

**Pima Community College
Public Safety and Emergency
Services Institute**



**Paramedic Program
Student Policy Handbook**

2023

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Every effort has been made to create a thorough and concise student handbook. Institutional and program accreditation, as well as state regulatory requirements, may require updates to this document during a program. Current students will be notified via their Pima email account if changes are made.

INTRODUCTION

Pima Community College (PCC) is accredited by the Commission on Institutions of Higher Education, North Central Association of Colleges and is approved by the Arizona State Board of Directors for Community Colleges.

Academic or occupational programs that are either accredited or approved by an external entity may have policies or procedures that are different or more restrictive than those of the College. These policies or procedures will supersede any conflicting College policies or procedures.

The purpose of this handbook is to communicate the specific policies of the Pima Community College paramedic program.

The Public Safety and Emergency Services Institute (PSESI) embraces the mission and vision statements of Pima Community College. The Public Safety and Emergency Services Institute is an integral part of the college and the general policies formulated for all students apply to the paramedic student. Policies for all Pima College students are found in the [PCC Student Handbook](#), which contains the [Code of Conduct](#). The paramedic student is also required to follow Arizona State Department of Health Services EMCT policies, [Arizona Department of Health Services](#). There are additional policies specific to the paramedic program contained within this document.

The Paramedic Student Policy Handbook was prepared on the basis of the best information available at the time. All information – including statements on legal limitations for paramedic certification, licensure, attendance and behavior policies, health policies/insurance, classroom/college laboratory/clinical laboratory, uniform policy, classroom/clinical evaluation, communication channels, student service policies and miscellaneous information – *is subject to change without notice, obligation, or liability*.

This handbook is updated as necessary. Prospective and continuing students are accountable for staying up to date with any handbook changes which will be communicated via MyPima at; [paramedic student handbook](#).

All admissions to the Paramedic Program proceed through the PSESI administrative office at the 29th coalition campus location.

29th Coalition Campus - 4355 E. Calle Aurora - 520-206-3502

Admission to PCC does not automatically guarantee admission to the paramedic program.

The PSESI Program Director, or designee, registers students for all paramedic courses after admission to the paramedic program. *Admission to the paramedic program has no guarantee of graduation from Pima Community College.*

Notice of ability to become licensed after graduation

Graduation from the college, or any of the Public Safety and Emergency Services Institute program courses, is not the sole criteria for obtaining a license to practice paramedicine in the state of Arizona. As referenced below, students must also provide the of the following;

Effective January 1, 2008, based on Federal and Arizona Laws, all applicants must provide evidence of citizenship or nationality as part of the licensure application. See www.azbn.gov for further details outlining requirements for application documentation.

Time commitment for successful completion of the paramedic program

Paramedic students should expect to spend approximately **30-48 hours per week** in class and studying. The clinical and field rotations will require an additional time commitment as scheduled by the student. **ANY** additional activities or employment should be considered as additional time commitments and should be carefully evaluated by the student while planning for success.

Students should expect to study three (3) hours per credit hour they are enrolled in to achieve a “C” in the courses. Students must be aware that the Public Safety and Emergency Services Institute courses are rigorous and demand a significant time commitment. Students are encouraged to (1) develop a plan of study and (2) time management plan **PRIOR** to entry into the paramedic program.

Transfer of Credits

The Paramedic program policy on transferring of credits follows the institutional protocols. PCC’s policy on Transfer of credits is available at: pima.edu/academics-programs/transfer-degrees-partners/index.

Policy on Experiential learning

The Paramedic program policy on experiential learning follows the institutional protocols. PCC’s policy on experiential learning is available at: pima.edu/academics-programs/credit-prior-learning/index.

Program Safeguards

"The health and safety of patients, students, faculty, and other participants associated with the educational activities of the students must be adequately safeguarded. All activities required in the program must be educational and students must not be substituted for staff." (CAAHEP Standards & Guidelines, 2015).

Students approved to do vehicular rotation while 'on duty' must be the third person on the unit and have approval from the agency liaison and Program director. Students must clearly be identified as a paramedic Student at all times during rotations.

Students may not act in the capacity of a student while working at a clinical facility.

I. PIMA COMMUNITY COLLEGE PARAMEDIC PROGRAM

MISSION

Pima Community College's paramedic program is focused on excellence in the initial and ongoing instructional training for each paramedic student. Paramount to the program are quality education and student well-being.

GOAL

"To prepare and train competent entry-level Emergency Medical Certified Technician - Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains with or without exit points at the Advanced Emergency Medical Technician and/or Emergency Medical Technician."

PHILOSOPHY

The primary goal of the program is to prepare graduates to use their acquired knowledge, attitudes, and skills to contribute to community health in local, national, and global settings. We believe partnerships with community health care facilities foster student learning and civic engagement while providing service and support to unique socio-economic and culturally diverse populations. Instructional staff promote educational advancement through utilization of evidence-based practice, informatics, lifelong learning, and development of clinical reasoning. We are committed to graduating compassionate, ethical and knowledgeable paramedic leaders who are empowered to transform healthcare.

ORGANIZING STRUCTURE AND MAJOR CONCEPTS

The program of learning for the paramedic program utilizes the National Highway Transportation Safety Administration's nationally recognized Paramedic Scope of Practice and Arizona Department of Health Services Bureau of EMS, as a framework for the incorporation of ten major concepts. These concepts are; *communication, evidence-based practice, informatics, leadership, patient-centered care, professionalism, quality improvement, safety, system-based practice, teamwork and collaboration.*

Definitions:

The goal at the completion of the program is that each student will meet the following programmatic outcomes and roles of practice:

Communication: Interact effectively with patients, families and colleagues to enhance patient satisfaction and health outcomes.

Evidence-based practice: Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care.

Informatics: Use information and technology to communicate, manage knowledge, mitigate error, and support decision-making.

Leadership: Influence the behavior of individuals or groups within their environment in a way that will facilitate achievement of shared goals.

Patient-centered care: Provide compassionate and coordinated care based on respect for patient/designee's preferences, values, and needs.

Professionalism: Demonstrate accountability for the delivery of care that is consistent with moral, altruistic, legal, ethical, regulatory, and humanistic principles as described in the Paramedic Scope and Standards of Practice.

Quality improvement: Use data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of health care systems.

Safety: Minimizes risk of harm to patients and providers through both system effectiveness and individual performance.

System-based practice: Demonstrate an awareness of, and responsiveness to, the larger context of the health care system.

Teamwork and collaboration: Function effectively in a team environment, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care.

PROGRAM DESCRIPTION

The Paramedic course follows the NHTSA Curriculum and is approved by the Arizona Department of Health Services, Bureau of Emergency Medical Services. Upon successful completion of the program the student will be eligible to take the National Registry of Emergency Medical Technicians exams. Completion of the Paramedic course alone does not certify a student for employment. Certification is controlled entirely by the Arizona Department of health Services, Bureau of Emergency Medical Services.

The Paramedic program carries a course load of 48-52.5 credit hours. The following is a breakdown of the hours:

Distributive Education:

- 42 hours for research paper
- 48 hours Medical Terminology

Classroom Didactic Hours:

- 640 hours (60 hours A&P, and 548 Paramedic)

Clinical and Vehicular Rotation Hours*:

- 506 hours (minimum)

*The student is required to schedule these hours outside of class time throughout the paramedic course, as approved by their Course Manager or designee.

The PSESI paramedic program is approved by the Arizona Department of Health Services (AZDHS), and currently holds Advanced Life Support (ALS) and Basic Life Support (BLS) training certificates.

PROGRAM ACCREDITATION

Pima Community College is accredited by the Higher Learning Commission (HLC) of the North Central Association of Colleges and Schools (NCACS).

Further information may be found on my pima, [PCC accreditation](#). The HLC may be contacted at:

Higher Learning Commission
230 South LaSalle Street, Suite 7-500, Chicago, Illinois 60604-1411
Phone: 800.621.7440 / 312.263.0456 | Fax: 312.263.7462 | info@hlcommission.org
<https://www.hlcommission.org/>

PCC's Emergency Medical Technology – Paramedic program is accredited by the Commission on Accreditation of Allied Health Education Programs (www.caahep.org) upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoA EMSP).

Commission on Accreditation of Allied Health Education Programs
727-210-2350
www.caahep.org

To contact CoAEMSP
214-703-8445
www.coaemsp.org

Documentation of this program accreditation is available from the PCC Program Services Office, 520- 206-3502.

PROGRAM OUTCOMES

Upon successful completion of this program, the student will have achieved:

1. The ability to comprehend, apply, and evaluate information relative to the role of an entry level paramedic.
2. Technical proficiency in all the skills necessary to fulfill the role of an entry level paramedic.
3. Personal behaviors consistent with professional and employer expectations of an entry level paramedic.
4. A basic understanding of EMS (Emergency Medical Systems) knowledge necessary to function in a healthcare setting.

In order to achieve these outcomes and be approved for the National Registry of EMTs (NREMT) credentialing psychomotor and didactic exams, a student must demonstrate evidence of the following:

For clarification purposes, any statement referencing nurses will apply to the paramedic student.

1. Interact effectively with patients, families, and colleagues to enhance patient satisfaction and health outcomes.
2. Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care.

3. Use information and technology to communicate, manage knowledge, mitigate error and support clinical decision-making.
4. Influence the behavior of individuals or groups within their environment in a way that will facilitate achievement of shared goals.
5. Provide passionate and coordinated care based on respect for patients/designee's preferences, values, and needs.
6. Demonstrate accountability for the delivery of care that is consistent with moral, altruistic, legal, ethical, regulatory, and humanistic principles as described in the *Paramedic Scope and Standards of Practice*.
7. Use data to monitor the outcomes of care processes to continuously improve the quality and safety of health care systems.
8. Minimize risk of harm to patients and providers through both systems effectiveness and individual performance.
9. Demonstrate an awareness of, and responsiveness to, the larger context of the health care system.
10. Function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care.

References

American Nurses Association. (2010). *Nursing: Scope & standards of practice*. Washington, D.C.: American Nurses Association.

QSEN Institute. (2013). *Competencies*. Retrieved from <http://qsen.org/competencies/>

Massachusetts Department of Higher Education. (2010). *Creativity and connections: Building the framework for the future of nursing education and practice*. Retrieved from <http://www.mass.edu/currentiniti/documents/NursingCoreCompetencies.pdf>

Accreditation Council for Graduate Medical Education (n.d.). Retrieved from <http://www.acgme.org/>

PROGRAM PAYMENT

Tuition and fees must be paid in full by the published payment due dates. Failure to pay by the deadlines may result in the loss of registration or late fees.

Important Notice on Payments: By registering for classes, you are accepting financial responsibility for all related tuition and fees. You must drop any unwanted classes *by the official drop deadline* to ensure that you are not held financially responsible for the tuition and fees associated with those classes.

Please Note: PCC reserves the right to drop unpaid registrations at any time without prior notice.

UNFORSEEN CIRCUMSTANCES

In the event of any unforeseen circumstances that cause the college to be shut down, the program will convert to virtual class sessions. As allowed by college leadership, limited on campus classes may be conducted. If the virtual environment is not a conducive learning atmosphere for a student, they may withdrawal from the course. The refund of all or part of the tuition and fees will be at the discretion of the college leadership and is not guaranteed.

II. PIMA COMMUNITY COLLEGE STUDENT RESOURCES

ACCESS AND DISABILITY RESOURCES ACCOMMODATIONS

Pima Community College is committed to providing accommodations for qualified individuals with disabilities in a timely and effective manner. To request a reasonable accommodation, students must register with the campus Access and Disability Resources (ADR) office. Accommodations will be based on eligibility determined by Access and Disability Resources. Services can be requested at any time during the program. Requesting services well in advance will help to ensure that resources are available when needed.

1. ADR accommodations will only be valid for the course applied and will not carry over to future courses.
2. ADR accommodations for additional testing time are not extended to include any additional time- related accommodation for the student at the clinical site or during the NREMT computer based cognitive exam
3. All accommodations must be initiated by ADR and reviewed for compliance by the Public Safety and Emergency Services Institute prior to implementation.

ADR and testing accommodations: 206-6688 or ADRhhelp@pima.edu

VETERAN SERVICES

Pima's Veterans Center is located at the Downtown Campus in building RV-150 and welcomes all PCC students who are veterans, whether or not they have applied for veterans benefits. This is a great place to relax and spend time with other vets, or to get some needed study time in a quiet setting.

Veterans Center staff can get help you navigate veterans benefits, learn about PCC services and access other resources in the community for veterans.

The Veterans Center is open 8 a.m.- 5 p.m., Monday - Friday.

Phone: (520) 206-2266

Email: veterans@pima.edu

Address:

Pima Community College
Northwest Campus Veterans Office
7600 North Shannon Road - Building M
Tucson, AZ 85709-7240

COUNSELING SERVICES

Our student-focused counselors can help you find solutions to educational, career and personal concerns. We tap into resources both at Pima Community College and community agencies.

Information can be found at <https://www.pima.edu/student-resources/counseling/index>

Immediate Crisis Support

- Safety or Medical Emergency: Dial 911 in the United States
- National Suicide Prevention Hotline: 1.800.273.8255 (toll-free)
- National Domestic Violence Hotline: 1.800.799.7233 (toll-free)
- [Crisis Counselors Call Center](#): 24-hour crisis line - 1.800.273.8255 (toll-free) or Text "ANSWER" to 839863

PCC Student Wellness Assistance Program

Pima cares about your wellness - from time management to personal issues, from childcare to finances. Use the Student Wellness Assistance program to find online resources or connect to a counselor 24 hours a day, seven days a week. Go to the [Student Resources](#) page to get started.

Selected Online Resources

- [Ulifeline](#)
Find help dealing with suicide prevention, drug abuse and mental health. It's available to anyone who has enrolled at Pima College in the last three years.
- [WebTribes](#)
Tap into social networking support communities that connects you with students and others faced with mental health issues.
- [All About Counseling](#)

III. COMMUNICATION CHANNELS

PSESI OFFICE AND PHONE NUMBER

PSESI Administrative Office 29th Coalition Campus, Bldg A, Rm 18 520-206-3502

COMMUNICATION BETWEEN PUBLIC SAFETY AND EMERGENCY SERVICES INSTITUTE STAFF AND STUDENTS

The student will be required to use their assigned Pima Community College student email account the entire length of the program. **Students are required to check their student email account at least once daily.** Students will contact Public Safety and Emergency Services Institute faculty through the following channels:

1. MyPima will be the only electronic communication channel between students and faculty. Student emails sent from personal email sites will **NOT** be acknowledged.
2. MyPima email is to be checked daily.
3. Public Safety and Emergency Services Institute faculty office telephone numbers are listed on the PCC homepage directory; <https://www.pima.edu/academics-programs/degrees-certificates/public-safety/emergency-med-technology/paramedic-aas/index.html>
4. Students will be notified with any changes in policies, procedures, or program information using the MyPima. **The student is responsible for checking their MyPima daily for timely updates.**

A student may obtain internet access at any Pima Community College Campus, the PSESI computer lab, or at any public library.

1. Students should utilize the chain of command for communication, which is:
 - a. Course Manager/mentor
 - b. Program Director
 - c. Department chair
 - d. Dean of Workforce Development
 - e. Pima Community College Grade Appeals/Complaint Procedures

PROGRAM MENTORS

At the discretion of the Program Director or Course Manager during the first week of the program, each student will be assigned a mentor who will act as their initial point of contact for any questions about the program and its processes. The mentor may be a Course Manager or their designee. The mentor will follow the student throughout the program and will help the student navigate through each portion of

the program.

The mentor is responsible for:

1. Assisting students in meeting their program goals with the understanding that *the ultimate responsibility lies with the student.*
2. Maintaining progress notes for each student; completing formative evaluations and a final summative evaluation upon completion of the program.
3. Reviewing clinical and field shift documentation on FISDAP and providing timely and appropriate feedback to help the student improve their documentation skills.
4. Providing bi-weekly and as needed progress reports to the program cadre and Program Director.
5. Building relationships with the agency reps, if sponsored, to help facilitate further learning outside of the classroom or to work on needed behavior modifications.

The student is responsible for:

1. Communicating *via their pima email* with their mentor. It is expected that students have access to and check their student email daily. As such, responses should be received within one (1) day of initial email. Students may also request face to face meetings with their mentor.
2. Notifying their mentor, in a timely manner, if they are experiencing difficulties and need help or further guidance with anything related to the program.
3. Scheduling clinical and field rotations in a manner that is safe and allows the student time to get to each shift on time (getting off shift and going straight to a clinical rotation may be unsafe).
4. Notifying their mentor, or designee, in a timely manner if any scheduling conflicts arise.
5. Verifying all program requirements are met, through FISDAP and confirmation from the program cadre.
6. Assuming the ultimate responsibility for meeting all graduation requirements.
7. Taking accountability for their actions pertaining to the program.
8. Complying with all items within this document (see appendix P, Paramedic Student Policy Handbook Signature Form).

IV. BEHAVIORAL POLICIES

STANDARDS OF PROFESSIONAL CONDUCT

Students will adhere to the following standards of professional conduct as an integral aspect of professional socialization.

Accountability - Answering for one's action to self, the client, the profession and the college.

Ethical - Adhering to the Code of Ethics of EMS practitioners, National Association of EMTs, (NAEMT).

Legal - Operating within the standards of care related to the paramedic student role.

Honesty - Practicing fairness and truthfulness in conduct.

Dependability - Being trustworthy and reliable.

Respect - Treating others and self with consideration and courtesy.

Responsibility - Performing duties associated with the paramedic's role.

Confidentiality - Respecting the privacy of clients by respecting privileged information.

Punctuality - Arriving on time for all classroom and clinical assignments.

Professional Appearance – Following personal appearance standards and uniform policy at any Pima Community College activities.

Any behavior or conduct that disrupts the harmony of the learning environment may result in failure of the course or termination from the program.

PIMA COMMUNITY COLLEGE CODE OF CONDUCT

Students are required to adhere to PCC Code of Conduct defined on the College website: <https://www.pima.edu/student-resources/student-policies-complaints/docs/Student-Code-of-Conduct.pdf>.

