occur via Grayson College email and/or Canvas. No other forms of communication will be considered official. 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.

### ***Conflict Resolution Policy***

The EMS Program expects students to be professional while on campus and anytime off-campus while performing course-related functions. It is understood that from time to time, students may encounter situations that 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. However, if conflict cannot be resolved, the student should follow this chain of command when making a complaint:

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

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

### ***EMS Disciplinary Action Policy***

GC EMS Program follows the Student Discipline Policy, which is located in the GC Student Handbook. 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 (examples include but are not limited to the following: Not reporting accurate clinical hours, documentation of skills that were not performed by the student, ect.)
- Theft from students, GC employees, patients, clinical site or their employees, or GC
- Evidence of substance abuse (possession, use, sale, or delivery)
- Under the influence of alcohol during lab, lecture, or clinicals
- 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 HIPAA Privacy and Security regulations/patient confidentiality
- Violation of EMS safety guidelines in classroom, laboratory, hospital, and field environments
- Falsification of patient records or reports (examples include but are not limited to the following: documenting patient reports in Platinum Planner for patients that were fabricated, using the same patient for multiple reports in Platinum Planner, documenting and taking credit for skills that were not performed by the student, etc.)
- 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. Insubordination will not be tolerated. Insubordinate behavior includes, but is not limited to, arguing with personnel, interrupting faculty during lecture, being disrespectful, failure to comply with requests regarding changes in behavior, dress, grooming, conduct, etc.
- Violation of any GC policy where applicable

Demonstration of these critical offenses outlined above 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, the Director of EMS Education, and the Medical Director. Additional health science administrator input may be requested.

**Any student exhibiting unprofessional conduct or attitude in the classroom, laboratory, hospital, or during ambulance rotations will be subject to dismissal from the program.**

### ***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 Dean 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.

### ***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 or guaranteed. Any student who does not successfully complete all classes must reapply for the entire program, basic or advanced. 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 because 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. The EMS Admissions Committee will make the final determination for readmission. Students who were dismissed for violating a critical offense under the Disciplinary Action Policy will not be allowed readmission into the GC EMS Program.

## **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 a 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 and/or program for repeated offenses.

### ***Sexual Harassment***

GC EMS program strives to provide a place of study, free of sexual harassment, intimidation, or exploitation. The GC EMS Education program will abide by the GC Student Handbook and GC Policies regarding sexual harassment .

### ***Hazing***

The GC EMS Education program will abide by the GC Student Handbook and GC Policies regarding behavior targeting others.

### ***Academic Integrity***

Scholastic honesty and integrity are vital to the ongoing interests of any academic community. The GC EMS Education program will abide by the GC Student Handbook and GC Policies regarding scholastic integrity.

Students who are banned from Platinum Planner will be dismissed from the program and ineligible to return as long as the ban is in place.

## ***Attendance Policy- Classroom***

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 the 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 the 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***

A dress code for EMS students has been established to ensure safety and promote professionalism. The following code is established and must be followed by all EMS students:

- Classroom and laboratory uniforms or attire for *paramedic students* include program issued uniform shirt, uniform pants with a black belt, and solid black athletic shoes or boots OR department issued uniform with approval from instructor.
- Classroom attire for *EMT students* should be respectful and promote professionalism in the profession. No revealing attire will be permitted.
- Laboratory uniforms or attire for *EMT students* include program issued shirt, pants and closed toed footwear OR lab specific attire as approved by the instructor.
- Clinical uniforms for all EMS students will consist of the class A uniform shirt, uniform pants with a black belt, and solid black shoes athletic 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. Any exceptions to this must have approval from the Director of EMS Education.
- During field shift, while on scene of accidents, fires, and other outdoor scenes the student must wear the high visibility "Student" safety vest.
- Weather gear may include jackets in navy or black, free of patches, no logos, white or black 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 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. Distressed clothing will not be permitted. Students may need multiple uniforms to ensure proper grooming. Shirts will be tucked in. ID badges will be properly displayed.
- Jewelry shall be limited to a wristwatch, medic alert (if applicable), and plain wedding band. Piercings must be limited to stud earrings. No other visible piercings will be permitted in the clinical setting. Students must understand that jewelry can be a significant safety and infection control hazard in the clinical setting and plan accordingly.
- Questionable appearance shall be addressed by the clinical instructor, ambulance

