Madisonville Community College Paramedic Technology Program Handbook

Class of 2012 - 2013

Madisonville Community College's Paramedic Technology Program is committed to ensuring the accuracy and consistency of the policies contained in this program handbook. All policies and procedures are reviewed and updated annually, and the information contained in this document is accurate on the date that it is viewed/printed. Always read supplemental material provided, or check with the Program Faculty for any changes to the policy if you have questions.

Madisonville Community College is a member of the Kentucky Community & Technical College System and is accredited by the Southern Association of Schools and Colleges (SACS).

Equal Education and Employment Opportunities M/F/D

EMERGENCY MEDICAL TECHNICIAN – CODE OF ETHICS

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

A fundamental responsibility of the Emergency Medical Technician is to conserve life, to alleviate suffering, to promote health, to do no harm, and to encourage the quality and equal availability of emergency medical care.

The Emergency Medical Technician provides services based on human need, with respect for human dignity, unrestricted by consideration of nationality, race creed, color, or status.

The Emergency Medical Technician does not use professional knowledge and skills in any enterprise detrimental to the public well being.

The Emergency Medical Technician respects and holds in confidence all information of a confidential nature obtained in the course of professional work unless required by law to divulge such information.

The Emergency Medical Technician, as a citizen, understands and upholds the law and performs the duties of citizenship; as a professional, the Emergency Medical Technician has the never-ending responsibility to work with concerned citizens and other health care professionals in promoting a high standard of emergency medical care to all people.

The Emergency Medical Technician shall maintain professional competence and demonstrate concern for the competence of other members of the Emergency Medical Services health care team.

An Emergency Medical Technician assumes responsibility in defining and upholding standards of professional practice and education.

The Emergency Medical Technician assumes responsibility for individual professional actions and judgment, both in dependent and independent emergency functions, and knows and upholds the laws, which affect the practice of the Emergency Medical Technician.

An Emergency Medical Technician has the responsibility to be aware of and participate in matters of legislation affecting the Emergency Medical Service System.

The Emergency Medical Technician, or groups of Emergency Medical Technicians, who advertise professional service, does so in conformity with the dignity of the profession.

The Emergency Medical Technician has an obligation to protect the public by not delegating to a person less qualified, any service which requires the professional competence of an Emergency Medical Technician

The Emergency Medical Technician will work harmoniously with and sustain confidence in Emergency Medical Technician associates, the nurses, the physicians, and other members of the Emergency Medical Services health care team.

The Emergency Medical Technician refuses to participate in unethical procedures, and assumes the responsibility to expose incompetence or unethical conduct of others to the appropriate authority in a proper and professional manner.

Adopted by: The National Association of Emergency Medical Technicians, 1978. Written by, Charles Gillestie M.D.

PARAMEDIC CORE CODE OF ETHICS: I CARE

Integrity

Compassion

Accountability

Respect

Empathy

These are the core ethics of the Paramedic Technology Program at Madisonville Community College. During the course of your academic career, you will be held accountable for your attitude and actions on the basis of this Program's Core Code of Ethics, as well as each individual student's core values of which you will create and record into your "Student Composition Lab Book."

WELCOME

The Paramedic Technology Program faculty is pleased to welcome you to Madisonville Community College Health Sciences Campus and the Paramedic Technology Program. The next eighteen months will be extremely busy but exciting as you begin your journey towards licensure as a paramedic. You have set a very lofty goal and the faculty anticipates that you will be successful. That success is dependent upon the joint efforts of you and the faculty. You will find the paramedic faculty are dedicated to the ideology of the profession and believe in service to human-kind. We are pleased to be able to serve you and in turn our community as we facilitate your journey to becoming a highly knowledgeable and skilled practitioner in the field of paramedicine.

INTRODUCTION

To ensure effectual education in the paramedic program, each individual admitted to the program must have a full understanding of the responsibility involved. This handbook provides the student with the necessary information regarding the policies, procedures, and expectations while enrolled in the program. The policies and procedures included in this handbook are meant to be a guide to assist the student in reaching their goal to becoming a competent paramedic.

Revision of the handbook is an ongoing process and every effort will be made to keep students advised of any changes, as well as to minimize the inconvenience such changes might create. Please read the handbook carefully. Any questions regarding the handbook should be directed to program faculty

Remember that you are responsible for understanding and following the guidelines as presented in this handbook. Keep your handbook available for easy reference, as it will assist you in your educational process.

PROGRAM OVERVIEW

The Paramedic Technology Program enables students to gain a unique and in-depth experience in the emergency health services. Through a rigorous process of academic and clinical applications, students are prepared to fulfill the roles and responsibilities of an

EMT – Paramedic as they pertain to the care and transportation of the ill and injured.

The program stresses that students demonstrate strong interpersonal skills, sound moral and ethical character, critical thinking abilities, and the capacity for making quick and appropriate decisions regarding patient care and management. As professional healthcare providers, paramedic graduates are taught how to interact effectively with other emergency services personnel, to be dynamic leaders, to value life-long learning and personal development, to be of service within their communities, and above all to respect and sustain human life.

Upon successful completion of the program, students are well prepared to assume their duties as a patient advocate – working always to act on behalf of those in need. Successful completion of the program, and all other academic requirements, will qualify students to take the National Registry Paramedic examination towards licensure as a paramedic in the Commonwealth, or their respective state.

PROGRAM FACULTY

Madisonville Community College Faculty:

Program Instructor/Coordinator

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Fire Rescue Area 2 Faculty:

Instructor/Coordinator

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Instructor/Coordinator

Michael Harris, EMT-P, BA Office: (270) 365 – 4632 Cell: (270) 839 – 1477

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CLINICAL FACILITIES

Hospitals:

Regional Medical Center

900 Hospital Drive Madisonville, KY 42431 (270) 825-5178

Jennie Stuart Medical Center

320 West 18th Street Hopkinsville, KY 42240 (270) 887-0133

Muhlenberg Community Hospital

440 Hopkinsville Street Greenville, KY 42345 (270) 338-8000

Ambulance Services:

Hopkinsville-Christian County Ambulance Service 116 West First Street Hopkinsville, KY 42241 (270) 890 – 1400

Medical Center Ambulance Service 629 North Laffoon Street Madisonville, KY 42431 (270) 821 – 1294

Muhlenberg Community Hospital EMS
911 Center, Doss Drive
Powderly, KY 42367
(270) 338 - 2313

PHILOSOPHY

Madisonville Community College, Division of Allied Health, Paramedic Technology Program is committed to quality preparation of out-of-hospital healthcare practitioners who have a concern for the well-being and welfare of the citizens they serve. Program students are provided the opportunity to develop expertise, gain scientific knowledge, become clinically sound and proficient in skills, and develop professional attitudes that will enable them to contribute to the health of society while enjoying career satisfaction.

The program adheres to specific professional guidelines and standards and is designed in collaboration with the appropriate accrediting bodies and communities of interest. All curricula are based upon a foundation of sound general education studies and paramedic sciences, which are essential for an informed and productive healthcare professional.

The faculty believes that the education of paramedics follows a coordinated and logical interdisciplinary process based on a core body of knowledge germane to paramedic practice. Clinical exposure to other healthcare professionals allows for a sharing of experiences related to a variety of activities within the discipline. The student works collaboratively with others who have common, yet unique, educational interests and

disciplines. Appreciation of the contribution of each health discipline and interaction with peers and scholars in different health professions encourage the coordination of health planning, health services, illness and injury prevention, and general wellness in health promotion.

Education is perceived by the faculty as an evolving and continuing process toward an increased ability to think, reason, and judge that leads to a satisfying and self-disciplined practice in healthcare. Effective education allows for individual difference and is provided in a participative atmosphere. It is believed that freedom of choice and meaningful assimilation of facts nurture the development of the students, enhances their understanding of patients' problems, and promote a dedication to lifelong self-evaluation and continued learning.

Faculty within the paramedic program is fully qualified in their fields of expertise and hold appropriate degrees, certifications, and licensure. In implementing the objectives of the program, they strive to keep their professional and teaching competencies current. The faculty is committed to preparing uniquely qualified personnel who must meet the challenges of the complex and ever-changing healthcare needs of society.

The graduates of the college should be prepared to apply the knowledge they have attained in the discipline of paramedicine. Graduates have a responsibility to maintain competency through formal and informal continuing education and professional development to contribute to new knowledge in their discipline. Graduates have legal, moral, and ethical responsibilities to their employers, patients, and the public and are expected to participate in community and professional activities.

This statement of philosophy forms the core of values from which the program's mission, vision, goals and objectives, and policies and procedures are derived.

MISSION STATEMENT

Madisonville Community College's Paramedic Technology Program strives to provide an exceptional educational experience in the art and science of paramedicine as we assist students in discovering and manifesting the common values of service, compassion, integrity, professionalism, and stewardship on their journey to becoming professional health-care practitioners in the service of humanity.

VISION

Our vision is to be recognized as the leader in paramedic education, through the facilitation and preparation of exceptionally-qualified healthcare professionals in the Commonwealth of Kentucky.

PROGRAM GOALS

The faculty of the Paramedic Technology program believes the mission and philosophy of the program can be fulfilled through setting goals with achievable high expectations. Emergency medicine is a practice of the discipline, and the goals reflect what the student will be able to achieve. At the completion of the program, the graduate will be:

CLINICALLY COMPETENT

Learning Outcomes:

- Demonstrate the ability to comprehend, apply, and evaluate the clinical information relative to their role as an entry-level paramedic.
- Demonstrate technical proficiency in all skills necessary to fulfill the role of the entry-level paramedic.
- Demonstrate personal behaviors consistent with professional and employer expectations for the entry-level paramedic.
- Pass the National Registry Paramedic examination on the 1st attempt.
- Gain employment within 6 months post-graduation.
- Express satisfaction with their education and chosen profession.
- Responding employer's survey results indicate satisfaction with the graduate's performance.

AN EFFECTIVE GOAL DIRECTED COMMUNICATOR

Learning Outcomes:

- Employ goal directed communications with patients and other emergency professionals.
- Demonstrate effective and professional presentation skills.
- Demonstrate appropriate written communication skills.

ABLE TO APPLY CRITICAL THINKING AND PROBLEM SOLVING SKILLS

Learning Outcomes:

- Gather relative comparative information during history taking and physical assessment.
- Formulate a plan of care based on history and assessment.
- Execute procedures necessary to limit mortality and morbidity.

ABLE TO GROW AND DEVELOP PROFESSIONALLY

Learning Outcomes:

- Exhibit professional behavior.
- Employ ethical decision-making skills.
- Demonstrate tolerance for diversity.

STATEMENT OF ROLE AND SCOPE

The Program implements its mission through a clearly defined set of objectives and outcomes that meet the Standards for an accredited program through the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).

Didactic Instruction – The Program follows the U.S. Department of Transportation National Standard Curriculum – Paramedic in the presentation of paramedic content and incorporating the National EMS Education Standards and National Scope of Practice.

Clinical Education – The Program prides itself on the professional behavior and clinical competency skills of its graduates. Clinical rotations through all phases of paramedic are required to meet the job demands of the discipline. Critical thinking skills and problem solving methods are emphasized.

Customer Services – The Program teaches and evaluates in the affective domain of patient care. Teamwork, professionalism, communications, and patient management skills are assessed throughout the curriculum. Involvement in a professional organization/society and its functions is encouraged, especially that of community service.

Access Programs – The Program provides students with access to counseling, tutoring and job placement services through the Advising and Transfer Center and Student Affairs departments at Madisonville Community College. On-going program and student assessments are performed to continuously improve and enhance program and student quality.

Quality Outcome Assessment – All phases of the Program are assessed to insure quality services are provided to the student, employer and patients. Areas such as instructor's teaching abilities, National Registry Paramedic examination scores, post-graduate evaluations, employer surveys, and student satisfaction surveys are assessed. The Paramedic Technology Advisory Committee is an active and integral part of assessing the

quality of the program and providing valuable input regarding the industry standard of didactic knowledge and clinical skills necessary to function in the profession.

STATEMENT OF VALUES

The Program respects and recognizes the worth, dignity, and potential of each student. The Program affirms the following values and beliefs:

Commitment to Students – Belief in the priority of providing the finest instruction, resources and support services to enhance the growth and development of our students. The Program supports students in clarifying their life-long goals, developing interpersonal skills, and becoming self-sufficient.

Commitment to Excellence in Education – Assertion in the provision and accountability for the quality of education and student support services, our graduates are prepared to demonstrate their knowledge, in written and oral communication, customer service areas, information technology, clinical procedures, equipment operation, quality assurance, and safety issues.

Commitment of Faculty and Staff – Recognition of the importance and contribution of all individuals who collectively create a positive learning environment, all members of the paramedic college community should have the opportunity to enhance their potential for purposeful, gratifying and productive lives.

Quality Clinical Environment – Acknowledgment of the importance of providing a learning environment that is characterized by integrity, clear communication, open exchange of ideas, fairness in evaluations and respect for all individuals.

Effective Use of Resources – Confidence in the effective use of college and program resources to provide quality education and services to its students and community and to be accountable to all of its clinical affiliates and communities of interest.

PROGRAM OBJECTIVES

Upon completion of this program, the graduate paramedic will be able to:

Affective

- Appreciate and exhibit respect for the dignity and worth of the individual patient.
- Display consistent trustworthiness regarding property, information, and documentation.
- Develop self-understanding through recognition of personal strengths and weaknesses, and the ability to make rational decisions.
- Present self positively through good personal hygiene and grooming.
- Adjust communication strategies to various situations by speaking clearly, writing legibly, and listening actively.
- Collaborate with other health care professionals in the planning and delivery of health care
- Demonstrate careful and safe operations following policies, procedures, and protocols.
- Recognize the need for a progressive and continuous plan for personal and professional growth and education.

Cognitive

- Demonstrate competency of all content areas based on a variety of examination formats
- Comprehend the significance of accuracy and thoroughness of physical assessment, history taking, and differential diagnoses in the care and management of human pathologies and injuries.
- Comprehend the physiologies and utilize the principles of safety to be initiated during patient care in the utilization of emergency equipment.
- Understand the significance of accuracy in the calculation, preparation, administration, and documentation of medications.
- Recognize the special requirements for management of patients across the lifespan and in special circumstances.

Psychomotor

- Demonstrate proficiency in all skills.
- Demonstrate, with accuracy and thoroughness, the physical assessment, history taking, and arriving at differential diagnoses related to the care and management of human pathologies.
- Execute advanced life support skills consistent with the discipline for the care and management of human life.
- Construct documentation appropriate and supportive of care given.

• Assume the responsibilities and duties of a graduate paramedic as team leader with proficiency and confidence.

GENERAL EDUCATION COMPETENICES:

- A. Knowledge of human cultures and the physical and natural worlds
 - through study in the sciences and mathematics, social sciences, humanities, histories, languages, and the arts.
 - Students will draw on knowledge derived from studies across the curriculum to sufficiently communicate in an appropriate manner with patients and healthcare staff who represent a diverse culture a minimum of 80% of the time.
 - o Students will identify hazards within the physical environment within the scope of lab exercises a minimum of 80% of the time.
- B. Intellectual and practical skills, including
 - inquiry and analysis,
 - critical and creative thinking,
 - written and oral communication,
 - quantitative literacy,
 - information literacy,
 - teamwork and problem solving.
 - Students will perform in mock scenarios and through analysis and application of critical and/or creative thinking, will competently problem solve and deliver sufficient patient care 80% of the time.
 - Students will, in scenario situations, assess patients, deliver sufficient care, retain patient management information, including dosage calculations and drug administration, and accurately document the information and management 80% of the time.
 - Students will work collaboratively with peers during mock scenarios, giving accurate patient information in an oral report; formulating a plan of care, and delivering patient care with a minimum of 80% accuracy.
- C. Personal and social responsibility, including
 - civic knowledge and engagement (local and global),
 - intercultural knowledge and competence,
 - ethical reasoning and action,
 - foundations and skills for lifelong learning.
 - O Students will, during lab exercises, deliver patient care 80% of the time with an awareness of diversity and cultural customs and language, in a professional and ethical manner.



- o Students will verbalize the importance of continuing education to maintain current standards of practice within their discipline.
- D. Integrative and applied learning, including
 - synthesis and advanced accomplishment across general and specialized skills.
 - O Students will complete all evaluations, both written, oral, and labatory, scoring a minimum of 80% in all subject matter.

Technical Competencies:

- 1. Perform essential and basic life support skills.
- 2. Demonstrate the ability to prioritize care when dealing with multiple injury situations.
- 3. Communicate effectively with patients, family and other health care professionals in a clear oral and/or non-verbal fashion utilizing active listening skills.
- 4. Perform skills and procedures as subject to the regulations of the approval and accrediting agencies in providing direct care to patients.
- 5. Work as a part of the emergency response team to provide patient care.
- 6. Provide emergency support services to patients according to established protocols.
- 7. Demonstrate safe, ethical, and legal practice as a paramedic.
- 8. Function as an effective health care provider within the community and health care system.
- 9. Describe the purpose for continuing education as a member of the paramedic profession.
- 10. Demonstrate problem solving skills in administering emergency care procedures.
- 11. Develop strategies and skills to assume professional responsibilities in management and administration.

DESCRIPTION OF THE PROFESSION

Paramedics have fulfilled prescribed requirements by a credentialing agency to practice the art and science of out-of-hospital medicine in conjunction with medical direction. Through performance of assessments and providing medical care, their goal is to prevent and reduce mortality and morbidity due to illness and injury. Paramedics primarily provide care to emergency patients in an out-of-hospital setting; however, they may be employed in specialty units in medical facilities as well as in industrial settings.

Paramedics possess the knowledge, skills and attitudes consistent with the expectations of the public and the profession. Paramedics recognize that they are an essential component of the continuum of care and serve as linkages among health resources.

Paramedics strive to maintain high quality, reasonable-cost health care by delivering patients directly to appropriate facilities. As an advocate for the patient, paramedics seek to be proactive in affecting long term health care by working in conjunction with other provider agencies, networks, and organizations. The emerging roles and responsibilities of the Paramedic include public education, health promotion, and participation in injury and illness prevention programs. As the scope of practice continues to expand, the Paramedic will function as a facilitator of access to care, as well as an initial treatment provider.

Paramedics are responsible and accountable to medical direction, the public, and their peers. Paramedics recognize the importance of research and actively participate in the design, development, evaluation and publication of research. Paramedics seek to take part in life-long professional development, peer evaluation, and assume an active role in professional and community organizations.

PARAMEDIC CHARACTERISTICS

The Paramedic must:

- be a confident, knowledgeable, and skilled leader who can accept the challenge and high degree of responsibility required in the profession;
- be personally responsible, legally, ethically, and morally for all aspects of patient care;
- have excellent judgment, focus, and calm while being able to prioritize decisions with quick action during adverse and often dangerous situations;
- serve as the patient advocate across the life-span of human beings;
- be self-disciplined and able to develop patient rapport using goal directed communications with the patient and clinical facilities;
- recognize diversity, possess tolerance, and function in a multicultural society;

- function independently at optimum level in a non-structured constantly changing environment:
- be of good physical stamina, endurance, and body condition allowing walking, standing, lifting, carrying and balancing in excess of 100 pounds; and
- be cognizant of the impact of the profession on society.

TECHNICAL EXPECTATIONS

Paramedicine involves the provision of direct care for ill and/or injured individuals in a variety of environments and is characterized by the application of verified knowledge in the skillful performance of paramedic discipline functions. All applicants should possess:

- *Critical Thinking & Problem Solving:* A high degree of aptitude intellectually and emotionally in order to apply the principles of theory to making independent judgments regarding the care and management of patients;
- *Interpersonal Relationships:* A high degree of verbal aptitude compatible with speaking, writing, and communicating with healthcare professionals regarding patient care and management;
- *Computation Skills:* An average or above degree of numerical aptitude for computation of drug dosages, equipment usage, and patient size;
- *Spatial Acuity:* Sufficient spatial aptitude as is required to visualize anatomic positions and the relationship between the point of application of forces and the area affected and to place treatment devices or administer manual treatment in relationship to the affected body part;
- Visual Acuity: Sufficient visual acuity and color discrimination such as is
 needed in the accurate preparation and administration of medications; for the
 observation necessary for patient assessment and management; and to make
 comparisons and discriminations and see slight differences in shapes and
 shadings of figures and widths and lengths of lines;
- Auditory Acuity: Sufficient auditory perception to receive verbal communication from patients and members of the health team and to assess health needs of people through the use of monitoring devices such as cardiac monitor, stethoscopes, intravenous infusion pumps, fire alarms, etc.;
- *Coordination & Motor Skills:* Sufficient gross and fine motor coordination to respond promptly and accurately and to implement the skills, including the manipulation of equipment and the patient, that is required in meeting health needs related to paramedicine;
- *Physical Strength*, *Agility*, & *Endurance*: Sufficient body strength and agility to move in a rapid manner; lift and carry patients and/or equipment

- weighing a minimum of 100 pounds more with a partner; climb, balance, stoop, kneel, crouch, crawl and reach as necessary to deliver emergency patient care;
- Acclimatization & Temperament: Ability to work in extreme conditions such as inclement weather, high noise levels, proximity to moving mechanical parts, all environmental and atmospheric conditions, heights, small spaces, crowds, with violators of the law; and
- *Communication Skills:* Sufficient communication skills (speech, reading, writing) to interact appropriately and therapeutically with all individuals and to communicate their needs promptly and effectively, as may be necessary in the patient's/client's interest.

STUDENT AND FACULTY RESPONSIBILITY STATEMENTS

Faculty Responsibilities

An effective faculty-student partnership is an essential component to achieving student academic success. As is true in any partnership, both parties are expected to contribute. Faculty brings knowledge and expertise to the partnership. Their responsibility is to create an environment conductive to learning and to provide opportunities for student learning, all the while respecting the diversity of the student body.

Faculty has a professional responsibility to plan and deliver quality instruction as defined by course objectives and to clearly outline expectations. This includes, but is not limited to:

- evaluating student work in a fair, objective, timely manner;
- respecting opinions without demeaning the student;
- giving help and clarification when needed
- being accessible and approachable to students (i.e., maintaining posted office hours and arranged appointments);
- having a positive, caring attitude toward teaching and learning; and
- presenting facts and skills in an organized manner that respects various learning styles

Student Responsibilities

Students contribute effort and potential to the partnership. Students are responsible for participating in the learning process in a conscientious manner while taking full advantage of the educational opportunities available. Students are also expected to conduct themselves in such a manner as not to interfere with the learning of others. The following list is not meant to be inclusive, but rather further defines the student role:

- attends all class sessions prepared and on-time;
- displays interest in the subject matter through participation, questions, etc.;
- brings forth concerns to appropriate individuals;
- seeks help and clarification when necessary (i.e., through tutoring, study groups, questions);
- engages in accurate, objective self-assessment of own work and continually is aware of class standing/performance;
- understands the faculty's expectations and methods of assessment; and
- initiates all paperwork necessary to enroll in and exit from the course, including financial aid documents

Joint Responsibilities

Everyone has a responsibility to respect the rights of others with regard to academic affairs. This includes: refraining from inappropriate comments, engaging in value-neutral discussions when differences occur, developing sensitivity to diversity among students and faculty, allowing others an equal chance to participate, and respecting the personal time of others. The welfare and academic success of the students are the primary considerations for the learning partnership. The contributions made by both faculty and students are critical to the success of the partnership.