All students are required to review and comply with the PCC code of conduct during all program activities.

PIMA COMMUNITY COLLEGE STUDENT CODE OF CONDUCT VIOLATIONS/ COLLEGE-RELATED COMPLAINTS FROM STUDENTS

1. See the procedure in the [PCC Student Handbook](#) for student code of conduct violations filed by faculty.
2. See the [PCC Student Handbook](#) for the process to make a college-related complaint by a student.
3. See the [PCC Student Handbook](#) Rights and Responsibilities.

LEGAL LIMITATIONS FOR TRAINING AND CERTIFICATION

The faculty make available to applicants of the Public Safety and Emergency Services Institute paramedic program the following information regarding Arizona State Board of Nursing legal limitations for licensure. All paramedic students and faculty held to the Arizona Nurse Practice Act, during all components of the program. Any violations of R4-19-403, Unprofessional Conduct, as listed below, will be immediately reported to the Program Director for investigation and will result in removal from the course they are enrolled or teaching in.

R4-19-403 Unprofessional Conduct

For clarification purposes, any statement referencing nurses will apply to the paramedic student and their scope of training.

For purposes of A.R.S. § 32-1601(22) (d) any conduct or practice that is or might be harmful or dangerous to the health of a patient or the public includes one or more of the following:

1. A pattern of failure to maintain minimum standards of acceptable and prevailing nursing practice;
2. Intentionally or negligently causing physical or emotional injury;
3. Failing to maintain professional boundaries or engaging in a dual relationship with a patient, resident or any family member of a patient or resident;
4. Engaging in sexual conduct with a patient, resident, or any family member of a patient or resident who does not have a preexisting relationship with the nurse, or any conduct in the workplace that a reasonable person would interpret as sexual;
5. Abandoning or neglecting a patient who requires immediate nursing care without making reasonable arrangement for continuation of care;
6. Removing a patient's life support system without appropriate medical or legal authorization;
7. Failing to maintain a patient record that accurately reflects the nursing assessment, care, treatment, and other nursing services provided to the patient;
8. Falsifying or making a materially incorrect, inconsistent, or unintelligible entry in any record:
 - a. Regarding a patient, health care facility, school, institution or other workplace location; or
 - b. Pertaining to obtaining, possessing or administering any controlled substance as defined in the federal Uniform Controlled Substances Act, 21 U.S.C 801 et seq., or Arizona's Uniform Controlled Substances Act, A.R.S. Title 36, Chapter 27;
9. Failing to take appropriate action to safeguard a patient's welfare or follow policies and procedures of the nurse's employer designed to safeguard the patient;
10. Failing to take action in a health care setting to protect a patient whose safety of welfare is at risk from incompetent health care practice, or to report the incompetent health care practice to employment or licensing authorities;
11. Failing to report to the Board a licensed nurse whose work history includes conduct, or a pattern of conduct, that leads to or may lead to an adverse patient outcome;
12. Assuming patient care responsibilities that the nurse lacks the education to perform, for which the nurse has failed to maintain nursing competence, or that are outside the scope of practice of the nurse;
13. Failing to supervise a person to whom nursing functions are delegated;
14. Delegating services that require nursing judgment to an unauthorized person;
15. Removing, without authorization, any money, property, or personal possessions, or requesting payment for services not performed from a patient, employer, co-worker, or

member of the public;

16. Removing, without authorization, a narcotic, drug, controlled substance, supply, equipment, or medical record from any health care facility, school, institution or other workplace location;
17. A pattern of using or being under the influence of alcohol, drugs, or a similar substance to the extent that judgment may be impaired and nursing practice detrimentally affected, or while on duty in any health care facility, school, institution, or other work location;
18. Obtaining, possessing, administering or using any narcotic, controlled substance, or illegal drug in violation of any federal or state criminal law, or in violation of the policy of any health care facility, school, institution or other work location at which the nurse practices;
19. Providing or administering any controlled substance or prescription-only drug for other than accepted therapeutic or research purposes.
20. Engaging in fraud, misrepresentation or deceit in taking a licensing examination or on an initial or renewal application for a license or certificate;
21. Impersonating a nurse licensed or certified under this Chapter;
22. Permitting or allowing another person to use the nurse's license for any purpose;
23. Advertising the practice of nursing with untruthful or misleading statements;
24. Practicing nursing without a current license or while the license is suspended;
25. Failing to:
 - a. furnish in writing a full and complete explanation of a matter reported pursuant to A.R.S. § 32-1664, or
 - b. respond to a subpoena issued by the Board;
26. Making a written false or inaccurate statement to the Board or the Board's designee in the course of an investigation;
27. Making a false or misleading statement on a nursing or health care related employment or credential application concerning previous employment experience, education, or credentials.
28. If a licensee or applicant is charged with a felony or a misdemeanor involving conduct that may affect patient safety, failing to notify the Board in writing, as required under A.R.S. § 32-3208, within 10 days of being charged. The licensee or applicant shall include the following in the notification:
 - a. Name, address, telephone number, social security number, and license number, if applicable;
 - b. Date of the charge; and
 - c. Nature of the offense;
29. Failing to notify the Board, in writing, of a conviction for a felony or an undesignated offense within 10 days of the conviction. The nurse or applicant shall include the following in the notification:
 - a. Name, address, telephone number, social security number, and license number, if applicable;
 - b. Date of the conviction; and
 - c. Nature of the offense;
30. For a registered nurse granted prescribing privileges, any act prohibited under R4-19-511(D); or
31. Practicing in any other manner that gives the Board reasonable cause to believe the health of a patient or the public may be harmed.

AMERICAN NURSES ASSOCIATION (ANA) PRINCIPLES FOR SOCIAL NETWORKING

Students are expected to adhere to the ANA's Principles for Social Networking as listed below. Violations of these principles may result in termination from the Public Safety and Emergency Services Institute.

ANA's Principles for Social Networking

For clarification purposes, any statement referencing nurses will apply to the paramedic student.

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

Six Tips to Avoid Problems

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

References:

American Nurses Association (2011, September). Principles for Social Networking and the Nurse. Silver Spring, MD: Author.

National Council of State Boards of Nursing. (2011, August). White Paper: A Nurse's Guide to the Use of Social Media. Chicago, IL: Author.

Violating any of the Standards of Professional Conduct, the PCC Code of Conduct, or ANA's Principles for Social Networking will result in a meeting with the student and at a minimum the PSESI Program Director, and Course Manager within five business days. If program staff are not available a program designee may be substituted. Violations may result in termination from the program with no possibility of return/reapplication.

ETHICAL/LEGAL BEHAVIOR

The Public Safety and Emergency Services Institute requires all instructional staff and paramedic students to adhere to the NAEMT Code of Ethics for EMS practitioners and Arizona Revised Statutes.

V. FUNCTIONAL JOB EXPECTATIONS

The National Highway and Transportation and Safety Administration (NHTSA) outlines the functional job expectations of a paramedic. Below is an excerpt from www.NHTSA.gov.

Characteristics of a Paramedic

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

Even though a Paramedic operates as a part of a two-person team generally working with a lower skill and knowledge level EMT, it is the Paramedic who is held responsible for safe and therapeutic administration of drugs, including narcotics. Therefore, the Paramedic must not only be knowledgeable about medications, but must be able to apply this knowledge in a practical sense.

Knowledge and practical application of medications include thoroughly knowing and understanding the general properties of all types of drugs including; analgesics, anesthetics, anti-anxiety drugs, sedatives and hypnotics, anti-convulsants, central nervous stimulants; psychotherapeutics which include antidepressants; and other anti-psychotics, anticholinergics, cholinergic, muscle relaxants, anti-dysrhythmics, anti-hypertensives, anti-coagulants, diuretics, bronchodilators, ophthalmics, pituitary gland drugs, gastro-intestinal drugs, hormones, antibiotics, antifungals, anti-inflammatories, serums, vaccines, anti-parasitic, and others.

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

It is the responsibility of the Paramedic to obtain a comprehensive drug history from the patient that includes names of drugs, strength, daily usage and dosage. The Paramedic must take into consideration factors that can affect the type of medication to be given especially in relation to the history given.

Some may be using over the counter drugs and herbal supplements that may alter the efficacy of the drug administered. Awareness of drug reactions and the synergistic effects of drugs combined with other medicines and in some instances, food, are imperative. The Paramedic must also take into consideration the possible risks of medication administered to a pregnant mother and the fetus, keeping in mind that drugs may cross the placenta.

The Paramedic must be cognizant of the impact of medications on pediatric patients based on size and weight, special concerns related to newborns, geriatric patients and the physiological effects of aging such as the way skin can tear in the geriatric population with relatively little to no pressure. There must be an awareness of the high abuse potential of controlled substances and the potential for addiction; therefore, the Paramedic must be thorough in documenting drug administration and the patient's reaction. The Paramedic may need to justify why a particular narcotic and amount was given. The

ability to measure and re-measure drip rates for controlled substances/medications are essential. Once medication is stopped or not used, the Paramedic must send back unused portions to the proper inventory area.

The Paramedic must be able to apply basic principles of mathematics to the calculation of problems associated with medication dosages, perform conversion problems, understand and be able to apply conversion from kilograms to pounds and vice versa, differentiate temperatures readings between Centigrade and Fahrenheit scales, be able to use proper advanced life support equipment and supplies (i.e. proper size of intravenous needles) based on patient's age and condition of veins, and be able to locate sites for obtaining blood samples, administer medication intravenously, via intraosseous, gastric tube, orally, rectally, intranasally, and inhaled routes. The Paramedic must comply with universal pre-cautions and body substance isolation, disposing of contaminated items and equipment properly at all times while performing such tasks.

The Paramedic must be able to apply knowledge and skills to assist overdose patients to overcome trauma through antidotes and have knowledge of poisons and be able to administer treatment. The Paramedic must be knowledgeable as to the stages drugs/medications go through once they have entered the patient's system and be cognizant that route of administration is critical in relation to patient's needs and the effect that occurs.

The Paramedic must also be capable of providing advanced life support emergency medical services to patients including conducting of and interpreting electrocardiograms (EKGs), electrical interventions to support the cardiac functions, performing advanced airway techniques to include; supraglottic airway placement, endotracheal intubation via the oropharynx and nasopharynx, needle cricothyrotomy in pediatrics, surgical cricothyrotomy in adults, administration of CPAP, and needle decompression on tension pneumothorax. and administering of appropriate intravenous fluids and drugs under direction of off-site designated physician.

The Paramedic is a person who must not only remain calm while working in difficult and stressful circumstances but must be capable of staying focused while assuming the leadership role inherent in carrying out the functions of the position. Good judgment along with advanced knowledge and technical skills are essential in directing other team members to assist as needed. The Paramedic must be able to provide top quality care, concurrently handle high levels of stress, remain flexible, be able to think critically on high acuity calls, and be willing to take on the personal responsibility required of the position.

This includes not only all legal ramifications for precise documentation, but also the responsibility for using the knowledge and skills acquired in real life threatening, emergency situations.

The Paramedic must be able to deal with adverse and often dangerous situations which include responding to calls in districts known to have high crime and mortality rates. Self-confidence is critical, as is a desire to work with people, solid emotional stability, a tolerance for high stress, and the ability to meet the physical, intellectual, and cognitive requirements demanded by this position.

Physical Demands

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

Comments

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

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

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

Code of Ethics for EMS Practitioners

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

- To conserve life, alleviate suffering, promote health, do no harm, and encourage the quality and equal availability of emergency medical care.
- To provide services based on human need, with compassion and respect for human dignity, unrestricted by consideration of nationality, race, creed, color, or status; to not judge the merits of the patient's request for service, nor allow the patient's socioeconomic status to influence our demeanor or the care that we provide.
- To not use professional knowledge and skills in any enterprise detrimental to the public well-being.
- To respect and hold in confidence all information of a confidential nature obtained in the course of professional service unless required by law to divulge such information.
- To use social media in a responsible and professional manner that does not discredit, dishonor, or embarrass an EMS organization, co-workers, other health care practitioners, patients, individuals or the community at large.
- To maintain professional competence, striving always for clinical excellence in the delivery of patient care.
- To assume responsibility in upholding standards of professional practice and education.

- To assume responsibility for individual professional actions and judgment, both in dependent and independent emergency functions, and to know and uphold the laws which affect the practice of EMS.
- To be aware of and participate in matters of legislation and regulation affecting EMS.
- To work cooperatively with EMS associates and other allied healthcare professionals in the best interest of our patients.
- To refuse participation in unethical procedures and assume the responsibility to expose incompetence or unethical conduct of others to the appropriate authority in a proper and professional manner.

Originally written by: Charles B. Gillespie, M.D., and adopted by the National Association of Emergency Medical Technicians, 1978. Revised and adopted by the National Association of Emergency Medical Technicians, June 14, 2013. <https://www.naemt.org/about-ems/emt-oath>

VI. HEALTH POLICIES/INSURANCE

GENERAL POLICIES

1. Paramedic students must meet and maintain clinical eligibility requirements, as defined by the Public Safety and Emergency Services Institute, prior to attending clinical experiences.
 - a. The Public Safety and Emergency Services Institute follows the Pima County Health Department, as well as the individual health facility guidelines regarding tuberculosis screening and immunizations.
 - b. **Paramedic students acknowledge the health risks involved in the pursuit of a career in EMS** (see Appendix K, Health Risk Statement of Understanding).
2. In circumstances of student illness, injury or other health limitations, the clinical agency and the college health policies will be followed. The Public Safety and Emergency Services Institute faculty member will assess a student's ability to give adequate and safe patient care and will determine if the student can remain and/or return to the clinical laboratory, regardless of a healthcare provider's approval to return.
3. If illness or injury occurs during a clinical or vehicular rotation, the student must leave the site and notify appropriate PSESI faculty. The student should seek care/ treatment as they deem necessary by his/her private healthcare provider. A new Health Declaration form must be completed by the healthcare provider in cases of severe illness or injury. Public Safety and Emergency Services Institute faculty and administration reserve the right to request an updated Health Declaration form at any time. Following the occurrence of a serious injury, surgery, or illness, the student must be evaluated by a licensed health care provider (MD, DO, NP or PA) to determine whether they can perform their assigned clinical duties in a safe, reliable manner as defined by the Public Safety and Emergency Services Institute Technical Standards. The Public Safety and Emergency Services Institute will request a release from their health care provider (see Health Declaration/Physical Examination Form–Appendix E) to return to the clinical and field setting **without restrictions**. The Public Safety and Emergency Services Institute may request a specialist to perform the evaluation and complete the release prior to return to the clinical and field setting.
4. Should an illness exceed the allowed course, clinical and field absences designated by the paramedic program, the student may be removed from the program subsequently receiving a “W” grade in the course, and removal from the program.
5. If the program staff/director are not available, the Academic Director and Dean of Workforce Development reserves the right to review complaints, appeals, events, and policies on a case-by-case basis and make a decision based upon the evidence.
6. The Academic Director and Dean of Workforce Development may deny a student entry into any Public Safety and Emergency Services Institute Program. The student will be informed of the reason for denial in writing and will have the right to appeal the decision through the [Pima Community College complaint process](#).

INFECTION CONTROL POLICY (see appendix A, Universal Precautions)

VII. PROGRAM ADMISSION AND PREREQUISITES

ADMISSIONS

Admission into the paramedic program requires a candidate to complete a written and oral board assessment along with submission of all program prerequisites prior to the start of the program. Please contact the program for current enrollment requirements and timeframes.

- a. Candidates who have received an informal acceptance into the program but do not meet the requirements or timeframes allotted by program staff will be dismissed from consideration for the program.

The Academic Director and Dean of Workforce Development may deny a prospective student admission or re-admission into any Public Safety and Emergency Services Institute program. The individual will be informed of the reason for denial in writing and will have the right to appeal the decision through the [Pima Community College complaint process](#).

- a. Students previously enrolled in the program must complete all enrollment requirements and will not receive preferential accommodations.
- b. Students who were dismissed from a prior enrollment as the result of a behavioral or noncompliance item must first meet with the Program Administration for consideration. Under normal circumstances a student will not be permitted to re-enroll for a minimum of 12 months from their dismissal date.
- c. Students who have unpaid balances on their myPima student account will not be permitted to begin the entrance examination process until the balance has been paid in full and their accounts are cleared.

PREREQUISITES

Prior to formal acceptance into the program, candidates must provide proof of the following:

1. Official documentation of age 18 years or older.
 - a. Copy of a driver's license, birth certificate, or passport.
2. Reading assessment (Arizona Administrative Code (ACC) R9-25-313(1)) from Pima Community College or an approved course on college transcript.
3. Writing and Math assessments as required by Pima Community College which can be found at: <https://pima.edu/new-students/index.html>
 - a. For assessment purposes only, no minimum level required to enter program. For more information please refer to: <https://www.pima.edu/new-students/take-assessments/index.html>.
4. American Red Cross (ARC) or American Heart Association (AHA) Basic Life Support for the Healthcare Provider certification card.
 - a. This card must remain current throughout the training program and the certification process. If the certification lapses, the student will not be permitted to attend class, and

this will be counted as missed time. This could result in the student failing the course and being dropped from the program.

5. Current EMT or AEMT (National Highway Traffic Safety Administration (NHTSA) National Standard Curriculum – Paramedic Pre-requisite). This certification **MUST** remain current throughout the Paramedic course. NREMT requires a current certification in order to take the Nationally Registered Paramedic computer-based exam (www.nremt.org). If the certification lapses, the student will not be permitted to attend class, and this will be counted as missed time. This could result in the student failing the course and being dropped from the program.