*Revised: November 5, 2024*



- preceptor, clinical coordinator, and/or Director of EMS Education.
- Violation of uniform policy is cause for removal from the 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 natural color. Length must not fall below the bottom of the collar while standing. Students with long 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. Facial hair must be neatly cleaned, trimmed, groomed, and no longer than a quarter inch, however note, facial hair may impair respiratory protection, ie. fit testing. 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 for personal safety and infection control. The EMS Program reserves the right to remove students from the classroom, laboratory, or clinical site for poor hygiene.

***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 silenced during classroom, laboratory, and clinical assignments unless the instructor requires use for any classroom activity. If the instructor, examiner, or preceptor determines the use of electronic devices is disruptive, they may act which includes the following:

- Request the student to turn off and 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.

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

### ***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. illness

**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.**

Any violation of the above student conduct policy may result in dismissal from the program.

## **Health and Safety**

### ***Illness/ Injury***

Because of the nature of the EMS profession, during their education, students may be exposed to the risk of severe 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 during the ordinary course of classroom/ lab/ clinical experiences. The student is financially responsible for any emergency care that might be received because of an illness or injury while assigned to a clinical affiliate of Grayson College.

A student who has any significant change in their health that may affect or be affected by their Emergency Medical Services Education coursework will be required to obtain a physician's release. The release must specify the conditions that the student can 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. Students may be required to wear gloves 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 bag valve masks at the beginning of the clinical rotation. No student should **ever** perform mouth-to-mouth resuscitation.

### ***Immunizations***

*According to Texas Administrative Code (97.64),* This section applies to all students in health-related higher education courses which will involve direct patient contact with potential exposure to blood or bodily fluids. Required immunizations for EMS students are as follow:

1. Two MMRs
2. Tetanus within the last ten years (including one Tdap booster)
3. Hepatitis B series
4. Varicella (immunization or titer)

Additional requirements of clinical partners may include the following:

- annual flu immunization
  - COVID-19 immunization
5. Annual negative TB test or a negative chest x-ray within the last five years

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

The primary risk of potential exposure for Grayson College EMS students will be in health-related clinical settings as part of the educational process including hospital and field clinicals

Blood, body fluids and other potentially infectious materials are defined as:

- ❖ Blood means human blood, human blood components, and products made from human blood.
- ❖ Body fluids means cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, semen, vaginal secretions, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.
- ❖ Other potentially infectious materials (OPIM) refers to any unfixed tissue or organ from a human (living or dead), and human immunodeficiency virus (HIV)-containing cell or tissue cultures, organ cultures, and HIV- or hepatitis B virus, culture medium or other solutions.

## ***Exposure Prevention***

Universal precautions shall be used at Grayson College to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious materials shall be considered infectious, regardless of the perceived status of the source.

In college classrooms or labs where exposure may potentially occur, the following engineering and work practice controls shall be used to minimize or eliminate exposure to employees/students:

- ❖ Unsupervised practice of venipuncture or immunization procedures on fellow faculty/students are not approved by the Grayson College Health Science division. Prior to performing any parenteral injection or venipuncture, a “Release of Liability related to Parenteral Exposure” form must be signed by both individuals involved in the procedure.
- ❖ Personal protective equipment (PPE) in the form of gloves and goggles shall be provided for faculty/students in college lab settings where it is anticipated that there could be exposure to blood or other potentially infectious materials. PPE shall prevent blood or other potentially infectious materials from passing through or reaching an employee’s/students clothing, skin, eyes, mouth, or other mucous membranes under normal and proper conditions. When PPE is removed, it shall be placed in appropriately designated areas or containers for disposal.
- ❖ When using needles for practice of venipuncture or immunization procedures, contaminated needles and other sharps shall not be bent, recapped, removed, sheared, or purposely broken. Contaminated sharps shall be placed immediately after use into appropriate sharps containers. All disposable sharps containers shall be puncture resistant, labeled with a biohazard label, and leak-proof.
- ❖ Hand washing facilities shall be made available and readily accessible to all employees/students who may incur exposure to blood or other potentially infectious materials.
- ❖ All lab processes and procedures shall be conducted in a manner that will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials.
- ❖ Any specimen of blood or other potentially infectious material shall be placed in a container that will prevent leakage during the collection, handling, processing, storage, and transport of the specimen.
- ❖ Any equipment that has become contaminated with blood or other potentially infectious materials shall be tagged and labeled as such, and shall be decontaminated by the respective lab personnel and/or faculty.
- ❖ In an outside clinical site faculty/students shall follow Universal Precautions and follow all bloodborne/infection control regulations of the clinical facility.
- ❖ Disposal of all regulated waste shall be in accordance with applicable federal, state, and local regulations.

## ***Post Exposure Protocol***

Students are responsible for reporting any exposure incident immediately. Examples of exposure include parenteral exposure (e.g., needle stick or cut); mucous membranes exposure (e.g., splash to the eyes or mouth); cutaneous exposure involving large amounts of blood or prolonged contact with blood (especially when the exposed skin is chapped, abraded, or afflicted with dermatitis).

If the exposure occurs within the college setting, the exposure should be reported to the appropriate instructor, lab personnel or designated Infection Control Officer.

If the exposure is in an outside clinical facility, it should be reported to the respective instructor, clinical preceptor or clinical agency personnel. The designated Infection Control Officer at the college should also be made aware of the incident and any related specifics regarding the incident.

In addition to following the appropriate exposure policy and notification of respective personnel, the following steps will be taken:

- ❖ Immediately wash, irrigate, and/or flush the exposed area as appropriate.
- ❖ The instructor, or person in charge at the clinical facility should assess the exposure to determine the risk of transmission.
- ❖ Inform the source person (e.g., patient in the clinical setting; student lab partner in the campus lab) about the exposure and advice regarding HIV & Hepatitis testing.
- ❖ If exposure occurs in a clinical setting, follow the agency protocols.
- ❖ If exposure occurs on campus, immediately advise the exposed person to see their personal healthcare provider or the nearest provider who manages this type of injury.
- ❖ Provide support and information on post-exposure prophylaxis to the exposed person and assist them to complete the Post-Exposure Prophylaxis Protocol Waiver form and the Body Fluid Exposure Incident Report form, as indicated.
- ❖ Maintain confidentiality of all related records.
- ❖ Advise the exposed individual to follow the Centers for Disease Control (CDC) Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Post-exposure Prophylaxis, <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm> (2001) and <https://stacks.cdc.gov/view/cdc/20711> (2013)
- ❖ **Preventive measures are the responsibility of the student and must be performed at once. If a student refuses the recommended treatment and/or counseling as stated, then the student must fully complete, sign and date the Post-Exposure Prophylaxis Protocol Waiver (which must be notarized). Any expense incurred is the responsibility of the student.**

## Clinical Eligibility and Pre-Requisites

### *Drug Screening*

The Grayson College Student Code of Conduct states: The following behavior shall be prohibited: use, possession, control, manufacture, transmission, or sale, or being under the influence, of a drug or narcotic, as those terms are defined by the Texas Controlled Substances Act, or other prohibited substances, unless under the direction of a physician; the use, possession, control, manufacture, transmission, or sale of paraphernalia related to any prohibited substance; the use, possession, control, manufacture, transmission, or sale, or being under the influence, of alcohol or other intoxicating beverage without the permission of the College District.