Fraternization with Instructors – Special Consideration Joint Responsibilities

All paramedic faculty and clinical affiliates will maintain the highest level of professionalism, and unquestionable integrity, at all times while engaged in paramedic program activities.

Factors, concerning fraternization with instructors, include whether the student's conduct has:

- compromised the chain of command; or
- resulted in the appearance of partiality; or
- undermined good order, discipline, authority, or morale; or
- damaged the ability of the program to accomplish its mission and goals

The acts and circumstance must be such as to lead a reasonable person experienced in the problems of leadership to conclude that the good order and discipline of the program has been prejudiced by their tendencies.

Therefore, all interactions with instructors will be confined to program-related activities, at program-approved locations, for the full durations of the student's enrollment. Faculty-involved study groups and assistance labs will only be permitted on campus or at a designated clinical facility.

Non-college e-social networking (Facebook, Twitter, etc.) is discouraged.

Full disclosure is expected by the student of any non-college relationship with a faculty member, regardless of nature, e.g. business, neighbor, prior relationship, etc.

Direct awareness of another student's inappropriate behavior is to be immediately reported to the program coordinator.

Be clear: Personal time should never be spent with a faculty member in a situation that could be deemed questionable, without explicit permission from the program director.

PROGRAM OF STUDY

Upon successful completion of the program, the graduate will be eligible to apply and sit for the National Registry of Emergency Medical Technician – Paramedic (NREMTP) Examination and upon successful completion may apply to the Kentucky Board of Emergency Medical Services (KBEMS) for licensure as a paramedic in the Commonwealth.

Students in this program may earn either a certificate or Associate in Applied Science Degree. Credit may be awarded to currently practicing paramedics toward the Associate in Applied Science degree. Enrollment in this program is limited, therefore a selective admissions process is followed. Students are required to be a certified EMT upon acceptance into the program.

Courses currently required are listed in their sequence of completion below:

Associate in Applied Science

General Education:

Prerequisites:

BIO	135	Basic Anatomy and Physiology with Laboratory Of	R 4			
BIO	137	Human Anatomy and Physiology I AND	(4)			
BIO	139	Human Anatomy and Physiology II	(4) (May be co-			
requisite)						
CLA	131	Medical Terminology from Greek and Latin OR	3			
AHS	115	Medical Terminology OR	(3)			
OST	103	Medical Office Terminology	(3)			
First Semester Co- requisite:						
BIO	139	Human Anatomy and Physiology II Mathematics	(4) 3			
Must be completed prior to graduation:						
ENG	101	Writing I	3			
		Oral Communication	3			
		Computer Literacy **	0-3			
PSY	110	General Psychology	3			
		Heritage/Humanities/Foreign Language	3			

Technical Courses:

First Semester:

PAR	110	Introduction to Paramedic Practice	8
PAR	2301	Clinical Practicum IA	4
Secon	d Semes	ter:	
PAR	120	Paramedic Practice II	8
PAK	2302	Clinical Practicum IB	3
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Third	Semeste	er:	
DAD	220	Donoma dia Dua atian III	_
PAK	220	Paramedic Practice III	5
Fountl	i Semes	tous	
rourir	i Semes	ier:	
PAR	240	Field Internship I	7
		1	2
AHS	201	Management Principles for Health Care Providers	3

NOTE: 1. Entering students must be EMT certified prior to entering paramedic program coursework. 2. A student who has passed the EMT-P National Registry Examination or a state licensure or certification examination for Paramedic and is currently practicing as a paramedic and holds a paramedic license/certification may be awarded thirty-five (35) semester credit hours upon the completion of twelve (12) college credit hours from the degree-granting institution and acceptance into a KCTCS paramedic program. Credit will be awarded as follows: eight (8) credit hours for Introduction to Paramedic Practice, eight (8) credit hours for Paramedic Practice III, seven (7) credit hours for Clinical Practicum I and seven (7) credit hours for Field Internship I. 3) Students must meet residency requirements of the degree-granting institution.

^{**}Computer Literacy must be demonstrated either by competency exam or by completing a computer literacy course.

Certificate

General Education:

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BIO BIO BIO requis	135 137 139	Basic Anatomy and Physiology with Laboratory Ol Human Anatomy and Physiology I AND Human Anatomy and Physiology II	R 4 (4) (4) (May be co-				
CLA AHS OST	131 115 103	Medical Terminology from Greek and Latin OR Medical Terminology OR Medical Office Terminology	3 (3) (3)				
First Semester Co-requisite:							
BIO FHM MAT Techn		Human Anatomy and Physiology II Dosage Calculations OR Applied Mathematics ourses:	(4) 2 (3)				
First Semester:							
PAR PAR	110 2301	Introduction to Paramedic Practice Clinical Practicum IA	8 4				
Second Semester:							
PAR PAR	120 2302	Paramedic Practice II Clinical Practicum IB	8 3				
Third Semester:							
PAR	220	Paramedic Practice III	5				
Fourth Semester:							
PAR	240	Field Internship I	7				

NOTE: Students must be EMT certified prior to entering paramedic program coursework.

PARAMEDIC COURSES, DESCRIPTIONS, COMPETENCIES, AND OUTLINES

PAR 110 INTRODUCTION TO PARAMEDIC PRACTICE CREDITS 8

DESCRIPTION:

Introduction to the Paramedic practice which includes: roles and responsibilities, emergency medical systems (EMS), medical/legal considerations, EMS communications, fundamentals of patient assessment, airway and ventilation, pathophysiology of shock, respiratory, infectious diseases, behavioral emergencies, trauma paramedics and pharmacology. Lecture: 7 hours. Laboratory: 2 hours.

Pre-requisites: Admission to paramedic program, completion of a medical terminology course, co-requisite of a mathematics course and completion of Anatomy and Physiology or completion of BIO 137 and co-requisite BIO 139.

COMPETENCIES:

Upon successful completion of this course, the student can:

- 1. Describe the emergency medical system past and present,
- 2. Describe the role and function of the EMT-paramedic as a member of the health care team.
- 3. Describe the ethical practice in emergency medicine,
- 4. Describe medical legal considerations in paramedic practice,
- 5. Describe therapeutic communication, both written and verbal; needed for effective practice as a paramedic
- 6. Describe the basic body systems and tissue types,
- 7. Describe initial assessment of the pre-hospital patient,
- 8. Establish and/or maintain a patient airway, oxygenate and ventilate a patient,
- 9. Discuss appropriate management of the patient in an emergency situation,
- 10. Describe and discuss implementation of Standard Precautions in emergency situations,
- 11. Describe and apply general concepts of pathophysiology in assessment and management of pre-hospital patients,
- 12. Integrate pathophysiological principles of pharmacology and assessment findings into field impressions and a pharmacological treatment plan
- 13. Integrate the principles of kinematics into patient assessment and predict the likelihood of injuries based on mechanism of injury
- 14. Integrate pathophysiological principles, assessment findings, and patient management with respect to abdominal, thoracic, head and facial and spinal trauma
- 15. Integrate pathophysiological principles, assessment findings, and patient management with respect to patients with burn injuries
- 16. Integrate pathophysiological principles, assessment findings, and patient management with respect to patients with respiratory problems,
- 17. Describe the pathophysiology of infectious diseases,

- 18. Describe patient assessment and management techniques for patients with infectious diseases,
- 19. Describe the pathophysiology of behavioral emergencies,
- 20. Describe patient assessment and management techniques for patients with behavioral emergencies,
- 21. Integrate pathophysiological principles, assessment findings, and patient management for patients with infectious diseases,
- 22. Describe the signs and symptoms and discuss strategies for dealing with patients with behavioral emergencies, and
- 23. Integrate pathophysiological principles, assessment findings, and patient management for patients with behavioral emergencies

OUTLINE:

- I. History
- II. Organization of the Emergency Medical System
 - A. Medical Direction
 - B. System Organization
 - C. Funding
- III. Overview of Paramedic Practice
 - A. Educational Preparation
 - B. Role and Function
 - C. Ethical Practice
 - D. Medical Direction
 - E. Protocols
- IV. Medical Legal Considerations
 - A. Regulations Governing the Emergency Medical System
 - B. Certification/Licensure
 - C. Professionalism
 - D. Regulatory Agencies
 - E. Delegated Practices
 - F. Quality Assurance
 - G. Standard of Care
 - H. Patient Confidentiality
 - I. Consent to Treat
 - J. Principles on the Use of Restraints
 - K. Issues in Resuscitation
- V. Communication
 - A. Dispatch Communication
 - B. Interviewing Strategies
 - C. Documentation
- VI. Medical Terminology Related to Paramedic Practice
- VII. Basic Body Systems
 - A. Tissue Types
 - B. Organ Systems
- VIII. Management of Scene
 - A. Potentially Dangerous Situations
 - B. Safety
 - C. Scene Control
 - D. Managing Family and Bystanders
- IX. Patient Assessment
 - A. Initial Patient Assessment and Management
 - B. Clinical Significance of Vital Signs
 - C. Focused History and Physical Examination

- D. Airway Management
- E. Standard Precautions
- X. Pathophysiology of Shock
 - A. Principles of Pathophysiology
 - 1. Blood and Its Components
 - 2. Lymph System
 - 3. Fluids and Electrolytes
 - 4. Acid-Base Balance and Regulation of Waste Products
 - 5. Autonomic Nervous System
 - 6. Homeostasis
 - B. Cellular Injury and Death
 - C. Disease Causes and Risk Factors
 - D. Inflammatory Response
 - E. Immune System Response and Hypersensitivity
 - F. Neuroendocrine Response
 - G. IV Therapy
 - H. Pathophysiology and Shock
 - a. Factors affecting normal tissue perfusion
 - b. Types of shock
 - c. Early versus late shock
 - d. General management

XI. Pharmacology

- A. Drug names (Chemical, Generic, and Trade)
- B. Regulations and Laws Governing Drug Administration
- C. Categories of Medications
- D. Drug Actions and Interactions
- E. Routes of Drug Administration
- F. Mechanisms of Drug Action
- G. Cardiovascular Medications
- H. Central Nervous System Medications
- I. Gastrointestinal Medications
- J. Anti-Microbial Medications
- K. Other Medications
- L. Drug Storage and Security
- M. Units of Measure and Dosage in Drug Administration
- N. Pharmacologic Management Plan
- O. Drug protocols

XII. Trauma

- A. Trauma Centers and Levels of Care
- B. Laws of Physics Applied to Trauma
- C. Mechanism of Blunt Trauma
- D. Collision Type and Vehicle as Related to Trauma
- E. The Golden Hour
- F. Trauma Scoring Systems
- G. Pediatric Trauma
- H. Trauma During Pregnancy
- I. Abdominal Trauma
 - 1. Pathophysiology
 - 2. Assessment
 - 3. Blunt and Penetrating Injuries
 - 4. Organ Injuries
 - 5. Vascular Injures
 - 6. Pelvic Fractures
 - 7. Patient Management

- J. Thoracic Trauma
 - 1. Pathophysiology
 - 2. Assessment
 - 3. Chest Wall Injuries
 - 4. Pneumothorax
 - 5. Contusion Injuries
 - 6. Myocardial and Vascular Injuries
 - 7. Diaphragmatic Injuries
 - 8. Esophageal Injuries
 - 9. Tracheo-Bronchial Tree Injuries
 - 10. Asphyxia
 - 11. Patient Management

K. Head and Facial Trauma

- 1. Facial Injuries
 - a. Pathophysiology
 - b. Assessment
 - c. Eve
 - d. Ear
 - e. Nose
 - f. Throat
 - g. Mouth
 - h. Patient Management
 - 2. Head Injuries
 - a. Pathophysiology
 - b. Assessment
 - c. Intracranial Pressure
 - d. Skull Fracture
 - e. Classification of Injuries
 - f. Axonal Injuries
 - g. Contusion
 - h. Hemorrhage
 - i. Helmets and Their Removal
 - j. Patient Management

L. Spinal Trauma

- 1. Pathophysiology
- 2. Assessment
- 3. Traumatic and Non-Traumatic Injuries
- 4. Spinal Shock
- 5. Incomplete Cord Syndromes
- 6. Quadriplegia/Paraplegia
- 7. Airway Management with Cervical Spine Injuries
- 8. Patient Management

M. Burns

- 1. Pathophysiology of Burn Injury
- 2. Classification
 - a. Depth Classification
 - b. Percentage
 - c. Pediatric vs. Adult Burn Severity
- 3. Mechanism of Burn Injury
- 4. Types of Burns
 - a. Thermal Burns
 - b. Inhalation Burns
 - c. Electrical Burns
 - d. Radiation Burns
 - e. Chemical Burns

- f. Associated Trauma
- 5. Conditions Associated with Burn Injuries
- 6. Respiratory Status in Burn Patients
- 7. Vascular Status in Burn Patients
- 8. Field Assessment
- 9. Radiation Exposure
- 10. Patient Management
 - a. Major Burns
 - b. Minor Burns

XIII. Respiratory

- A. Respiratory System
- B. Common Causes of Breathing Emergencies
- C. Signs and Symptoms of Respiratory Distress
- D. Assessing the Responsive Patient
- E. Assessing the Unresponsive patient
- F. Normal and Abnormal Values
 - 1. Tidal Volume
 - 2. Respiratory Rate
 - 3. Blood Gases
 - 4. Pulse Oximetry
- G. Pathophysiology
- H. Pharmacology
- I. Normal and Abnormal Breath Sounds
- J. Patient Management

XIV. Infectious Diseases

- A. Transmission
- B. Standard Precautions/OSHA Regulations
- C. Communicable Diseases vs. Infectious Diseases
- D. Diagnosis
 - 1. Hepatitis
 - 2. Tuberculosis
 - 3. HIV
 - 4. Other
- E. Legal Issues
- F. Patient Assessment
- G. Pathophysiology
- H. Etiology
- I. Signs and Symptoms
- J. Pre-hospital Patient Management

XV. Behavioral Emergencies

- A. Terms and Diagnosis
 - 1. Situational Crises
 - 2. Maturation Crises
 - 3. Anxiety
 - 4. Psychosis
 - 5. Depression
 - 6. Manic Behavior
 - 7. Bipolar Behavior
 - 8. Transient Personality Disorder
- B. Pathophysiology
- C. Patient Assessment
 - 1. Initial Approach
 - 2. Mental Status Examination
- D. Management
 - 1. Crises Intervention

- 2. Psychotic Patients
- 3. Suicidal Patients
- 4. Alcohol and Substance Abusers
- 5. Psychological Component of Illness and Injury
- 6. Multicasualty Incidents and Disasters
- E. Legal Issues
- F. Management of Violent Patients
- G. Indications and Appropriate Use of Restraints
- H. Abuse
 - 1. Psychosocial and Psychological Characteristics
 - 2. Physical Signs
 - 3. Management of Common Injuries
 - 4. Interpersonal Skills
 - a. Victims
 - b. Perpetrators
 - Sexual Assault
 - a. Patient Care
 - b. Evidence Requirements
 - 6. Medical, Legal, and Documentation Requirements

EXPERIMENTS/ACTIVITIES:

- A. Standard Precautions
- B. Airway Maintenance and Ventilation
 - 1. Pulse Oximetry
 - 2. Peak Expiratory Flow Testing
 - 3. Manual Airway Maneuvers
 - 4. Sellic maneuver
 - 5. Airway Obstruction Maneuvers
 - 6. Upper Airway Suctioning
 - 7. Intubation and Extubation
 - 8. Insertion of Nasogastric Tube
 - 9. Insertion of Orogastric Tube
 - 10. Insertion of Oropharyngeal Airway
 - 11. Insertion of Nasopharyngeal Airway
 - 12. Patient Ventilation
 - 13. Supplemental Oxygen Delivery Devices
 - 14. Application of a CPAP/Bipap Unit
 - 15. Auscultation of the Chest
- C. Drug Administration
 - 1. Cannulation of Peripheral or External Jugular Veins
 - 2. Intraosseous Needle Placement
 - 3. Administration of Medication (oral, inhalation, gastric tube, rectal, parental)
 - 4. Obtaining a Blood Sample
 - 5. Disposal of Contaminated Items
 - 6. Mathematics of Drug Administration
- D. Trauma Assessment and Treatment
 - 1. Abdominal Assessment
 - a. PASG Use
 - b. Fracture Stabilization
 - 2. Thoracic Assessment
 - 3. Thoracic Techniques
 - a. Needle Decompression
 - b. Fracture Stabilization
 - 4. Spinal Trauma Assessment
 - 5. Non-Traumatic Spinal Assessment
 - 6. Spinal Injury Immobilization

- 7. Helmet Removal Techniques
- 8. Burn Assessment
- E. Interpersonal Skills
 - 1. History
 - 2. Consent to Treat
- F. Behavioral Emergencies
 - 1. Assessment Techniques
 - 2. Physical Examination
 - 3. Signs and Symptoms
 - 4. Standard Precautions
 - 5. Personal Protective Equipment

PAR 120 PARAMEDIC PRACTICE II CREDITS 8

DESCRIPTION:

The study of the cardiovascular system as it relates to paramedic practice including: medications, electrical activity of the heart, pathophysiology, assessment, and patient treatment techniques. Electrocardiogram use in paramedic practice including applicati on and interpretation. Paramedic practice as related to all body systems and diseases to include: endocrine, nervous system, gastrointestinal, genitourinary/reproduction, acute abdomen, reproduction, anaphylaxis, toxicology, alcoholism, drug abuse, environmental injuries, obstetrics and gynecology, neonatal emergencies, pediatric and geriatric patients. Lecture: 5 hours. Laboratory: 6 hours.

Pre-requisites: PAR 110

COMPETENCIES:

Upon completion of this course the student can:

- 1. Describe the incidence, morbidity, and mortality of cardiovascular disease,
- 2. Identify the factors affecting venous return and cardiac output,
- 3. Describe normal and abnormal electrical activity of the heart,
- 4. Apply normal and abnormal electrical activity of the heart to electrocardiogram assessment,

- 5. Describe and apply mechanical, electrical, and pharmacologic techniques for managing patients with various cardiovascular conditions,
- 6. Describe the causes, assessment and pre-hospital treatment of the patient in cardiac arrest,
- 7. Describe the causes, assessment and pre-hospital treatment of the patient with syncope,
- 8. Describe the causes, assessment and pre-hospital treatment of the patient with chest pain,
- 9. Describe the causes, assessment, and pre-hospital treatment of the patient with palpitations,
- 10. Describe the causes, assessment, and pre-hospital treatment of the patient with circulatory compromise,
- 11. Integrate pathophysiological principles and assessment findings to formulate a field impression and implement the treatment plan for the patient with cardiovascular disease,
- 12. Describe the pathophysiology of the endocrine, nervous, gastrointestinal, genitourinary and reproductive systems,
- 13. Describe and apply assessment techniques for endocrine, nervous, gastrointestinal, genitourinary, and reproductive systems,
- 14. Describe patient management techniques for endocrine, nervous, gastrointestinal, genitourinary, and reproductive systems,
- 15. Describe the pathophysiology for specific medical conditions such as acute abdomen, anaphylaxis, alcoholism, drug abuse, environmental injuries, obstetrics and gynecology and neonatal,
- 16. Describe patient management techniques for specific medical conditions such as acute abdomen, anaphylaxis, alcoholism, drug abuse, environmental injuries, obstetrics and gynecology, and neonatal,
- 17. Describe and apply assessment techniques for specific medical conditions such as acute abdomen, anaphylaxis, alcoholism, drug abuse, environmental injuries, obstetrics and gynecology, and neonatal,
- 18. Integrate pathophysiological principles, assessment findings, and patient management with respect to patients with endocrine, nervous, gastrointestinal, genitourinary, and reproductive systems, emergencies,
- 19. Integrate pathophysiological principles, assessment findings, and patient management with respect to patients with specific problems such as acute abdomen, anaphylaxis, alcoholism, drug abuse, environmental injuries, obstetrics and gynecology, and neonatal,
- 20. List common causes of altered mental status in emergency situations,
- 21. Describe the pathophysiology unique to pediatric and geriatric patient populations,
- 22. Describe and apply assessment techniques used for geriatric and pediatric patient populations,
- 23. Describe patient management techniques for pediatric and geriatric emergencies,
- 24. Integrate pathophysiological principles, assessment findings, and patient management for pediatric and geriatric patients,
- 25. Describe the basic concepts of health and disease, and
- 26. Apply standard precautions to pre-hospital patient care.