The certification must be either:

- a. National Registry certification; or
 - b. State of Arizona certification
6. Current personal health insurance coverage
 - a. This coverage must remain current throughout the training program and the certification process.
 - b. Students must provide a **current** personal health insurance card. Students will be asked to sign a form verifying and agreeing to maintain personal health insurance while in the program.
 7. Recommended: Federal Fingerprinting Clearance Card and/or Federal Background Check/DPS Fingerprint Clearance (level 1) (required by agency contracts for clinical/vehicular rotations), or verification letter from sponsoring agency attesting to the clearance. Upon registration, through my clinical exchange, you will be required to submit to a background check. If any discrepancies are identified, this will result in automatic dismissal from the program. Therefore, it is recommended to ensure your background contains no surprises. Please refer to the following website to obtain (can take up to 15 weeks to process)
<https://www.fbi.gov/services/cjis/identity-history-summary-checks>.
 - a. The student is required to disclose any changes in status related to DPS clearance to the Program Director within a timely manner.
 - b. Failure to self-disclose will result in termination from the program.
 - c. A Background check will be conducted thru My Clinical Exchange during month 2 or 3 of the program and if any item(s) come back flagged the student will be withdrawn from the program.
 8. Proof of negative 10 panel drug screen within one (1) month of the class start date (results cannot be received from applicant, must be faxed to PSESI Office by the medical facility). The following substances must be included in the screening:
 - a. Amphetamines
 - b. Barbituates
 - c. Benzodiazepines
 - d. Methadone
 - e. Opiates
 - f. Phencyclidine
 - g. Oxycodone

- h. Cocaine
 - i. Marijuana
 - j. Alcohol
 - k. Fentanyl Metabolite
9. Documents showing immunity or immunization for the following (required by agency contracts for clinical/vehicular rotations):
- a. Documentation of a negative *two step PPD (TB skin test). Must remain current through the entire length of the program. Students who cannot get a PPD must provide the following:
 - i. Documentation which includes the date of the positive PPD;
 - ii. Documentation of a negative chest x-ray that was done after the date of the positive PPD and within the last 5 years.

**Two step means two PPD tests within three (3) weeks of each other.*
 - b. Measles, mumps and rubella immunization (MMR) x 2 or positive serology (titer) results indicating immunity.
 - c. Varicella immunization x 2 or positive serology (titer) results indicating immunity.
 - d. Hepatitis B immunization (series of three injections), or positive or reactive serology (titer) results indicating immunity.
 - e. Tetanus, Diphtheria, and Pertussis (Tdap) immunization for adults, one injection within the last ten (10) years that does not expire until after the last day of the program.
 - f. Influenza vaccination, one injection within the last year.
 - g. COVID Vaccinations – (Medical/Religious Exemptions must be approved by McE)
 - h. Signed Immunization and Health Declaration Form.

All immunizations must remain current during the course of training.

Clinical Rotation Note

Health facilities may have guidelines which conflict with the Pima County Health Department and the Arizona Department of Health Services policies. There are no regulatory practices to define clinical eligibility by the State of Arizona. The Arizona Department of Health Services reports that the clinical agency where the student is assigned dictates the clinical eligibility requirements; for consistency of reporting needs, the Public Safety and Emergency Services Institute may require a uniform listing of clinical requirements that meets the needs of the most rigorous of clinical sites. Students will be notified of any additional requirements before entering assigned clinical laboratory experiences.

VIII. CONTINUED EMT COMPETENCIES

AZDHS, BEMS requires all paramedic students to hold and maintain a minimum of an unrestricted EMT or EMCT certification.

R9-25-305-B

A training Program Director shall ensure that, for an AEMT certification course or a Paramedic certification course, a student has one of the following:

1. Current certification from the Department as an EMT or higher EMCT classification level,
2. Documentation of completion of prior training in an EMT course or a course for a higher EMCT classification level provided by a training program certified by the Department or an equivalent training program, or
3. Documentation of current registration in a national certification organization at the EMT classification level or higher EMCT classification level.

As such it is a program expectation that each paramedic student maintain and demonstrate proficiency throughout the program in the EMT program outcomes, <https://www.pima.edu/programs-courses/credit-programs-degrees/public-safety/emt/basic-emt-outcomes.html>, which are listed below.

1. Demonstrate the proper donning and doffing of protective gear appropriate for the EMT and situation.
2. Perform CPR, both 1 and 2 persons for adult, child, and infant to Healthcare provider level consistent with American Heart Association level.
3. Perform basic airway mgt. techniques including insertion of adjuncts intended for the oropharynx and nasopharynx.
4. Demonstrate the ability to assist patients with their own prescribed medicines.
5. Assess, manage, and stabilize patients of all ages and demographics with medical emergencies.
6. Assess, manage, and stabilize patients of all ages and demographics with traumatic emergencies.
7. Demonstrate the ability to properly prepare the patient for transport while limiting or aggravating any injuries.
8. Demonstrate the knowledge of triage and assigning patients to the appropriate level facility.
9. Demonstrate the ability to interact with other responders appropriately including giving and taking Advice on patient care. Interact as a member of a team.
10. Demonstrate the ability to complete a patient care report including a summation of treatment provided to the receiving facility or transporting ambulance.

IX. PROGRAM REQUIREMENTS

Advanced Placement Policy

All components of the paramedic program must be taken as a cohort. A student may not receive credit for prior coursework. If a student is dismissed or does not complete a prior PSESI run paramedic program they will need to re-apply for the program and comply with current program admission policy.

Progression of Learning

The paramedic program is accredited through the Commission on Accreditation for Allied Health Education Programs (CAAHEP) who set standards for EMS programs to meet, following the National EMS Education Standards. These standards follow the progression of learning approach, allowing students to learn sequentially by obtaining didactic knowledge prior to skills attainment and before precepted field experience.

In 2015 CAAHEP published Standards and Guidelines for paramedic educational programs to follow. The Committee on Accreditation for EMS Professionals (CoAEMSP) interprets the CAAHEP 2015 Standards and Guidelines in the following excerpt;

Standard III.C.1. Curriculum

The curriculum must ensure the achievement of program goals and learning domains. Instruction must be an appropriate sequence of classroom, laboratory, clinical/field experience, and field internship activities. Progression of learning must be didactic/laboratory integrated with or followed by clinical/field experience followed by the capstone field internship, which must occur after all core didactic, laboratory, and clinical experience.

Instruction must be based on clearly written course syllabi that include course description, course objectives, methods of evaluation, topic outline, and competencies required for graduation.

The program must demonstrate by comparison that the curriculum offered meets or exceeds the content and competency of the latest edition of the National EMS Education Standards.

The sequencing of the program curriculum will be outlined in appendix G, CoAEMSP Competency Requirements.

Classroom Evaluation

The student must be able to perform certain physical activities and show appropriate affective behavior in order to qualify for successful program completion. Inability to perform these activities at any time within the program may result in the student removed from the program. The affective behavioral requirements were outlined under section IV, Behavioral Policies. The physical requirements include:

- The ability to communicate verbally and effectively;
- The ability to actively listen and follow instructions;
- The ability to read and write at the 9th grade level;
- The ability to complete basic arithmetic equations;
- The ability to lift, carry, and balance 100 lbs. independently;
- The ability to bend, stoop, and crawl on even and uneven terrain;
- The ability to perform in accordance with the functional job analysis, and the industry standards/expectations in the clinical and field setting.

Successful completion of program knowledge, skills, and objectives requires the student to demonstrate proficiency in all practical skills according to American Heart Association (AHA), Arizona Department of Health Administration (AZDHS), National Highway Traffic Safety Administration (NHTSA), and the Public Safety and Emergency Services Institute (PSESI) program guidelines.

1. The student must pass the final written exam with an 80% or better.
2. The student will take 14 course and nine pharmacology exams throughout the length of the program. The student must pass each unit exam with a minimum of at least 80% and the overall score in the course must be 80%.
3. Any student who is diagnosed with TB, M.M.R., Varicella, or Hepatitis during the program shall comply with the attendance policies of the program and shall not be allowed to participate in didactic, clinical, or vehicular activities until he/she provides written clearance from the physician.
4. Further information about schedule changes may be found at:
 - a. <http://www.pima.edu/new-students/register-for-classes/drop-add-withdrawal.html>.

Clinical and Field evaluation

1. The student must successfully complete NHTSA, AZDHS, and the PSESI program clinical and vehicular objectives.
 - a. During any off-campus labs, to include clinical and vehicular rotations, a student must carry current certification cards, and wear their PCC nametag in a visible location on their paramedic student uniform; a pair of trauma shears; a penlight; and a stethoscope.
2. The student must successfully complete all program psychomotor lab objectives *prior to beginning* clinical/vehicular rotations.
 - a. Inability to perform and complete skills in the lab setting will result in the student from being dismissed from the program.
 - b. Inability to perform skills in the clinical/vehicular setting will result in a failing grade and will result in the student being dismissed from the program.
3. All certifications and personal health insurance must remain current through the entire length of the student's training program. If the student is uninsured, the student must purchase coverage for the length of his/her training program.
 - a. Failure to adhere to these stipulations will result in non-consideration for enrollment or the student will not be permitted to attend class or participate in clinical/vehicular rotations. Missed time will count as a classroom absence.
4. A student who is unable to complete the program objectives, including any clinical and/or vehicular objective by the specified clinical and/or vehicular objectives due date, due to a legitimate cause as determined collectively by the Course Manager, Program Director, and medical director, will be responsible for completing the remaining clinical and/or vehicular objectives within **six months** of the official program completion date.

- a. If the student fails to complete these objectives at the end of the six months, the student will receive a failing grade.

Formative Evaluations

All students will receive periodic formative evaluations. These evaluations will cover the affective, psychomotor, and cognitive domains and will give the student the ability to adequately respond to any necessary changes. These evaluations will be provided within one (1) week after completion of the following sections:

- EMT 205
- EMT 254
- EMT 225
- EMT 170

Students will also receive formative feedback thru the FISDAP while participating in clinical/vehicular rotations. It is expected that students are responsive to this feedback in order to successfully complete their clinical/field rotations.

Summative Evaluation

Upon completion of the program, the Program Director or their designee, will meet with each student and provide a summative evaluation on the student's overall performance within the program. It is the student's responsibility to periodically review their PCC transcript to ensure the grades listed correlate with their expectations.

Counseling Forms and Progress Reports

At any time during the program, if deficiencies or non-compliance are identified, a student will be provided with guidance via verbal and/or written counseling. If the student is placed on academic or behavioral probation, they will receive written progress reports every third week following the counseling session placing them on probation.

Coursework

Below is the complete list of individual courses that make up the paramedic program. The specific course descriptions can be found at: [paramedic course catalog](#).

EMT Courses

- 170 ALS operations
- 205 ALS pharmacology and medication administration
- 214 ALS advanced special considerations
- 218 Paramedic preparatory national registry course
- 219 ALS foundations
- 221 ALS airway and ventilations
- 222 ALS assessment and assessment-based patient management
- 223 ALS trauma and emergency systems
- 224 ALS medical emergencies
- 225 ALS special medical considerations

- 227LC ALS practicum: clinical – emergency department
- 228LC ALS practicum: vehiculars – team member
- 230 Basic ECG interpretation
- 242 ALS advanced foundations
- 244 ALS advanced medical emergencies
- 247LC ALS advanced practicum: clinical – specialized care
- 248LC ALS advanced practicum: vehicular – Capstone
- 250 Advanced cardiac care (ACLS)
- 252 Pediatric advanced life support (PALS)
- 254 Advanced ECG interpretation
- 295 ALS independent research

Students must pass each individual course with a final grade of **no less than 80%**. If a student fails to achieve a passing score of 80% in any of the courses, the student will receive a grade of “F” in the course and will be removed from the program.

Grading Policy

A -93-100 %	Superior
B -87-92 %	Above Average
C -80-86 %	Average
F -Below 80 %	Failing Grade
I	Incomplete (student must correct deficiencies within six (6) months from the course completion date in order to receive college credit and pursue state certification).

Each individual course during the didactic portion within the program will receive a grade which will be based on the following breakdown excluding EMT 218, 227, 228, 247, 248, 295, and certification courses:

Homework	30%
Chapter Reviews	10%
Quiz Packets	20%
*Pharmacology Exams	20%
Course Cognitive Exams	50%

**For courses where there is no Pharm exam (EMT 242, 219, 222, 205, 295, 218, 227, 228, 247, 248), the course cognitive exam will account for 70%. There are no associated Pharm exams for certification classes (250 and 252).*

EMT 295 course grade will be based on:

Topic Selected	1 point
Prospectus	1 point
References	4 points
Rough Draft	44 points
Final Paper	50 points

EMT 218 course will be based on:

FISDAP Exams	30%
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- Unit Exams - minimum of 75%
 - Cumulative Exams - minimum of 75 %
- | | |
|-------------------------------|-----|
| Cumulative Program Final Exam | 50% |
| Course Practical Exam | 20% |

*EMT227, EMT228, EMT247, and EMT248 course grades will be based on:

Timely completion of reports, objectives and hours	20%
Accurate and thorough reports including preceptor forms and patient encounter reports	40%
Progress of student to include skills and performance (based on feedback from preceptors and mentor review of documentation)	40%

For any field shift where no patient contacts are documented due to a lack of responses, no clinical grade will be applied.

*For the above four (4) courses, if paperwork is not completed and Fisdap reports locked within the established 72-hour timeframe the student will receive a ZERO in all categories for the first offense. The hours and contact/benchmarks will be deducted from your required minimums. *A second offense may result in failure of the specific course and removal from the program.*

The overall paramedic program ranking will be based on:

Average of Course Homework	25%
Average of Exams	15%
Final Cognitive Exam	25%
Final Psychomotor Exam	25%
EMT 295 Grade	10%
Total =	100 %

Upon completion of each course of instruction students will be able to access their grades and transcripts at: www.pima.edu.

Testing policy

1. Students are required to test at their assigned time and in their assigned location. All students, including ADR students, must test during the same time period on the same day. Students who are unable to test at their assigned time and/or location due to an emergency may, with approval of the Course Manager cadre, arrange an alternate time and/or location on the student's time. Additional class time will not be used to take the test. Failure by a student to test as assigned or to make alternative arrangements **before** their regularly scheduled date and time may result in the student receiving a zero (0) on the exam. Students may be asked to provide appropriate documentation (doctor's excuse, police report, etc.). If unable or unwilling to provide written documentation of why the test was missed, the student will be given a zero (0).

2. When students are taking a test, no items are permissible within the student's workspace. A secure area will be provided for student personal belongings. When necessary, a pencil, paper, and calculator will be provided.
3. Students must take exams on their own without assistance. During exams, the instructor proctoring the exam will only clarify misspelled words and/or if there are words missing in the question and/or answers. The students can address any concerns and/or problems with the exams with the course cadre during the exam remediation period.
4. AZDHS requires students to show picture ID before they are permitted to take the final course didactic written and the final course practical exams. If a student fails to show an ID prior to the start of either exam, the student will not be permitted to take the exam(s).
 - i. The missed time will be counted as an absence.
 - ii. The student will be required to schedule time with the program cadre to make up the missed exam, providing he/she has not missed over 24 hours. The student must schedule this time within three (3) days from the initial exam.
5. A #2 pencil is needed for all exams
6. All testing materials are the property of the Public Safety and Emergency Services Institute. ***Any reproduction, in any form by a student will be seen as cheating and will result in termination from the program.***
7. Accommodations for the National Registry of EMTs cognitive computer-based exam is not approved by ADR and a separate request must be made to the company providing the exam.

For more information, see appendix D, Rules for Taking Tests.

Exam Policy

Exam Requirements

1. An 80% score is required on all course exams except AHA certification exams (84%) and FISDAP exams (Unit – 75% and Cumulative 75%).
2. Scores below 80% will require the student to attend an instructor led remedial session following the given exam. The student will be required to take a second exam (*not on the same day as the review of the exam*), within 72 hours of the remedial training.
 - a. If remediation or further text review is necessary *prior to re-testing*, this will be coordinated thru the Course Manager cadre.
3. A passing score on the Pharmacology exams is 80%. If a student fails to achieve an 80%, the student must participate in an instructor led remediation session on a non class day/time following the exam.
 - a. If the student's score is less than 80% on the Pharm exam and they collectively fail to achieve an 80% for the overall course grade, they will be required to re-test the pharm

- exam within three days of the instructor led remediation. Re-tests will not be administered on the same day as the failure or the remediation.
4. All make up exams **MUST** be completed within three (3) days of the failed exam. The student must make arrangements with the program cadre to take the make-up exam outside of class time.
 - a. If the student fails to complete the re-test within the three (3) days, they will receive an F for the course.
 - b. All make up exams must be completed prior to a student taking the next exam scheduled within the program.
 5. If the student fails to achieve a score of 80% on any re-test, the student will receive a failing grade for the course and be withdrawn from the program; except for the certification courses.
 - a. *The maximum score for any of the exam retests will be 80%.*

A third attempt at testing will not be permitted.

6. If a student fails two initial exams the student will be counseled, placed on academic probation, and a counseling form will be placed in the student's file.
 - a. If a student continues to fail initial exams and progress is not evident in their scores and performance/participation in class, the student will be dismissed at the discretion of the Course Managers and Program Director.
7. A student that scores between an 80% and an 83% on an AHA exams (PALS and/or ACLS), will be remediated to passing as per AHA standards, policies, and guidelines.
 - a. A score below an 80% on an AHA exam is a failed exam and the written exam policy will be followed.