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 pre-screening 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.

### Drug Screen Testing

1. Drug screening via urine collection must be conducted on all newly enrolled students. Timing of the drug screen must be no greater than 30 days prior to the first day of the first clinical rotation post-enrollment.
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 is present in class at the time of a random screening, then the student is required to submit for testing at that time. If the 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 / or Dean. 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. Any evidence of tampering with a drug screen will be grounds for immediate dismissal. This includes submitting a sample outside the temperature parameters set for acceptable urine specimens.
5. Random screening of students in health science courses may be performed at any time during enrollment. No less than 10% of a class may be selected when random screening is performed. 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 Program Director 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. Initial drug screen results will be honored by all clinical agencies for the duration of the student's enrollment in the program if the participating student has not had a break in enrollment, or unless results change due to a random drug screen. A break in enrollment is defined as nonattendance of one full semester (Fall or Spring) or more. Students returning to clinical courses after a break in enrollment must be re-tested. Attestation of the satisfactory results / compliance must be provided to the participating hospital / agency prior to the student's rotation start date.
8. A student with a positive drug screen will be notified by the Program Director. 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 Program Director 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, refusal to submit, or evidence of tampering 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 Program Director 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***

All students must have a negative criminal background check before beginning the first clinical course. 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.

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.

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. Random submission of background checks may be required at any time in a student's enrollment in a clinical course. Cost of one criminal background check is paid through non-refundable registration fees. Students who are required to submit to a random background check will be responsible for the cost of the background check at the time it is completed (money order or cash).

1. The following *may* disqualify a Health Science student 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
- 
- 2. 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.

The 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.

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 at least one year.

### ***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 the 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.

## **Clinical Policy**

### ***Clinical Attendance***

The tentative dates of clinical rotations will be announced during the clinical orientation. Students are responsible for and must coordinate clinical activities with employers and professors to ensure availability for each assigned clinical rotation. For Field Capstone Internship, in most cases, the instructor or Clinical Coordinator will be making specific student assignments. For other clinical opportunities including hospital and EMT field shifts, the student is given the option of choosing rotations, assignments must be confirmed with the instructor in advance of the start of the rotations as determined by EMS faculty and outlined in the course syllabi.

Once clinical rotations are scheduled, they are considered part of the class schedule, and students must complete the assigned hours and meet all objectives within the semester or section timeframe of those clinical and field internship rotations. Students who do not complete the assigned hours and meet the objectives will not receive course completion.

### **Rescheduling of Clinicals**

Should circumstances arise that require rescheduling of an assigned clinical rotation, the Clinical Coordinator must be notified, in writing via Canvas or by email to the Clinical Coordinator at [hoffmans@grayson.edu](mailto:hoffmans@grayson.edu), not the Preceptor assigned for the shift. Reschedules must be kept to a minimum and must have advanced approval from the Clinical Coordinator. At minimum, all requests must be submitted 72 hours prior to the start of the scheduled rotation. Rescheduling requests 72 hours or less of scheduled rotation may not be approved and would result in an unexcused clinical absence.

Each student is allowed to reschedule **TWO (2)** rotations per semester. Allowable reschedules:

Prior to the Rotation:

- Work schedule changes \*
- Change of jobs \*\*
- Important family events
- Scheduled medical tests and procedures

\* Upon approval from the Program Director, and with proof of an **employer mandated** schedule change, students may be allowed to reschedule more than two rotations.

\*\* Upon approval from the Program Director, and with proof of **a job change**, students may be allowed to reschedule more than two rotations. Taking a second job will not be considered a job change.

Due to limited availability of clinical sites, rescheduling is not guaranteed. For students who request rescheduling that cannot be accommodated, the student must attend the clinical rotation as

originally scheduled or receive an unexcused clinical absence.