OUTLINE:

- I. Cardiovascular Disease
- II. Anatomy Review
 - A. Coronary Arteries
 - B. Major Vessels
 - C. Chambers
 - D. Cardiac Conduction System
- III. Venous Return
- IV. Cardiac Output
- V. Electrical Activity of the Heart
 - A. Normal Cardiac Rhythm
 - B Relationship of Electrical Activity to ECG
 - C. Electrocardiogram
 - D. Rate Calculation
 - E. Pattern Recognition
 - F. QRS
 - G. Patterns
 - H. Basic Rhythms
 - I. Four Sites for Signal Origination
 - J. Sinus Node Rhythms

VI. Arrhythmias

- A. Premature Complexes
- B. Atrial Fibrillation and Flutter
- C. AV Blocks
- D. Bundle Branch Blocks
- VII. Pacemakers
- VIII. Defibrillators
- IX. Cardiac Arrest
 - A. Causes
 - B. Patient Assessment
 - 1. History
 - 2. Physical Examination
 - C. Rhythms Associated with Cardiac Arrest
 - D. Patient Management
 - E. Special Considerations
 - F. Terminating Efforts
 - G. Medications

X. When the Pulse is Absent

- A. Physical Examination
- B. Management Approach
- C. Trauma
- D. Electric Shock
- E. Near-Drowning
- F. Hypothermia

XI. Circulatory Compromise

- A. Pathophysiology
- B. Signs and Symptoms
- C. Patient Assessment
 - 1. History
 - 2. Physical Examination
- D. Patient Management
 - 1. Oxygenation
 - 2. Controlling Blood Loss

- 3. Fluid Administration
- 4. Electrical Therapy
- 5. Medication

E. Patient Management Selected Conditions

- 1. Symptomatic Bradycardia
- 2. Symptomatic Tachycardia
- 3. Wide-Complex Tachycardia
- 4. Narrow-Complex Tachycardia
- 5. Congestive Heart Failure
- 6. Anaphylaxis

XII. Syncope

- A. Pathophysiology
 - 1. Vasovagal
 - 2. Orthostatic Hypotension
 - 3. Other Causes
- B. Patient Assessment
 - History
 - 2. Physical Examination
- C. Management
- D. Medications

XIII. Chest Pain

- A. Pathophysiology
- B. Patient Assessment
 - 1. History
 - 2. Physical Examination
 - 3. Key Findings
 - 4. Signs and Symptoms
- C. Medications
- D. Pre-Hospital Management

XIV. Palpitations

- A. Pathophysiology
- B. Patient Assessment
 - 1. History
 - 2. Physical Examination
 - 3. Signs and Symptoms
 - a. Bradvcardia
 - b. AV Heart Block
 - c. Narrow Complex Tachycardia
 - d. Atrial Fibrillation
 - e. Premature Ventricular Contractions
 - 4. ECG Findings
- C. Pre-Hospital Management
 - 1. When to Begin Intervention
 - 2. Medications

XV. Endocrine System

- A. Pathophysiology
 - 1. Diabetes Mellitus
 - a. Type I
 - b. Type II
 - c. Common Complications
 - 2. Hypoglycemia
 - 3. Diabetic Ketoacidosis
 - 4. Hyperglycemia
 - 5. Hyperosmolar Coma
 - 6. Chronic Diabetic Problems
 - 7. Diabetic Emergencies

- B. Patient Assessment
 - 1. History
 - 2. Physical Examination
- C. Pre-Hospital Patient Management
 - Clinical Manifestations
 - 2. Medications

XVI. Nervous System

- A. Altered Mental Status
 - 1. Pathophysiology
 - 2. Common Causes
 - a. Cerebrovascular Accident
 - b. Hypoglycemia
 - c. Hypoperfusion
 - d. Hypoxia
 - e. Meningitis
 - f. Seizures
 - g. Toxins
 - h. Tumors
 - 3. Clinical Findings
- B. Headache
 - 1. Pathophysiology
 - 2. Patient Assessment
 - 3. Clinical Findings
 - 4. Complications
- C. Patient Assessment
 - 1. Patient History
 - 2. Physical Examination
- D. Pre-Hospital Patient Management

XVII. Non Traumatic Bleeding

- A. Pathophysiology
- B. Diseases or Conditions
- C. Patient Assessment
 - 1. Patient History
 - 2. Physical Examination
- D. Clinical Findings
- E. Complications
- F. Pre-Hospital Patient Management

XVIII. Acute Abdomen

- A. Pathophysiology
- B. Types of Pain
- C. Patient History
- D. Patient Assessment
 - 1. Patient History
 - 2. Physical Examination
- E. Clinical Findings
- F. Complications
- G. Pre-Hospital Patient Management

XIX. Genitourinary System

- A. Pathophysiology
- B. Diseases or Conditions
- C. Patient Assessment
 - 1. Patient History
 - 2. Physical Examination
- D. Clinical Findings
- E. Complications

- F. Pre-Hospital Patient Management
- XX. Drug Abuse, Alcoholism, and Toxicology
 - A. Entry Routes for Toxic Substances
 - B. Drugs
 - 1. Alcohol
 - 2. Salicylates
 - 3. Theophylline Preparations
 - 4. Narcotics
 - 5. Barbiturates
 - 6. Methaqualine
 - 7. Benzodiazepines
 - 8. Cocaine
 - 9. Tricyclic Antidepressants
 - 10. Amphetamines
 - 11. Acetominophen
 - 12. Iron Pills
 - 13. Phencyclidine
 - 14. Lysergic Acid Diethylamide
 - 15. Inhalants
 - C. Patient Assessment
 - 1. History
 - 2. Physical Examination
 - D. Pathophysiology
 - E. Etiology
 - F. Signs and Symptoms
 - G. Pre-Hospital Patient Management
 - H. Pre-Hospital Patient Management of Intoxication and Overdose

XXI. Basic Concepts of Health And Disease

- A. Terminology
- B. Psychosocial Aspects
- C. Inflammatory Process
- D. Immune System Response
- E. Tissue Repair
- F. Pain

XXII. Environmental Emergencies

- A. Bites and Stings
 - 1. Pathophysiology
 - 2. History
 - 3. Physical Examination
 - 4. Pre-Hospital Patient Management
- B. Heat and Cold Related Illnesses
 - 1. Identification
 - 2. Pathophysiology
 - 3. History
 - 4. Physical Examination
 - 5. Pre-Hospital Patient Management
- C. Lightning Injuries
 - 1. Pathophysiology
 - 2. History
 - 3. Physical Examination
 - 4. Pre-Hospital Patient Management
- D. High Altitude Illness
 - 1. Pathophysiology
 - 2. Assessment
 - a. History

- b. Physical Examination
- 3. Pre-Hospital Patient Management
- E. Drowning and Near Drowning
 - 1. Identification
 - 2. Pathophysiology (Salt Water Versus Fresh Water)
 - 3. Assessment
 - a. History
 - b. Physical Examination
 - 4. Pre-Hospital Patient Management
- F. Pressure Related Diving Injuries
 - 1. Identification
 - 2. Signs And Symptoms
 - 3. Pathophysiology
 - 4. Assessment
 - a. History
 - b. Physical Examination
 - 5. Pre-Hospital Patient Management

XXIII. Geriatric Populations

- A. Aging and The Human Body
 - 1. Physiology
 - 2. Anatomy
- B. Assessment Problems and Techniques
- C. Selected Problems in Geriatric Populations
 - 1. Trauma
 - 2. Respiratory Disorders
 - 3. Cardiovascular Disorders
 - 4. Gastrointestinal Disorders
 - 5. Neurological Disorders
 - 6. Psychiatric Illness
 - 7. Medication Use and Abuse
 - 8. Special Equipment
 - 9. Special Preparations
- D. Epidemiology of Critical Illness and Trauma
- E. Physical Examination
- F. Environmental Emergencies
- G. Pre-Hospital Patient Management
- H. Elder Abuse and Neglect

XXIV. Pediatric Populations

- A. Special Equipment and Techniques
- B. Pre-Hospital Patient Management of Critical Conditions
 - 1. Airway and Breathing Compromise
 - a. Anatomic Airway Compromise
 - b. Bronchiolitis
 - c. Asthma
 - d. Croup
 - e. Epiglotitis
 - f. Foreign Body Obstruction
 - g. Respiratory Distress and Failure
 - 2. Circulatory Compromise
 - a. Shock
 - b. Fluid Replacement
 - c. Hypothermia
 - d. Cardiac Arrest
 - e. Sudden Infant Death Syndrome

- 3. Altered Level of Responsiveness
 - a. Hypoglycemia
 - b. Seizures
- 4. Infectious Processes
 - a. Sepsis
 - b. Meningitis
 - c. Reye's Syndrome
- 5. Neonatal Resuscitation
 - a. Evaluating the Need
 - b. Techniques
 - c. Premature Infants
 - d. Meconium Staining
- C. Psychosocial Aspects of Pediatric Care
 - 1. Developmental Stages
 - 2. Approach to the Patient
- D. Medical Assessment
 - 1. History
 - 2. Physical Examination
 - a. Respiratory
 - b. Cardiovascular System
 - c. Central Nervous System
- E. Trauma Assessment

XXV. OB/GYN/Neonatal

- A. Anatomy and Physiology of Pregnancy
- B. Pathophysiology, Risk Factors, and Signs and Symptoms
 - 1. Complications of Pregnancy
 - a. Spontaneous Abortion
 - b. Threatened Abortion
 - c. Ectopic Pregnancy
 - d. Hyperemesis Gravidum
 - e. Premature Labor
 - f. Toxemia of Pregnancy
 - g. Abruption Placenta
 - h. Placenta Previa
 - i. Multiple Pregnancies
 - j. Pre-Hospital Patient Management
 - 2. Complications of Labor and Delivery
 - a. Prolapsed Cord
 - b. Breech Presentation
 - c. Limb Presentation
 - d. Postpartum Hemorrhage/Infection
 - e. Meconium Stained Amniotic Fluid
 - f. Pre-Hospital Patient Management
- C. Normal Labor and Delivery Management
 - 1. Phases of Labor
 - 2. Actions of Drugs Used for Labor and Delivery
 - 3. Signs and Symptoms of Imminent Delivery
 - 4. Equipment and Steps for Normal Delivery
 - 5. Newborn Care and Resuscitation
 - 6. Pre-Hospital Patient Management

EXPERIMENTS/ACTIVITIES:

- I. Electrocardiogram
 - A. Electrical Activity of the Heart
 - B. Relationship of Electrical Activity to ECG
 - C. Normal Cardiac Rhythm

- D. Electrocardiogram Application
- E. Determine Cardiac Rhythm
 - 1. Rate Calculation
 - 2. Pattern Recognition
 - 3. Ors Width
 - 4. Atrial Activity
 - 5. Relationship Between P Waves and QRS Complexes
- F. Sources of Impulses
- G. Basic Rhythms
 - 1. Sinus Rhythm
 - 2. Sinus Bradycardia
 - 3. Sinus Tachycardia
 - 4. Sinus Dysrhythmia
 - 5. Junctional Rhythm
 - 5. Junctional Knythin
 - 6. Junctional Bradycardia
 - 7. Junctional Tachycardia
 - 8. Ventricular Rhythm
 - 9. Ventricular Bradycardia
 - 10. Ventricular Tachycardia
 - 11. Couplets and Paroxysmal Tachycardia
 - 12. Ventricular Fibrillation
 - a. Paroxysmal Atrial Tachycardia
 - b. Paroxysmal Junctional Tachycardia
 - c. Paroxysmal Supraventricular Tachycardia
 - d. Paroxysmal Ventricular Tachycardia
 - 13. Asytole
 - 14. Escape Rhythms
- H. Four Sites for Signal Origination
- I. Sinus Node Rhythms
- J. Arrhythmias
- K. Premature Complexes
 - 1. Premature Atrial Complexes
 - 2. Premature Junctional Complexes
 - 3. Premature Ventricular Complexes
- L. Atrial Fibrillation and Flutter
- M. AV Blocks
 - 1. First Degree Block
 - 2. Second Degree Variable AV Block
 - 3. Second Degree Fixed AV Block
 - 4. Third Degree AV Block
- II. Pacemakers and Implanted Defibrillators
 - A. Identification
 - B. Bundle Branch Blocks
 - C. Special Considerations
- III. Cardiac Arrest
 - A. Patient Assessment
 - 1. Responding to the Call
 - 2. Approaching the Patient
 - 3. Recognizing Cardiac Arrest
 - 4. Physical Examination
 - B. Associated Rhythms
 - C. Patient Management
 - 1. Mechanical Therapy
 - 2. Electrical Therapy
 - 3. Pharmacological Therapy
 - 4. Restoring Circulation

- 5. Specific Cardiac Arrest Conditions
 - a. Ventricular Fibrillation
 - b. Pulseless Ventricular Tachycardia
 - c. Pulseless Electrical Activity
 - d. Asytole
- D. Special Considerations
 - 1. Traumatic Arrest
 - 2. Electric Shock
 - 3. Near Drowning
 - 4. Hypothermia
 - 5. Transport
- E. Terminating Efforts
- IV. Defibrillators
 - A. Indications
 - B. Application
 - C. Pre-Hospital Use
 - V. When the Pulse is absent
 - A. Physical Examination
 - B. Signs and Symptoms
 - C. Medications
- VI. Compromised Circulation
 - A. Physical Examination
 - 1. Pulses
 - 2. Respiration
 - 3. Skin
 - 4. Blood Pressure
 - 5. Bleeding
 - B. Relationship of Vital Signs to Circulation and Perfusion
 - C. Pre-Hospital Medication
- VII. Syncope
 - A. Physical Examination
 - B. Key Signs and Symptoms
 - 1. Tilt Test
 - 2. Vital Signs
 - 3. ECG Findings
- VIII. Chest Pain
 - A. Physical Examination
 - B. Key Signs and Symptoms
 - 1. Life-Threatening
 - 2. Not Life-Threatening
 - 3. ECG Findings
- IX. Palpitations
 - A. Physical Examination
 - B. Key Signs and Symptoms
 - 1. Stable
 - 2. Unstable
 - 3. Fast or Slow
 - 4. ECG Findings
 - C. Pre-Hospital Management
- X. Interpersonal Skills
 - A. History
 - B. Informed Consent
- XI. Endocrine System
 - A. Assessment Techniques
 - B. Physical Examination
 - C. Signs and Symptoms

- XII. Nervous System
 - A. Assessment Techniques
 - B. Physical Examination
 - C. Signs and Symptoms
- XIII. Acute Abdomen
 - A. Assessment Techniques
 - B. Physical Examination
 - C. Signs and Symptoms
- XIV. Anaphylaxis
 - A. Assessment Techniques
 - B. Physical Examination
 - C. Signs and Symptoms
- XV. Drug Abuse and Alcoholism
 - A. Assessment Techniques
 - B. Physical Examination
 - C. Signs and Symptoms
- XVI. Environmental Injuries
 - A. Assessment Techniques
 - B. Physical Examination
 - C. Signs and Symptoms
- XVII. Geriatric Patients
 - A. Assessment Techniques
 - B. Physical Examination
 - C. Signs And Symptoms
- XVIII. Pediatric and Neonatal Patients
 - A. Assessment Techniques
 - B. Physical Examination
 - C. Signs and Symptoms
 - D. Special Equipment
 - E. CPR
 - F. Neonatal Resuscitation Techniques
 - G. Advanced Life Support
 - H. Trauma Assessment
- XIX. Obstetrics And Gynecology
 - A. Assessment Techniques Obstetric Patient
 - B. Physical Examination
 - C. Signs and Symptoms
 - D. Techniques for Labor and Delivery
 - E. Assessment Techniques Newborn
 - F. Physical Examination
 - G. Resuscitation
- XX. Interpersonal Skills
 - A. History
 - B. Informed Consent

PAR 220 PARAMEDIC PRACTICE III CREDITS 5

DESCRIPTION:

Paramedic Practice as related to major incident response, rescue, and stress management. Instruction and certification offered for American Heart Association (AHA), Advanced Cardiac Life Support (ACLS), AHA Pediatric Advanced Life Support (PALS), Neonatal Advanced Life Support (NALS) and Basic Trauma Life Support (BTLS). Lecture: 4 hours. Laboratory: 2 hours.

Prerequisites: Completed PAR 110, PAR 120

COMPETENCIES:

Upon successful completion of this course the student can:

- 1. Evaluate and manage the first 10 minutes of a witnessed adult, ventricular fibrillation cardiac arrest,
- 2. Perform critical actions for managing respiratory arrest with a pulse,
- 3. Perform critical actions for managing patients with dysrhythmias,
- 4. Describe critical actions for managing the acute MI patient,
- 5. Describe the infant or child at risk of cardiopulmonary arrest,
- 6. List strategies for preventing cardiopulmonary arrest in infants and children,
- 7. Demonstrate skills necessary for resuscitation and stabilization of the infant or child in respiratory failure, shock, or cardiopulmonary arrest,
- 8. Discuss the physiology of asphyxia requiring neonatal resuscitation,
- 9. Describe the initial steps to neonatal resuscitation,
- 10. Describe rapid assessment of the neonate requiring resuscitation,
- 11. Demonstrate neonatal resuscitation techniques,
- 12. Demonstrate correct technique for neonatal chest compression,
- 13. Correlate positive pressure ventilation with neonatal chest compressions,
- 14. Identify equipment needed for neonatal intubation,
- 15. Demonstrate necessary skills for neonatal intubation,
- 16. List the medications used to resuscitate the neonate, their mechanism of action and indications and dosage,

- 17. Describe the organization and responsibilities of the paramedic in a multiple-casualty incident,
- 18. Define hazardous materials,
- 19. Describe paramedic responsibilities and patient management in hazardous materials incidents,
- 20. Describe the paramedic's role and responsibilities when dealing with death and dying,
- 21. Describe the signs, symptoms, and causes of stress, and
- 22. Discuss appropriate methods for dealing with stress as a paramedic.

OUTLINE:

- I. Basic Trauma Life Support
 - A. Mechanisms of Injuries due to Motion
 - B. Assessment in Initial Management of the Trauma Patient
 - C. Patient Assessment Skills
 - D. Initial Airway Management
 - E. Airway Management Skills
 - F. Thoracic Trauma
 - G. Shock Evaluation and Management
 - H. Fluid Resuscitation Skills
 - I. Spinal Trauma
 - J. Spine Management Skills
 - K. Head Trauma
 - L. Extremity Trauma
 - M. Abdominal Trauma
 - N. Burns
 - O. Trauma in Children
 - P. Trauma in the Elderly
 - Q. Trauma in Pregnancy
 - R. Patients Under the Influence of Alcohol or Drugs
 - S. Critical Trauma Situations: "Load And Go"
 - T. The Trauma Cardiopulmonary Arrest
 - U. Blood and Body Fluid Precautions in the Pre-Hospital Setting
 - V. Communications
 - W. Documentation
 - X. Trauma Care in the Cold
 - Y. Medical Helicopter
 - Z. Trauma Scoring
 - AA. Drowning, Barotrauma and Decompression Injury
 - AB. Injury Prevention and the Role of the EMS Provider
- II. Advanced Cardiac Life Support
 - A. Ventricular Fibrillation Cardiac Arrest
 - 1. Evaluation
 - 2. Patient Management
 - B. Respiratory Arrest with Pulse
 - 1. Evaluation
 - 2. Patient Management
 - C. Ventricular Fibrillation
 - 1. Evaluation
 - 2. Patient Management
 - D. Asystole
 - 1. Evaluation
 - 2. Patient Management
 - E. Bradycardia

- 1. Evaluation
- 2. Patient Management
- F. Tachycardia
 - 1. Stable
 - 2. Unstable
 - 3. Evaluation
 - 4. Patient Management
- G. Acute MI
 - 1. Evaluation
 - 2. Patient Management
- H. Special Situations
 - 1. Evaluation
 - 2. Patient Management
- III. Pediatric Advanced Life Support
 - A. Infant and Child at Risk for Cardiopulmonary Arrest
 - 1. Patient Assessment
 - 2. Signs and Symptoms
 - B. Preventing Cardiopulmonary Arrest in Infants and Children
 - C. Resuscitation of the Infant
 - 1. In Respiratory Arrest
 - 2. In Shock
 - 3. In Cardiopulmonary Arrest
 - D. Resuscitation of the Child
 - 1. In Respiratory Arrest
 - 2. In Shock
 - 3. In Cardiopulmonary Arrest
- IV. Neonatal Resuscitation Program
 - A. Physiology of Asphyxia Requiring Neonatal Resuscitation
 - B. Rapid Assessment of the Neonate
 - C. Initial Steps to Neonatal Resuscitation
 - 1. Assessment
 - 2. Signs and Symptoms
 - D. Neonatal Resuscitation Techniques
 - E. Neonatal Chest Compression
 - 1. Correlating with Positive Pressure Ventilation
 - 2. Correct Technique
 - F. Neonatal Intubation
 - 1. Equipment
 - 2. Techniques
 - G. Medications in Neonatal Resuscitation
 - 1. Mechanism
 - 2. Action
 - 3. Indications
 - 4. Contraindications
 - 5. Dosage
- V. Major Incident Response
 - A. Systematic Approach
 - 1. First on the Scene
 - 2. Protection
 - 3. Assessment
 - 4. Communication
 - 5. Command
 - 6. Medical Direction
 - 7. Triage
 - 8. Reassessment and Treatment
 - 9. Transport

- 10. Second and Subsequent Units on the Scene
- B. Role of Physicians and Hospitals
- C. Critical Incident Debriefing
- D. Application to Smaller Incidents
- VI. Hazardous Materials Incidents
 - A. Classes of Hazardous Materials
 - B. Nature of Hazardous Materials Incidents
 - C. Nature of Hazardous Materials
 - D. Hazardous Materials Scene Management
 - E. Personal Protective Equipment
 - F. Patient Decontamination and Treatment
 - G. EMS Personnel Decontamination
 - H. Potential Injuries
 - I. Patient Transport
 - J. Radiation Incidents
 - 1. Nature of Radiation Incidents
 - 2. Types of Radiation Incidents
 - 3. Basic Radiation Protection Principles
 - 4. Radiation Incident Scene Management
 - 5. Potential Injuries of Radiation Incident
 - 6. Assessment of Radiation Exposure Victim
 - 7. Emergency Treatment
 - 8. Decontamination and Transportation

- VII. Death and Dying
 - A. Grief and Mourning Process
 - B. Communication with Families and Survivors
 - C. Stress Management
 - D. Organ Donation
 - E. Advanced Directives
 - F. Stages of Death
 - G. Hospice
- VIII. Stress Management
 - A. Physiology of Stress
 - B. Causes of Stress
 - C. Signs and Symptoms
 - D. Types of Stress Reactions
 - E. Stress and the Emergency Responder
 - F. Critical Incident Stress
 - G. Role of Debriefing in Stress Management
 - H. Stress Management Strategies
 - I. Stress Related to Paramedic Education and Job
 - J. Appropriate Methods for Dealing with Stress

EXPERIMENTS/ACTIVITIES:

- I. Basic Trauma Life Support
 - A. Assessment in Initial Management of the Trauma Patient
 - B. Patient Assessment Skills
 - C. Initial Airway Management
 - D. Thoracic Trauma Assessment and Management

- E. Shock Assessment and Management
- F. Fluid Management
- G. Spinal Trauma Assessment and Management
- H. Head Trauma Assessment and Management
- I. Extremity Trauma Assessment and Management
- J. Abdominal Trauma Assessment and Management
- K. Burn Assessment and Management
- L. Trauma in Children Assessment and Management
- M. Trauma in The Elderly Assessment and Management
- N. Trauma in Pregnancy Assessment and Management
- O. Patients Under the Influence of Alcohol or Drugs Assessment and Management
- P. Critical Trauma Situations: "Load and Go" Assessment and Management
- Q. The Trauma Cardiopulmonary Arrest
- R. Standard Precautions in the Pre-Hospital Setting
- S. Trauma Care in the Cold
- T. Trauma Scoring
- U. Drowning, Barotrauma and Decompression Injury Assessment and Management
- II. Advanced Cardiac Life Support
 - A. Ventricular Fibrillation Cardiac Arrest Evaluation and Treatment
 - B. Respiratory Arrest with Pulse Evaluation and Treatment
 - C. Ventricular Fibrillation Evaluation and Treatment
 - D. Asystole Evaluation and Treatment
 - E. Bradycardia Evaluation and Treatment
 - F. Tachycardia Evaluation and Treatment
 - 1. Stable
 - 2. Unstable
 - 3. Evaluation and Treatment
 - G. Acute MI Evaluation and Treatment
 - H. Special Situations Evaluation and Treatment
- III. Pediatric Advanced Life Support
 - A. Infant and Child at Risk for Cardiopulmonary Arrest Evaluation and Treatment
 - B. Preventing Cardiopulmonary Arrest in Infants and Children
 - C. Resuscitation of the Infant
 - 1. In Respiratory Arrest
 - 2. In Shock
 - 3. In Cardiopulmonary Arrest
 - D. Resuscitation of the Child
 - 1. In Respiratory Arrest
 - 2. In Shock
 - 3. In Cardiopulmonary Arrest
- IV. Neonatal Resuscitation Program
 - A. Rapid Assessment of the Neonate
 - B. Neonatal Resuscitation Techniques
 - 1. Neonatal Chest Compression
 - 2. Correlating with Positive Pressure Ventilation
 - 3. Neonatal Intubation
 - 4. Equipment
 - 5. Techniques

PAR 2301 CLINICAL PRACTICUM I-A CREDITS 4 (FRACTIONAL CREDIT MODULE FOR PAR 230)

Description:

Provides clinical observation and practice for paramedic procedures in the clinical setting. Provides for application of knowledge from previous paramedic course-work. (Students will conduct 180 hours in rotations through selected hospital departments to include: emergency department, operating room, recovery room and psychiatric unit or crisis center.)

Components: Practicum: 4 credits (180 contact hours).