Exam Review

1. After exams are completed by the entire class, the Course Manager, or designee, will review and remediate all students as a group for all questions that 75% or more of the class missed.
 - a. If a student passes the exam *because of the credited 75% questions*, they will be required to stay for remediation as there is a gap in knowledge.
2. Following the exam review there will be an instructor led review of the entire exam. *This will be the only opportunity to review the exam.*
 - a. If a student fails an initial exam the afternoon instructor led review is mandatory.
 - b. The students may ask questions to clarify questions and/or answers.
 - Challenges to exam questions will not be accepted
 - c. The students will be allowed the following within their workspace during exam review:
 - Textbooks needed for review
 - Exam
 - Student Scantron
 - No materials, including writing instruments, cell phones, recorders,

- purses, backpacks, smartwatches, etc. will be allowed at the student's workspace during the review period.
- d. Students will not be allowed to remove the exams from the designated review area.
3. Following the review session, the Course Manager may:
 - a. Credit students' for questions they feel needed further clarifying.
 - i. The Course Manager will document all questions credited and place a record of those questions, as well as the corrective action taken in the class file.
 - ii. Students will not receive credit on exam questions and/or course quiz questions solely based on 75% of the class missing that question. The Course Manager will review these questions and if the Course Manager determines additional review and/or clarification is needed, the Course Manager will send the question to the Program Director for further review.
 - b. Students will not receive credit for questions if the question was previously credited and the subject matter revisited.
 - c. The Course Manager will send an exam summary to the Program Director if:
 - i. The Course Manager determines there are questions by a student that are valid and in need of further clarification or crediting by the Program Director.
 - ii. The Course Manager determines there are questions that 75% or more of the class missed, and that the Course Manager feels the need for further review and/or clarification by the Program Director.
 - iii. This summary may include:
 - A breakdown of the scores for the class if the Course Manager feels the bell curve is low for the exam.
 - Any questions from students and/or questions the Course Manager feels need further review and clarification by the Program Director.
 - d. The Program Director will make a decision on the information and questions that the Course Manager submitted. This decision will be in writing and forwarded to the Course Manager to make the appropriate changes, review with the students, and place in the class management file as documentation.
4. If the Course Manager determines that additional review and remediation time is necessary for the class or any individual student beyond what is scheduled in the course schedule, the Course Manager will make the arrangements. Additional review and remediation time will be supervised by the Program Director or assigned manager/instructor.

Certification Courses

Certification courses include the following courses:

- a. *EMT250: Advanced Cardiac Life Support (ACLS)*
- b. *EMT 252: Pediatric Advanced Life Support (PALS)*
- c. **EMT258: Pediatric Education for Prehospital Professionals (PEPP)*
- d. **EMT155: Advanced Medical Life Support (AMLS)*

- e. *EMT140: Prehospital Trauma Life Support (PHTLS)

The student must pass the required ACLS and PALS certification courses in order to continue in the paramedic program.

*While optional, certain vehicular agencies may require students to have these certifications to sign up for field rotations with them.

In addition, the student will not be allowed to participate in the following clinical and vehicular rotations until the student passes the required certification course:

- a. ACLS All clinical and vehicular labs
- b. PALS Peds ER and Peds ICU

If a student fails an exam taken during attendance of the above certification courses that failure will not count towards the placing of a student on academic probation.

1. If a student fails an initial exam in one of the certification courses listed above, that student will be required to remediate that exam in writing within three (3) days and take a second exam.
2. If the student fails the second exam, that student will be required to take the entire certification course over again.
 - i. The student will have to attend a PSESI program certification course on their own, outside of the regularly scheduled Paramedic course.
 - ii. The student will only be given one additional chance to pass the required certification course. If the student fails to take and pass the course, the student will fail the course and be dropped from the program.
 - iii. The student will be required to pay the additional cost of attending any and all additional certification courses.

Prior to starting any clinical rotations, students must also show evidence of completion of a four hour session and have documentation in Fisdap of (2) intubations, (2) needle decompressions, and (2) Intraosseous insertions. Students who have not completed a cadaver lab session will be required to attend the next one available through the program.

Lab Station Policy

Each lab contained within the Paramedic program is important to the educational process and allows the student to meet the program Psychomotor (skill) requirements for the NREMT National Core Competency Paramedic Portfolio (see Appendix G – CoAEMSP competency requirements).

For each station there are specific objectives that the student must accomplish. Students and instructors will ensure required objectives are met within each station.

Lab station are broken down into two categories;

1. Skills Labs
2. Skills Scenarios

Lab skills will be completed prior to skills scenarios and must be signed off by an instructor.

Skills labs and scenarios must be completed prior to clinical or field rotations.

Upon completion of a lab station, one of two things will happen:

- a. If a student meets the objectives of the station the instructor will sign off on the student's FISDAP electronic form in the "completed" column.
- b. If the student did not meet the objectives, or complete all objectives, then the instructor will sign the student's electronic form in the "needs remediation" column. The instructor will document what specifically needs to be done for the student to meet the objectives. The student will be required to obtain remediation for that station.
 - i. Once the remediation is completed, the student will be evaluated again to see if he/she meets the objectives for that station.
 - ii. If the student meets the objectives with this evaluation the instructor will sign off on the lab sheet and sign the student off showing they have met the objectives.
 - iii. If the student cannot meet the objectives of the station, he/she will receive a failing grade for the course and be dropped from the program.

Failure to participate or complete the objective will result in the failure of the specified course and removal from the program.

Upon completion of the station the student is required to document the skills performed in FISDAP prior to dismissal of the class session.

Course Practical Exam Policy

1. A student must successfully pass his/her final practical skills exam with an 80% or better, *without hitting any of the critical failure criteria*. Each station in the practical exam is scored as following:

First attempt pass:	100%
Second attempt pass:	90%
Third attempt pass:	80%

2. For all students, the practical skills exam standards are as follows:
 - a. Failure of three (3) or less skills stations entitles the student to the same day re-test, at the discretion of the Program Director and training directors. The failure of four (4) or more stations does not allow same day re-test.
 - b. If a student is unable to pass the final practical exam in the first two attempts, or the student fails six (6) stations, that student will undergo remedial training before attempting to re-test. After he/she has completed remedial training he/she may re-test. The length of remedial training will be determined by the Program Director based their review of the student's performance on the failed practical stations. At a minimum, remediation will be one (1) hour for each station failed.
 - c. Failure of any station a third time constitutes a failure of the practical examination, which constitutes a failure of the course, requiring the candidate to retake the entire paramedic program in order to retest.

*Student retesting four or more stations will receive a grade of 80%.

Homework Policy

All homework is due prior to taking the specific course exam or as directed by the Course Manager who may require additional homework that is not outlined on the course schedule. This homework is *due prior to the start of class* on the date that the Course Manager assigns. Homework turned in on time will receive full credit.

1. Homework will be accepted up to three (3) days past the original due date, but the student will only receive partial credit. The *maximum grade possible for late homework is 80%*.
2. Homework *will not be accepted after three (3) days past the original due date* and the student will receive a 0% for that assignment.

Homework is critical to passing each section outlined on the course information page. Students must pass each section with a final grade of no less than 80% and homework is worth 25% of that final grade.

Extra Credit Opportunities

Extra credit opportunities will be available for students who attend institutional events as requested by program staff on non-class days, for example, advisory boards and NC3 signing events as approved and determined as the program direction. Every event a student attends will be credited two points to be applied to course exams only, not the final didactic exam.

- a. If a student uses extra credit points towards an exam, they are required to stay for remediation of the exam as there is a known gap in knowledge.

Academic Probation

As mentioned previously, students who fail two initial course exams, excluding certification courses, will be placed on academic probation. As a condition of academic probation, the student will receive a formative evaluation at the completion of each course. The student will also be required to:

- a. Develop and submit via email a personal self-improvement plan to be reviewed by program cadre;
- b. Attend all instructor led exam review sessions following each exam and remediate ALL exam questions to 100%;
- c. Fully utilize the online Jones and Bartlett (JB) learning site by doing all the additional exams;
- d. Notify, discuss, and complete any tutoring needs or assistance (resources) with the Course Manager.

A student may be removed from academic probation when;

- a. Consistent improvement is noted in all aspects of the program;
- b. The student is compliant with all aspects of the program;
- c. Formally documented with the Program Director.

If a student continues to fail initial exams and a lack of progress is documented by the program cadre, the student will receive a failing grade for the course and will be terminated from the program.

Termination

Termination from the Public Safety and Emergency Services Institute without return/reapplication option is based upon any one of the following:

Cheating

Pima Community College has a longstanding policy that prohibits cheating and plagiarism; therefore, students in all classes are expected to do their own work. Any proven incident of cheating, plagiarism or other dishonest activity will result in the student being terminated from the Public Safety and Emergency Services Institute with no possibility of re-entry or re-admission.

Note: If such falsification is noted after the student has completed the program, a letter shall be directed to the Arizona State Department of Health Services indicating such findings of falsification. This policy includes:

- a. The Public Safety and Emergency Services Institute expects that all student assignments will be the student's own work.
- b. Any verbal communication or written material that is fraudulent, untruthful and/or dishonest or written in an unprofessional manner.
 - i. Submitting written material previously submitted
- c. Academic dishonesty such as cheating on exams, knowingly assisting another to cheat, or failure to report observed cheating by other students.

Unsafe clinical practice

Public Safety and Emergency Services Institute staff reserve the right to remove from the clinical or field setting, any student deemed unsafe. The clinical or field agency reserves the right to remove a student from the site and not allow the student to return. This can occur at any point during the program. Should this occur, the student will have a conference with their Course Manager and Program Director. Any student who has preceptor verification and evaluation feedback identifying any unsafe will be withdrawn from the Public Safety and Emergency Services Institute with no possibility of re-entry or re-admission.

Unsafe practices may include:

- i. Lack of preparation for clinical or field rotations;
- ii. Performance which could jeopardize life, impede recovery, or interfere with the maintenance of the patient's current health status;
- iii. Failure to immediately report a patient-care error to their preceptor or other responsible personnel;
- iv. Performing a procedure prior to instruction and PSESI staff check-off is considered unsafe practice resulting in a required meeting with the student, Course Manager, and Program Director within three (3) business days and may result in termination from the program;
- v. Students testing positive for drugs/alcohol will be deemed unsafe for the clinical and field

setting and may be terminated from the paramedic program;

- vi. Disregarding any appropriate instruction from a preceptor;
- vii. Continued lack of progress as identified through instructional and preceptor feedback
- viii. Inability to work as a member of the patient care team as identified through preceptor and instructional staff feedback.

Violations of principles of confidentiality

1. Violating any of the Standards of Professional Conduct, the PCC Code of Conduct, or ANA's Principles for Social Networking will result in a required meeting with the student, Course Manager, and Program Director within five (5) business days and may result in termination from the program with no possibility of return/reapplication.
2. Failure of students to provide adequate clinical and field site eligibility documentation by the deadline date and time may result in the student being terminated from the program.
3. Punctual attendance at all classes—lecture, labs, clinical and field sites is expected.
 - a. No call, no show in the clinical and field settings may result in removal from the course.
4. The student is required to disclose any changes in status related to Department of Safety (DPS) clearance to the Public Safety and Emergency Services Institute.
 - Failure to self-disclose will result in termination from the program.
5. Students with a positive drug/alcohol screen will be automatically withdrawn from the program.
6. Performance that violates the PCC Student Handbook, Student Rights and Responsibilities and/or the Public Safety and Emergency Services Institute Student Policy Handbook.
7. Falsification of any documents required and turned in to the Public Safety and Emergency Services Institute will result in termination from the program with no possibility of return/reapplication.

A student may appeal their termination by submitting a written request and justification to:

- Program Director, instructor of record, and program cadre. If unsuccessful in appeal;
 - The program Academic Director and Dean of Workforce Development.

Attendance in class during the appeal process will be evaluated on a case by case basis. Students will not participate in student or patient care activities during the appeal process.

X. CLASSROOM/LABORATORY/CLINICAL & FIELD SETTING

COMPUTER AND INTERNET REQUIREMENTS

Throughout the program, students must have access to a computer or tablet and the internet every day. If a student is unable to meet either requirement, at any point in the program, the student will be required to notify the program cadre immediately. The program cadre will work with the student to work through the issue.

POSSIBLE METHODS OF INSTRUCTION

1. Audiovisual material
2. PowerPoint presentations
3. Lectures
4. Printed handouts
5. Guest speakers
6. Group discussion/Audience Response System
7. Critical thinking exercises
8. Case studies
9. Internet
10. Role playing
11. Small group discussion
12. Evidence-based independent research
13. Simulation experiences

ELECTRONIC DEVICE USE POLICY

Creating a professional and distraction free space to learn is paramount to the success of students. Student use of electronic devices during the program is outlined below.

1. During class times, *tablets and laptops* may be used *to access course materials only*.
2. Personal electronic devices must be “off” or on “vibrate” mode when participating in program activities. **Students will not access their wireless devices in the classroom, laboratory or during any patient care activities, unless directed by PSESI staff to meet the requirements of the program.**

- a. Text messaging may *only be done* during breaks, not while students are in class, labs, or during clinical and field rotations.
 - b. Use of any social media sites to include, but not limited to facebook, snapchat, Instagram may *only be accessed* during breaks, not while students are in class, labs, or during clinical and field rotations.
3. Electronic devices will be turned off (*NOT put in vibrate mode*) during examinations and placed in a location not accessible by students.

Students found to be in violation of the electronic device use policy will receive:

- First offense – verbal warning;
- Second offense – written warning;
- Third offense – student will be sent home for the remainder of the day and it will be considered an unexcused absence;
- Fourth offense – will result in dismissal from the program for non-compliance.

During rotations, clinical and agency policy regarding electronic devices will be followed in addition to the above PSESI policy.

SUPERVISION OF MEDICATION ADMINISTRATION POLICY

Failure to follow this policy may result in dismissal from the Public Safety and Emergency Services Institute program in which the student is enrolled.

The level of supervision of medication administration during program activities according to the program of study of the student and legal scope of practice.

The goal is to ensure the highest quality of patient care and safety while providing a maximum learning experience. Students may be limited in medication administration as specified by the program staff and preceptors.

Specific Medication Policies for All Paramedic Students

Students will demonstrate knowledge of medications to be administered, including action, contraindications, side effects, safe dose and patient education prior to administration.

1. Students will verify all medications with their designated staff or preceptor utilizing the six (6) “Rights” prior to medication administration.
2. Students will NOT administer medications that they have not received program education and training on or that is not approved by their preceptor’s medical direction.
 - a. Medication must be within the paramedic scope of practice even if your preceptor is an RN (no ABX, vaccines, etc).
3. All medications administered by the student will be under direct supervision by a qualified preceptor.
4. In specific clinical facilities and agencies, special policies may be more restrictive regarding

medication administration and may override the policies of the PSESI.

ILLNESS/ACCIDENTS, INJURIES AND TECHNICAL STANDARDS

Students will use good judgment when illness occurs. To protect patients, staff and peers, students with a fever and/or symptom of infectious disease will NOT report to the clinical or field site. Students will notify via email according to their cohort protocols prior to the start of the rotation. The preceptor may dismiss a student from the rotation setting if the student poses a safety risk to themselves or patients.

- *Absence hours will be recorded for students dismissed from a rotation.*

When a student experiences an illness or injury, which may hinder their ability to perform in the clinical or field setting, the Public Safety and Emergency Services Institute reserves the right to require a licensed physician's statement authorizing that the student can safely continue to give patient care. Each case will be considered on an individual basis. Specific release guidelines may be required in the physician's statement for situations involving back injury, surgery, communicable diseases, etc.

The following guidelines will outline the process to be followed should an injury occur:

Classroom

- a. If an injury, accident, exposure or suspected exposure occurs, the student must immediately wash the affected area with soap and water if appropriate;
- b. Student must notify instructor immediately;
- c. Instructor must call 911 for injuries/exposures requiring emergency attention, treatment, and/or transport;
- d. The instructor should call campus police for all injuries/exposures that occur on Pima property and/or during class projects, field trips, etc., when a call has been made to 911;
- e. The instructor must contact the Program Director or designee immediately to report the incident;
- f. Sponsored students must report the injury/exposure to his/her sponsoring agency immediately and follow his/her sponsoring agency's policy for reporting, initial care, and follow-up care;
- g. The student must complete a PCC Accident/Injury Reporting Form. This form is to be completed within 24 hours of the incident and given to the student's Course Manager or Program Director. The Course Manager will forward this form to the Program Director immediately upon receiving it. A copy will be placed in the student's file and the original will be forwarded to the Pima College Risk Management area.

Clinical and field rotations

- a. If an injury/exposure or suspected exposure occurs, the student should immediately wash the affected area thoroughly with soap and water if appropriate;
- b. The student must notify the clinical and/or vehicular preceptor immediately and follow the agency/hospital injury procedures;
- c. The student must contact his/her Course Manager or his/her designee within 24 hrs.;
- d. Sponsored students must report the injury/exposure to their sponsoring agency immediately and follow their sponsoring agency's policy for reporting, initial care, and follow-up care;

- e. A copy of the paperwork completed at the clinical and/or vehicular lab is to be turned into the student's Course Manager or his/her designee at the next class the student attends;
- f. If the student refuses to give a copy of the paperwork to the Course Manager, the Program Director or designee, must contact campus police and have a report completed;
- g. The student must complete a PCC Injury/Accident Form. This form is to be completed within 24 hours of the incident and given to the student's Course Manager. The Course Manager will forward this form to the Program Director immediately upon receiving it. A copy will be placed in the student's file and the original will be forwarded to the Pima College Risk Manager.

Outside of Class/Not on Pima Property

- a. Paramedic training is physically demanding. The student is required to perform during lab activities, attend clinical and vehicular lab rotations, and even sit in class for long periods of time.
- b. If a student injures himself/herself outside of class, he/she are to seek medical attention, notify the Course Manager of the injury within 24 hours, and provide a doctor's release to the Course Manager before he/she will be allowed to return to class. All absences will follow the attendance policy.
- c. If the Course Manager, or his/her designee, identifies a student is unable to meet the physical requirements of the program, that student will be required to leave Pima property. The student will not be permitted to return until they are able to provide a doctor's release to the Course Manager. All absences will follow the attendance policy.
- d. Sponsored students must report all injuries to their sponsoring agency immediately and follow their sponsoring agency's policy for reporting, initial care, and follow-up care.

Failure of the student to follow the Accident/Injury Reporting Procedures/Policy will result in the student being counseled for the first offense and documentation of the occurrence will be placed in the student's file.

A second failure to follow the Accident/ Injury Reporting Procedures/Policy will result in the student receiving a failing grade in the course and being withdrawn from the program.

The college, clinical and field facilities are not responsible for any claims for expenses that result from an action of a student.

CLINICAL AND FIELD ROTATIONS

Students will attend clinical, vehicular, and capstone rotations, in that order. Each rotation phase builds on the last one to help create a solid foundation for the student, allowing them to be successful at patient assessment and management both in the clinical and prehospital setting.

Clinical rotations – Clinical rotations are an important phase of the paramedic program that are meant to build a strong foundation for skills and knowledge learned during the program.