### **Absences**

If a student is going to be absent from a shift (for any reason), the student is required to contact the clinical coordinator in advance (prior to the start of the scheduled shift, ex. clinical/field rotations starts at 0700, student is expected to be onsite, in uniform, and ready to participate no later than 0645, notification to clinical coordinator of absence must be submitted in writing prior to 0645). Students will not contact the preceptor or another student, only the clinical coordinator. Students who fail to notify the clinical coordinator in advance (prior to the start of the scheduled shift, see example above) will be marked absent by the preceptor and will not be allowed to reschedule the clinical opportunity.

One unexcused absence will be permitted during the entirety of the respected program. Two or more unexcused absences will result in disciplinary action including possible dismissal from the program. All absences will be considered unexcused unless deemed as excused by the Program Director.

### **Tardiness**

Punctually is expected for all EMS students. Students are expected to be at the clinical site 15 minutes prior to the start of the shift (ex. clinical/field rotations starts at 0700, student is expected to be onsite, in uniform, and ready to participate no later than 0645). If a student is going to be late to a clinical/field shift, the student is expected and required to contact the clinical coordinator in advance of the start of the clinical shift (ex. clinical/field rotations starts at 0700, student is expected to be onsite, in uniform, and ready to participate no later than 0645, notification to clinical coordinator of tardiness must be submitted in writing prior to 0645). Students will not contact the preceptor or another student, only the clinical coordinator. Students who fail to notify the clinical coordinator and arrive tardy to clinicals or students who arrive excessively late (greater than 30 minutes) will be required to make up the full shift. The make up shift must be completed within 14 days of the initial tardy shift. Students who do not complete the make up shift and the required documentation within the 14 days, will receive an unexcused clinical absence.

Two tardies will result in an unexcused absence. One unexcused absence will be permitted during the entirety of the respected program. Two or more unexcused absences will result in disciplinary action including possible dismissal from the program.

### ***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 as outlined in the syllabus.
- Complete the number of patient contacts required to meet the minimum age demographics, pathologies, complaints and skills minimums as outlined in the syllabus.
- Complete the number of ambulance runs required to meet the minimum emergency calls and/or team leads as outlined in the syllabus.
- 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, complaints and skills are defined in the syllabus for each clinical course. Documentation of these experiences must be submitted to the instructor on the proper date entered into Platinum Planner, and audited by the Preceptor 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***

#### **Documentation Submission Requirements**

Tracking data for clinical and/or field shifts **must** be entered and submitted into Platinum Planner before leaving the facility at the end of the shift for both hospital and field shifts. Documentation includes skill and patient contact tracking, patient care reports, and evaluations. Failure to submit documentation prior to leaving the clinical site will result in a clinical absence. For documentation related absences, students will be permitted to repeat the shift within 14 days of the initial shift and submit documentation as required (prior to leaving the clinical site). If the student does not complete the make up shift and/or have documentation submitted as required, the student will receive an unexcused clinical absence.

All documented narratives are required to be in C.H.A.R.T. format. If the documentation is not in the proper format, it will be returned to the student for corrections in Platinum Planner. After documentation has been returned, the student will have 48 hours to correct and resubmit the documentation. Failure to correct and submit this documentation within 48 hours will result in a clinical absence and the student will be permitted to repeat the clinical shift within 14 days of the initial shift and submit documentation as required. If the student does not complete the make up shift and/or have documentation submitted as required, the student will receive an unexcused clinical

absence.

One unexcused absence will be permitted during the entirety of the respected program. Two or more unexcused absences will result in disciplinary action including possible dismissal from the program.

All documentation of *patient assessment must be PERFORMED by the student to meet patient contact goals*. Documentation of patient assessments that were not performed by the student on the day of the clinical rotation will be considered falsification of documentation and may result in student dismissal from the program. 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 and with Preceptor approval, 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 unprofessional conduct and subject to the EMS Disciplinary Action 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 Minimum Competencies

Students are responsible for maintaining accurate documentation of skills and patient contacts and ensuring minimum numbers are met. Documentation will be recorded in the student Platinum Planner account. Course syllabi will outline the expectations for minimum patient contacts, pathologies, and required skills. Course completion will not be granted unless Student Minimum Competencies (SMC) are met. See the below for the current SMC minimum numbers approved by the program’s Advisory Committee.