Pre-requisites: PAR 220 or Consent of Instructor

Competencies/Student Outcomes:

Upon completion of this course, the student can:

- 1. Implement selected paramedic procedures in the clinical setting,
- 2. Communicate effectively in patient care situations utilizing both verbal and non-verbal skills,
- 3. Apply information presented in paramedic coursework in the clinical setting,
- 4. Demonstrate proficiency in documenting patient care activities,
- 5. Perform basic physical assessment techniques,
- 6. Demonstrate proficiency in intravenous therapy cannulation and management,
- 7. Administer medication either through intramuscular injections, intravenous therapy, oral, sublingual, or nebulizer,
- 8. Describe the indications, contraindications and therapeutic effects of medications delivered in the clinical setting,
- 9. Demonstrate working knowledge of code situations and apply interventions as available,
- 10. Demonstrate proficiency in monitoring patient status to include; pulse oximetry and Dextrostix or Accucheck,
- 11. Establish and/or maintain a patient airway, oxygenate and ventilate a patient,
- 12. Use standard precautions for all patient care,
- 13. Use good communication techniques to inform patients about procedures and obtain patient histories, and
- 14. Describe the signs and symptoms and demonstrate interventions for patients with behavioral emergencies.

Outline:

This course is a laboratory/clinical course; see list of experiments/activities.

Experiments/Activities:

I. Implementation of Paramedic Procedures

- A. Vital Signs
- B. Asepsis (Standard Precautions)
- C. Airway Maintenance and Ventilation
- D. Pulse Oximetry
- E. Peak Expiratory Flow Testing
- F. Manual Airway Maneuvers
- G. Sellic Maneuver
- H. Airway Obstruction Maneuvers
- I. Intubation and Extubation
- J. Insertion of Nasogastric Tube
- K. Insertion of Orogastric Tube
- L. Insertion of Oropharyngeal Airway
- M. Insertion of Nasopharyngeal Airway
- N. Patient Ventilation
- O. Supplemental Oxygen Delivery Devices
- P. Application of a CPAP/BIPAP Unit
- Q. Auscultation of the Chest and Abdomen
- R. Arterial Blood Gas Drawing and Interpretation
- S. Suctioning
- T. Fracture Stabilization
- U. Code Situations and Duties
- V. Coma Scale
- II. Communications
 - A. Medical Record Documentation
 - B. History
 - C. Interpersonal Communication Skills
 - D. Patient Education
- III. Drug Administration
 - A. Cannulation of Peripheral or External Jugular Veins
 - B. Intraosseous Needle Placement
 - C. Administration of Medication (Intravenous, Oral, Inhalation, Sublingual, Gastric Tube, Rectal, Parenteral)
 - D. Obtaining a Blood Sample
 - E. Disposal of Contaminated Items
 - F. Mathematics of Drug Administration
- IV. Cardiology
 - A. Medication
 - B. Patient Management
- V. Patient Care Procedures
 - A. Body Mechanics and Transfer Techniques
 - B. Positioning and Draping
 - C. Assessment Techniques
- VI. Psychiatric (Behavioral Emergencies)
 - A. Patient Assessment
 - B. Management

Experiments:

- 1. Implement selected paramedic procedures in the clinical setting,
- 2. Communicate effectively in patient care situations utilizing both verbal and non-verbal skills,
- 3. Apply information presented in paramedic coursework in the clinical setting,
- 4. Demonstrate proficiency in documenting patient care activities,
- 5. Perform basic physical assessment techniques,
- 6. Demonstrate proficiency in intravenous therapy cannulation and management,
- 7. Administer medication either through intramuscular injections, intravenous therapy, oral, sublingual, or nebulizer,
- 8. Demonstrate working knowledge of code situations and apply interventions as available,

- 9. Demonstrate proficiency in monitoring patient status to include; pulse oximetry and Dextrostix or Accucheck.
- 10. Establish and/or maintain a patient airway, oxygenate and ventilate a patient,
- 11. Use standard precautions for all patient care,
- 12. Use good communication techniques to inform patients about procedures and obtain patient histories, and

PAR 2302 CLINICAL PRACTICUM I-B 3 CREDITS (FRACTIONAL CREDIT MODULE FOR PAR 230)

Description:

Provides for clinical observation and practice of paramedic procedures in the clinical setting, provides for the application of knowledge from previous paramedic course-work. (Students will conduct 135 hours in rotations through selected hospital departments to include: intensive care, coronary care, operating room, pediatric unit, labor and delivery, newborn nursery and morgue.)

Components: Practicum: 3 credits (135 contact hours).

Pre-requisites: PAR 2301

Implementation: Spring 2009

Competencies/Student Outcomes:

Upon completion of this course, the student can:

- 1. Implement selected paramedic procedures in the clinical setting,
- 2. Communicate effectively in patient care situations utilizing both verbal and non-verbal skills.
- 3. Apply information presented in paramedic coursework in the clinical setting,
- 4. Demonstrate proficiency in documenting patient care activities,
- 5. Perform basic physical assessment techniques,
- 6. Demonstrate proficiency in intravenous therapy cannulation and management,
- 7. Administer medication either through intramuscular injections, intravenous therapy, oral, sublingual, or nebulizer,
- 8. Describe the indications, contraindications and therapeutic effects of medications delivered in the clinical setting,
- 9. Demonstrate working knowledge of code situations and apply interventions as available,
- 10. Demonstrate proficiency in monitoring patient status to include; pulse oximetry, cardiac monitoring, cardiac pacing and Dextrostix or Accucheck,
- 11. Establish and/or maintain a patient airway, oxygenate and ventilate a patient,
- 12. Use standard precautions for all patient care,
- 13. Use good communication techniques to inform patients about procedures and obtain patient histories, and
- 14. Describe the signs and symptoms and demonstrate interventions for patients with behavioral emergencies.

Outline

This course is a laboratory/clinical course; see list of experiments/activities.

Experiments/Activities:

- I. Implementation of Paramedic Procedures
 - A. Vital Signs
 - B. Asepsis (Standard Precautions)
 - C. Airway Maintenance and Ventilation
 - D. Pulse Oximetry
 - E. Peak Expiratory Flow Testing
 - F. Manual Airway Maneuvers
 - G. Sellic Maneuver
 - H. Airway Obstruction Maneuvers
 - I. Intubation and Extubation
 - J. Insertion of Nasogastric Tube
 - K. Insertion of Orogastric Tube
 - L. Insertion of Oropharyngeal Airway
 - M. Insertion of Nasopharyngeal Airway
 - N. Patient Ventilation
 - O. Supplemental Oxygen Delivery Devices
 - P. Application of a CPAP/BIPAP Unit
 - Q. Auscultation of the Chest and Abdomen
 - R. Arterial Blood Gas Drawing and Interpretation
 - S. Suctioning
 - T. Fracture Stabilization
 - U. Code Situations and Duties
 - V. Coma Scale
 - W. Obstetric Patient Care (Labor and Delivery)
 - X. Apgar Score
 - Y. Neonatal Care (Normal and Compromised)
- II. Communications
 - A. Medical Record Documentation
 - B. History
 - C. Interpersonal Communication Skills
 - D. Patient Education
- III. Drug Administration
 - A. Cannulation of Peripheral or External Jugular Veins
 - B. Intraosseous Needle Placement
 - C. Administration of Medication (Intravenous, Oral, Inhalation, Sublingual, Gastric Tube, Rectal. Parenteral)
 - D. Obtaining a Blood Sample
 - E. Disposal of Contaminated Items
 - F. Mathematics of Drug Administration
- IV. Cardiology
 - A. Basic Rhythms
 - B. Ecg Application, Monitoring, and Interpretation
 - C. Dysrhythmias
 - D. Defibrillation
 - E. External Pacemaker
 - F. Medication
 - G. Patient Management
- V. Patient Care Procedures
 - A. Body Mechanics and Transfer Techniques
 - B. Positioning and Draping
 - C. Assessment Techniques
- VI. Psychiatric (Behavioral Emergencies)
 - A. Patient Assessment
 - B. Management

Experiments:

- 1. Implement selected paramedic procedures in the clinical setting,
- 2. Communicate effectively in patient care situations utilizing both verbal and non-verbal skills,
- 3. Apply information presented in paramedic coursework in the clinical setting,
- 4. Demonstrate proficiency in documenting patient care activities,
- 5. Perform basic physical assessment techniques,
- 6. Demonstrate proficiency in intravenous therapy cannulation and management,
- 7. Administer medication either through intramuscular injections, intravenous therapy, oral, sublingual, or nebulizer,
- 8. Demonstrate working knowledge of code situations and apply interventions as available,
- 9. Demonstrate proficiency in monitoring patient status to include; pulse oximetry, cardiac monitoring, cardiac pacing and Dextrostix or Accucheck,
- 10. Establish and/or maintain a patient airway, oxygenate and ventilate a patient,
- 11. Use standard precautions for all patient care,
- 12. Use good communication techniques to inform patients about procedures and obtain patient histories.

PAR 2401 FIELD INTERNSHIP I-A 3 CREDITS (FRACTIONAL CREDIT MODULE FOR PAR 240)

Description:

Provides field-work with assigned ambulance services. Provides for application of knowledge from previous paramedic courses and clinical experiences to deliver pre-hospital care to patients. Students will complete a minimum 225 hours of field experience.

Components: Practicum: 3 credits (135 contact hours).

Pre-requisites: (PAR 220 and PAR 2301) or Consent of Instructor

Implementation: Spring 2009

Competencies/Student Outcomes:

Upon completion of this course, the student can:

- 1. Implement selected paramedic procedures in the pre-hospital setting,
- 2. Communicate effectively in patient care situations utilizing both verbal and non-verbal communication skills,
- 3. Apply information presented in paramedic coursework in the pre-hospital setting,
- 4. Demonstrate proficiency in documenting patient care activities,
- 5. Perform basic physical assessment techniques,
- 6. Demonstrate proficiency in intravenous therapy cannulation and management,
- 7. Administer medication either through intramuscular injections, intravenous therapy, oral, sublingual, or nebulizer,
- 8. Describe the indications, contraindications, and therapeutic effects of medications delivered in the pre-hospital setting,
- 9. Demonstrate working knowledge of code situations and apply interventions as available,
- 10. Demonstrate proficiency in monitoring patient status to include pulse oximetry, cardiac monitoring, cardiac pacing and Dextrostix or Accucheck,
- 11. Establish and/or maintain a patient airway, oxygenate and ventilate a patient,

- 12. Use standard precautions for all patient care,
- 13. Use good communication techniques to inform patients about procedures and obtain patient histories,
- 14. Describe the signs and symptoms and demonstrate interventions for patients with behavioral emergencies,
- 15. Demonstrate knowledge and proficiency in rescue procedures and techniques when dealing with single and multiple injury incidents, and
- 16. Provide pertinent information regarding patient condition and treatment rendered by radio communication to receiving facility.

Outline:

This course is a laboratory/clinical course; see list of experiments/activities.

Experiments/Activities:

- I. Implementation of Paramedic Procedures
 - A. Vital Signs
 - B. Asepsis (Standard Precautions)
 - C. Intubation and Extubation
 - D. Airway Maintenance and Ventilation
 - E. Pulse Oximetry
 - F. Peak Expiratory Flow Testing
 - G. Manual Airway Maneuvers
 - H. Sellic Maneuver
 - I. Airway Obstruction Maneuvers
 - J. Insertion of Nasogastric Tube
 - K. Insertion of Orogastric Tube
 - L. Insertion of Oropharyngeal Airway
 - M. Insertion of Nasopharyngeal Airway
 - N. Supplemental Oxygen Delivery Devices
 - O. Application of A Cpap/Bipap Unit
 - P. Auscultation of the Chest and Abdomen
 - Q. Arterial Blood Gas Drawing and Interpretation
 - R. Suctioning
 - S. Fracture Stabilization
 - T. Code Situations and Duties
 - U. Coma Scale
 - V. Apgar Score
- II. Communications
 - A. Medical Record Documentation
 - B. History
 - C. Interpersonal Communication Skills
 - D. Radio
- III. Drug Administration
 - A. Intraosseous Needle Placement
 - B. Administration of Medication (Intramuscular, Intravenous, Sublingual Oral, Inhalation,

Gastric Tube, Rectal, Parenteral)

- C. Disposal of Contaminated Items
- D. Mathematics of Drug Administration
- E. Indications, Contraindications, and Therapeutic Effects
- IV. Initial Patient Assessment and Management Techniques
- A. Initial Patient Assessment
- B. Patient Management Techniques
- V. Patient Care Procedures
 - A. Body Mechanics and Transfer Techniques

- B. Assessment Techniques
- VI. Assessment
 - A. Cardiovascular Assessment and Treatment
 - B. Psychiatric (Behavioral Emergencies)
 - 1. Patient Assessment
 - 2. Management
 - C. Trauma Assessment and Pre-Hospital Management
 - D. Rescue and Major Incident Pre-Hospital Management
 - E. Respiratory Assessment and Pre-Hospital Management
 - F. Infectious Disease Assessment and Pre-Hospital Management
 - G. Shock Assessment and Pre-Hospital Management
 - H. Anaphylaxis Assessment and Pre-Hospital Management
 - I. Pediatric Assessment and Pre-Hospital Management
 - J. Geriatric Assessment and Pre-Hospital Management
 - K. Obstetric Assessment and Pre-Hospital Management
 - L. Neonatal Care (Normal and Compromised) Pre-Hospital Management
 - M. Abdominal Assessment and Pre-Hospital Management
 - N. Chest Assessment and Pre-Hospital Management
 - O. Endocrine Assessment and Pre-Hospital Management
 - P. Nervous System Assessment and Pre-Hospital Management
 - Q. Burn Assessment and Pre-Hospital Management

Experiments:

- 1. Implement selected paramedic procedures in the pre-hospital setting.
- Communicate effectively in patient care situations utilizing both verbal and non-verbal communication skills.
- 3. Apply information presented in paramedic coursework in the pre-hospital setting.
- 4. Demonstrate proficiency in documenting patient care activities.
- 5. Perform basic physical assessment techniques.
- 6. Demonstrate proficiency in intravenous therapy cannulation and management.
- 7. Administer medication either through intramuscular injections, intravenous therapy, oral, sublingual, or nebulizer.
- 8. Demonstrate working knowledge of code situations and apply interventions as available.
- 9. Demonstrate proficiency in monitoring patient status to include pulse oximetry, cardiac monitoring, cardiac pacing and Dextrostix or Accucheck.
- 10. Establish and/or maintain a patient airway, oxygenate and ventilate a patient.
- 11. Use standard precautions for all patient care.
- 12. Use good communication techniques to inform patients about procedures and obtain patient histories.
- 13. Demonstrate knowledge and proficiency in rescue procedures and techniques when dealing with single and multiple injury incidents.
- 14. Provide pertinent information regarding patient condition and treatment rendered by radio communication to receiving facility.

PAR 2402 FIELD INTERNSHIP I-B 4 CREDITS (FRACTIONAL CREDIT MODULE FOR PAR 240)

Description:

Provides field-work with assigned ambulance services. The student will apply knowledge from previous paramedic courses and clinical experiences to deliver pre-hospital care to patients. Students will complete a minimum 300 hours of field experience.

Components: Practicum: 4 credits (300 contact hours).

Pre-requisites: PAR 2401

Implementation: Spring 2009

Competencies/Student Outcomes:

Upon completion of this course, the student can:

- 1. Implement selected paramedic procedures in the pre-hospital setting,
- 2. Communicate effectively in patient care situations utilizing both verbal and non-verbal communication skills,
- 3. Apply information presented in paramedic coursework in the pre-hospital setting,
- 4. Demonstrate proficiency in documenting patient care activities,
- 5. Perform basic physical assessment techniques,
- 6. Demonstrate proficiency in intravenous therapy cannulation and management,
- 7. Administer medication either through intramuscular injections, intravenous therapy, oral, sublingual, or nebulizer,
- 8. Describe the indications, contraindications, and therapeutic effects of medications delivered in the pre-hospital setting,
- 9. Demonstrate working knowledge of code situations and apply interventions as available.
- 10. Demonstrate proficiency in monitoring patient status to include pulse oximetry, cardiac monitoring, cardiac pacing and Dextrostix or Accucheck,
- 11. Establish and/or maintain a patient airway, oxygenate and ventilate a patient,
- 12. Use standard precautions for all patient care,
- 13. Use good communication techniques to inform patients about procedures and obtain patient histories,
- 14. Describe the signs and symptoms and demonstrate interventions for patients with behavioral emergencies,
- 15. Demonstrate knowledge and proficiency in rescue procedures and techniques when dealing with single and multiple injury incidents, and
- 16. Provide pertinent information regarding patient condition and treatment rendered by radio communication to receiving facility.

Outline:

This course is a laboratory/clinical course; see list of experiments/activities.

Experiments/Activities:

- I. Implementation of Paramedic Procedures
 - A. Vital Signs
 - B. Asepsis (Standard Precautions)
 - C. Intubation and Extubation
 - D. Airway Maintenance and Ventilation
 - E. Pulse Oximetry
 - F. Peak Expiratory Flow Testing
 - G. Manual Airway Maneuvers
 - H. Sellic Maneuver
 - I. Airway Obstruction Maneuvers
 - J. Insertion of Nasogastric Tube
 - K. Insertion of Orogastric Tube
 - L. Insertion of Oropharyngeal Airway
 - M. Insertion of Nasopharyngeal Airway
 - N. Supplemental Oxygen Delivery Devices
 - O. Application of A Cpap/Bipap Unit
 - P. Auscultation of the Chest and Abdomen
 - Q. Arterial Blood Gas Drawing and Interpretation
 - R. Suctioning
 - S. Fracture Stabilization
 - T. Code Situations and Duties
 - U. Coma Scale
 - V. Apgar Score
- II. Communications
 - A. Medical Record Documentation
 - B. History
 - C. Interpersonal Communication Skills
 - D. Radio
- III. Drug Administration
 - A. Intraosseous Needle Placement
 - B. Administration of Medication (Intramuscular, Intravenous, Sublingual Oral, Inhalation,

Gastric

- Disposal of Contaminated Items
- D. Mathematics of Drug Administration
- E. Indications, Contraindications, and Therapeutic Effects

Tube. Rectal. Parenteral)

- IV. Initial Patient Assessment and Management Techniques
 - A. Initial Patient Assessment
 - B. Patient Management Techniques
- V. Patient Care Procedures
 - A. Body Mechanics and Transfer Techniques
 - B. Assessment Techniques
- VI. Assessment

C.

- A. Cardiovascular Assessment and Treatment
- B. Psychiatric (Behavioral Emergencies)
 - 1. Patient Assessment
 - 2. Management
- C. Trauma Assessment and Pre-Hospital Management
- D. Rescue and Major Incident Pre-Hospital Management
- E. Respiratory Assessment and Pre-Hospital Management
 F. Infectious Disease Assessment and Pre-Hospital Management
- F. Infectious Disease Assessment and Pre-Hospital ManagementG. Shock Assessment and Pre-Hospital Management
- H. Anaphylaxis Assessment and Pre-Hospital Management

- I. Pediatric Assessment and Pre-Hospital Management
- J. Geriatric Assessment and Pre-Hospital Management
- K. Obstetric Assessment and Pre-Hospital Management
- L. Neonatal Care (Normal and Compromised) Pre-Hospital Management
- M. Abdominal Assessment and Pre-Hospital Management
- N. Chest Assessment and Pre-Hospital Management
- O. Endocrine Assessment and Pre-Hospital Management
- P. Nervous System Assessment and Pre-Hospital Management
- Q. Burn Assessment and Pre-Hospital Management

Experiments:

- 1. Implement selected paramedic procedures in the pre-hospital setting.
- 2. Communicate effectively in patient care situations utilizing both verbal and non-verbal communication skills.
- 3. Apply information presented in paramedic coursework in the pre-hospital setting.
- 4. Demonstrate proficiency in documenting patient care activities.
- 5. Perform basic physical assessment techniques.
- 6. Demonstrate proficiency in intravenous therapy cannulation and management.
- 7. Administer medication either through intramuscular injections, intravenous therapy, oral, sublingual, or nebulizer.
- 8. Demonstrate working knowledge of code situations and apply interventions as available.
- 9. Demonstrate proficiency in monitoring patient status to include pulse oximetry, cardiac monitoring, cardiac pacing and Dextrostix or Accucheck.
- 10. Establish and/or maintain a patient airway, oxygenate and ventilate a patient.
- 11. Use standard precautions for all patient care.
- 12. Use good communication techniques to inform patients about procedures and obtain patient histories.
- 13. Demonstrate knowledge and proficiency in rescue procedures and techniques when dealing with single and multiple injury incidents.
- 14. Provide pertinent information regarding patient condition and treatment rendered by radio communication to receiving facility.

STUDENT SERVICES and LEARNING RESOURCES – AVAILABLE TO ALL STUDENTS

Academic Support

The Learning Center - Tutoring and Computer Services

Your college success is our ultimate goal at the MCC Learning Centers. Our tutoring and computer services are available free of charge to MCC students. We have locations on the North Campus and the Muhlenberg Campus. The Learning Center staff members are fully qualified faculty with degrees/credentials in English, academic success skills, mathematics, and advising. We believe that you can reach your highest potential when you:

- set a personal academic and career goal
- work toward your goal with determination, good attendance, and active involvement in your college classes
- take advantage of tutoring and computer assistance to strengthen your academic weaknesses and build your self-confidence

Trained, qualified tutors provide learning assistance in many academic subjects and a computer assistant helps with course work and technical support. The computer lab on the North Campus has 28 workstations equipped with software used in a variety of courses to help you be successful in the classroom.

Our policies and procedures ensure that the Learning Centers are quiet, studyfocused areas.

Library:

MCC has two libraries and a number of online resources to support your academic research. MCC Library employees are here to help you find and use the information you'll need to get the most out of your college courses.

The Loman C. Trover Library at the MCC North Campus has books, magazines, journals, and databases that provide information about the broad range of human experience, observation, and knowledge. We are eager to help you learn how to use available resources to locate information.

Loman C. Trover Library Learning Resource Center, 2nd Floor 2000 College Drive Madisonville, KY 42431

Library Help Desk: (270) 824-1722

Hours:

Monday - Thursday: 8:00 am - 8:00 pm

Friday: 8:00 am - 4:00 pm Saturday: 9:00 am - 2:00 pm Closed: Sundays and Holidays

The Nursing and Allied Health Library at the Health Campus has books, magazines, and journals that you will use for your health-related courses. North Campus (Madisonville)

Health Campus (Madisonville)
Nursing & Allied Health Library
Hatley Building, Room 200
750 North Laffoon Street
Madisonville, KY 42431
Library Help Desk: (270) 824-1890

Library Help Desk: (270) 824-1890

Hours

Monday - Friday: 7:30 am - 4:00 pm Closed: Weekends and Holidays

In addition to the MCC libraries, the Paramedic Technology Program has a limited number of publications and tutorials that may be utilized during the program.

Computer Labs

Self-tutorial interactive programs (Textbook Based) Open labs on North, Health, and Muhlenberg Campuses

TRIO Student Support Services

TRIO Student Support Services (SSS) - located in the John H. Gray Building, Room 337 - is a federally funded program providing services designed to help students succeed. The TRIO Staff at Madisonville Community College is committed to helping you graduate or transfer to a four-year university.