During this phase, students will receive high volumes of patients with a variety of complaints that may need ALS intervention. In a clinical setting the students will be able to follow the patient through arrival to discharge or admission. Seeing the flow of patient care helps the student formulate differentials on patients and gives them the opportunity to see what treatment each patient may receive upon delivery to the ED. Students will be required to assess and treat patients, within their scope of practice. This will include skills attainment and thorough patient documentation.

Students are required to complete a minimum of four (4) but no more than eight (8) patient encounter reports, following HIPPA guidelines for every clinical shift, except cardiac cath lab (CCL). The

documentation should follow the patients from ED arrival to discharge or hospital admission. Students must show assistance with treatment and all phases of care for each patient documented. Students will also assist with treatment of other patients during the shift and will document said treatment as quick skills in FISAP.

Documentation of treatments which happened prior to student involvement in patient care will not be credited as performed.

If a unit does not have four patients during a shift, students must document as such on the shift documentation paperwork and it must be signed off by their clinical preceptor.

If a student does not complete four patient narratives showing involvement in patient assessment and treatment throughout patient's stay, the student will not have met the required minimum objectives and a percentage will be deducted from their grade for that shift.

If a student documents more than (8) eight patient contacts, only the first (8) eight patient contacts will receive a grade.

Students may start clinical rotations after specific courses and Appendix G objectives have been completed. Students must complete all 176 hours as identified under minimum benchmarks section in this handbook.

Vehicular rotations (team member/team lead) - After a student has completed their clinical portion and has been cleared by their mentor/Course Manager to move forward, they can start their team member vehicular rotations. During this phase, students will continue to learn from their preceptor(s) regarding patient assessment and treatment in the prehospital setting. This is the phase for the student to continue improving on their skills and patient interviews and to ask questions regarding treatments, pharmacology, the clinical decision-making process, and anything else related to paramedicine that they might have. Students are encouraged to complete vehicular shifts with multiple different participating preceptor agencies to allow for diversity in call volume, patient type, and rural vs. urban agencies. During the vehicular phase, students are required to complete an EMS patient encounter report, following HIPPA guidelines, for every ALS transport and/or call where an ALS invasive procedure was performed but the patient was not transported (i.e. diabetic, code arrest, etc.), no matter the number. These patient encounters will be logged as a ***team member*** in FISDAP.

Students may start vehicular rotations after completion of their clinical phase and with approval by their Course Manager, or designee. Students must complete a *minimum of 10* patient contacts within 96 hours.

NOTE: There is no guarantee that the agency a student wants to complete their vehicular rotations with will be available. Students must be flexible and willing to ride with multiple agencies.

CAPSTONE – After a student has completed all requirements for both clinical and vehicular phases, and with approval of their mentor/Course Manager they may start their Capstone phase. Prior to starting the Capstone phase, students must designate a Capstone preceptor with signed approval by the preceptor and have their shift schedule approved through their mentor/Course Manager.

During this phase, each student must have a mechanism for showing growth and consistency during the Capstone phase and should need minimal guidance from their preceptor(s). * Students will confirm diagnosis and all treatments with preceptor prior to treatment, however, must show competency as a paramedic provider with each call. This must be accomplished by selecting a preceptor to ride with throughout their Capstone phase. At a minimum a student must ride with their Capstone preceptor at the beginning, middle and ***final three*** shifts, so their preceptor can complete the capstone summative evaluation form.

The student must complete documentation on all patient contacts during this phase and the patient encounters will be logged as *team lead*. If a student does not have any patient contacts during a shift, they must still complete shift documentation and have it signed by their preceptor. These hours will not count towards their Capstone requirement if with their Capstone preceptor.

Students may start their Capstone after, (1) successful completion of EMT 170 course exam, (2) completion of all clinical and vehicular requirements. Students must have approval from their Course Manager to start their Capstone phase. Students must complete a minimum of 20 prehospital patient contacts within the required 240 hours. Ten prehospital contacts must be with their Capstone preceptor and must be ALS transports to an Emergency Department (ED).

*If a student chooses two Capstone preceptors, they must have a minimum of 10 prehospital patient contacts that show transport to an ED *with each preceptor*.

At the completion of your Capstone phase you must have **50 prehospital contacts (including team member phase).

Rotation Scheduling Policy

The student is responsible for signing up, attending, and completing the minimum course requirements to include; (1) required hours, (2) minimum benchmarks for all clinical and vehicular rotations.

Students who fail to complete the minimum hours and benchmarks by the deadline outlined on the course schedule will not be eligible to test the scheduled National Registry exams (cognitive exam and psychomotor practical).

Students who fail to complete all the minimum hours may, *at the discretion of the Program Director*, be given up to an additional six (6) months from the course completion date to complete the minimum hours. Failure to complete the course within the allotted timeframe from the course completion date will result in the student receiving a failing grade in the course and being dropped from the program.

Students are not permitted to relocate to different sites within a clinical facility without approval by their designated program cadre member and from both unit's charge nurses.

- If a student is non-compliant with this protocol the hours and patient contacts for that shift will not count, the student will receive a grade of 0% for the shift and be required to re-do the shift/hours.
 - A second offense will result in a grade of 'F' in the course and dismissal from the program.

There is a limited amount of clinical and/or vehicular shifts available; therefore, it is a requirement for the student to show-up and fully complete all clinical and/or vehicular shifts the student signs up for. Any reports or indications of non-compliance may result in a failure of the course and dismissal from the program.

Minimum Required Benchmarks/Competencies

Students must have a diverse rotation experience; the minimum hours below have been developed so that students can encounter a diverse group of patients and meet their assessment and skill benchmarks. *If a diverse experience is not found to have been completed (by the program cadre) the student will be required to complete more than minimum required hours.*

Patient Age Minimums (Student Minimum competencies Table 1)

1. Perform a comprehensive assessment on at least 30 pediatric patients: must complete a **minimum** of 2 assessments in each age category as identified on FISDAP).
 - Newborn – birth to 30 days
 - Infant – 1 month to 1 year
 - Toddler – 2-3 years
 - Preschool 4-5 years
 - School Age 6-12 years
 - Adolescent 13-17 years
2. Perform a comprehensive assessment on at least 60 adult patients (18-64 years old)
3. Perform a comprehensive assessment on at least 18 geriatric patients (65 years and older)

Patient Complaint and Impression Minimums (Student Minimum competencies Table 2)

1. Perform a comprehensive assessment; formulate and implement a treatment plan for at least:
 - 18 medical patients
 - 27 trauma patients
 - 18 psychiatric patients
 - 10 obstetric patients (*includes normal delivery and abnormal delivery, simulation permitted*)
 - 4 distressed neonates (*simulation permitted*)
 - 37 cardiac patients (this includes):
 - 3 cardiac arrest patient (*simulation permitted*)
 - 16 cardiac dysrhythmias
 - 12 respiratory distress patients (adults and pediatrics)
 - 12 altered neurological patients (stroke, altered mental status, etc..)
 - 2 abdominal pain patients
2. Witness and assist on at least 2 vaginal births during clinical rotations
3. Perform a comprehensive assessment on at least 50 adult patients as a Team member or Team Lead.
 - Minimum of 30 in the team member/team lead phases
 - Minimum of 20 in the Capstone phase
 - Minimum of **15** transports during Team Lead (*remaining 5 can include ALS treat and release patients, i.e.: worked code, Hypoglycemia Treat & release, etc.*)

Skill Assessment Minimums (Student Minimum competencies Table 3)

1. Administer medications to at least **20** live patients.
2. Gain venous access on at least 25 live patients.
3. A minimum of 54 attempts to successfully perform airway management skills across all age levels. The paramedic student should establish airway competency by mastering the following:
 - Perform positive pressure ventilations with a bag valve mask

- Perform orotracheal intubation
- Perform endotracheal suctioning
- Perform FBAO removal using Magill Forceps
- Perform cricothyrotomy
- Insert supraglottic airway
- Perform needle decompression of the chest

The paramedic student should be successful in any combination of live patients, high-definition fidelity simulations, low fidelity simulations, or cadaver labs in all age brackets (neonate, pediatric, and adults). High-definition simulation, defined by Sim man, METI man, etc., is highly recommended but optional.

4. Perform endotracheal intubation a minimum of 10 times.
 - If intubation is not obtained in the clinical or field setting skill may be performed on high simulation mannequins/cadavers at the discretion of the medical or program director. Additional rotation assignments may be required to acquire skill prior to the initiation of an airway lab.
5. Demonstrate the ability to safely perform endotracheal intubation on a minimum of 2 live patients.
 - If intubation is not obtained in the clinical or field setting skill may be performed on cadavers at the discretion of the medical or program director.
6. Effectively ventilate at least 10 un-intubated patients of various age groups (can complete this task with lab simulation).

Hour Minimums

The student must complete a **minimum** of **506** clinical/vehicular hours by the specified clinical and vehicular completion date listed on the course schedule.

**After successful completion of EMT 222, students may schedule (1) six-hour triage shift in Fisdap. Students will be required to complete Fisdap documentation on patient assessments done during triage shift following clinical documentation procedures. The triage rotation must be done prior to the start of clinical rotations.

Clinical Rotations

A minimum of **96** hours is required during the clinical rotation phase and is broken down into the following;

*EMT 227LC & EMT 247 LC - Clinical Rotations**

- | | |
|---|-----------------|
| a. Intensive Care Unit (Medical, Peds, or Trauma) | as available |
| b. Emergency Department** | 60 hours |
| <i>Trauma ER</i> | <i>12 hours</i> |
| <i>Regular ER</i> | <i>48 hours</i> |
| c. Pediatric Emergency Room/unit | 12 hours |
| d. Psychiatric/Behavioral Health Unit (UPH) | 12 hours |
| e. Labor and Delivery | 12 hours |
| f. Pediatric Specialty Unit | as available |
| g. Cardiac Catheter Lab | as available |

h. Elective hours

8 hours

Field Rotations

A minimum of 410 hours must be completed during the field rotations and is broken down into the team member and team lead phase, which is further outlined below.

During field rotations students must show proficiency and continued competency in skills, patient assessment, treatment, and management throughout their patient contacts. **A minimum of 50 prehospital** patient contacts are required during the vehicular and capstone phases, with a minimum of 20 team leads during the capstone phase. Students may receive approval from the program cadre to complete 36 consecutive hours on a vehicular rotation.

<i>EMT 228LC – Vehicular (Team Member)</i>	96 hours
<i>Vehicular (Team Lead)</i>	96 hours

Students must obtain a minimum of **30** prehospital contacts during the vehicular phase. All patient contacts will be documented as a team member or team leader (non-capstone) during this time. All clinical and vehicular rotation requirements must be completed with review of and approval by Course Manager or designee, prior to a student starting their Capstone rotations, exceptions will only be granted with the approval of the Program Director. Students who attempt to start a new section before completing one, without prior permission, will lose the shifts and be counseled. Any second offense is grounds for dismissal.

<i>EMT 248LC – Capstone Phase (Team Lead)</i>	218 hours
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Students must complete 218 hours on a vehicular unit that shows minimal guidance from the preceptor, transportation of critical patients, AND CONSISTENT evaluation by a preceptor during the Capstone phase. The student will document team lead for all patient contacts during their capstone. A Minimum of 20 patient contacts must be completed in the Team Lead phase. Of those 20 patient contacts, a minimum of 15 transports must be performed and the remaining 5 can include ALS treat and release patients. A student may choose no more than two capstone preceptors and must show evidence of a minimum of 10 capstone team leads per preceptor, each having a minimum of 10 ALS patient transports, with each preceptor, to an ER. Preceptors must have a mechanism of communication with each other. Exceptions will be considered on an individual basis with prior approval from the program cadre.

*Ambulance transports must be with agencies who have a signed agreement with PSESI and there must only be one paramedic student per ambulance. Any transports found to have two students or on an ambulance without a signed agreement will not count towards the student's Capstone requirements.

**On duty permissive skills and rotations will only be permitted with written approval from the Program Director.

***On duty shutout shifts will not count towards the minimum required hours and no grade will be received for that shift.

A list of clinical and vehicular sites will be made available prior to the beginning of rotations.

Students who fail to complete the minimum objectives by the end of the course will not be eligible to schedule the National Registry exam.

Clinical and field documentation

For each shift the student must complete documentation of the shift and their patient encounters, to include;

- a. Shift Evaluation Packet (see appendix E);
 1. Shift evaluation worksheet;
 2. Preceptor Evaluation form;
 3. Preceptor attestation form (if applicable).
- b. Preceptor evaluation form;
- c. FISDAP documentation;
 1. Patient demographics;
 2. Chief complaint;
 3. Impressions;
 4. Skills performed;
 5. Narrative using an accepted EMS documentation algorithm that shows evidence of a comprehensive patient assessment performed by the student participation in all patient care activities.

A minimum of four and a maximum of eight patient contacts, with full assessments and reassessments, will be documented per clinical shift, with the exception of the cath lab.

If a unit does not have the required number of patients available for assessment, the student must notify the mentor via email upon completion of the shift.

During the field shifts, *all patient contacts the student responded to must be documented.*

Shift Evaluation Packet and Preceptor Evaluation

The shift evaluation worksheet and preceptor evaluation form are utilized as documentation of a shift by the student and verification of completion by the qualified preceptor. *These forms are official documents and should be treated as such.* The program cadre utilizes the preceptor forms and the EMS patient encounter reports to assist the student in improving documentation and to track the student's progress throughout the program.

In order to test for National Registry, the student must have all proper preceptor forms turned in according to the guidelines below:

- a. Only original preceptor forms will be utilized.
 - i. If the student presents a preceptor form that appears to have been altered, it will not be accepted. The student will receive a grade of 0% for the given shift, the hours/patient contacts will not count, and they will be required to repeat the shift.
 - If the form is found to be falsely represented – the student may be dismissed from the program.
 - ii. All forms pertinent to each shift will be attached (uploaded) to the FISDAP shift documentation within 72 hours, EST after the end of the shift.
 - The student will receive a grade of 0% for the first shift, the hours/patient contacts will be removed and not count towards their requirements, and they will be required to repeat the shift.
 - A second offense may result in a grade of “F”.
 - For any student on a six-month extension – all forms must be turned in within 72 hours.

- b. Preceptor forms that are not completely filled out will not be accepted and the student will be required to repeat the shift for the first offense, a second offense may result in a grade of “F”.
 - The student will receive a grade of 0% for the first shift, the hours/patient contacts will not count, and they will be required to repeat the shift.
- c. Preceptor forms that are not signed by a qualified preceptor will not be accepted.
 - The student will receive a grade of 0% for the given shift, the hours/patient contacts will not count, and they will be required to repeat the shift.
- d. Any correction made to the preceptor form must be made by a single line drawn through the incorrect information and the change must be initialed and dated by both the student and the preceptor.
 - If changes are not initialed by both, the shift will not be accepted, and the student will be required to repeat the shift.
 - The student will receive a grade of 0% for the given shift, the hours/patient contacts will not count, and they will be required to repeat the shift.

FISDAP Documentation

Students will complete their patient contact documentation and narrative using FISDAP, an EMS shift scheduling, skill tracking, and documentation software.

After each shift is completed, the student will be required to complete documentation of the shift’s patient contacts within 72 hours after the end of the shift. The student must lock the shift once they have completed their documentation and email their FISDAP auditor and Course Manager.

- a. If a student does not lock a shift within the allotted timeframe, FISDAP will automatically lock it.
- b. Students who do not lock their shifts prior to the deadline will receive a warning for the first shift.
 - A second offense will result in the student receiving a grade of 0% for the given shift, the hours/patient contacts will not count, and they will have to repeat the shift.
 - A third offense will be seen as a trend and the student will receive a 0% for the shift and may be dismissed from the program.
- c. If a student is unable to complete their shift documentation within the allotted 72 hours, they may ask their course manager or designee for an extension *for no more than (3) three shifts*. This must be done *at least (8) eight hours* prior to the original deadline.
 - Any request for extension sent less than (8) eight hours prior to deadline will not be approved.
 - Students whose shifts are unlocked will be given a 24-hour extension.
 - If the student does not complete and lock the shift by the extension deadline, they will receive 0% for that shift.
- d. If a student needs a shift, they locked to be unlocked to add a skill or make a change to their narrative, a request must be sent via email to their Course Manger or auditor within 48 hours of locking the shift. The student will have no more than (8) eight hours to make the changes and relock the shift. If the eight-hour deadline is not met, the student will receive 0% for the shift. A total of three shifts may be unlocked to make changes.

Documentation Feedback

The student’s mentor, or their designee, will audit the EMS patient encounter reports and shift documentation, within 72 hours once the shift has been locked. Feedback will be given to the student who will be expected to adopt the feedback provided by the preceptor and mentor in order to improve his/her

documentation skills.

- a. A student will not receive credit for a patient assessment if; a full narrative and report is not entered or the minimum number of narratives have not been met for the shift.
 - i. The shift will need to be repeated for the first offense.
 - o For a second offense the student will receive a failing grade for the given course.

If the minimum encounters have been met, the incomplete narrative will impact the student's grade.

If students do not adopt the feedback provided, a lower grade will be given for that shift.

Clinical Grade Form

Students will receive a clinical grade for each shift they complete. This gives the student real time feedback on the scoring of their documentation and progress during the clinical and field rotations. The clinical grade form (see appendix F), will be emailed to the student's pima email address from their mentor or designee.

Summative Capstone Evaluation Forms

During the capstone phase, students are required to document a minimum of 20 prehospital patient contacts, 10 of which must be ALS transports to the ED, on the summative Capstone Preceptor Log (see appendix H). This form does not replace the shift evaluation packet and is kept by the student until their last scheduled capstone shift.

- The summative capstone preceptor form must be signed and dated by the preceptor for it to be valid.
- The summative capstone preceptor form will determine if a student has met the requirements set forth in the Capstone phase.

A summative evaluation, in narrative form, of the Capstone internship and preceptor(s) will be submitted with the capstone preceptor log.

Students who do not complete these forms will not be considered for completion of the program and will not be cleared for National Registry testing.