**Table 1: Ages**

CoAEMSP Student Minimum Competency	Formative Exposure in Clinical or Field Experience <sup>1</sup>	Exposure in Clinical or Field Experience and Capstone Field Internship <sup>2</sup>	Total	Minimum Recommendations by Age (included in total)	
				Minimum Exposure	Age
Pediatric patients with pathologies or complaints	15	15	30	2	Neonate (birth to 30 days)
				2	Infant (1 months to 12 mos)
				2	Toddler (1 to 2 years)
				2	Preschool (3 to 5 years)
				2	School-Aged/Preadolescent (6 to 12 years)
				2	Adolescent (13 to 18 years)
Adult	30	30	60		19 to 65 Years of Age
Geriatric	9	9	18		Older than 65 Years of Age
<b>Total</b>	<b>54</b>	<b>54</b>	<b>108</b>		

<sup>1</sup> Conducts patient assessment (primary and secondary assessment), performs motor skills if appropriate and available, and assists with development of a management plan in patient exposures with some assistance for evaluation

<sup>2</sup> Conducts a patient assessment and develops a management plan for evaluation on each patient with minimal to no assistance

**Table 2: Pathology/Complaint (Conditions)**

CoAEMSP Student Minimum Competency by Pathology or Complaint	Simulation	Formative Exposure in Clinical or Field Experience <sup>3</sup>	Exposure in Clinical or Field Experience/Capstone Field Internship <sup>4</sup>	Total Formative and Competency Evaluations by Condition or Complaint
<b>Trauma</b>	Minimum of one (1) pediatric and one (1) adult trauma simulated scenario must be successfully completed prior to capstone field internship	18	9	27
<b>Psychiatric/Behavioral</b>	Minimum of one (1) psychiatric simulated scenario must be successfully completed prior to capstone field internship	12	6	18
<b>Obstetric delivery with normal newborn care</b>	Not Applicable	2 (Simulation permitted)	2 (Simulation permitted)	6
<b>Complicated obstetric delivery<sup>5</sup></b>	Minimum of two (2) complicated obstetric delivery simulated scenarios must be successfully completed prior to capstone field internship including a prolapsed cord and a breech delivery	2 (Simulation permitted)		
<b>Distressed neonate (birth to 30 days)</b>	Minimum of one (1) distressed neonate following delivery simulated scenario must be successfully completed prior to capstone field internship	2 (Simulation permitted)	2 (Simulation permitted)	4
<b>Cardiac pathologies or complaints (e.g. acute coronary syndrome, cardiac chest pain)</b>	Minimum of one (1) cardiac related chest pain simulated scenario must be successfully completed prior to capstone field internships	12	6	18
<b>Cardiac arrest</b>	Minimum of one (1) cardiac arrest simulated scenario must be successfully completed prior to capstone field internship	2 (Simulation permitted)	1 (Simulation permitted)	3
<b>Cardiac dysrhythmias</b>	Not Applicable	10	6	16
<b>Medical neurologic pathologies or complaints<sup>6</sup></b>	Minimum of one (1) geriatric stroke simulated scenario must be successfully completed prior to capstone field internship	8	4	12

<sup>3</sup> Conducts patient assessment (primary and secondary assessment), performs motor skills if appropriate and available, and assists with development of a management plan in patient exposures with some assistance for evaluation

<sup>4</sup> Conducts a patient assessment and develops a management plan for evaluation on each patient with minimal to no assistance

<sup>5</sup> Example: breech, prolapsed cord, shoulder dystocia, precipitous delivery, multiple births, meconium staining, premature birth, abnormal presentation, postpartum hemorrhage)

<sup>6</sup> Example: transient ischemic attack, stroke, syncope, or altered mental status presentation)