Why Join? We provide a personal "safety net" beginning with your first year of college through graduation. You will learn to build upon your academic strengths and improve your weaknesses. You will gain access to services and opportunities not available to other students on campus when you become a participant. Services include:

- Academic, personal, and career counseling
- Workshops in life skills, study skills, and career planning
- Mentoring and peer tutoring
- Computer lab and printing
- Supplemental math instruction
- Educational development plans
- Transfer information and campus visits to four-year institutions
- Cultural events

Facts Don't Lie...Not only is hard work and skill necessary to succeed in college, but also a sense of direction. At times you will need help along the way to satisfy the demands of college and navigate through the maze of courses associated with your degree plan. This is why qualified Madisonville Community College students have an opportunity to be a part of Student Support Services. Nationwide studies have shown that students who participate in Student Support Services are more likely to remain in college, have a higher GPA, and achieve their academic goals than those who are not involved with our program.

If you are interested in qualifying for free services and receiving special personalized help in a caring environment while attending Madisonville Community College, please contact us at (270) 824-8626 or stop by JHG, room 341 to get an application.

Education and Career Planning

Advising

Visiting the Advising and Transfer Center is your first step in enrolling at MCC. Advisors from the Center conduct First Semester Experience sessions to ease your transition to college. These advisors are also here to help you choose an educational and career path, from choosing your major and registering for classes, to graduating and evaluating transfer options.

The Advising and Transfer Center is located on the first floor of the John H. Gray Building on the North Campus. Contact Katrina Scott to schedule an appointment with an advisor:

Career Services

The Office of Career Services offers students, alumni, and members of the community free assistance in locating regional and local employment opportunities. We are available to assist employers by referring qualified candidates for full-time, part-time, temporary, and cooperative education positions.

We serve as a direct link to employers and assist you with all aspects of the job

search, including access to job listings, resume and cover letter preparation, and interview practice. You can also take advantage of our professional clothing closet.

Job applicants wishing to receive services should complete an application form, and contact Chris Woodall to schedule an appointment.

We offer employers the chance to advertise for free in our job listings, post a link to their list of openings, recruit at job fairs, and set up on-campus interviews with students. We can also arrange cooperative education and internship placements. For more information or to advertise a position, contact the ATC Center.

Ready to Work

The Ready to Work program promotes the success of Kentucky Transitional Assistance Program (KTAP) recipients and Temporary Aid for Needy Families (TANF) eligible students. We provide students with counseling, referrals, and access to resources to help them succeed in college, find employment, and become independent of public assistance. Participants are eligible for on- or off-campus work-study opportunities and may earn up to \$2500 per academic year, working no more than 20 hours per week. Work-study students are paid by the Ready to Work program; there is no cost to the participating employer. Completing a job application and an interview with potential employer are required.

Ready to Work is a partnership between the Kentucky Community and Technical College System and the Kentucky Cabinet for Health and Family Services.

Workforce Connections

The Madisonville Community College Workforce Connections program serves individuals between the ages of 18-21. We partner with local business and industries to train participants so that they are better prepared to enter the workforce. We provide occupational skills training and paid internship or work experience so local business industry leaders can see participants at work in their desired career field. Upon placement into paid work experience positions, participants are paid equal wage at current hourly rate when assigned to their 500-man-hour contract for work experience or until they earn \$5000.00.

The Workforce Connections program is a federally funded program sponsored by the West Kentucky Workforce Investment Board.

Campus Resources

Disability Resources

Disability Resources is here to help students with disabilities reach their goals and have equal access to all areas of education at Madisonville Community College. We offer a wide variety of services that are based on individual needs. Disability Resources can:

- Serve as a home base and be available when you need help
- Make arrangements for classroom accommodations
- Provide information regarding other services offered at MCC or by community and state agencies

If you have a documented disability and need any type of accommodation, you are required to register with the Disability Resource Coordinator. Contact the Disability Resource Coordinator, Room 139 JHG, North Campus, 270-824-1708.

Financial Aid

Madisonville Community College is dedicated to providing our students with a high quality, affordable education. We believe that everyone should have access to higher education and we offer a range of options to assist you in achieving your goals. Over 80% of students receive some type of financial aid. We offer federal and state grants, work study opportunities, loan programs, and scholarships.

Student loan changes: an important message for students and parents
If you are planning on student loans to help pay for your KCTCS education—
even if you already have a loan—some recent changes to the law affect you.
These changes are good news for student loan borrowers, but they do require you to take some steps in order to receive your loans.

Veteran Affairs: MCC works closely with veteran students to make sure they receive all benefits they are entitled to receive for their military service. To see if you are eligible for VA education benefits, you should fill out an online application. You will receive a letter from the VA Regional Processing Office notifying you of your eligibility.

Most academic programs at MCC are approved by the VA. You may contact the Financial Aid Office to find out if the program you plan to pursue is approved. The U.S. Department of Veterans Affairs (DVA) will pay education benefits to an eligible student for pursuit of an approved program of education or training. The

DVA prohibits the payment of VA education benefits for training in any course if the training is not part of the student's approved program of education (see 38 CFR 21.7122(b)).

The DVA requires all veteran students to be classified as degree-seeking students no later than their second semester of enrollment and to declare a major by the end of their sophomore year.

Education benefits can be transferred between institutions. You must complete a form to transfer benefits and should contact the college you will be attending.

Bookstore

The Bookstore is dedicated to providing your entire textbook and reference book needs. Our inventory includes a large selection of Madisonville Community College clothing and apparel, supplies, gift and novelty items, candy and other snack items.

We offer many great services such as our online service, where you can order your textbooks, supplies and clothing from the convenience of your home. We also offer book buyback service at the end of each semester. If the book is reused by the college the upcoming semester, we may buy that book for up to 50% of the purchase price. There are several factors that influence the buyback list; condition of the book, instructor requests and quantity needed. Workbooks, manuals, codes, software, online components, digital books or ebooks, etc. are consumable items and the bookstore is not able to buyback those items to resale. This is a service – you do not have to sell your textbooks to the bookstore but if you want quick cash, stop by the bookstore (be sure to bring your student ID# and photo ID) and let us give you cash for your textbooks on the spot!

The Madisonville Community College Bookstore is affiliated with Barnes and Noble.

Activities and Clubs

Madisonville Community College faculty and staff sponsor a number of student organizations. Below are names, descriptions, and contacts for each one.

Christ Reaching Out Saving Students (CROSS)

Are you looking for community, to make new friends, and to learn about God and His plan for your life? Come to CROSS! CROSS is a Christian fellowship group for college students. It is an extension of Baptist Collegiate Ministries, but is not only for Baptists, but for anyone interested. CROSS meets every week for lunch, fellowship and devotion time.

This organization meets Wednesdays at 12:15 in JHG 249.

For more information call, (270) 824-8648.

Finance and Economics Club

Are you looking for an opportunity to discuss current economic events? Are you interested in a career in business, finance, or economics? If so, check out the Finance and Economics Club. All majors are encouraged to attend and learn about the world of finance and economics.

For more information, contact: (270) 824-8687 or 824-8692.

Gaming Society

The purpose of the Gaming Society is to promote networking of like-minded gamers and to allow the opportunity for students, faculty, and staff who enjoy gaming to gather together on campus to play. Games include card games, board games, and video/computer games.

For more information please contact 270-824-8684.

Health Occupations Students of America (HOSA)

The mission of HOSA is to inform the general public and the college community about different aspects of health care professions and to encourage the student body to consider and pursue health careers. Meeting times will vary during the year according to schedules.

For more information, contact: (270) 824-1741 or (270) 824-1739.

Kentucky Association of Nursing Students (KANS)

KANS is a total membership organization meaning RN students join when they enter the nursing program. We are part of the National Student Nursing Association (NSNA). We have student elected officers here at the college and students can run for state office as well. Each year there is a state convention for KANS members as well as a mid-year and yearly national conference. These conferences give the students a chance to network with colleagues from other colleges and universities.

For more information, contact: (270) 824-1786 or (270) 824-1813.

Kentucky Education Association- Student Program (KEA-SP)

KEA Student Program is a professional association for college students preparing to enter the teaching profession. KEA-SP participates in NEA Read Across America and many other community service activities.

For more information, contact: (270) 824-8612

Leadership MCC

Leaders are made and not born- and Leadership MCC can help make you a leader in your school, church, or community. Students participate in academic and extracurricular activities and earn points toward the Leadership Medallion, awarded at graduation. Field trips, seminars, and other experiences are available. Meetings are held monthly. For more information, contact: (270) 824-8571 or (270) 824-8684,

Lions Club

The Madisonville Community College Lions Club is a member of the International Lions Club Organization. The organization was chartered in 2001 with the official name as Madisonville Community and Technical College District. We host annually the Hopkins County School District Talent Competition as a fund raiser for MCC scholarships and eye care assistance. With a common interest in community service, the group meets monthly to support the Lions motto: "We serve." The club meets the 2nd Wednesday of each month.

For more information, contact: (270) 824-8598 or (270) 824-8605

Madisonville Pride Alliance (MPA)

Madisonville Pride Alliance is a local organization that provides safe opportunities for gay, lesbian, bisexual, transgender, questioning, and straight students, faculty, and staff to work together toward further understanding and acceptance of all individuals--with special attention paid to GLBTQ issues and concerns--without regard to race, national origin, gender, gender identity, sexual orientation, religion, age, or disability. The purpose of the club is to foster an atmosphere of mutual respect, openness, fairness, and equality within the college and the local, state, national, and global communities. MPA meets weekly on Wednesdays from 12:15 to 1:00 in JHG 219 and participates in social, educational, and charity events.

For more information, contact: (270) 824-8691

Multicultural Student Association

The Multicultural Student Association (MSA) is open to all students and promotes programs and services that enhance students' academic, social, and cultural development. MSA sponsors guest speakers and numerous educational and cultural events, providing opportunities for students to work toward achieving individual and crosscultural goals. MSA supports all efforts toward a greater understanding of cultures and on overall greater appreciation of cultural diversity.

Phi Beta Lambda

Phi Beta Lambda (PBL) is the collegiate division of Future Business Leaders of America (FBLA). It is an equal opportunity organization that seeks the interest of students who have a curiosity about business and/or business-related fields. PBL helps students develop leadership and networking opportunities in a collegial setting as well as within the community so that they will benefit as productive and efficient citizens. If you are interested in developing leadership, communication, and team skills, or simply looking for an organization to meet and network with others at the local, state, or national levels;

PBL is the organization for you. For more information, contact: (270) 824-8639 or (270) 824-8620

Phi Theta Kappa

The Chi Eta Chapter of Phi Theta Kappa consists of a student president, 3-5 student vice presidents, student members, and 3-4 faculty advisors. It is an active chapter that engages in scholarship (discussion and enhancement on social and intellectual issues), service (an emphasis on environmental and ecological and human health well being), leadership, and fellowship. The Chapter is largely supported by the college president, Dr. Judith Rhoads. Student membership is offered to those who have accumulated at least 24 credit hours at a 3.5 GPA. Members total over 60 at present. Meetings are held on the first and third Tuesdays of each month in JHG 305. For more information, contact: (270) 824-8684, (270) 824-8646 or (270) 824-8607

Physical Therapist Assistant Club

The purpose of the PTA Club (PTAC) is to enrich and broaden the views and knowledge of current and future PTA students related to the role of the PTA in the medical field; to sponsor and engage in a variety of community service opportunities; and, to sponsor community/campus activities which promote awareness of the field of physical therapy. Activities include Bowl for Kids' Sake, March of Dimes Golf Outing, Circle of Love, Camp Wonder Kids, "Every Step Counts", 1-Mile Walk / Run, and Hopkins County STEP Coalition. All students enrolled in the PTA Program and any other MCC student interested in pursuing the Physical Therapy field are eligible to join. Dues are \$5.00 per year.

For more information, contact: (270) 824-1743

Student Ambassadors

The purpose of the Student Ambassadors program at Madisonville Community College is to provide current students with the opportunity to develop leadership, networking, and service skills by conducting tours, participating in college sponsored events, and representing the college and student body in a variety of other capacities. Student Ambassadors assist with events such as College Bound, Think College Early, Evening Voices, and Graduation.

For more information, contact: (270) 824-8696

Student Government Association

The mission of Madisonville Community College's Student Government Association (SGA) is to further development of the ideals, character, and knowledge of the College and its students; to insure a maximum of self-government based upon mutual respect of the students, administration, faculty, and staff; and to promote the integrity of Madisonville Community College. For more information, contact: (270) 824-8571.

TRIO Club

Students who are members of TRIO Student Support Services may participate in TRIO Club. The club meets on a monthly basis throughout the fall and spring semesters. The Club sponsors an annual service project and enjoys various social activities.

For more information, contact: (270) 824-8669

Veterans for Educational and Transitional Support (V.E.T.S.)

V.E.T.S. is a chapter of the nationally recognized Student Veterans of America. Membership is open to all students and alumni who are serving or have served in the U.S. military, including the spouses and children of veterans of any era. V.E.T.S. is a group of college-based veterans dedicated to the education and support veterans attending Madisonville Community College. V.E.T.S. is based on the values of all five branches of the military and provides a network of support to veterans and their families; educates the university community about the experiences of military veterans and works with the administration to meet the needs of student veterans and prospective student veterans; cultivates student veterans concerns through scheduled meetings, advocacy, social and recreational activities; and fosters an understanding of student veterans issues. For more information about V.E.T.S. goals, activities, membership, and current needs please contact earle.eversole@yahoo.com or view the organization's host website at http://www.studentveterans.org.

PROGRAM ASSESSMENT AND GOVERNANCE

Program evaluation will be an important component of the paramedic program. Evaluation of the program will take place through a comprehensive and continuous quality management and assurance system approach. Both an internal and external evaluation mechanism will be implemented, including a student component.

Internal Assessment

Internal evaluation will be used to assess the instructional effectiveness of the program from the student's perspective. Student assessment and evaluation are an integral part of program integrity and the educational process. Consideration must be given to the goals of education, available resources, interaction among program components, and contributions of the total program to societal goals and student achievement. Program evaluation is a continual process that is carried out at all levels of the educational structure; consideration must be given to educational policy and unique characteristics of the college and community served. Major purposes of program evaluation should be to render relevance and responsiveness to changing needs and to examine the nature and adequacy of essential education support services.

Presently, Madisonville Community College employs the Student Satisfaction of Instruction evaluation instrument for classroom evaluation. This is used to insure that expectations and satisfaction are used to improve the way instruction is implemented. The Institutional Effectiveness Assessment Plan includes measurements on program outcomes and admission, retention, graduation, and placement rates. This information will direct the faculty to make changes in program processes or to the courses and/or curriculum.

Student input regarding the program's governance is extremely valuable. There will be several areas of the programs operation that will be evaluated during the students' educational experience. Suggestions for improving the program through assessment surveys or in class or personal discussions are welcomed and encouraged. Students' also have decision-making responsibilities by serving as class representatives within the program. or holding a position on the program's Advisory Committee.

External Assessment

External evaluation will occur through results for graduates on the National Registry of Paramedics Exam, which is utilized as the Kentucky licensure exam. Additionally, the use of an Advisory Committee to the Paramedic Technology program will provide feedback on the expectations of employers in the discipline. This group of experts will be crucial to the continuous improvement of the program.

Students' contribute valuable information and have decision-making responsibilities through service on the program's Advisory Committee as the student representative.

PARAMEDIC PROGRAM ESTIMATED COST:

ITEM	COMMENTS	APPROXIMATE COST
Tuition	May change semester to semester	Minimum of 68 credits
	Current: \$135.00/Credit Hour	for total program
Textbooks	(Estimated)	\$1500.00
On-Line Preparation	(Estimated)	150.00
Courses		
On-Line Student	(Estimated)	85.00
Tracking		
ID Badge*		5.00
HOSA Dues	(Student organization)	15.00
Uniforms (2)	Size, quality, and number will impact	150.00
	cost	
Lab Coat (1)	Size, quality, and number will impact	35.00
	cost	
Foot Gear	Size, quality, number, and personal	100.00
	preference will impact cost	
Black Leather Belt	Size, quality, number, and personal	25.00
	preference will impact cost	
Stethoscope	Personal preference will impact cost	75.00
Outerwear (coat)	Size, quality, number, and personal	100.00
	preference will impact cost	
Liability Insurance	May change year to year	40.00
Seminar Fees	(CEUs)	125.00
Cap & Gown	Graduation	45.00
Certification Cards	(ACLS< PALS< PHTLS/BTLS)	30.00
National Registry	Does not include travel and lodging	110.00
KBEMS	State Licensure	75.00
School Pin	(Optional)	45.00
Hepatitis Vaccine	(Optional; may sign declination form)	200.00
Pre-admission	May vary depending on insurance,	250.00
Physical	physician, etc.	
Portable Storage	Size, quality, number, and personal	30.00
Device USB Jump	preference will impact cost	
Drive		

^{*}Only MCC Paramedic Program ID will be on uniform shirt and lab coat.

GRADUATION REQUIREMENTS

All courses specifically state the required objectives, goals, and outcomes of each course, which will lead to all terminal objectives being met, and the Program's mission fulfilled.

Program Graduation Requirements

- Successful completion of all didactic, clinical, internship, and graduation competencies
- Successful completion of All PAR coursework with at least a "C" grade, based upon the exception taken to the MCC's standard grading scale
- Successful completion of all required general education coursework
- Cumulative PAR and overall GPA of 2.0 or higher
- Completion of the entire course of study and application to the National Registry of Paramedic Examination within thirty (30) months of beginning the program

STUDENT FILES

A file on each student is maintained in the program coordinator's office. Information in the file contains all hard-copy information relating to the student (immunizations, exams, action plans, competencies, etc.). All folders are the property of Madisonville Community College. Students may request access to the contents of the folder during office hours (posted on faculty office door). Files are stored in a secure location for a minimum of five (5) years after graduation. All records will be destroyed at the end of the five years; files will be shredded to maintain confidentiality. Electronic files may also be maintained on each student and will be secured for a minimum of five (5) years and then permanently deleted (these files are mainly clinical evaluations.).

COUNSELING and ADVISEMENT POLICY REGARDING ACADEMIC STANDING, AFFECTIVE BEHAVIORS, and CLINICAL PERFORMANCE

All program faculty have open door policies regarding the students progress in the program. Each student will receive a minimum of two (2) instructor conferences per semester regarding these areas: Academic Standing, Affective Behaviors, and Clinical Performance.

The program faculty will maintain posted office hours to insure availability to all students enrolled in the program.

Advisement for course scheduling will be with the program director during established enrollment periods. Course considerations beyond the normal paramedic curriculum will be on an individual basis. Advisory sessions may necessitate being scheduled after class,

lab, or clinical rotations. Career counseling for post-graduate and/or currently licensed degree seeking paramedics will be as arranged with the paramedic faculty.

PROFESSIONAL ORGANIZATIONS

- All students are encouraged to join and participate in the Health Occupations Students of America (HOSA) chapter at the Madisonville Community College.
- Students are encouraged to join discipline organizations such as the National Association of EMTs (NEMT).
- Students are encouraged to publicly present papers, exhibits, and participate in competitions at professional (state and national) organization meetings.
- Students are encouraged to participate in exhibits and/or papers for competitions at Madisonville Community College.

ATTENDANCE AT PROFESSIONAL MEETINGS

- Students attending society and educational functions (HOSA) will be excused from scheduled paramedic classes.
- Students that attend society and educational functions (HOSA) will not be required to make up clinical education time; organizational functions will be in lieu of clinical time.
- Students who do not attend the society and/or organizational functions will attend clinical education practice as scheduled.

PARAMEDIC PROGRAM COMPLAINT RESOLUTION POLICY

Students have the right to grieve and/or complain regarding any aspect of the program, both didactic and clinically. If the student believes that they have been dealt with unfairly, they have the right to express this grievance. They are required to notify the program director *in writing within ten school days of any allegations or complaints*.

Program Director Contact Information:
New Faculty
Madisonville Community College – Health Campus
750 North Laffoon Street
Madisonville, KY 42431
Phone: (270) 824

E-mail:

The program director will investigate the complaint and will *answer the complainant* within five school days. (Number of days can be altered by agreement of both parties).

If the complainant is not satisfied with the response, the complainant should notify the Allied Health Division Chair *within five school days of the program director's response*. The Division Chair will investigate and respond to the complainant within ten school days. (*Number of days can be altered by agreement of both parties*).

Allied Health Division Chair Contact Information: Karol Conrad Madisonville Community College – Health Campus 750 North Laffoon Street Madisonville, KY 42431 Phone: (270) 824-1741

E-mail: karol.conrad@kctcs.edu

If the complainant is not satisfied with the response from the Allied Health Division Chair, the complainant should notify the Dean of Academic Affairs within five school days. The Academic Dean will investigate and respond to the complainant with ten school days. (Number of days can be altered by agreement of both parties). The Dean of Academic Affairs decision is final.

Dean of Academic Affairs Contact Information:
Dr. Deborah Cox
Madisonville Community College – North Campus
2000 College Drive
Madisonville, KY 42431

Phone: (270) 824-8609

E-mail: Deborah.cox@kctcs.edu

If the complainant is not satisfied with this response and the *complaint or grievance alleges that the program is not in compliance* with the Committee on Accreditation of Educational Programs for the Emergency Medical Service Professions (CoAEMSP) Standards, they may notify the program accrediting body at:

Program Accrediting Body CoAEMSP 8301 Lakeview Parkway Suite 111 – 312 Rowlett, TX 75088

MADISONVILLE COMMUNITY COLLEGE PARAMEDIC TECHNOLOGY PROGRAM

GRIEVANCE AND COAEMSP ACKNOWLEGEMENT FORM

Student Signature	Date
regarding accreditation and how to convey s	uch concerns.
I also have been informed of the College's g	rievance procedure, as well as concerns
Student Signature	Date
guidelines and the grievance process related	to program accreditation.
the address of the program accrediting body,	, CoAEMSP for the opportunity to review
The purpose of accreditation has been presen	nted and explained and I have been provided

CLASSROOM ETIQUETTE

Rules

- Put-downs, ridiculing, victimization, and bullying are forbidden in the paramedic program and may lead to expulsion from the program.
- No use of tobacco products, smoke and smokeless, in classroom or lab; smoking permitted only in designated areas outside the building.
- Smoking policies at clinical facilities are to be followed; violation may lead to suspension; suspension may lead to consequences up to and including expulsion.
- This is a classroom: keep it appropriate in speech and dress.
- Eating and drinking is allowed in the classroom; each student is responsible for cleaning up after themself. Issues resulting from this opportunity will result in cessation of all eating and drinking in the classroom.
- No eating or drinking in the lab or around the computers.
- Students are responsible for all information discussed during classes.
- ALL cell phone, beepers, pagers, or other such electronic devices must be on vibrate or turned off during class. (In the event of an emergency permission must be granted from faculty to leave the classroom to accept or make a call).
- Students are not permitted to be "on-call" during classroom/lab hours.
- Print a copy of all necessary documents that contain agendas, assignment schedules, due dates, etc. This will enable you to take the information with you and add to the ease of referring to the documents. These include the Course Syllabus and relevant documents.
- Ask questions if you are unclear regarding a component of the course work. Often your Syllabus and Documents have the information read first for information it saves everyone time and expedites the process.
- Submit all work as directed and when due.
- If a student is absent, they are responsible for contacting the faculty prior to the next class to obtain necessary information. If the student does not contact the faculty, there will be no extra time allocated to complete the assignment and the late work policy for the course will be in effect.
- Classrooms and labs will be maintained in a neat and orderly fashion:
 - o If you use it; put it back
 - o If you break it; notify faculty
 - o If you make a mess; clean it up
 - o If your team makes a mess; the team cleans it up
- The use of equipment should be done under the supervision of faculty unless otherwise directed.
- Care and safety is paramount when using program equipment; treat it with wisdom, skill, and kindness.
- Equipment should be disconnected from any power source and returned to the appropriate storage area at the end of labs.
- All unsafe or malfunctioning equipment should be reported to the faculty immediately.