Rotation Scope of Practice

A student **must** not;

- a. perform any assessment and/or skill that are not within the AZDHS paramedic scope of practice;
- b. perform any assessment or skill that the student has not completed both the lecture and lab for the particular assessment and/or skill;
 - i. If a student does either of the above, the student will be counseled for the first offense and a student counseling form will be placed in the student's file. A second offense will result in the student receiving a failing grade for the course and being withdrawn from the program.

Rotation Preceptors

During the entire skill and/or assessment being performed the student must be supervised by a qualified preceptor. It is the student's responsibility to ensure the preceptor he/she is assigned to is a qualified preceptor and has completed preceptor training (for field preceptors). On their initial rotation with a

preceptor the student must have the preceptor sign the Vehicular or Capstone Preceptor Attestation form (see append I) and submit it with their shift paperwork.

The Capstone Preceptor form must be signed and submitted to the program cadre for approval prior to the start of the Capstone phase.

If a student discovers he/she has been assigned to a preceptor that is not a qualified, and another qualified preceptor is not available, the student must not perform any assessments or skills and must contact the Course Manager, their designee for direction.

The qualified preceptor **MUST** sign a shift evaluation worksheet after it has been completed, for all skills and/or assessments completed by the student. A qualified preceptor is defined as:

- a. A healthcare provider employed by a healthcare institute licensed by the state of Arizona or a paramedic operating in the prehospital setting.
- b. A qualified preceptor for paramedic students must be:
 - i. A paramedic with current Arizona State certification, *in good standing*, which has been valid for a *minimum of 2 years* as a Paramedic and has received preceptor training by PSESI; or
 - ii. An Emergency Board approved physician; or
 - iii. A registered nurse who has current ACLS certification.

CLINICAL EXPECTATIONS OF STUDENTS

1. Clinical eligibility documentation, drug/alcohol screening, and criminal background check results will be shared with appropriate clinical facilities.
2. Students are responsible for notifying the Public Safety and Emergency Services Institute immediately if their DPS Fingerprint Clearance card has been suspended or revoked.
3. It is the student's responsibility to follow clinical or field agency policy and procedures.
4. Students are not allowed to smoke, vape, or use tobacco products on the grounds of any clinical or field setting. Students who violate this policy will be dismissed from the shift, receive an absence which may result in a failure and termination from the program.
5. The student may do **ONLY** those procedures in which he/she has had classroom instruction, has practiced, and has been checked off in the college laboratory. If unsure, the student needs to contact their instructor **BEFORE** proceeding with any procedure*.
6. While a student in the paramedic program, the student must practice as a paramedic student regardless of other licenses or certifications held.
7. Students must check out with their assigned preceptor or charge nurse if the assigned preceptor is unavailable, before leaving the unit for any reason.
8. Students are responsible for their own transportation to and from clinical and field settings.
9. If a student has an emergency/illness the student must notify their Course Manager, or their designee, of an absence prior to the start of the rotation. If the student does not notify the Course Manager prior to the start of the rotation, it will be considered an unexcused absence.
10. Paramedic students need to arrange their schedules to meet the program requirements. Students are requested not to work the shift prior to a clinical or field rotation to ensure patient and personal safety.

11. Students unprepared for a clinical or field rotation will not be permitted to participate in the rotation and will be considered absent. This may result in a failing grade and may be cause for dismissal from the program.
12. Clinical and field agencies may require an additional background check from students.
13. Clinical and field agencies reserve the right to refuse a student access to their facility/agency.
14. Students must be able to attend a clinical or field rotation at any of the approved sites used by the Public Safety and Emergency Services Institute. Student's personal convenience cannot be accommodated.
 - During the team lead phase, if there are multiple students on the same call, only one student may document the patient as team lead. All other students may count the contact as a team member.
 - If multiple students document team lead on the patient, the Course Manager cadre will determine which, if any, will be allowed to count the patient contact as team lead.
15. It is the student's responsibility to notify the Program Director if they have been banned or denied entry into ANY clinical or field site. Failure to report this information will result in termination from the program.

****Performing a procedure prior to instruction and Public Safety and Emergency Services Institute instructional staff check off is considered unsafe practice resulting in a required meeting with the student, Course Manager cadre, and Program Director within three business days and may result in termination from the program.***

XI. POLICY ON ATTENDANCE/TARDINESS

For shift friendly format schedules, students will select their first-choice dates for attendance for the entire program. First choice date requests will be accommodated as often as possible. Students will be notified at the start of the program of their class schedule.

- a. **Students may not switch days without prior approval from the Course Manager cadre.**
- b. A maximum of three date changes is permissible with prior approval.
 - i. Date changes will only be made if student/instructor ratios are not negatively impacted.
 - ii. Changes will be made at the discretion of the Program Director and Course Managers.
 - iii. Notifications should be made as soon as possible, but no later than 12 hours prior to the start of affected class.
 - iv. For emergent situations, email Course Manager cadre.
- c. Students may trade assigned class days with advanced approval (48 hours prior to start of affected class), from the Course Manager cadre.

If a student shows up to class on a date that they are not scheduled with prior approval, the Course Manager of the day will send the student home. If the student chooses to not attend on their scheduled day, they will be marked as absent and will count towards their 24 hours of excused absences.

Classroom Absences and Tardiness (Excused/Unexcused)

- a. Absences and tardiness (excused or unexcused) shall not exceed an accumulated total of 24 hours for any given reason.
 - i. Absences exceeding 24 hours will result in a grade of W and dismissal from the program, extenuating circumstances will be evaluated on a case by case basis.
- b. A student must contact the Course Manager cadre when he/she finds they will miss any portion of class. This must occur **before** the student misses that time.
 - i. If a student fails to properly notify the Course Manager cadre that missed time will be considered unexcused.
 - ii. If a student properly notifies the Course Manager approves the missed time, this missed time will be considered excused.
- c. All missed time (excused or unexcused) **must** be made up.
- d. For all excused absences and excused late arrivals, the student will be counseled, and the Course Manager will document all missed time. If the student shows a pattern of excused tardiness, which is defined as six or more excused late arrivals during the entire length of the program, the student will receive a failing grade in the course and be withdrawn from the program.
- e. **Unexcused** absences will result in the following:
 - i. For the first unexcused absence or unexcused late arrival, the student will be counseled, and a student evaluations form will be placed in the student's file.
 - ii. A second unexcused absence or unexcused late arrival will result in the student receiving a failing grade in the course and be withdrawn from the program.

The student is responsible for any missed content and must formally make up all missed time that doesn't exceed an accumulated total of 24 hours.

Clinical and/or Vehicular Absences and Tardiness

Students will make every attempt to ensure that they are able to attend clinical and/or vehicular shifts for which they sign up.

1. In the event of an emergency, the student will make every attempt to trade the scheduled shift with another student.
 - a. If a trade cannot be found, the student may be excused from the shift, with approval of the Course Manager or their designee, if notified via email within 24 hours prior to the start of the shift. The absence will not count towards the 24 hours.
 - b. If a Course Manager is not available, the student should notify the Program Director or and assistant Program Director. If notification is not completed within the 24-hour timeframe, the absence will not be excused and will go towards the 24 hours. This may result in the student being removed from the program.
 - Students may drop up to (3) three scheduled shifts at least 12 hours prior to the start of the shift. If a student does not notify their Course Manager cadre within the 12 hour timeframe allotted, the shift will be counted as an absence. Any extenuating circumstances will be reviewed by the Program Director or their designee, on a case by case basis.
2. The student must complete the entire clinical and/or vehicular shift. The student is not permitted to leave early without the permission of the Course Manager. If the student has permission to leave early, they will use one of their two excused absences that applies to clinical and field rotations. **Students who leave early or fail to show up for their scheduled shift without prior approval from the Course Manager will be counted as an unexcused absence (entire shift) and will count towards the 24 hours.**
 - a. A second unexcused absence may result in dismissal from the program.
3. A student must contact the Course Manager cadre when the student finds he/she will miss any portion of the clinical and/or vehicular rotation. *This must occur before the student misses that time.*
 - a. This includes tardies or any absence.
4. If a student fails to properly notify the Course Manager cadre, that missed time will be considered unexcused.
 - a. The student will be counseled for the first offense;
 - b. A second offense will result in failure of the course and dismissal.
5. If a student properly notifies the Course Manager cadre this missed time will be considered excused.
 - a. Students may only have two excused absences during clinical/vehicular rotations, and
 - b. Students may only have two excused tardies during clinical/vehicular rotations.

Consequences of missed time

Should absences exceed the time designated by the program, including clinical and field absences, the student may be removed from the program subsequently receiving a “W” grade in the course.

- a. If the program staff/director are not available, the Academic Director and Dean of Workforce Development reserves the right to review complaints, appeals, events, and policies on a case-by-case basis and make a decision based upon the evidence.
- b. The Academic Director and Dean of Workforce Development may deny a student re-entry into any Public Safety and Emergency Services Institute Program. The student will be informed of the

reason for denial in writing and will have the right to appeal the decision through the [Pima Community College complaint process](#).

Missed class time/lecture

- i. It is up to the student to ensure all missed coursework is made up and completed within three (3) days of the missed class session.
- ii. It is the student's responsibility to obtain the missed coursework information from a classmate by the next scheduled class session.

Missed certification courses

- i. Missed certification courses (ACLS, PALS, PEPP, PHTLS, AMLS), must be made up during a PSESI scheduled certification course.

Missed lab

- i. The student will need to arrange time with the Course Manager cadre, on the student's own time, to complete the objectives that were missed for that lab within three (3) days of receiving a counseling form.
- ii. Missed certification course labs (ACLS, PALS, PEPP, PHTLS, AMLS) must be made up during a PSESI scheduled certification course.
- iii. The Cadaver lab may not be made up due to only being offered once a program.

Special Circumstances

Appropriate documentation is required in the event of any of the following circumstances.

- Jury duty and subpoenas
- Event of death of an immediate family member
- Military Duty
- Extended leave due to medical restrictions

If extended or prolonged absences is required, the Program Director will consult with the Academic Director for acceptable accommodations in transferring to a future program. Regulatory statutes limit the amount of time a student is permitted to complete a program.

Religious Observance Accommodation

Pima Community College accommodates the religious observances and practices of students unless it will result in undue hardship to College programs. At least two weeks before the religious observance, students must submit to their instructor(s) a written statement that contains both the date of observance and the reason why class attendance is impossible. Absences for religious observances and practices will be forwarded to the Academic Director and dean for consideration.

OCCURRENCE REPORTS

Occurrence reports are utilized in the clinical and field setting when an error or accident has occurred (e.g., medication error, injury involving student, client, staff, visitor, etc.). In the event that an accident or error occurs, the student will:

1. Immediately notify preceptor and follow their instructions.
2. Notify the Course Manager cadre and Program Director via phone or text message.
3. Be responsible for completing the occurrence report per facility protocol.
4. Forward a copy of the occurrence report, per facility protocol, or a summary of the incident to the Course Manager cadre and Program Director.
5. Further discuss the occurrence with the preceptor and your Course Manager cadre who may assign subsequent documentation that explains:
 - a. The precipitating events that led to the occurrence.
 - b. How and why the event occurred.
 - c. How the student intends to avoid this situation in the future.
 - d. The commitment from the student to prevent this or similar occurrences from happening.

XII. UNIFORM POLICY

The delivery of competent paramedic care depends on professional behavior to meet ethical and personal appearance standards of the profession.

The paramedic student uniform is to be worn when representing Pima Community College in simulation exercises, clinical and field settings. Any student not following the Uniform Policy will be excused from the classroom, clinical, and field setting, by the Public Safety and Emergency Services Institute faculty and be given an absence which may result in a course failure.

UNIFORMS

Uniforms will be clean, well-fitting, non-stained, pressed and in good repair.

1. Professional standard dress must be worn as indicated (shorts and short skirts are prohibited):
 - a. For agency sponsored students:
 - i. The agency uniform will be worn in the classroom setting.
 - ii. Program uniform polo shirt and nametag **must** be worn during clinical and vehicular rotations.
 - b. For non-agency sponsored students:
 - i. Program T-Shirt must be worn during all classroom activities.
 - ii. Program uniform polo shirt and nametag **must** be worn and always visible during clinical and vehicular rotations.
2. Undergarments must always be worn during program activities and not be exposed at any time.
3. Clean, intact athletic shoes or hard-soled leather shoes must be worn at all times when engaged in program activities. Sandals, high heels, or open-toed shoes are prohibited.
4. Pants are required (no shorts). Blue and/or agency uniform pants or dress pants are required during clinical and vehicular rotations.
5. Other prohibited clothing includes:
 - a. Revealing clothing, as determined by the Course Manager;
 - b. Any clothing that is deemed offensive, i.e., racial slurs, curse words, demeaning of any group of people, pornographic images;
 - c. Worn, damaged, and/or faded clothing;
 - d. Visible body piercing except small stud earrings worn in the ear lobes.

Any violation of the dress code will result in the student being counseled, sent home, and a written evaluation form will be placed in the student's file for the first offense. Missed time will be applied to the maximum 24 hours of missed time allowed for the program.

A second offense will result in the student receiving a failing grade in the course and being withdrawn from the program.

OTHER EQUIPMENT

When in the clinical or field rotations students must have the following with them;

1. Watch with secondhand measurement
2. Non-erasable ball-point pen
3. Stethoscope
4. Pen light
5. Trauma Shears
6. Safety Glasses

GENERAL APPEARANCE

1. Daily bathing/showering and effective unscented deodorant is professional demeanor. Absence of body odor is expected. Odors that may be offensive to patients are not allowed. This includes but is not limited to; cologne, fragrant hairspray and cigarette smoke.
2. Makeup should be minimal and a natural look suitable for daytime use.
3. Hair should be clean, restrained and controlled so it is out of the face and does not hang forward. Hair accessories should match the color of the hair and be appropriate for a professional look. A head covering will be a solid color, preferably hunter green, or a neutral color such as white, black or tan. Hair color and hair styles will not be extreme and will have a natural or conservative look appropriate for a professional appearance.
4. Men should be clean shaven (no stubble). They may have neatly trimmed mustaches (even with the upper lip), beards (no whiskers on the neck), and/or sideburns (no longer than the ear lobes and non-flared). Eyebrows must be neatly trimmed.
5. Nails must be clean and well-manicured and no longer than ¼ inches long. If polish is worn, it must be clear. No type of long-lasting, chip-free, or extended-wear nail color, such as Shellac or gel-polish, is to be worn.
6. Visible body art must be covered at all times during clinical and field rotations.
7. Excessive jewelry is **NOT** appropriate for the clinical or field setting and is limited to a wedding set, a professional watch, and one small stud earring in each ear lobe. NO necklaces or bracelets may be worn (with the exception of medical alert jewelry). NO jewelry in other pierced visible body parts, including tongue rings, nose rings, and gauges.
8. Gum chewing is not allowed during clinical and field setting.

The Public Safety and Emergency Services Institute faculty may address any personal appearance issues which may be deemed objectionable or a safety issue whether or not addressed in this policy.

XIII. PIMA COMMUNITY COLLEGE CODE OF CONDUCT

STUDENT CHAIN OF COMMAND

Students are encouraged to utilize the chain of command beginning with their mentor/Course Manager. The on-duty Course Manager will be available for any student that feels the need to discuss any issues, concerns, or problems directly, and if needed the student can reach out to the Program Director as well. A student may also use the PCC Student Complaint Process.

GRADE APPEALS/COMPLAINT PROCEDURE: ACADEMIC AND GRADE REGULATIONS

See [Grade related complaint process](#) for the procedure.

1. Students are strongly encouraged to attempt resolution of a grade, policy, or practice dispute at the instructor- level.
2. Students who did not receive an acceptable resolution with the instructor in the informal resolution process may appeal in writing to the Program Director of the program within five (5) business days detailing the grade issue, policy from the handbook, or the practice they wish to appeal. Appeals will be automatically denied if the appeal is received greater than five (5) business days from the informal resolution decision.
3. Students who did not receive an acceptable resolution with the Program Director in the formal resolution process may appeal in writing to the Dean of Workforce Development within five (5) business days from acceptance of the decision letter from the Program Director detailing NEW EVIDENCE of an error made in the review process by the Program Director. Appeals may be automatically denied if the appeal is received greater than five (5) business days from the informal resolution decision.
4. Students who did not receive an acceptable resolution with the Dean of Workforce Development formal resolution process may appeal in writing to the Vice President of Instruction of the West Campus within five (5) business days from the date of the decision letter from the Dean of Workforce Development detailing evidence of inconsistent practice or ill-faith behavior on part of the Dean of Workforce Development.

STUDENT CODE OF CONDUCT VIOLATIONS - See Student Code of Conduct

Student Code of Conduct Complaint Procedure

Should a Code of Conduct violation occur in the clinical or field setting the following guidelines will be followed;

1. The conduct of the student will be documented;
2. A second licensed person will verify the conduct of the student;

3. The student will be dismissed from the clinical or field site;
4. The Course Manager will notify the Program Director of the violation.

Persons involved in a possible violation of the Student Code of Conduct are advised to discuss the problem informally before assuming an official or public position. If no informal resolution can be reached, the member of the College community who observed the action that may constitute a violation should file an incident report with the Dean of Workforce Development. This written report is the formal charge and should include a description of the alleged event and pertinent documentation. Written notice to the student is done by written memorandum from the Vice President of Student Development.

SEXUAL HARASSMENT - See [Code of Conduct/Sexual Harassment](#).

PIMA COMMUNITY COLLEGE PUBLIC SAFETY AND EMERGENCY SERVICES INSTITUTE CHEMICAL IMPAIRMENT POLICY

Pima Community College and the Public Safety and Emergency Services Institute require that students provide safe, effective and supportive patient care. To fulfill this purpose, it is the policy of Pima Community College that students will not be chemically impaired during participation in **any** part of the program including classroom, clinical, and field settings.

A chemically impaired student is defined as a person who is under the influence of or has abused, either separately or in combination: alcohol (ethanol, isopropanol or methanol), over-the-counter medication, illegal drugs (as defined by the schedule of controlled substances section of the Comprehensive Drug Abuse Prevention and Control Act of 1970, 21 U.S. C. § 812), prescribed medications, inhalants or synthetic designer drugs. A student is “under the influence” if they are affected by the use of alcohol, drugs or medication, and the use may adversely affect the student’s performance in the classroom, laboratory or clinical setting. Abuse of the substances includes episodic misuse or chronic use that has produced psychological and/or physical symptomatology.