CoAEMSP Student Minimum Competency by Pathology or Complaint	Simulation	Formative Exposure in Clinical or Field Experience <sup>3</sup>	Exposure in Clinical or Field Experience/Capstone Field Internship <sup>4</sup>	Total Formative and Competency Evaluations by Condition or Complaint
Respiratory pathologies or complaints <sup>7</sup>	Minimum of one (1) pediatric and one (1) geriatric respiratory distress/failure simulated scenario must be successfully completed prior to capstone field internship	8	4	12
Other medical conditions or complaints <sup>8</sup>	Minimum of one (1) geriatric sepsis simulated scenario must be successfully completed prior to capstone field internship	12	6	18
<b>Totals</b>		<b>88</b>	<b>46</b>	<b>134</b>

**Table 3: Skills**

CoAEMSP Recommended Motor Skills Assessed and Success	Successful Formative Individual Simulated Motor Skills Assessed in the Lab	Minimum Successful Motor Skills Assessed on a Patient in Clinical or Field Experience or Capstone Field Internship	Totals	Cumulative Motor Skill Competency Assessed on Patients During Clinical or Field Experience or Capstone Field Internship
Establish IV access	2	25	27	Report Success Rate
Administer IV infusion medication	2	2 (Simulation Permitted)	4	
Administer IV bolus medication	2	10	12	Report Success Rate
Administer IM injection	2	2	4	
Establish IO Access	4	2 (Simulation Permitted)	6	
Perform PPV with BVM	4	10 (Simulation Permitted)	14	
Perform oral endotracheal intubation	2	10 (Simulation Permitted)	12	Report Success Rate
Perform endotracheal suctioning	2	2 (Simulation Permitted)	4	
Perform FBAO removal using Magill Forceps	2	2 (Simulation Permitted)	4	
Perform cricothyrotomy	2	2 (Simulation Permitted)	4	

<sup>7</sup> Example: respiratory distress, respiratory failure, respiratory arrest, acute asthma episode, lower respiratory infection)

<sup>8</sup> Example: gastrointestinal, genitourinary, gynecologic, reproductive pathologies, or abdominal pain complaints, infectious disease, endocrine disorders or complaints [hypoglycemia, DKA, HHNS, thyrotoxic crisis, myxedema, Addison's, Cushing's], overdose or substance abuse, toxicology, hematologic disorders, non-traumatic musculoskeletal disorders, diseases of the eyes, ears, nose, and throat)



CoAEMSP Recommended Motor Skills Assessed and Success	Successful Formative Individual Simulated Motor Skills Assessed in the Lab	Minimum Successful Motor Skills Assessed on a Patient in Clinical or Field Experience or Capstone Field Internship	Totals	Cumulative Motor Skill Competency Assessed on Patients During Clinical or Field Experience or Capstone Field Internship
Insert supraglottic airway	2	10 (Simulation Permitted)	12	
Perform needle decompression of the chest	2	2 (Simulation Permitted)	4	
Perform synchronized cardioversion	2	2 (Simulation Permitted)	4	
Perform defibrillation	2	2 (Simulation Permitted)	4	
Perform transcutaneous pacing	2	2 (Simulation Permitted)	4	
Perform chest compressions	2	2 (Simulation Permitted)	4	
<b>Totals</b>	<b>36</b>	<b>87</b>	<b>123</b>	

**Table 4: Field Experience / Capstone Field Internship**

	Field Experience	Capstone Field Internship
Description	Conducts competent assessment and management of prehospital patients with assistance while <b>Team Leader</b> or <b>Team Member</b>	Successfully manages the scene, performs patient assessments, directs medical care and transport as <b>Team Leader</b> with minimal to no assistance
Exposures	30	20

***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 a note of, copy, record, or remove from the clinical site any personal patient information such as names, addresses, or other personally identifying information of any patient. **This includes taking photographs or video of a patient, the patient's residence, vehicle, or accident scene.** 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.