- Classrooms should be maintained in order, without clutter, and in a neat, clean condition.
- In email messages and on the posting boards, strive to be uber-polite in all communications: you do not have the benefit of vocal inflections, facial features, or body language to help carry your message only your words.
- A wrong word might be taken as hostile or inappropriate by classmates or instructor: words can be meant jokingly, as a statement of fact, argumentative, or as a personal attack; they may be taken differently than intended.
- Avoid statements which are considered flaming and always back up a claim with evidence.
- There is no room for personal conflict or commentary.
- Only share information you have been given permission to share: don't pass it on.
- When you communicate with other course participants make sure the information or comments you pass on are correct.
- The instructor may deduct affective behavior points for any violation mentioned above or any other behavior that causes a disruption in class.
- Remember your place this is still a classroom and respect reigns.
- Remember the human! And we all are.

GROUNDS FOR DISMISSAL

The Grounds for Dismissal are listed below. It should be noted that a student may be suspended from the program at any time for violation of any of the grounds listed either for academic or affective behavior reasons or disciplinary issues. Due process will be followed in all situations.

Academic:

- Grades falling below the acceptable published grades necessary for graduation resulting in inadequate academic progress
- Failure to complete any classroom component of a course because of continued lack of appropriate preparation. Appropriate preparation will be determined by the faculty of record.
- Failure to complete the clinical or internship component of any course because of unprofessional behavior toward clinical faculty, clinical facility employees, or other students in any discipline. Lack of preparation for clinical work, refusal to follow parameters and/or criteria for any program clinical work established by the program faculty.
- Dishonest behavior in academic or professional coursework

Affective Behavior:

- Noncompliance with policies and procedures as outlined in the program handbook and/or
- Insubordination such as but not limited to: defiant disregard of preceptor, clinical instructor, or program faculty instructions.
- Unprofessional and/or unethical conduct

Legal and/or Ethical Issues:

- Conviction relating to distribution of, or possession of illegal drugs or controlled substance
- Failure to maintain continuing education/professional development leading to revocation of Kentucky EMT/NREMT basic level certification.
- Exceeding scope of practice as set forth by the Kentucky Board of EMS.
- Refusal by a clinical facility to allow a student into their facility or removes a
 student from the facility because of violations such as positive drug screen, crimes
 against the person such as battery or assault, crimes based on dishonesty or
 untruthfulness such as theft, and drug or other substance abuse related crimes.
 The absence of clinical experiences by the student constitutes an academic breech
 and the student will be dismissed from the paramedic program.
- Posing a threat in the fieldwork or classroom setting toward students, teachers, administrators, or staff members in the setting will result in immediate dismissal.

Threats include verbal, written (including electronic transmissions), behavioral gestures and/or statements.

MADISONVILLE COMMUNITY COLLEGE PARAMEDIC TECHNOLOGY PROGRAM

GROUNDS FOR DISMISSAL

The Grounds for Dismissal are listed below. It should be pointed out that a student can be suspended from the program at any time for violation of any one of the grounds listed either for academic reasons or disciplinary reasons. Due process will be followed in applicable situations.

- Failing grades in Paramedic and/or college general education coursework.
- Failure to follow policies and procedures.
- Insubordination such as but not limited to defiant disregard of clinical instructorspreceptors/faculty member's instructions.
- ♦ The conviction relating to distribution of, or possession of illegal drugs or controlled substances.
- Failure to accomplish clinical assignments and objectives.
- ♦ Unprofessional or unethical conduct.
- ♦ Unsafe practice.
- Cheating in academic or professional coursework.
- ♦ Clinical Education Center refuses to allow a student into their facility or removes student from the facility because of violations such as positive drug screen, crimes against the person such as batter or assault, crimes based on dishonesty or untruthfulness such as theft, drug or other substance abuse related crimes. Without clinical experiences the student cannot complete all aspects of the program and will be dismissed from the Paramedic program.

Affixing your signature below designates your understanding of the above grounds for dismissal from the Paramedic Technology Program. Offenses listed are not all inclusive and other situations may apply to dismissal procedures.

Student Signature	Date

ACADEMIC PROGRAM POLICIES – ALL PARAMEDIC COURSES

Rules

- Any paramedic course grade less than "C" (Paramedic Technology takes exception to the standard College grading scale; see Paramedic scale in next heading.) results in automatic dismissal from the program.
- If a student fails a related college course required for graduation, they will be required to repeat the course at a time that would not conflict with their paramedic curriculum schedule; graduation will not occur until the related course is satisfactorily completed.
- No student will be excused from scheduled program classes to take college courses.

Procedure

Responsibility	Action		
Student	 Maintains Paramedic course grades of "C" or better. Arranges and completes make-up for failed related college courses at a time that will not conflict with normal curriculum schedule. Must observe scheduled classes. May appeal to program director if grade is below "C". 		
Program Instructor/Coordinator	 Advises student at mid-term conferences, and when deemed necessary, that grade is below "C" and is unsatisfactory. Enforces above stated rules. Informs program director at mid-semester of students with below a "C" average. Reviews all rules and makes decisions pertaining to disciplinary action. 		

PARAMEDIC PROGRAM ACADEMIC ATTENDANCE

For clinical attendance see clinical procedure course outline.

Rules

- Paramedic program students will be allowed two (3) absences per semester in paramedic classroom courses unless otherwise stated in the course syllabus. It is the student's responsibility to acquire lecture notes from another student regarding the missed lecture.
- For (4) absences will result in disciplinary action with possible dismissal from the course (dismissal from a paramedic course results in dismissal from the program).
- Students who are more than 30 minutes late for class will be counted as absent for that class.
- Paramedic program students are responsible for recording, in a timely fashion, each absence or tardy in the Paramedic Attendance Book maintained in a designated location.

Procedure:

Responsibility	Action
Student	• Cannot exceed absences as specified in course syllabus.
	 Record all absences and tardies in Attendance Book in designated location.
	• When extenuating circumstances present, the student must meet with the instructor for any accommodations.
Program Faculty	• Reviews all events and rules and makes decisions pertaining to disciplinary action.

PARAMEDIC TECHNOLOGY ACADEMIC GRADING SCALE – EXCEPTION TO STANDARD COLLEGE GRADING SCALE

The Paramedic Technology Program takes exception to the college's standard grading scale. This exception is due to the higher level which paramedic students are held and is supported by the National Standard Curriculum for Paramedic, the EMS Education Agenda for the Future, and the EMS Education Standards, and the National Registry Paramedic.

A = 93 - 100 B = 86 - 92 C = 79 - 85

E = below 78 Unacceptable

I = Incomplete*

*A grade of I (incomplete) denotes that part of the course work remains unfinished. The grade of I is given only when there is a reasonable possibility that a passing grade will result from completion of the unfinished work. The assignment of an I is at the discretion of the course faculty.

EVALUATION (QUIZZES AND EXAMS) POLICY

Rules

- All missed evaluations must be made-up within three (3) class days after the original scheduled evaluation was given or as arranged with the course faculty.
- Neglect to make up an evaluation within the given time results in a zero for the evaluation grade.
- The student is responsible for scheduling the make-up evaluation time with the faculty of record the first day of their return to class or clinical.
- If the student neglects to schedule a time for make-up of the missed evaluation, the faculty reserves the right to present the student with the make up on the third day after the missed evaluation and five (5) points will be deducted from the total grade for that evaluation.
- The faculty of record reserves the right to use a different evaluation or format.
- All cell phones, beepers, pagers, iPads, iPods, laptop computers or other electronic devices must be on vibrate and placed on instructor's desk during evaluations.
- Exceptions to this will be at the discretion of the faculty of record.
- Refer to course syllabus for additional requirements.

ACADEMIC PROBATION PARAMEDIC TECHNOLOGY PROGRAM

Rules

- Students who make less than 78% on any exam in a paramedic program didactic course are expected to contact program faculty to discuss remediation.
- Students who fail two or more consecutive examinations in a paramedic program didactic course, or whose average is less than 78% in that course, will be contacted by program faculty to discuss the student's deficiencies. The program faculty will work with the student to create a plan of action to assist the student in meeting course/program competencies and/or goals. (See Student Action Plan)
- Students are encouraged to talk with faculty, an advisor, or a counselor if they are experiencing difficulties.

Procedure

Responsibility	Action
Student	Maintains a minimal 80% in all Paramedic course work.
	 Encouraged to talk with advisor/counselor if experiencing difficulties.
Instructor	Encourages students with a grade/ratio problem to see an advisor/counselor or schedule remediation review with instructor.
Program Director	 Encourages student with a grade/ratio problem to see counselor. Enforces rules as stated. Places student on probation if student makes a "C" in any
	Paramedic course.

PARAMEDIC TECHNOLOGY PROGRAM ACADEMIC SUSPENSION

Rules

- Refer to the Kentucky community & Technical College System website for detailed explanation of the policy. http://www.kctcs.edu/students/Admission/Academic_Policies.aspx
- Students who fall below a "C" in any Paramedic program course warrants automatic dismissal from the program.

Procedure:

Responsibility	Action
Student	 Refer to MCC Student Handbook for detailed explanation.

PROGRAM LEAVE OF ABSENCE

Due to the sequential nature of the paramedic program and KBEMS rules and regulations, a leave of absence is not recommended. In order to be granted a leave of absence and re-admittance:

- The student must be in good standing, both academically and clinically; and
- The rationale for the leave of absence must be significant in nature; and
- The plan for returning at a later date will not violate the KBEMS rule of completing the program within 30 months of beginning the program; and
- Prior to re-admittance the student demonstrates sufficient didactic and clinical competence to return at the beginning of the semester the leave was granted.

PROGRAM WITHDRAWAL

The student desiring to withdraw from the program must follow all withdrawal policies and procedures at Madisonville Community College:

- Complete all Drop/Withdrawal forms, including appropriate faculty signatures.
- Submit the Drop/Withdrawal forms to the Admissions Office
- Pay any tuition, fees, bookstore charges, or other applicable monies to the college.
- Relinquish all property to the college, belonging to the college, that may be in the student's possession.
- Follow any guidelines for exit interviews or other college imposed severance activities.

MADISONVILLE COMMUNITY COLLEGE PARAMEDIC PROGRAM

STUDENT ACTION PLAN

Student Name:	Date:
Course:	_
	<u> </u>
Following Up Meeting Date:	
WEAKNESS/STRENGTHS	
PLAN OF ACTION	
RECOMMENDED RESOURCES	
RECOMMENDED RESOURCES	

Consequences, as detailed in the student handbook, have been discussed and the student is aware of possible outcomes if the issues leading to this Action Plan are not corrected.

msu uctor.	Date.	
Student:	Date:	

Doto:

CLINICAL EDUCATION

Instructors

The clinical education received in this program provides the student with necessary clinical background in the care and management of the ill and/or injured patient. All areas of the program, including clinical rotations, must be mastered before the student can successfully complete the program and be eligible to sit for the National Registry of Paramedic Exam and make application for state licensure. All clinical and didactic activities assigned to students to meet program and student outcomes are strictly educational.

During the program, the student must rotate through the following clinical and internship assignments* for the length of time as defined by the program faculty and clinical instructors based upon the National Standard Curriculum for Paramedic.

- Critical Care (ICU/CCU)
- Emergency Department/Triage/IV Team
- Morgue (Satisfied through DVD)
- Operating Room/Anesthesia/PAR
- Pediatrics/PICU
- Psychiatrics/Oaks personal care home
- Labor & Delivery/Newborn Nursery/NICU
- Ambulance Service (Ground EMS only)

*Weekend Clinical Rotations and/or Internship – Students may schedule Internship hours with a designated preceptor on weekends. All hospital clinical rotations will be completed through the weekday unless otherwise arranged by program faculty.

CLINICAL ROTATION - INTERNSHIP LOCATIONS AND AREA OF CONCENTRATION

Hospitals:

Clinical rotations will be scheduled Monday through Thursday beginning at 7:30 am until 2:30 pm.* The student will remain in the assigned area for the clinical assignment. Each area will have a clinical preceptor/coordinator to observe and assist the student. Program faculty will schedule to monitor each student periodically during the clinical rotation phase of the program.

Note no cell phones will be allowed during clinicals.

Regional Medical Center Emergency Department

Madisonville, Kentucky Operating Room

Critical Care (ICU/CCU)

Endoscopy

Labor & Delivery (Newborn Nursery/NICU)

Jennie Stuart Medical Center Emergency Department

Hopkinsville, Kentucky Operating Room

Labor & Delivery (Newborn Nursery)

Muhlenberg Community Hospital Emergency Department

Greenville, Kentucky Operating Room

Labor & Delivery (Newborn Nursery)

Ambulance Services:

Internship will be scheduled in 8-24 hour shifts, depending upon the facility's policy for students. The student will remain in the assigned area for the clinical assignment. Each area will have a clinical preceptor/coordinator to observe and assist the student. Program faculty will schedule to monitor each student periodically during the clinical rotation phase of the program. Internship is based on competency, not completion of hours. The minimum hours in this phase of the program are 525.

Cell phones will be allowed during internship for communication with the hospital. If it is reported that your cell phone is distracting, you will be required to leave it in your car.

Medical Center Ambulance Service Madisonville, Kentucky

Muhlenberg Community Hospital EMS Greenville, Kentucky

^{*}All start and end times are approximate based upon the clinical course requirements.

CLINICAL - INTERNSHIP STANDARDS OF APPEARANCE AND ATTIRE

Patients and hospital employees see the paramedic student as a member of a professional health care team. The student is expected to look and act in professional manner at all times. If the patient does not perceive the student as a professional, it may affect the student's ability to interact with the patient and thereby impact care and management. Standards of clinical appearance and attire are set and enforced by the faculty of the Paramedic Program. Failure to abide by these standards will result in the student being subject to the deduction of points as outlined in the grading system.

Basic Grooming - Meticulous Personal Hygiene is required

- **Hair** Hair must be clean and secured off the face and out of the eyes. Conservative hair color and a professional style are required and must meet approval of the instructors.
- **Beard and mustaches** Beards and mustaches are permitted; however, they must be kept short, well trimmed, and clean. If a male student wished to grow a beard, he must notify instructors. Otherwise, the student is expected to be clean shaven at all times.
- Nails Fingernails must be kept short, trimmed and clean. Nail polish must not be chipped and must be clear.
- **Make-up** Conservative application of makeup is allowed with a light shade of lipstick.
- **Fragrance** It is recommended that fragrances not be worn. Deodorant should be applied daily and as needed.
- Chewing Not allowed in the clinical area Gum:
- **Tobacco** Not allowed in the clinical area **Products:**
- **Jewelry** Jewelry should be kept to a minimum so that it will not interfere with patient care, infection control procedures or your personal safety. (All jewelry subject to instructor's approval.)

Rings: Wedding bands only; should not contain stones.
Watches: A watch with a second hand is recommended.

• Necklaces: A single conservative chain may be worn on the neck inside the

uniform collar.

• Earring: Only small conservative stud earrings may be worn for pierced

ears (must not hang below ear lobe). Only gold, silver or white allowed and only one earring per ear. Only a matched pair of

earrings may be worn.

• Pins: Students must seek prior approval from program faculty for any

pins attached to name badge.

• Hair Accessories: Accessories that are worn in the hair should be appropriate in

style and color (gold, silver, white, or the color of your hair). Large hairpieces are not allowed. All hair accessories are to be

solid color.

Body Piercing/ Body piercing and tattoos must not be visible to patients, clinical facility employees, and program faculty.

• Cell Phones: No cell phones, pagers or radios will be allowed at the clinical

sites.

The clinical facilities and MCC will not be responsible for jewelry worn in the clinical area. The best policy is to leave your jewelry at home. You may be asked to remove anything from your person during clinical assignments, if it is deemed unprofessional.

UNIFORM DRESS CODE

Basic Uniform:

- Must be worn during all clinical rotations with the exception of while in surgery; must wear uniform to the rotation and then change into scrubs; change into uniform before leaving clinical rotation.
- Dress Shirt will be selected by class and worn by all
- Black Pants cargo style or as adopted by class
- Black Shoes/Boots approved styles only.
- Black leather belt
- Socks black, no ornamentation allowed.
- Lab Coat identical; will be ordered as a group
 - Mandatory
 - o Must be worn to and from hospital clinical rotation
 - o Soiled, stained, wrinkled coats are not acceptable
 - o May wear during clinical rotation for warmth
- May wear navy blue or black coat during winter months internship.
- Stethoscope
- School Identification Badge cannot attend clinical site without ID Badge
- Ink Pen blue or black as required by the clinical site

Failure to abide by these standards will result in the student being subject to the deduction of points as outlined in the grading system.

SURGERY GREENS (SCRUBS)

- ♦ Surgery scrubs are to worn when entering clinical areas that require the change to scrubs. (ie., surgery, NICU)
- Students who are required to dress in scrubs must:
 - Wear a uniform to and from the clinical facility.
 - Not wear any clothing except underwear under their surgery scrubs.
 - Wear program lab coat over the scrubs when leaving the clinical area.
 - ◆ Dress is surgery greens prior to the beginning of the scheduled shift and change from surgery greens after the end of the scheduled shift. Each student is expected to be prepared to begin their assignment at the start of their assigned clinical rotation and continue to perform procedures until the end of their assigned clinical rotation.
 - ♦ Do not wear scrubs when leaving the facility; scrubs are the property of the clinical facility.
 - ♦ Students should not wear contacts during their surgical rotation unless safety glasses are worn with the contacts (equipment and pharmaceuticals utilized during some orthopedic procedures carry a higher risk of injury for individuals wearing contacts).

MADISONVILLE COMMUNITY COLLEGE PARAMEDIC TECHNOLOGY PROGRAM

PROFESSIONAL STANDARDS

A student entering the profession of paramedicine must understand that they are entering a field of medicine that requires certain professional standards that may be specific to that discipline. Professional dress, appearance, and modes of communication must be of certain standards in order to maintain the confidence and care of the patient. Patients under the care of a paramedic present themselves in all ages, cultures, and of various ethnic origins; therefore trendy modes of dress and appearances are not allowed.

The program has an established dress code and a code of conduct you must follow throughout the Paramedic Program.

Assigning your name to the Professional Standards form denotes an understanding of the requirements of the program and that agreement to abide by these standards has been pledged.

Student Signature	Date	

Paramedic Program	Date
Representative Signature	

STUDENT MEALS

Students are to take the amount of time assigned for meals by the clinical instructor – preceptor.

Hospital Clinical Rotations

- Students on lunch are not to be called back early while in the hospital clinical setting
 unless agreed upon by the clinical instructor – preceptor and the student (ie., OB – labor and delivery)
- Students may volunteer to work through meals (this practice is not encouraged).
- Meal times cannot be manipulated as a convenience for the student (i.e. a student cannot choose to take lunch from 2:00 -2:30 p.m. when they are assigned to leave clinical at 2:30 p.m.; a student cannot choose to take lunch from 7:30 -8:00 a.m. because they failed to arrive at 7:30 a.m.
- Student lunches at RMC, JSMC, and MCH will be assigned by the clinical instructor preceptor or program faculty if present.
- Please refer to Clinical Behaviors for additional expectations regarding student clinical behaviors regarding eating and drinking.

Internship

- Meals are to be taken with assigned clinical instructor preceptor.
- Expect meals to be interrupted.
- Personal snacks should be maintained for interruptions.

USING THE TELEPHONE SYSTEM

- Students are not to use clinical facility telephones to make personal calls.
- ♦ Electronic Devices: Cellular phones, CD players, games and other devices are prohibited for use while in the clinical setting. If the student believes it is absolutely necessary to make a cell phone call, the phone may only be used during a designated break/lunch period and only in the facility's designated cell phone areas (i.e. outside building). Phones must be turned off and kept in the designated "student area" at each facility at all times. Messages may be retrieved, only during lunch/break and only in the designated cellular use areas at each of the facilities.
- ♦ Students must inform family and or others the proper procedure to follow for contacting them during a clinical. First, call the school (270) 824-1750 and tell the Division Assistant that there is an emergency and they need to contact this student. The Division Assistant will then reach one of the faculty members and the faculty member will contact the student at the clinical facility.
- ♦ Cell phones are not to be used to capture photos, videos, or audios of any patient or patient information. Any violation can result in being dropped from the course. HIPPA laws prohibit the use of personal recording devices.

TIME RECORD POLICY

- ♦ Each student must sign in and out of clinical rotations and internship. This includes recording of the following times:
 - ✓ Beginning of clinical assignment or internship
 - ✓ Leaving for meals
 - ✓ Returning from meals
 - ✓ End of clinical assignment or internship
- ♦ You must also sign in or out anytime leaving the clinical site on personal business. Each student must personally sign in and out.
 - ✓ Time left
 - ✓ Time returned
 - ✓ Time missed
 - ✓ Reason for leaving clinical site or internship rotations
- Anyone caught falsifying a time record will be immediately placed on program probation. Falsifying a time record is considered a severe violation of program policy and is not tolerated. This is a measurable affective behavior

MADISONVILLE COMMUNITY COLLEGE PARAMEDIC TECHNOLOGY PROGRAM CLINICAL INSTRUCTOR – PRECEPTOR DESCRIPTION

Discipline: Education

Position Title(s): Clinical Instructor – Preceptor (Volunteer)

Scope of Practice: As defined and sanctioned by community standards of practice,

CoAEMSP, and KBEMS

Position Summary

Under the general direction of the Program Director and/or Medical Director, the Clinical Instructor - Preceptor supports the education process and assists the students during their clinical experience. These clinical instructors - preceptors facilitate and guide learning experiences and provide input for evaluation of the student's clinical performance according to criteria established by the program. The clinical instructor – preceptor is not an employee of Madisonville Community College, but has agreed to fulfill this responsibility within the clinical facility in which he/she is employed.

Duties and Responsibilities

- 1. Provides students with clinical instruction/supervision.
- 2. Maintains knowledge of program goals and objectives.
- 3. Evaluates student's clinical competence.
- 4. Becomes familiar with program goals and understands clinical course materials.
- 5. Possesses a positive professional attitude toward students and teaching.
- 6. Assists in maintaining student records regarding attendance and competency testing respecting confidentiality and established policy.
- 7. Assists in scheduling clinical assignments assuring proper exposure to all areas of the department to achieve course objectives.
- 8. Conducts regular patient care management evaluations of student proficiency.

Qualifications

- 1. Maintains certification, licensure and demonstrates competency within the discipline for which they have responsibility.
- 2. Holds a valid Kentucky licensure as a physician, registered nurse, nurse practitioner, or is a licensed paramedic through KBEMS.
- 3. Meets CoAEMSP qualifications.

CLINICAL SUPERVISION POLICY

All paramedic students require **DIRECT SUPERVISION** from a clinical instructor - preceptor in all procedures until the student demonstrates clinical competency in the procedure.