A chemically impaired student is identified by things such as, but not limited to, the perceived odor of alcohol, drugs or medication, slurred or rapid speech, unsteady or staggering gait, dilated or pinpoint pupils, blood-shot eyes, fine motor tremors, difficulty in calculation, inability to follow directions, confusion, nausea, vomiting or sweating. If faculty suspect that a student is chemically impaired while participating in any part of the student’s college program, the faculty will take the following steps:

1. Remove the student from the classroom, laboratory or clinical setting.
2. Immediately consult with another faculty or agency supervisor/designee for verification of reasonable suspicions. The verification will be conducted in a confidential and respectful manner.
3. If the second person confirms a reasonable suspicion of chemical impairment, immediately inform the student as to why the student is being removed from the classroom, clinical or field setting.
4. Ask the student to consent to a drug/alcohol screen.
 - a. If the student consents, have the student sign a Student Disclosure Form, Consent to Transport Form, and a Release and Consent Form, consenting to the screen and transportation. Make photocopies of all forms.

- b. Call the PCC Police (206-2700) to perform required testing or transport student to laboratory for testing.
 - c. Notify facility security.
 - d. DO NOT allow student to leave a faculty member's presence or ingest any substances until the screening procedure is complete.
5. If the student refuses screening:
 - a. Remove the student from patient care or from the academic setting.
 - b. The faculty will inform the Program Director of the circumstances. The Campus Police will be notified for transportation needs.
 - c. The student will be required to make an appointment with the Program Director within 24 hours.
 - d. Dismissal from the program will be the consequence for refusal to participate in testing. If a student refuses transportation home by Campus Police, document with a witness.
6. Inform the Program Director of the situation and that a student is being tested for chemical impairment "for cause" or that the student refused screening. Documentation of the incident will be forwarded to the Program Director. Make an appointment for the student to meet with the Program Director on the next working day (Monday-Friday).
7. Have the student call family, friend or cab company to arrange transportation home after the screening.
8. If a student is unwilling or unable to arrange transportation home, Campus Police may be used for their safe transportation.
9. The student will **not** return to the classroom, clinical, or field setting until the test results are available and the student's status in the program is determined. The Program Director will consider the screening results, or the student's refusal to consent to screening (if applicable) in determining the student's status in the program.

Confidentiality

All communications received by Pima Community College relevant to drug/alcohol screening conducted pursuant to this Chemical Impairment Policy will be treated as confidential. Such communications will not be disclosed, except:

1. To the tested student or any other person designated in writing by the student.
2. To individuals designated by the College to receive and evaluate test results or hear the student's explanation.
3. In a proceeding related to an action taken by the College or student arising out of this Chemical

Impairment Policy.

4. To an arbitrator or mediator, or a court or governmental agency as authorized by state or federal law.

The tested student has a right of access to the written screening results that pertain to that individual, subject to the maintenance of confidentiality for other individuals.

Positive Drug/Alcohol Screen

1. All positive results will be reviewed by the college and the Program Director.
2. If the results indicate a positive toxicology screen or if the student refused screening, the student will be given an opportunity to explain the screening results or refusal to submit to screening.
3. The student will be withdrawn from the program.

Negative Drug/Alcohol Screen After Being Suspected of Chemical Impairment

If the drug/alcohol toxicology screen is negative, the student will meet with the Program Director within 24 hours to discuss the circumstances surrounding the suspicion of chemical impairment.

1. If the indicator was the odor of alcohol, the student may be required to discontinue the use of whatever may have caused the alcohol-like odor before being allowed to return to the classroom, clinical, or field setting.
2. If the indicator was behavioral, consideration must be given to the symptoms. A medical referral for evaluation may be indicated.
3. The Program Director will make a decision regarding returning to the classroom, clinical, or field setting based on all information available to them at this meeting.
4. No classroom, clinical, or field absences will be attributed to the student's attendance record if the test results are negative.

Appeal Statement

The student has the right to participate in an Appeal Process as outlined in the [Student Code of Conduct Complaint Procedure](#).

XI. MISCELLANEOUS INFORMATION

COURSE OBJECTIVES AND OUTLINE

A student may obtain the course objectives and outlines in the online catalog www.pima.edu or from the National Highway Traffic Safety Administration Web Site; <http://www.nhtsa.gov/>.

INSTRUCTOR INFORMATION

See course schedule

CLASSROOM ORGANIZATION

On the first day of class following completion of the EMT 242 course:

The class may vote on a class representative, this will be at the discretion of the Course Manager. This person is a resource to his/her classmates. The Course Manager will provide further information on the role and expectations of the class representative prior to the class vote. Any individual interested in becoming the class representative can make that known to the class at that time, prior to the vote. The Course Manager can remove a class representative at any time and replace them with another class member if they feel a change is warranted.

1. Students should utilize multiple resources, including fellow students, to understand and learn information.
2. Due to other work commitments and budget constraints, the Course Manager cadre and Program Director may not be on site when all students are in class. If a student needs to contact either their Course Manager or the Program Director, the student will need to schedule an appointment, via email. If an immediate need arises during class, the student should go directly with the on-duty Course Manager.
3. The program is structured to encourage students to learn and understand beyond the classroom, and to utilize other methods prior to approaching the program staff. Examples of possible resources:
 - Textbook
 - Lecture notes
 - Online resources
 - Fellow students

FACULTY GIFTS

Students are not to give gifts to Public Safety and Emergency Services Institute faculty and Public Safety and Emergency Services Institute faculty are not allowed to accept gifts from students.

FAMILY EMERGENCIES

Should a student need to be contacted while in class, college laboratory or clinical laboratory due to a family emergency, the family member will call the Public Safety and Emergency Services Institute

office at 520-206-3502. The Public Safety and Emergency Services Institute administrative office will communicate with the appropriate instructional staff.

VISITORS IN CLASSROOMS

The classroom environment needs to be one in which teaching and learning is conducted at the highest level possible. There are also insurance restrictions on visitors in classrooms. Therefore, visitors are **not** permitted in classrooms, labs, clinical or field settings.

STUDENT RECORDS

Pima Community College informs its students annually of the Family Educational Rights and Privacy Act (FERPA) of 1974. This act, with which the institution complies, was designated to protect the privacy of educational records, to establish the right of students to inspect and review their education records, and to provide guidelines for the correction of inaccurate or misleading data through informal and formal hearings. More information can be found at: <http://www.pima.edu/current-students/code-of-conduct/ferpa/>.

The program director, Course Managers, instructors and support staff will maintain student confidentiality in accordance with FERPA requirements and Arizona Administrative Code; section R9-25-315. All student records will be secured by the Program Director on campus for a minimum of five (5) years after which they will be destroyed.

PROGRAM CADRE EVALUATION

During the course, each student will be asked to evaluate the course, the Course Manager and instructor cadre. This evaluation will contain questions regarding course materials, textbooks, exams, etc. In addition, the instructors will be evaluated in terms of punctuality, course requirements, availability for help, knowledge of the subject matter, etc. Students should use the evaluation to express their concerns or support for various aspects of the class.

Evaluations are conducted in an anonymous written format and are reviewed by the instructor, Course Manager cadre, Program Director, and PSESI Administrators, as necessary.

- Students may also submit evaluations/feedback identifying themselves.
 - When prudent follow up/feedback will be offered by the Program Director and program cadre.

CERTIFICATION INFORMATION AND REQUIREMENTS

Arizona Department of Health Services (AZDHS) certification is required to work as a Paramedic in Arizona. National Registry of Emergency Medical Technicians (NREMT) certification is required for AZDHS certification. State certification is not part of the program.

The Pima Community College Public Safety & Emergency Services Institute is a training unit whose focus is to prepare the student for successful program completion by meeting/exceeding minimum National Highway and Transport Safety Administration (NHTSA) national standards and National Registry curriculum requirements. Pima Community College or the Public Safety and Emergency Services Institute are not a certifying agency.

Arizona Department of Health Services (AZDHS) Application Process

Successful completion of the Paramedic program qualifies the student to apply for certification by the State of Arizona. Only the Arizona Department of Health Services has the legislative authority to certify the Paramedic. AZDHS reserves the right to deny certification for various reasons (criminal history, etc.). Do not contact AZDHS prior to successful program completion for an early certification test date. Applicants are encouraged to contact AZDHS, for any questions or concerns, at 1-800-200-8523.

The Arizona Department of Health Services certifies the PSESI training programs. Upon successful certification with NREMT, applicants are eligible for AZDHS certification. Final determination of certification eligibility rests with AZDHS.

1. Minimal requirements to apply for AZDHS/NREMT Certification:
 - a. Completion of a State certified Program (as listed above);
 - b. Complete all State and NREMT minimal Hospital Clinical Observation and Vehicular hours;
 - c. Provide a copy of American Heart Association Health-Care Provider Card and Advanced Cardiac Life Support certification documentation;
 - d. Complete AZDHS and NREMT applications and provide any indicated SAEMS/NREMT processing fees;
 - e. Pass official NREMT Cognitive and Advanced Level Psychomotor exams.
2. The Course Manager will assist the student that completes the Paramedic course, with the AZDHS application upon requested. The AZDHS application process will be covered in class and is available at <http://www.azdhs.gov/bems/training/index.htm>.
3. Upon successful completion of the NREMT Cognitive and Psychomotor exams, if a student needs additional help with the AZDHS application they will need to contact the Program Director at (520) 206-3530.

National Registry Application and Testing Process

The Course Manager will assist the student that completes the paramedic course, with the National Registry application and scheduling of the Cognitive and Advanced Level Psychomotor Exams.

- a. The student will choose the option of paying by voucher for the 1st attempt at the Cognitive exam.
 - i. Initial psychomotor and written testing fees are included in the program course fees.
 - Any additional testing and/or fees will be the responsibility of the student to pay.
1. *National Registry cognitive exam*
 - a. The student must complete all graduation hours and requirements prior to receiving an Attempt to Test (ATT) authorization from the Program Director.
 - i. The approval of all hours/graduation requirements will be completed by the student's Course Manager or designee and submitted to the Program Director.
 1. The Course Manager has 72 hours to review requirements once the student has completed all required paperwork and locked their last shift in FISDAP.

- ii. The Program Director cannot approve a student to test more than seven (7) days from the course end date.
 - 1. Students who have not completed their graduation hours/requirements will not be approved to take the cognitive exam.
- b. There are two (2) approved National Registry computerized written exam test sites in the Tucson.
 - i. There are other test sites in southern Arizona that may be available to the student.

2. *National Registry psychomotor exam*

- a. The Course Manager and Program Director will make arrangements to hold a National Registry psychomotor exam following the completion of the paramedic course.
 - i. Students must near completion of the Capstone phase *within 30 days* of the date of the psychomotor exam to be eligible to test.
- b. If a student fails the National Registry psychomotor exam associated with their course, it will be their responsibility to find a re-test location.
 - i. Practical testing fees charged by outside organizations will be at the student's expense.
- c. If a student is not eligible to participate in the National Registry psychomotor or cognitive exam that is scheduled for their paramedic course, it will be that student's responsibility to find a test location. Any fees or additional costs for the test will be the student's responsibility.
 - i. Practical testing fees charged by outside organizations will be at the student's expense.

APPENDICES

APPENDIX A

UNIVERSAL PRECAUTIONS

Since medical history and examination cannot reliably identify all patients infected with HIV or other blood borne pathogens, blood and body fluid precautions should be consistently used for all patients. This approach previously recommended by CDC and referred to as “universal blood and body fluid precautions” or “universal precautions,” should be used in the care of **all** patients, especially in emergency care settings where the risk of blood exposure is increased, and the infection status of the patient is usually unknown.

Health care workers should routinely use appropriate barrier precautions to prevent skin and mucous membrane exposure when in contact with blood or other body fluids of any patient. Gloves should be worn when exposed to blood and body fluids, mucous membranes or non-intact skin of all patients, handling items or surfaces soiled with blood or body fluids, and for performing venipuncture and other vascular access procedures. Gloves should be changed, and hands washed after contact with each patient. Masks and protective eyewear or face shields should be worn during procedures that are likely to generate droplets of blood or other body fluids to prevent exposure of mucous membrane of the mouth, nose and eyes. Gowns or aprons should be worn during procedures that are likely to generate splashes of blood or other body fluids.

Hands and other skin surfaces should be washed immediately and thoroughly if contaminated with blood or other body fluids. Hands should be washed immediately after gloves are removed.

Health care workers should take precautions to prevent injuries caused by needles, scalpels and other sharp instruments or devices during procedures; when cleaning used instruments; during disposal of used needles; and when handling sharp instruments after procedures. To prevent needlestick injuries, needles should not be recapped, purposely bent or broken by hand, removed from disposable syringes or otherwise manipulated by hand. After they are used, disposable syringes and needles, scalpel blades and other sharp items should be placed in puncture-resistant containers for disposal. The puncture-resistant containers should be located as close as practical to the use area. Large-bore reusable needles should be placed in a puncture-resistant container for transport to the reprocessing area.

Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, or other ventilation devices should be available for use in areas in which the need for resuscitation is predictable.

Health care workers who have exudative lesions or weeping dermatitis should refrain from all direct patient care and from handling patient care equipment until the condition resolves.

Pregnant health care workers are not known to be at greater risk of contracting HIV infection than health care workers who are not pregnant; however, if a health care worker develops HIV infection during pregnancy, the infant is at risk of infection resulting from perinatal transmission.

In the event of accidental exposure to potentially infective material, the student should immediately contact their Course Manager.

APPENDIX B

COURSE INFORMATION

<u>Title</u>	<u>Course Number</u>	<u>Credits</u>
*EMT 140	Prehospital Trauma Life Support	1.5
*EMT 155	Advanced Medical Life Support	1.5
EMT 170	Operations	1.0
EMT 205	ALS Pharmacology and Medication	3.5
EMT 214	ALS Advanced Special Consideration	2.0
EMT 218	Paramedic National Registry Preparatory	3.0
EMT 219	ALS Foundations	1.0
EMT 221	ALS Airway and Ventilation	1.0
EMT 222	ALS Patient Assessment and Management	2.0
EMT 223	ALS Trauma Emergencies and Systems	2.5
EMT 224	ALS Medical Emergencies	4.0
EMT 225	ALS Special Medical Considerations	2.5
EMT 227LC	ALS Practicum: Clinical Lab	1.5
EMT 228LC	ALS Practicum: Vehicular Lab	2.0
EMT 230	Basic ECG Interpretation	3.0
EMT 242	ALS Advanced Foundations	4.0
EMT 244	ALS Advanced Medical Emergencies	2.5
EMT 247LC	ALS Advanced Practicum: Clinical Lab	2.0
EMT 248LC	ALS Advanced Practicum: Vehicular Lab	4.0
EMT 250	Advanced Cardiac Life Support	1.0
*EMT 252	Pediatric Advanced Life Support	1.0
*EMT 258	Pediatric Education for Prehospital Providers	1.5
EMT 254	Advanced ECG Interpretation	2.0
EMT 295	Independent Research	1.0

**Optional for non-sponsored students*

APPENDIX C

INSTRUCTIONAL MATERIALS

Sander's Paramedic Textbook, 5th Edition w/online resources
ISBN #9781284241433

Understanding 12-lead EKGs, 3rd Edition
ISBN #9780132921060

Anatomy and Physiology for Emergency Care, 3rd Edition w/ Navigate 2 Advantage
Access
ISBN #9781284151978

Advanced Cardiac Life Support Provider Manual, 2020 Guidelines
ISBN #9781616697723

Handbook of Emergency Cardiovascular Care, 2020 Guidelines
ISBN #9781616697662

Pediatric Advanced Life Support Provider Manual, 2020 Guidelines
ISBN #9781616697853

Advanced Medical Life Support Provider Manual, 3rd Edition
ISBN ##9781284198744

Pre-Hospital Trauma Life Support Provider Manual, 9th Edition
ISBN #9781284171471

Pediatric Education for Prehospital Professionals Provider Manual, 4th Edition w/online
access code
ISBN #9781284229752

Other:

#2 Pencils

Highlighter(s) and notebook recommended

Clinical enrollment and badges as required by each facility

APPENDIX D

RULES FOR TAKING TESTS

1. Students will place the following items off to one side of the room while testing:
 - a. Backpacks, briefcases, laptop computers, cell phones, scientific calculators, I-pods, Smart Watch, or any other portable electronic data transmitting device.
 - b. Study materials, textbooks, notes, magazines, dictionaries or any other piece of paper, document, book, etc. with any words in any language or code, any drawings or graphs.
 - c. Water, food, baseball caps, Kleenex, paper towels, bathroom tissue or anything else which can be written on.
2. The student should bring the following to the test: Two wooden pencils with erasers and a simple calculator. No pens or mechanical pencils.
3. Students are required to test at their assigned time and in their assigned location. All students, including ADR students, must test during the same time period on the same day, including HESI exams. Students who are unable to test at their assigned time and/or location due to an emergency may, with approval of faculty, arrange an alternate time and/or location. Failure by a student to test as assigned or to make alternative arrangements **before** their regularly scheduled date and time may result in a zero (0) on the exam. Students may be asked to provide appropriate documentation (doctor's excuse, police report, etc.). If unable or unwilling to provide written documentation of why the test was missed, the student will be given a zero (0).
4. All exceptions to the timed portion of the test and the scheduled location will be allowed after written documentation of accommodations approved by Access & Disability Resources.
5. During the test, monitoring will be done to ensure there is no communication – verbal or nonverbal between students during the test. In addition, there will be no discussion of the test contents.
6. These rules are in addition to those outlined in the Testing Policies addressed previously. Classroom/Clinical Evaluation in the Public Safety and Emergency Services Institute Student Policy Handbook, the directions on the test booklet and instructions by Course Manager or their designee.
7. If you have knowledge of any cheating that is occurring, you have a duty to report it to the Course Manager.