### **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.

Students are not allowed to leave the building for any reason including but not limited to going to their vehicle, going to get food, leaving for a tobacco usage break, etc. Students who leave the clinical site may receive an unexcused absence for the rotation.

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 a student has special dietary considerations, the student should be prepared to provide their own meal and also notify the preceptor at the beginning of the clinical rotation. If the student is at an ambulance clinical site that 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 an 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 patients' rights and others. Therefore, the following guidelines have been established to prevent improper use of technology:

- Taping/Videoining: 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. Under no circumstances should a student take pictures or video of a patient or accident scene without written consent.**
- 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. Before using a device, confirm with the clinical site or Preceptor to ensure there is no violation of clinical site rules.
- Social Media: Although computers allow students to express their thoughts and feelings on websites such as but not limited to Facebook and Twitter, students are not allowed to give any identifying information including, but not limited to, patients, patient families, 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 ensure the 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 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 they feel the question did not come from an objective. It is at the instructor's discretion to omit the question.

Students will be notified of grades via the Canvas "My Grades" link. Extra credit activities are not available. In addition, some examinations, such as through Fisdap, are proprietary and cannot be administered remotely. This will require the student to take the test at Grayson College and, if necessary, through the GC Testing Center.

### ***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 stabilization – seated patient
- Spinal stabilization – 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:**

- Administer IM injection
- Administer IV bolus medication
- Administer IV infusion medication

- Establish IO access
- Establish IV access
- Insert supraglottic airway
- Perform cricothyrotomy
- Perform defibrillation
- Perform endotracheal suctioning
- Perform FBAO removal using Magill forceps
- Perform needle decompression of the chest
- Perform oral endotracheal intubation
- Perform synchronized cardioversion
- Perform transcutaneous pacing
- Perform uncomplicated delivery
- Stabilize an impaled object
- Apply a tourniquet
- Apply an occlusive dressing to an open wound to the thorax
- Intranasal Medication Administration
- Perform needle decompression of the chest

Skills Competency Verification will be conducted with each course in a simulation style scenario.

### ***Capstone***

The Capstone examination is a knowledge-based exit exam prepared by a nationally recognized online EMS testing provider. 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 retest pending approval from the Director of EMS education.

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 that attempt. The capstone examination must be passed with the recommended cut score to be issued a course completion certificate and be given the authorization to test at the National Registry of EMT's cognitive exam.

### **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 1501-Emergency Medical Technician-Basic
- EMSP 2305-EMS Operations
- EMSP 1160-Emergency Medical Technician Clinical

#### Paramedic

- EMSP 1438 – Introduction to Advanced Practice
- EMSP 1356 – Patient Assessment & Airway Management
- EMSP 1455 – Trauma Management
- EMSP 2206 – Emergency Pharmacology
- EMSP 2137 – Emergency Procedures
- EMSP 1161 – Paramedic I Clinical
- EMSP 2544 – Cardiology
- EMSP 2434 – Medical Emergencies
- EMSP 2330 – Special Populations
- EMSP 2237 – Emergency Procedures
- EMSP 2162 – Paramedic II Clinical
- EMSP 2563 – Paramedic III 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 the classroom, clinical, and internship; and the DSHS course approval number.

#### ***National Registry of Emergency Medical Technicians***

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 2162, 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.

### **Contact Information Regarding Program Accreditation**

The Grayson College EMS program is accredited by the Commission on Accreditation of Allied Health Education Programs ([www.caahep.org](http://www.caahep.org)) upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions ([www.coaemsp.org](http://www.coaemsp.org)) with the goal "to prepare Paramedics who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession."

#### ***Committee on Accreditation of Educational Programs for the Emergency Medical Services Profession (CoAEMSP)***

8301 Lakeview Parkway, Suite 111-213 Rowlett, Texas  
214-703-8445

[CoAEMSP Website](#)

#### ***Commission on Accreditation of Allied Health Education Programs***

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