Completion of clinical competency requires the following:

- The student must have completed the didactic course work for the specific check off.
- The student must have passed competency evaluation in a didactic or laboratory setting.
- PRIOR to the examination, the student must request to attempt the competency check-off.
- Forms must be complete and marked as a pass/fail.
- The clinical instructor preceptor will complete the competency form and forward to program faculty.

Upon successful completion of competency evaluations, the student may perform the procedures under *INDIRECT SUPERVISION by a clinical instructor - preceptor.

*Indirect supervision is defined as the supervising clinical instructor – preceptor having knowledge that the student will be independently performing a task they have received competency ratings and demonstrated adequate knowledge to function without direct supervision for that task.

REPEAT POLICY

Any competency on which a student has received a fail or unsatisfactory or has not been declared competent to work independently **MUST** be performed in the presence of a clinical instructor - preceptor under direct supervision.

CLINICAL and INTERNSHIP COMPETENCY EVALUATION

A master list of every competency achieved by a student is maintained in the student's clinical folder.

All students must be evaluated on the following competencies in clinical education. A determined number will be established at the beginning of the clinical practicum. Professionalism is a component of all competencies. These must be accomplished to be considered for successful completion of the paramedic program.

Patient History:	Adult – medical	(25)
·	Adult – trauma	(25)
	Adult – obstetric	(5)
	Adult – psychiatric	(5)
	Geriatric – medical	(25)
	Geriatric – trauma	(25)
	Infant – medical	(5)
	Infant – trauma	(5)
	Toddler – medical	(5)
	Toddler – trauma	(5)
	Preschooler – trauma	(5)
	Preschooler – trauma	(5)
	School Age – medical	
	School Age – trauma	
	Adolescent – medical	(5)
	Adolescent – trauma	(5)
Physical Assessment &	Adult – medical	(25)
Triage	Adult – trauma	(25)
_	Adult – obstetric	(5)
	Adult – psychiatric	(5)
	Geriatric – medical	(25)
	Geriatric – trauma	(25)
	Infant – medical	(5)
	Infant – trauma	(5)
	Toddler – medical	(5)
	Toddler – trauma	(5)
	Preschooler – trauma	(5)
	Preschooler – trauma	(5)
	School Age - medical	(5)
	School Age – trauma	(5)
	Adolescent – medical	(5)
	Adolescent – trauma	(5)
Oxygen Therapy:	Adult (25)	
	Pediatric (15)	

Geriatric (25)

Endotracheal Intubation:	Adult (10) Pediatric (if available) (3)		
Venous Access:	Adult – medical Adult – trauma (large bore) Pediatric – medical Pediatric – trauma	(50) (50) (15) (15)	
Medication Administration:	Adult – oral or SL Adult – IM Adult – SQ Adult – IV Adult – Aerosol Pediatric – oral Pediatric – IM or SQ Pediatric – IV Pediatric – Aerosol	(10) (5) (5) (25) (5) (5) (3) (5) (3)	
Electrical Therapy:	Adult – EKG Pediatric – EKG Adult – Defibrillation or Car Pediatric – Defibrillation or C		(50) (25) (10) (3)
Patient Plan of Care: (1 each)	Chest Pain Respiratory Compromise Syncope Acute Abdomen Altered Mental Status Psychiatric Head Injury Hemorrhage Musculoskeletal Disorder Toxicology Spinal Trauma Infectious & Communicable Diabetic Dehydration Gynecology Abuse or Neglect Environmental Condition	Disease	

Hearing Impaired

Visual Impaired Non-English Speaking

Team Leader: Internship (25)

Documentation: All Patient Contacts

CLINICAL SCHEDULE

• Students are assigned clinical rotations by the program coordinator. A great effort is made to assure that each student has an equal and fair opportunity to gain clinical skills and proficiency in each area.

- ♦ A student **CANNOT** be pulled from their assigned area unless arrangements are made to allow that student to be present when an exam is to be performed in their assigned area (most students would prefer to stay busy and for this reason additional assignments are encouraged but not at the expense of assigned clinical education).
- ◆ Students are allowed one 15 minute break. A clinical instructor or controller will assign this break. If the patient schedule does not afford the student a break, it **CANNOT** be taken in conjunction with the lunch break or by leaving early. Any abuse of break times and privileges is grounds for demerits.

DELINEATION BETWEEN CLINICAL ROTATION TIME AND CLINICAL SITE EMPLOYMENT

- While enrolled in and attending the Paramedic Technology program, many students are employed at various services utilized as program clinical sites. A clear distinction must be made and maintained between the student and employee roles; and to that end:
 - Students must not be utilized at facilities to substitute for clinical, instruction, or administrative staff.
 - Students must not complete clinical coursework while working in an employee status at any clinical site.
 - Students may not receive/accept remuneration in exchange for work performed at or during their clinical education, course work, and experiences.
 - Students are not permitted to be "on-call" during clinical hours.
 - Any deviance from this policy will result in administrative dismissal for student behavior that interferes with the instruction process.

ATTENDANCE IN CLINICAL AREAS

Students are expected to attend all scheduled clinical sessions.

Students who are unable to attend a clinical session MUST inform the Clinical Coordinator no less than 1 hour before clinical assignments are scheduled to begin.

- Students may not leave the clinical facility during clinical time without first obtaining the permission of an MCC faculty member. The MCC faculty member will notify the clinical instructors when a student has been granted permission to leave. Permission may be obtained from a clinical instructor ONLY when a student is unable to contact an MCC faculty member.
- Students must sign-in prior to the clinical start time and sign-out after ending time.
- Students are expected to be at their assigned clinical area at least 10 minutes before the scheduled rotation; dressed in appropriate uniform attire; and are NOT allowed to leave their assigned area prior to the designated end time.

CLINICAL and INTERNSHIP PERFORMANCE OBSERVATIONS

Satisfactory clinical performance observations must be maintained for all clinical assignments. Failure to meet clinical requirements will affect the clinical grade and may result in probation or suspension from the program.

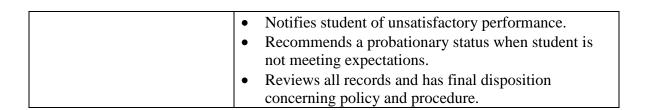
Successful completion of any given clinical rotation means that you arrived on time, left on time, spent your time on the clinical unit, participated in care at the appropriate level, completed assignments as directed, and were judged as competent by the clinical instructor - preceptor. If all of the above are successfully done, the preceptor will score the clinical rotation as "passed." If any of the above are not completed during a rotation, then that rotation will be deemed as "Failed." Any student that receives two failing grades for clinical rotations will be placed on clinical probation. Any student who receives a total of 4 clinical failures during the program will be terminated. Any hours that are failed must be made up with a grade of pass.

Rules:

- Faculty and clinical instructor preceptor observations of your performance should be submitted from each clinical assignment rotation.
- Satisfactory evaluations must be maintained.
- The number of required performance observations will vary each semester dependent upon clinical rotation assignments.

Procedure:

Responsibility	Action
Student	Gives staff form.
	• Follows up on the return of form.
	• Keeps instructor informed of staff that do not return
	clinical performance observation.
	• Signs form.
Program Faculty	Reviews all observations with student.
	• Files observations in proper folders.



CLINICAL AND INTERNSHIP BEHAVIOR

- The student is expected to adhere to the standards of ethical professional behavior as described in The Emergency Medical Technician Code of Ethics.
- Eating and drinking may <u>only occur</u> in the designated area(s) at each clinical education center (clinical affiliate). Food or drinks <u>may not</u> be kept anywhere but in the designated lounge or food storage area.
- > Smoking is NOT allowed in any clinical affiliate. Smoking is permitted only in the designated area when a student is on an assigned break or lunch.
- ➤ Unless there is an emergency, students are not permitted to receive or make personal phone calls in clinical affiliates. All calls are to be routed through Allied Health Division Assistant, (270) 824-1750.
- Students are responsible to the clinical instructor preceptor when in the clinical facility.
- > Students will make sure that their clinical instructor preceptor knows their whereabouts at all times.
- Students shall notify Program Faculty or the Clinical Instructor Preceptor before leaving the department before the normal scheduled time.
- > Students will assist in housekeeping tasks in the clinical facility: clean and stock.
- ➤ Chewing gum is not allowed during any assigned clinical rotation.

CLINICAL AND INTERNSHIP PATIENT CARE

- > Patient must always be correctly identified.
- Address patients by their proper title (Mr., Miss, Mrs., Ms., etc.)
- Always assist patients when ambulating or being moved.
- ➤ Students should be familiar with the location of emergency carts and procedures within the assigned unit.
- Notify the supervising clinical instructor preceptor of any equipment malfunction.
- Report all incidents or accidents, regardless of how minor to the clinical instructor preceptor
- ➤ If unsure ask a clinical instructor preceptor.

PATIENT MEDICAL RECORDS and CONFIDENTIALITY

Students are allowed access to patient medical records and with this privilege comes the responsibility for maintaining PATIENT CONFIDENTIALITY in compliance with HIPPA (Health Insurance Portability & Accountability Act of 1996) Privacy Rule.

Written Records (i.e., copies of exam request, care and management documentation, diagnosis, prognosis, history and physical)

- Written medical records may NOT be removed from the clinical facility.
- ♦ Medical Records may NOT be reproduced at any time for any person without the permission of the clinical instructor preceptor.

STUDENTS MUST NOT:

Discuss patients outside of the clinical site, except in the classroom setting as part of an educational experience. During a classroom setting when clinical experience is being shared the student is to avoid using any identifying information about the patient.

COMPLIANCE WITH HIPAA PRIVACY

The Privacy Rules set national standards for the use and disclosures of patient information. In this session we cover the basics. Some employees will receive more training if their job requires it.

SO WHAT ARE WE TO PROTECT?

We have always been very careful to protect the patient's information, but now it is federally Protected Health Information or PHI. PHI includes:

All patient identification (name, addresses, social security, date of birth, etc.)

Medical Records

Billing documents

Faxes and emails containing the above

The spoken word regarding the patient

HOW CAN WE LEGALLY USE PHI?

Here are a few reminders of how you can use and disclose PHI:

To treat the patient

For payment for our services

For health care operations like quality assurance

For communications with the patient

With a written authorization from the patient (Medical Records does this).

With the patient's permission, we can also provide status reports to family/friends.

We can provide patient name and a general condition report, unless the patient has asked that this information not be shared.

To meet public health and government requirements

GENERALLY, WHAT DOES THE HIPAA PRIVACY RULE REQUIRE THAT WE DO?

For health care providers, the Privacy Rule requires activities, such as:

- Notifying patients about their privacy rights and how their information can be used.
- Adopting and implementing privacy procedures.
- Training employees so that they understand the privacy procedures
- Designating an individual to be responsible for seeing that the privacy procedures are adopted and followed; Jerry Kelley is our Privacy Officer.
- Securing patient records containing individually identifiable health information so that they are not readily available to those who do not need them

THE MINIMUM NECESSARY STANDARD

The minimum necessary standard is derived from confidentiality practices in use today. It is based on sound current practice that protected health information should not be used or disclosed when it is not necessary to satisfy a particular purpose or carry out a function. The minimum necessary standard does not apply to the following:

- Disclosures to or requests by a health care provider for treatment purposes
- Disclosures to the individual who is the subject of the information
- Uses or disclosures made pursuant to an individuals' authorization
- Uses or disclosures that are required by other law

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

For uses of protected health information, our policies and procedures identify the persons or classes of persons who need access to the information to carry out their job duties, the categories or types of protected health information needed, and conditions appropriate to such access. Computer access policies are examples of limiting disclosure based upon need.

Where protected health information is disclosed to, or requested by health care providers for treatment purposes, the minimum necessary standard does not apply.

MADISONVILLE COMMUNITY COLLEGE PARAMEDIC TECHNOLOGY PROGRAM

STATEMENT OF PATIENT CONFIDENTIALITY

The confidentiality and security of patient information must be maintained at all times. This Statement of Patient Confidentiality pertains to all patient records in both the clinical and internship aspects of the program which may be encountered in the act of patient care and management.

Access to patient information is available to students for the following reasons:

- Provision of care and management
- Research
- Transfer of patients

The following guidelines must be followed:

- Records may not be copied (includes photo copying with telephone and electronic reproduction) or removed without the expressed permission of program faculty or the clinical instructor – preceptor.
- Patient initials are the only marker used to identify patients in written assignments.
- All facility protocol must be followed in regards to accessing patient records.

Remember:

• Violation of the confidentiality of patient's records will result in counseling and possibly dismissal from the program and could result in legal action by the patient or medical facility.

I have been provided material regarding patient confidentiality and understand that a violation or breech of this aspect of patient care may result in termination from the program and could result in legal action by the patient or medical facility.

The affixation of my name to this document denotes my understanding of this policy and agreement to abide by the laws relative to patient confidentiality.

Student's Name	Date

EXPECTATIONS DURING LOW PATIENT VOLUME/CALLS

It is understood that it is the nature of all clinical areas and ambulance services to occasionally experience periods of low patient volume and or calls (down-time). It is the program's policy that student's refer to the following list for performance expectations during such times:

Hospital Clinical Rotations

- Assist with cleaning and stocking
- Collect information for class assignments
- Assist hospital staff with activities
- Ask for critique of knowledge and skills

Internship

- Assist with cleaning and stocking
- Review medications in the drug box
- Become familiar with location of all equipment on trucks
- Review protocol for that service
- Work on review material and/or academic course work
- Ask for critique of knowledge and skills

Documentation of the clinical assignment will reflect the above conditions and the student's response to down-time.

Note person willingness in the clinical and internship areas can help or hurt chances for future employment.

STUDENT CLINICAL FILES

Each student has a clinical file folder to keep records of written clinical objectives, clinical performance check-offs, and faculty observations of clinical performance, student facility evaluations, time cards, log sheets, and faculty midterm/end semester evaluations. The clinical competency tabulation form is also kept in the file.

Rules

- All folders of documentation are the property of Madisonville Community College.
- The folder for grades and written objectives <u>must not be removed</u> without permission from the faculty.
- Students may ask to see folders during office hours or when agreed upon by faculty.
- Files are made available to the student during clinic class, and for weekly record keeping (log sheets, time cards, facility evaluation etc.).

Procedure

Responsibility	Action
Student	Files accurate records.
	• Files documentation on time.
	 Keeps files neat
	• Maintains folders in proper place at all times.
Program Faculty	Reviews documentation frequently.
	 Keeps folder containing grades and evaluations
	private
	• Reviews contents of documentation with student.
	• Reports to program director any student that is having
	difficulty following procedures.
	• Documents demerits for failure to meet requirements.
	 Recommends dismissal from the program from

failure to comply with this policy.
 Reviews all records and has final discretion
concerning policy and procedure.

AFFECTIVE BEHAVIORS

Students in an educational program leading to employment in a healthcare profession must be accountable for their actions. Conversely, educators are responsible for educating the whole individual, therefore; affective behaviors and their assessment are extremely important in the educational process and employability of paramedics. By establishing rules and appropriate consequences, and by using a variety of teaching strategies, models and styles, faculty will assess and grade affective behaviors.

In the utilization of this concept, a point system will be developed to evaluate behaviors such as attendance, language and communication, personal hygiene, presentation skills, attitude, professionalism, use of discretion and judgment, and other behaviors as designated and published by the faculty. These points will be translated into part of an affective grade that is averaged into a final grade at the end of each semester. This concept is driven by employer demand and professional attributes within the discipline.

The affective evaluation is an important part of the paramedic student's overall performance in the program, as well as a requirement for CoAEMSP accreditation. The Professional Behavior Evaluation includes five (5) levels of consideration during the evaluative phase:

- Does Not Meet the Standard
- Needs Improvement
- Showing Improvement
- Meets the Standard
- Exceeds the Standard

There are nine (9) categories which include: Integrity; Empathy; Self-Motivation; Appearance and Personal Hygiene; Self-Confidence; Communications and Diplomacy; Time Management; Teamwork; and Respect, Tolerance, and Dignity.

It is the purpose of this program to graduate competent and caring paramedics who exhibit the necessary affective behaviors, quality social skills and responsible behavior, as deemed important by the National Standard Curriculum and the EMS Education Standards. Faculty will 'expect the most' and hopefully the student will 'give the most.' Students should set and maintain high standards in all classes, both academic and clinical. The paramedic faculty will assist the student in recognition and formation of the necessary and appropriate behaviors for the discipline. Paramedic Technology at Madisonville Community College will through continuous assessment, be focused on program accountability and adherence to state and national standards, and will thus provide a measurement of these outcomes deemed important to the profession of paramedicine.

If a weakness is identified during any semester, an evaluation will be conducted at that time and a plan for remediation will be initiated.

ATTENDANCE POLICY

Attendance is one of the most important assets of a paramedic in the healthcare field. As an Allied Health professional one is expected to be dependable in all job assignments. This program strictly enforces the attendance policy to facilitate the graduate's adjustment to the work environment. Since attendance is a vital part of a dependable performance, records of your attendance are kept and may be used to give future employers accurate information.

If the student has excessive absences from clinical assignments, this could affect the student's chances of gaining valuable knowledge and also affect his/her clinical grade. There are no acceptable absences from the clinical and internship phases of the program. All hours missed will be rescheduled. Excessive rescheduling (more than two reschedules per semester) will result in demerits being assigned to the student.

Policy

- Student must notify program faculty and the clinical facility at least <u>one hour</u>
 <u>prior</u> to scheduled start time of the clinical rotation assignment if they expect to be
 absent.
- All absences after those allowed by the program's make up policy per semester must be made up.
- Make up time must be scheduled by the student and faculty, with specific dates and times which match current clinical rotations and level of clinical competency.
- A clinical instructor preceptor must be present during the clinical make up time.
- One demerit will be issued for each absence over those allowed by the program's attendance policy (See Clinical Grading System Attendance and Punctuality). (Note: Two or more absences of the allotted amount per semester results in two (2) demerits per occurrence.)
- Demerits are issued for absences, even though they have been made up.
- The student must notify the program faculty if there is an emergency and they cannot attend the clinical make up assignment (this constitutes another reschedule).
- Failure to meet the arranged clinical make up session will result in the student receiving an additional demerit for failure to fulfill their obligation.

Call In Procedure

Responsibility	Action
Student	Notifies Clinical Coordinator at least one hour prior to

	clinical assignment start time.		
	Schedules make up time with faculty.		
	• Attends make up session(s) as scheduled.		
Clinical	Documents all absences; issues demerits for absences		
Coordinator/Instructor/	Schedules clinical make up assignment.		
Preceptor	Keeps students informed.		
	Counsels students when necessary.		
	Keeps Program Director informed of potential issues.		
Program Director	Reviews all records, advises faculty, counsels student.		
	Makes final decision concerning disciplinary action.		

CLINICAL and INTERNSHIP ATTENDANCE & PUNCTUALITY

Absences

- Student must notify program faculty and the clinical facility at least 1 hour prior to clinical assignment start time of the intended absence.
- There are no acceptable absences from the clinical and internship phases of the program. *All hours missed will be rescheduled. Excessive rescheduling (more than two reschedules per semester) will result in demerits being assigned to the student.
- Excessive absences and rescheduling will result in two (2) demerits per occurrence

*Note – Clinic class attendance is considered clinical attendance. A clinic class tardy, missing an entire clinic class, or leaving clinic class early will be considered as tardy and documented as such in the attendance book.

*Note-Squad runs, Fire runs, or any EMS run is not an excuse for being tardy.

Tardy Report

- The student is allowed two (2) tardy reports per semester without penalty.
- 3 tardy reports will count as one absence
- Any tardy after five (5) will result in counseling and could result in disciplinary action

Note – All tardy reports from clinical rotations MUST be made up at the end of the day. Clinic class tardy reports are counted as clinical tardy. Tardy reports and absences MUST be recorded in the attendance book by the STUDENT during clinic class following the occurrence.

Definitions

•	Tardy	1-30 minutes late, leaving 1-15 minutes early or 1-15 minutes absence during the scheduled clinical day
_	1/2 Absence	31 minutes to half of a clinical day

• Absence Over half of a clinical day

PARAMEDIC TECHNOLOGY PROGRAM		
STUDENT CONTACT SHEET		
Student's		
Name		
Address		
Home Phone		
Cell Phone		
Work Phone		
Email Address		
Medical Alerts		
1 st Contact's Name		
Address		

Phone	
Phone	
2 nd Contact's	
Name	
Address	
Phone	
Phone	

HEALTH AND SAFETY POLICY

- All students are required to have a pre-admission health examination to insure the safety and well being of students, staff and patients. Additional screening and immunizations may be requested by clinical affiliates.
- Yearly TB skin tests are required of all students. Documentation of results must be returned to program faculty by indicated due date.
- Students are informed about the vaccine for Hepatitis B. It is the students' decision as to whether they wish to receive the vaccine. A student who receives the vaccine must present proof to the instructor prior to beginning clinical education. A student who begins the vaccination process prior and during clinical education must present proof of each vaccine to the instructor. A student who chooses not to receive the vaccine must sign a Statement of Declination.
- If a student becomes ill or injured at the clinical site, he/she must report to the clinical instructor who may have the student report to program faculty, or the employee health nurse or emergency room. The student is required to fill out an incident report at the school in the event of an injury within 24 hours of the incident.
- All of the program's clinical affiliate policies regarding infection control will be observed.
- The student is responsible for notifying the program faculty of any limiting disability or condition requiring continuing medical treatment as it is known to the student.
- It is recommended that the student maintain individual health insurance coverage.
- *Trover Health System*: Requires all students to have a drug screen and criminal background check for admittance to any of their healthcare facilities. If you have ever been employed by Trover Health System and terminated from your position

or asked not to return, <u>you may not</u> attend clinical education at a Trover Health System facility.

STUDENT SAFETY INFORMATION

Madisonville Community College is concerned with the safety of the student attending classes at any of the four campuses. The following points are for your benefit as a student.

- In case of any life threatening event: *Call 911*. The local emergency responders are better equipped to take care of emergency situations.
- Everyone is encouraged to sign up for the instant alert messaging system offered by KCTCS and Madisonville Community College. To sign up for the Safety Notification Alert Process (SNAP) go to the MCC webpage and click on the SNAP logo. After completing this, you will receive notifications on school closing, inclement weather, and other safety notifications.
- To report a safety concern, call the MCC Tip Line at 824-1900 to report safety concerns or suspicious behavior. The line is monitored once a day Monday through Friday.
- There is a Maintenance Number (836-5330) for student on the North campus for use after the switchboard closes at 4:30 pm. This is a cell phone that is answered by one of the maintenance and operations personnel.
- The MCC emergency number (824-1911) is answered by selected personnel during the day and by a cell phone when these are not available.

LIABILITY INSURANCE

- All paramedic students are required to have professional liability insurance. This insurance is purchased through Madisonville Community College and must be paid at the *beginning of each fall semester*.
 - A copy of the policy is on file and available for review.

COMMUNICABLE DISEASE PREVENTION POLICY

Policy Rationale

To establish guidelines regarding communicable disease prevention for the benefit of the faculty, staff, patients, and clients of the Paramedic Technology Program.

Policy Statement

Madisonville Community College's Paramedic Technology Program has a duty to protect its faculty, staff, patients and clients from the risk of infection from, and complications associated with, communicable diseases, and to actively promote the reduction of risk for acquiring and/or transmitting vaccine-preventable diseases. Within the terms identified in this policy, immunization may be required for the specific communicable diseases.

Applicability

This policy applies to all Paramedic Technology student population.

The Prevention and Management Program

- reviews and considers vaccination criteria;
- requires that a pre-placement health assessment be undertaken on all students
- establishes standards and protocols for screening, exposure and post-exposure management.

Required Immunization

On the effective date of this policy, all persons who are admitted to the paramedic program are required to provide to the program faculty a vaccination history at the time of the acceptance into the program. Required up-to-date immunizations are:

- MMR
- TB Skin Test
- Hepatitis B (titer, current process, or Statement of Declination)

HEPATITIS B VACCINE INFORMATION

The Disease

Hepatitis B virus, one of at least three Hepatitis viruses, is an important cause of viral Hepatitis. The illness caused by or related to Hepatitis B are serious, resulting in death in about 1% of those infected. Complications of the disease include a variety of liver disorders, including cirrhosis and cancer. Most patients

recover completely, but about 6-10% become chronic carriers and can continue to transmit the virus to others. There may be as many as .5-1.0 million carriers in the United States.

Transmission and Risks

The disease is transmitted chiefly through contact with infected blood and blood products. Healthcare workers, therefore, are at increased risk of acquiring the disease. Though the risk of acquiring Hepatitis B through the clinical experience is probably lower in some facilities due to the low incidence of the disease, the decision to receive or decline the vaccine deserves your careful consideration.

The Vaccine

Various pharmaceutical companies have developed vaccines, which provide protection from Hepatitis B. Field trials have shown 80-95% efficacy in preventing infection among susceptible persons. The duration of protection and the need for booster doses is not yet known. Adult vaccination consists of three intramuscular injections of vaccine. The second and third doses are given at one and six months respectively, after the first.

Waiver Format

- Consistent with guidelines developed by the CDC and the American Hospital Association, certain employees have been identified as being at relatively higher risk of exposure to Hepatitis B. Paramedic is, at certain institutions, has been designated in this group.
- Perhaps one in fifty employees may have an acquired immunity to Hepatitis B through previous illness or exposure and would not need the vaccine. This can be determined by a laboratory-screening test.
- The Hepatitis B viral vaccine is available through the Health Departments, personal physicians, or any hospital.
- As with any immunization, there are disadvantages and risks. If you wish further advice, please contact your personal physician.
- Acknowledgement form found in forms section of Program Handbook must be completed.

Recommended Immunization

Based on documented infection rates, health care workers are considered to be at significant risk for acquiring and/or transmitting diseases, many of which are

vaccine-preventable (e.g. influenza). It is recommended that students are motivated, after appropriate education and understanding of potential benefits and side-effects, to actively protect themselves through available vaccines.

Exemptions

Exemption from required immunization is granted for reasons of:

- Religious beliefs;
- Documented allergic or anaphylactic reaction to a specific vaccine or any of its components;
- Other extenuating or extraordinary circumstances deemed acceptable to Madisonville Community College and the Paramedic Program Faculty.

Communicable Disease Exposure Management

Program Faculty must be notified of actual or suspected exposure to a communicable disease as soon as feasible. Management is in accordance with the established exposure and post-exposure management protocols for the specific communicable disease, which may include testing, vaccination and/or provision of appropriate prophylactic medications; additional follow-up may be required.

Response to an 'Outbreak' of Disease

In the event of an 'outbreak' in a clinical site, the program Faculty and Medical Director have the authority to exclude from the outbreak site any students who have or have not been vaccinated appropriately. Exclusion may include prohibition from clinical rotation and reassignment to another clinical site for a period to be determined by Faculty and/or Medical Director.

Program Initiatives for Prevention or Limiting Communicable Disease

All paramedic students, in order to protect themselves, fellow health care personnel, and patients, will comply with each of the following:

- Good personal hygiene is mandatory.
- Uniforms, foot gear, and lab coats will be clean/fresh each day.
- All equipment will be thoroughly cleaned, disinfected, or sterilized between patients according to appropriate procedures for each piece of equipment regardless of the patient's diagnosis.
- Good hand washing practices will be carried out before and after patient contact.
- Standard precautions, ie., gloves, masks, gowns, goggles, will be utilized, as indicated, when in patient contact.
- All spills will be reported and cleaned appropriately.

- Compromised skin integrity will be covered to avoid contact with blood or body fluids.
- All contaminated disposable equipment will be placed in appropriate containers.
- Blood or body fluid inadvertently coming in contact with the skin should be quickly and thoroughly washed away.
- Students with a communicable disease will avoid patient contact until resolved.

COMMUNICALBE DISEASE POLICY REGARDING COURSE WORK

- Any student who has or contracts a communicable disease as so stated by a physician will be dismissed from theory and clinical with an excused absence.
- Make-up work will be assigned on an individual basis.
- All theory and clinical work must be made up; i.e. tests, assignments, quizzes, labs, and clinical experiences.
- It is the students' responsibility to request make up work and to keep up with what he/she has missed.
- Re-entry is contingent on a signed physician's statement stating the student is no longer communicable.

BLOODBORNE PATHOGEN POLICY AND THE CLINICAL EXPERIENCE

Prior to beginning clinical experience, the paramedic student will have completed a Bloodborne Pathogen module. This instruction will be in accordance with the OSHA Bloodborne Pathogen Disease training standard. Once the clinical experience begins the paramedic student will abide by the following rules:

- ✓ Participate in any clinical affiliate required Bloodborne Pathogen training.
- ✓ Follow the clinical affiliate policy and procedure concerning Bloodborne Pathogens.
- ✓ Report any exposure to the designated clinical instructor preceptor immediately.

If any student is found in violation of the policy he/she will be subject to the clinical grade penalties with possible suspension.

STANDARD PRECAUTIONS

IN COMPLIANCE WITH STANDARD PRECAUTIONS THE FOLLOWING POLICIES WILL BE IMPLEMENTED:

- It is MANDATORY that each student carry a pair of disposable gloves on their person at all times and use them.
- Students are to wear the proper protective clothing (gown, gloves, mask, eyewear and shoe covers) anytime there is a possibility of contamination with blood or body fluids.
- Students are to follow the clinical facilities policy concerning the use of protective equipment.
- Students are to abide by the clinical facilities policy concerning standard precautions during all procedures.
- Students who are exposed to blood or body fluids are to report the exposure to their supervising clinical instructor preceptor. Each facility will instruct you in the proper procedure for dealing with an incident. Students exposed to blood and body fluid will need to complete the proper incident forms at their clinical facility and will need to complete an incident form for Madisonville Community College.

COMMUNICABLE DISEASE PREVENTION

- All Radiography students, in order to protect themselves, fellow health care personnel, and patients, will comply with each of the following:
- Uniforms and lab coats will be fresh each day.
- All equipment will be thoroughly cleaned, disinfected, or sterilized between patients
 according to appropriate procedures for each piece of equipment regardless of the
 patient's diagnosis.
- Good hand washing practices will be carried out before and after patient contact.
- Disposable gloves will be worn in all cases when contact with blood or body fluids is anticipated. Disposable gloves are MANDATORY for all patient transfers.
- Masks will be worn when it is likely that blood or body fluids could splash in the nose or mouth.
- A gown will be worn should a splash of blood or body fluids onto the skin or clothing be anticipated.
- Cuts, scratches, or other non-intact skin will be covered to avoid contact with blood or body fluids.
- Goggles or other eye protection will be worn when a splash of blood or body fluid into the eye is anticipated.
- Blood or body fluid inadvertently coming in contact with the skin should be quickly and thoroughly washed away.
- Students that experience exposure to blood or body fluid will report to their clinical instructor and follow clinical exposure protocol.
- Students with a communicable disease will avoid patient contact until resolved.

I HAVE READ AND WILL ABIDE BY THE ABOVE POLICY

Student Signature	Date	

MADISONVILLE COMMUNITY COLLEGE INFECTION CONTROL PROGRAM

STATEMENT OF UNDERSTANDING UNIVERSAL PRECAUTIONS - HEPATITIS B VACCINE

Name:
Social Security Number:
I acknowledge that I have been informed of the Occupational Safety and Health Administration (OSHA) Standard on bloodborne pathogens that make universal precautions mandatory in all healthcare settings. Student's Signature:
I understand that due to my clinical exposure to blood or other potentially infectious materials during my training program I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been informed that MCC recommends that I take the hepatitis B vaccination prior to entering clinical training. I understand that by declining this recommendation to take the vaccine I will be at risk of acquiring a serious disease hepatitis. I understand that if, in the future, I want to be vaccinated I can take the vaccine series at any time. If I choose to do this I will furnish MCC with proof of vaccination within 10 days of taking the vaccination
OR
I had the hepatitis B vaccination on,, and have submitted proof of vaccination to MCC (attached).
Student's Signature:
Date Signed

SCHOOL RELATED ACCIDENTS AND INCIDENT REPORTS

Rules

- Accident school coverage is only provided by MCC for the student while attending class or clinicals.
- When an incident occurs, notify a clinical instructor as soon as possible and then notify program faculty.
- An incident report is written documentation of the facts concerning injury to patient or student and must be completed.
- Fill out a form as soon as possible no matter how trivial the incident may appear to be at the time (within 24 hours).
- In addition to the incident form, submit a summary of the incident to be kept in the student's program file.
- Personal injuries and illness requiring medical treatment becomes the financial responsibility of the student.
- The College's insurance policy can change at any time due to the type of coverage and company insured with.

Procedure

Procedure		
Responsibility	Action	
Student	 Notifies clinical instructor or supervisor (in the absence of instructor) as soon as possible after incident (within 24 hours). Notifies program faculty as soon as possible. KCTCS incident form must be filled out within 24 hours of incident. Clinical instructor or program faculty will direct student to proper place to seek treatment dependent upon severity of injury. Gives fully completed incident form to appropriate person.(facility form to radiology supervisor and school form to program director) Gives incident summary to program faculty, as well as a copy of the incident form. Arranges payment for personal injury or sickness. 	
Clinical	Assists student in filling out appropriate forms.	
Instructor	 Advises the student to seek medical attention if injured. Reports documentation to clinical coordinator or program director. May assume responsibility for student until Program Faculty can 	
D	respond.	
Program Faculty or Director	 Assists student in filling out forms. Files summary in student program file. Reports documentation to Program Director. Provides student with school accident form. Reviews all documentation 	

STUDENT INJURY – EXPOSURE TO BLOOD OR BODY FLUID

Infectious Diseases

Each clinical facility is expected to practice standard precautions in the care of patients with infectious diseases. The student paramedic is educated in, and is expected to be knowledgeable in the practice of these precautions during patient care.

Clinical grades are awarded according to student performance. Refusal to render care to any patient in a manner which follows the clinical facilities guidelines may result in dismissal from the program.

Procedure for Accidental Exposure to Blood or Body Fluid

All contaminated needle sticks or bloody body fluid splash to mucous membrane or open skin should be treated as if there is a potential risk of pathogen exposure.

- 1. If a student sustains a puncture wound:
 - ✓ Withdraw the needle or other object immediately.
 - ✓ Immediately wash hands/area of puncture wound using soap and water; follow application of povidone iodine and/or alcohol.
 - ✓ Encourage increased bleeding for a few seconds and use gentle pressure at the site of the puncture.
 - ✓ Wipe away any blood.
- 2. If a student receives a spray of splash of body fluids:
 - ✓ To eyes, nose or mouth irrigate with copious amounts of running water for 15-20
 - minutes.
 - ✓ To a break in the skin, follow procedure for puncture wound (above).
- 3. The student will report the incident immediately to the clinical instructor and program faculty. The student must complete an exposure form according to the policy of the clinical facility.
- 4. The student will follow the clinical facilities' procedures for reporting and followup of the exposure. Any required incident report should be completed before leaving the facility.
- 5. The student will seek a risk assessment and determination of recommended screening, treatment and/or follow up from the Infection Control Practitioner or clinical instructor.

STUDENT INJURY – EXPOSURE REPORT

Student Name:	Date:
Clinical Facility:	Preceptor:
Description of Incident:	
Witness(s) to Injury:	
Completion of required reno	orts and evaluation as required.
	or testing, treatment and counseling.
	arding implication, if any, for future practice.
Student Signature	Date
Preceptor Signature	Date
Program Director Signature	
	submitted to the program director and will be placed

Upon completion, this form is to be submitted to the program director and will be placed in the student's program file.

FIRE PREVENTION AND PROTECTION POLICY

Rules

- Know the procedures to be followed in the event of a fire
- Recognize locations of fire alarms and fire equipment in the college and clinical sites.
- Know how to use fire extinguishers and what type to use for various fires.
- Never endanger yourself or your patient should a fire exist.
- Report noted fire and electrical hazards to supervisor.

Procedure

Responsibility	Action	
Student	Prevention of Fires	
	• Smokes only in designated areas and extinguish in proper manner.	
	• Investigates suspicious fire hazards.	
	• Keeps passageways, fire exits and corridors clear at all times.	
	• Knows location of all fire-fighting equipment and their use.	
	• Reports fire hazards to immediate supervisor.	
	Event of Fire	
	• Removes patient from immediate area when fire or smoke exists.	
	• Pulls fire alarm.	
	Calls operator reporting location.	
	• Controls fire using proper extinguishers or hose.	
	• Closes all doors, thereby confining the fire.	
	• Disconnects electrical equipment, i.e., circuit breakers and combustibles, those not engaged in extinguishing the fire.	
	Exits compromised area to area of safety	

EXPOSURE TO HAZARDOUS MATERIALS, ENVIRONMENT and SITUATIONS

Due to the environment a paramedic functions within, it is understood that as a student, exposure to many situations may occur and are often unpredictable. In good faith, all preventive measures will be taken to keep the student protected at all times. The student will adhere to safety measures as dictated by the clinical facility, program faculty, clinical instructor – preceptor, police and/or fire department personnel, or other safety controls at the scene.

UNSAFE PRACTICE

Unsafe practice is defined as any behavior which jeopardizes the health and/or well being of self, a patient, or others. Unsafe practice may involve a behavior, a clinical skill, or use of equipment. *Unsafe practice will not be tolerated and may lead to dismissal from the program*.

- All MCC program faculty, students, and clinical instructors preceptors, have the responsibility to report to the program coordinator any unsafe practice(s) or behavior that is witnessed by a student.
- The person in question will be denied access to any further clinical or internship experience until a final decision is made regarding the practice or behavior in question.
- Following an investigatory process, if it is determined that an unsafe practice or behavior occurred, the student will be disciplined:
 - o A written report of the incident will be completed and placed in the student's file.
 - O Discipline may be remediation, or if the infraction is deliberate, dismissal from the program may occur.

Unsafe Practice has been explained and by affixing my signature to this document, I understand that no unsafe practice will be tolerated and dismissal from the program could occur if found negligent.

Student's Name	Date

INCLEMENT WEATHER POLICY

Academic

Madisonville Community College's standard procedure during inclement weather is to remain open and hold classes as scheduled. Campus closures are rare; however, should the weather become severe enough to warrant closing the campus, we will contact local media as well as relay the information using SNAP to your phone, email, or text message. Please watch for a SNAP announcement and/or the local news or listen to local radio for the latest information. As always, use your own judgment when determining whether or not it is safe to travel in your area.

If classes at Madisonville Community College are canceled due to inclement weather conditions coursework will be reassigned as necessary.

Clinical – Internship

Due to requirements of the program, any clinical time missed due to inclement weather conditions may be made up at the discretion of the program faculty. Do not attempt to attend the clinical rotation if you feel threatened or uncomfortable due to the hazardous conditions or if the college is closed.

Students not reporting to a clinical rotation because of bad weather are required to call the Clinical Faculty by the hour they are to report.

For more information or to sign up for SNAP, visit http://legacy.kctcs.edu/snap/



RADIO			
MADISONVILLE:	WKTG – 93.9 FM	HOPKINSVILLE:	WHOP – 98.7 FM
	WYMV – 106.9 FM		WHOP – 1230 AM
	WFMW - 730 AM	OWENSBORO:	WBKR - 92.5 FM
	WTTL – 1310 AM	PADUCAH:	WKYQ – 93.3 FM
	WHRZ – 97.7 FM		WDDJ – 96.9 FM
TELEVISION			
EVANSVILLE:	WEHT 25 (ABC)	PADUCAH:	WPSD 6
	WTVW 7 (FOX)		
MCC Webpage: students	www.madisonville.kctcs	<u>sedu</u> Check cance	llations or current

MADISONVILLE COMMUNITY COLLEGE PARAMEDIC TECHNOLOGY PROGRAM PREGNANCY POLICY

It is the policy of the Madisonville Community College Paramedic Technology Program to provide reasonable safety protection to pregnant student paramedics who are occupationally exposed to conditions resulting in excessive physical strain and/or exposure to specific conditions that are deemed potentially harmful to the fetus and/or expectant mother. Students that declare their pregnancy are expected to follow protective measures that should be detailed by their personal physician. Once declared the program faculty and medical director will counsel the student and the student will choose one of three options.

It is the student that must make the final decision in regards to declaring a pregnancy. It is also the student's decision as to the acceptance or non-acceptance of risk to the embryo or fetus, and to self.

Once the pregnancy has been declared the following options are available to the student. **Note:** A student may change their declaration of pregnancy at any time after it has been declared.

Option # 1

If the student so decides to declare the pregnancy state, the student will not be treated any differently than a non-pregnant student. Course objectives, attendance, clinical rotations, and other program requirements will still be adhered to.

- There would be no modification to clinical rotations.
- The student will be required to present monthly physician's statements stating that the student may continue in the program without restrictions.
- Uniform attire would be appropriate to pregnancy state.

Option # 2

If the student so decides to declare the pregnancy state, and the student wishes to minimize their exposure to strenuous situations, a modified clinical schedule will be developed. The student's physical competency status will be evaluated to determine if program competencies could be met without arbitrarily affecting their clinical objectives and rotations. *Note: Modifying a clinical rotation may mean that clinical objectives and competencies may not be completed on time and the program may be extended for the student until all requirements for graduation are completed.*

- The student will be required to present monthly physician's statements stating that the student may continue in the program.
- Uniform attire would be appropriate to pregnancy state.

Option #3

Should pregnancy occur during the early part of the program, the said student may drop the program at that point to minimize any possible danger to her unborn baby and return the following year at approximately the same time to complete the program. The reasoning is that a student's schedule may have to be altered in order to protect the fetus and/or mother from strenuous situations, and excessive absences could occur which could result in a "W" (withdrawal). In altering the student's schedule, the student may not meet the required clinical objectives of the program and other vital clinical education rotations. It may then be difficult to verify a student's level of competency for that particular semester or for graduation.

Although it is both procedure and practice of this program to offer the utmost in safety precautions to the students, the college or its affiliates will not assume liability of the mother or fetus in case of pregnancy.

Information regarding a student's withdrawal from the program due to pregnancy will be held in utmost confidence.

The program always requires safe practices in accordance within the auspices of this educational program.

I have read, discussed, and understand the pregnancy policy and its options. Declaration of pregnancy is a personal choice; however, the program faculty and medical director may intervene if issues are noted and/or there is a question of safe continuance in the program.

If female student, sign nere:		
Student's Signature	Date	
Witness	Date	
If male student, sign here:		
Student's Signature	Date	

MADISONVILLE COMMUNITY COLLEGE PARAMEDIC TECHNOLOGY PROGRAM PREGNANCY DECLARATION FORM

DECLARATION OF PREGNANCY

ATTENTION: PARAMEDIC TECHNOLOGY PROGRAM FACULTY

I am declaring that I am pregnant. I believe I became pregnant on or about		
Month	 	
Should it be determined that I am no reason, I will promptly inform the ppregnant and have no need for altern	rogram faculty, in writing, that I	am no longer
Name (please print)	Signature	Date

MADISONVILLE COMMUNITY COLLEGE PARAMEDIC TECHNOLOGY PROGRAM PREGNANCY CHANGE OF DECLARATION FORM

CHANGE OF DECLARATION OF PREGNANCY

ATTENTION: PARAMEDIC TECHNOLOGY PROGRAM FACULTY

I am declaring that I am not/about	'no longer pregnant. Th	his condition became evident on or	
Month	,	Year	
		promptly inform the program faculty, an option for continuing in the	
Name (please print)	Signature	Date	

GENERAL STATEMENT OF UNDERSTANDING

Student Name:	
Program:	Paramedic Technology
College:	Madisonville Community College

As a student of this program, I agree to the rules, regulations, policies and procedures as stated below.

- 1. The program requires a period of assigned, guided clinical experiences either in the college or other appropriate facility in the community.
- 2. For educational purposes and practice on "live" models, I will allow other students to practice procedures on me and I will practice procedures on them under the guidance and direct supervision of my instructor. The nature and educational objectives of these procedures have been fully explained to me.
- 3. All clinical experiences are assigned by the instructor for their educational value and thus no payment (wages) will be earned or expected.
- 4. It is understood I will be a student within the clinical facilities that affiliate with my college and will conduct myself accordingly; I am a guest. I will follow all required and published personnel policies, standards, philosophy, and procedures of these agencies. I will agree, at my own expense, to obtain all health screenings, immunizations, criminal background checks, and drug screenings as required by the affiliating agency.
- 5. I have been provided a copy of, have read and agree to adhere to the program's and/or college's policies, rules, and regulations related to the program.
- 6. I understand that information regarding a patient or former patient is confidential and may be used only for clinical purposes within an educational setting according to the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
- 7. I understand the educational experiences and knowledge gained during the program do not entitle me to a job; however, if all educational objectives and licensure requirements are successfully attained, I will be qualified for a job in this occupation.

8. I understand any action on my part inconsistent with the above understandings may result in probation or up to suspension of training.
9. I understand that I am liable for my own medical and hospitalization expenses.
10. I understand that I will be accountable for my own actions; therefore, I will carry a minimum \$1,000,000/\$3,000,000 (or a greater amount of as required by the Facility) limited professional liability insurance during the clinical phase of the program.
11. I understand that travel is a requirement of the program and that I am responsible for my own transportation to and from clinical and internship sites.
I have read and understand each term above, and agree to abide by this Statement of Understanding.
Student Signature:
Date:
<u>'</u>

STATEMENT OF UNDERSTANDING PARAMEDIC TECHNOLOGY PROGRAM HANDBOOK

Student's Signature	Date
may apply.	
Handbook, although I also understand there may be changes	s or additional polices that
affixing my name, I agree to adhere to the stated policies and	d procedures found in the
the information contained within the Paramedic Technology	Program Handbook. By
I have received, read, had the opportunity to discuss and ask	questions, and understand

AUTHORIZATION TO RELEASE REFERENCE INFORMATION

I hereby authorize the Program Director and Program of Madisonville Community Colleg performance while enrolled in the program.	
This information should only be released to put the Program Director and/or instructors as re	
This information may be given out by letter of	or via telephone conversation.
Student Signature	Date

HAZARDOUS COMMUNICATION PROGRAM

Ι	
a student in the Paramedic Tec	logy Program at Madisonville Community College,
attended the Hazard Communi	on Program and do understand that in some classroom,
lab, clinical, and internship pro	ures I may be exposed to hazardous materials as well
as hazardous environments.	
Student Signature	Date
D D' 4	- D. /
Program Director Signature	Date