SHIFT EVALUATION PACKET (PAGE 1)

PIMA COMMUNITY COLLEGE FIELD EVALUATION PACKET

Dear Preceptor,

Thank you for your willingness to be a preceptor for the Pima Community College's paramedic program. Your precepting and mentoring of students is an integral and vital part of the program. Below is information on the rating system for the paramedic student you will be evaluating today.

Team Membership Objective

Evaluation of a student's field performance assesses their ability to act as a Team Member. The evaluation is isolated to individual skill delivery or any portion of patient care that is rendered by the student.

The student must exhibit appropriate behavior and an attitude that allows for integration into the team. The Team Member role contains an affective component and evaluates the student's cognitive understanding of complete patient care that paramedics are expected to deliver.

Rating scale

NA = Not applicable - not needed or expected. This is a neutral rating. (Example: Student expected to only observe, or the patient did not need intervention);

0 = Unsuccessful - required excessive or critical prompting; includes "Not attempted" when student was expected to try; This is an unsatisfactory rating;



1 = Marginal - inconsistent, not yet competent; This includes partial attempts;

2 = Successful/competent - no prompting.

*Note: Ideally, students will progress their role from observation to participation in simple skills, to more complex assessments and formulating treatment plans. Students will progress at different rates and case difficulty will vary. Students should be active and ATTEMPT to perform skills and assess/treat patients early even if this results in frequent prompting and unsuccessful ratings. Unsuccessful ratings are normal and expected in the early stages of the clinical learning process when student needs prompting. Improvement plans MUST follow any unsuccessful or inconsistent ratings.

If you have any questions/concerns please contact Program Director, Sharon Hollingsworth at shollingsworth@pima.edu or (520) 260-0527.

SHIFT EVALUATION PACKET (PAGE 2)


Prima Community College, Public Safety & Emergency Services Institute, Paramedic Program Psychomotor Competency Portfolio - Field & Capstone Internship Shift Evaluation Worksheet


Student Name : _____ **Date:** _____ **Agency/Station:** _____

Page ___ **of** ___ **Time In:** _____ **Time Out:** _____ **Preceptor:** _____ **Unit:** _____

Directions: Each contact must be rated by the student **first**, and rated by the preceptor **second**. Mark student ratings in the row marked "S" and preceptors in row "P." Comment on any discrepancies on back. Preceptors complete shaded sections.

Patient Age/Sex	Impression / Diagnoses	LOC, Complaints, Event/Circumstances	Summary of treatments rendered successfully by student	Circle Patient Contact Type	Rater	Clinical Objectives*							Initials	Comments and Immediate Plan for Improvement for Next Contact	
						Pt Interview + HX	Physical Exam	Impression /Tx Plan	Skill Performanc	Communication	Professional Behavior	Team Membershi			
1				ALS BLS	S										
2				ALS BLS	S										
3				ALS BLS	S										
4				ALS BLS	S										
5				ALS BLS	S										
6				ALS BLS	S										



Psychomotor Competency Portfolio - Field & Capstone Internship Shift Evaluation Worksheet



Comment on student's overall performance:

Comment on any unsatisfactory ratings or discrepancies:

Overall plan for improvement for future shifts:

Student reported: on time well groomed in uniform and prepared to begin the shift

Student knows equipment location and use: Yes No

Behavior was professional: Accepts feedback openly Self-motivated Efficient Flexible Careful Confident

Student helps clean up and restock, unprompted: Yes No

Student asked relevant questions and participated in learning answers, used downtime to its highest potential: Yes No

Student left site early (did not complete shift): Yes No

Preceptor requests a follow-up with appropriate program personnel. Phone call _____ or Email _____

Student Signature _____ I agree to the above ratings:
Preceptor Signature _____

Thank you for your willingness to be a paramedic preceptor for the FSESI program. Your prepacting and mentoring of students is an integral and vital part of the program.

For questions/concerns please contact Program Director, Sharon Hollingsworth at shollingsworth@pima.edu or (520) 260-0527

SHIFT EVALUATION PACKET (PAGE 4)

EMIS Training
Public Safety and Emergency Services Institute
(520) 206-3535



PIMA COMMUNITY COLLEGE
Community Campus
401 N. Bonita
Tucson, AZ 85709-5520

Preceptor Evaluation Form

Name of Preceptor: _____

Location of shift or Unit number: _____

Date of Clinical/Vehicular Shift: _____

Directions: Select the rating for each category that most reflects your opinion of the instructor's or manager's presentation

Key: 1 Strongly Agree; 2 Agree; 3 Disagree; 4 Strongly Disagree; NA Not Applicable

1. Preceptor was clear about the objectives of this shift. 1 2 3 4 NA
2. The preceptor was knowledgeable. 1 2 3 4 NA
3. The preceptor provided adequate and helpful feedback to me. 1 2 3 4 NA
4. The preceptor answered my questions clearly and adequately. 1 2 3 4 NA
5. The preceptor was present when I was doing my skills. 1 2 3 4 NA
6. I would recommend this preceptor to my peers. 1 2 3 4 NA

The two best aspects of the preceptor were:

1. _____

2. _____

The two areas where the preceptor could improve are:

1. _____

2. _____

Please use this space to make any additional comments

Student Name: _____ Signature: _____

Reviewed with instructor/manager: Initials: _____ Date Reviewed: _____

Reviewed by Asst. EMIS Training Director or EMIS Training Director: Initials: _____

Date: _____

APPENDIX F

CLINICAL GRADE FORM



EMS Training
Public Safety and Emergency Services Institute
(520) 206-6514

PIMA COMMUNITY COLLEGE
4355 E. Calle Aurora
Tucson, AZ 85711

Date:

Student:

Total Score:

Mentor:

Type of Clinical:

Sub-Type:

Total Hours:

Location:

Met Objective (pt Req's):

Fisdap Locked On-Time:

Feedback From Preceptor:

Timely completion of objectives and hours (20% possible):

Accurate and thorough reports and patient encounter entries - Fisdap Entries (30% possible):

Accurate and thorough preceptor forms - Preceptor Form (10% possible):

Progress of student to include skills and performance (based on feedback from preceptors and mentor review of documentation, 40% possible):

Instructor Comments:

APPENDIX G

CoAEMSP COMPETENCY REQUIREMENTS

Student Minimum Competency									
Table 1 Ages									
Report Name:	CoAEMSP Student Minimum Competency (SMC) Recommendations								
Goal Set:	PSESI 2022 Goal Set								
Student:									
Date Range:	All Dates								
Capstone Date:									
Created By:									
CoAEMSP Student Minimum Competency (SMC)	Column 1 Formative Exposure in Clinical or Field Experience		Column 2 Exposure in Clinical or Field Experience and Capstone Field Internship		Total		Minimum Recommendations by Age* (*included in the total)		
	CoA Recommended/Program Minimum	Actual Values	CoA Recommended/Program Minimum	Actual Values	CoA Recommended/Program Minimum	Actual Values			
Pediatric patients with pathologies or complaints	15	0	15	0	30	0	Minimum Exposure	Age	Actual Values
							2	Neonate (birth to 30 days)	0
							2	Infant (1 mo - 12 mos)	0
							2	Toddler (1 to 2 years)	0
							2	Preschool (3 to 5 years)	0
							2	School-Aged/Preadolescent (6 to 12 years)	0
							2	Adolescent (13 to 18 years)	0
Adult	30	0	30	0	60	0	(19 to 65 years of age)		
Geriatric	9	0	9	0	18	0	(older than 65 years of age)		
	54	0	54	0	108	0			

CoAEMSP COMPETENCY REQUIREMENTS, CONT.

Student Minimum Competency							
Table 2 Pathology/Complaint (Conditions)							
Report Name:	CoAEMSP Student Minimum Competency (SMC) Recommendations						
Goal Set:	PSESI 2022 Goal Set						
Student:							
Date Range:	All Dates						
Capstone Date:							
Created By:							
CoAEMSP Student Minimum Competency by Pathology or Complaint	Simulation	Column 1 Formative Exposure in Clinical or Field Experience		Column 2 Exposure in Clinical or Field Experience/Capstone Field Internship		Total Formative & Competency Evaluations by Condition or Complaint	
		CoA Recommended/Program Minimum	Actual Values	CoA Recommended/Program Minimum	Actual Values	CoA Recommended/Program Minimum	Actual Values
Trauma	Minimum of one (1) pediatric and one (1) adult trauma simulated scenario must be successfully completed prior to capstone field internship.	18	0	9	0	27	0
Psychiatric/ Behavioral	Minimum of one (1) psychiatric simulated scenario must be successfully completed prior to capstone field internship.	12	0	6	0	18	0
Obstetric delivery with normal newborn care (simulation permitted)	N/A	2	0				
Complicated obstetric delivery (simulation permitted) (e.g., breech, prolapsed cord, shoulder dystocia, precipitous delivery, multiple births, meconium staining, premature birth, abnormal presentation, postpartum hemorrhage)	Minimum of two (2) complicated obstetric delivery simulated scenarios must be successfully completed prior to capstone field internship including a prolapsed cord and a breech delivery.	2	0	2	0	6	0
Distressed neonate (birth to 30 days) (simulation permitted)	Minimum of one (1) distressed neonate following delivery simulated scenario must be successfully completed prior to capstone field internship.	2	0	2	0	4	0
Cardiac pathologies or complaints (e.g., acute coronary syndrome, cardiac chest pain)	Minimum of one (1) cardiac-related chest pain simulated scenario must be successfully completed prior to capstone field internship.	12	0	6	0	18	0

Table 2 (cont.)

Cardiac arrest (simulation permitted)	Minimum of one (1) cardiac arrest simulated scenario must be successfully completed prior to capstone field internship.	2	0	1	0	3	0
Cardiac dysrhythmias	N/A	10	0	6	0	16	0
Medical neurologic pathologies or complaints (e.g., transient ischemic attack, stroke, syncope, or altered mental status presentation)	Minimum of one (1) geriatric stroke simulated scenario must be successfully completed prior to capstone field internship.	8	0	4	0	12	0
Respiratory pathologies or complaints (e.g., respiratory distress, respiratory failure, respiratory arrest, acute asthma episode, lower respiratory infection)	Minimum of one (1) pediatric and one (1) geriatric respiratory distress/failure simulated scenario must be successfully completed prior to capstone field internship.	8	0	4	0	12	0
Other medical conditions or complaints (e.g., gastrointestinal, genitourinary, gynecologic, reproductive pathologies, or abdominal pain complaints, infectious disease, endocrine disorders or complaints [hypoglycemia, DKA, HHNS, thyrotoxic crisis, myxedema, Addison's, Cushing's], overdose or substance abuse, toxicology, hematologic disorders, non-traumatic musculoskeletal disorders, diseases of the eyes, ears, nose, and throat)	Minimum of one (1) geriatric sepsis simulated scenario must be successfully completed prior to capstone field internship.	12	0	6	0	18	0
Totals:		88	0	46	0	134	0

CoAEMSP COMPETENCY REQUIREMENTS, CONT.

Student Minimum Competency Table 3 Skills									
Report Name:	CoAEMSP Student Minimum Competency (SMC) Recommendations								
Goal Set:	PSESI 2022 Goal Set								
Student:									
Date Range:	All Dates								
Capstone Date:									
Created By:									
CoAEMSP Recommended Motor Skills Assessed and Success	Column 1 Successful Formative Individual <i>Simulated</i> Motor Skills Assessed in the Lab		Column 2 Minimum Successful Motor Skills Assessed on a <i>Patient</i> in Clinical or Field Experience or Capstone Field Internship <i>*Simulation permitted for skills with asterisk</i>		Totals		Column 4 Cumulative Motor Skill Competency Assessed on <i>Patients</i> During Clinical or Field Experience or Capstone Field Internship		
	CoA Recommended/Program Minimum	Actual Values	CoA Recommended/Program Minimum	Actual Values	CoA Recommended/Program Minimum	Actual Values	Successful Attempts	Total Number of Attempts	Success Rate
Establish IV access	2	0	25	0	27	0	0	0	#DIV/0!
Administer IV infusion medication*	2	0	2	0	4	0			
Administer IV bolus medication	2	0	10	0	12	0	0	0	#DIV/0!
Administer IM injection	4	0	2	0	6	0			
Establish IO access*	4	0	2	0	6	0			
Perform PPV with BVM*	2	0	10	0	12	0			
Perform oral endotracheal intubation*	2	0	10	0	12	0	0	0	#DIV/0!
Perform endotracheal suctioning*	2	0	2	0	4	0			
Perform FBAO removal using McGill Forceps*	2	0	2	0	4	0			
Perform cricothyrotomy*	2	0	2	0	4	0			
Insert supraglottic airway*	2	0	10	0	12	0			
Perform needle decompression of the chest*	2	0	2	0	4	0			
Perform synchronized cardioversion*	2	0	2	0	4	0			
Perform defibrillation*	2	0	2	0	4	0			
Perform transcutaneous pacing*	2	0	2	0	4	0			
Perform chest compressions*	2	0	2	0	4	0			
Totals:	36	0	87	0	123	0			

Student Minimum Competency Table 4 Field Experience / Capstone Field Internship

Report Name:	CoAEMSP Student Minimum Competency (SMC) Recommendations		
Goal Set:	PSESI 2022 Goal Set		
Student:			
Date Range:	All Dates		
Capstone Date:			
Created By:			
Field Experience		Capstone Field Internship	
Conducts competent assessment and management of prehospital patients with assistance while TEAM LEADER or TEAM MEMBER		Successfully manages the scene, performs patient assessment(s), directs medical care and transport as TEAM LEADER with minimal to no assistance	
CoA Recommended/Program Minimum	Actual Values	CoA Recommended/Program Minimum	Actual Values
30	0	20	0

Student Minimum Competency

Table 5 EMT Skills Competency

Report Name:	CoAEMSP Student Minimum Competency (SMC) Recommendations	
Goal Set:	PSESI 2022 Goal Set	
Student:		
Date Range:	All Dates	
Capstone Date:		
Created BY:		
EMT or Prerequisite Skill Competency (must document reasonable evidence of motor skill competency)	Program Minimum	Actual Values
Insert NPA	1	0
Insert OPA	1	0
Perform oral suctioning	1	0
Perform FBAO - adult	1	0
Perform FBAO - infant	1	0
Administer oxygen by nasal cannula	1	0
Administer oxygen by face mask	1	0
Ventilate an adult patient with a BVM	1	0
Ventilate a pediatric patient with a BVM	1	0
Ventilate a neonate patient with a BVM	1	0
Apply a tourniquet	1	0
Apply a cervical collar	1	0
Perform spine motion restriction	1	0
Lift and transfer a patient to the stretcher	1	0
Splint a suspected long bone injury	1	0
Splint a suspected joint injury	1	0
Stabilize an impaled object	1	0
Dress and bandage a soft tissue injury	1	0
Apply an occlusive dressing to an open wound to the thorax	1	0
Perform uncomplicated delivery	1	0
Assess vital signs	1	0
Perform a Comprehensive Physical Assessment	1	0
Perform CPR - adult	1	0
Perform CPR - pediatric	1	0
Perform CPR - neonate	1	0

APPENDIX H

2020 SUMMATIVE CAPSTONE PRECEPTOR LOG

Date	Preceptor Name	Unit #	Pt Age/Gender	Patient Chief Complaint	Outcome	Hospital (if Transported)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

I, _____, attest that I have been the paramedic field preceptor for paramedic student, _____, and after observing this student on the listed calls feel they have the foundation to perform as an independent entry level paramedic. It is my recommendation that this student be permitted to advance to the NREMT Credentialing exams.

Signature of Preceptor

Date

APPENDIX I

PRECEPTOR ATTESTATION FORMS



PimaCommunityCollege

THE PUBLIC SAFETY AND EMERGENCY SERVICES INSTITUTE
COMMUNITY CAMPUS
401 N. BONITA AVENUE
TUCSON, ARIZONA 85709-5510
PHONE: (520) 206-3984
FAX: (520) 206-6311

To Whom It May Concern:

Thank you for your willingness to be a field preceptor for Pima Community College’s Paramedic program. This letter is to verify that you have completed preceptor training, have been a certified and practicing as a paramedic for a minimum of 2 years.

The student on today’s ride along is in the Team Member phase of their training. A student must complete a minimum of 96 hours as a Team Member and have documented a minimum of 10 ALS prehospital contacts. Please see page two of this packet for Team Member objectives.

By signing this letter, you acknowledge understanding the student role for this phase of their training.

_____ I attest to being a practicing paramedic for a minimum of 2 years;

_____ I understand the student’s role during today rotations;

_____ I have previously completed PCC’s preceptor training.

Preceptor’s Printed Name: _____

Preceptor Signature: _____ Date: _____

Preceptor Email Address: _____

We value your dedication to paramedicine and your contribution to the success of our students. If you have any questions, please do not hesitate to reach out to our training staff at (520) 206-3502.

Sincerely,

Sharon Hollingsworth, BS, NREMT-P
Program Director
Public Safety & Emergency Services Institute
Pima Community College
shollingsworth@pima.edu
(520) 260-0527

PRECEPTOR ATTESTATION FORMS



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401 N. BONITA AVENUE
TUCSON, ARIZONA 85709-5510
PHONE: (520) 206-3984
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To Whom It May Concern:

Thank you for your willingness to be a field preceptor for Pima Community College's Paramedic program. This letter is to verify that you have completed preceptor training, have been a certified and practicing as a paramedic for a minimum of 2 years.

The student on today's ride along is in the Team Lead phase of their training. A student must complete a minimum of 240 hours as a Team Lead and have documented a minimum of 20 ALS pre hospital contacts, 10 of which must be with the students Capstone Preceptor and show evidence of transport and transfer of care to an ER. Please see page two of this packet for Team objectives.

By signing this letter, you acknowledge understanding the student role for this phase of their training.

_____ I attest to being a practicing paramedic for a minimum of 2 years;

_____ I understand the student's role during today rotations;

_____ I have previously completed PCC's preceptor training.

Preceptor's Printed Name: _____

Preceptor Signature: _____ Date: _____

Preceptor Email Address: _____

We value your dedication to paramedicine and your contribution to the success of our students. If you have any questions, please do not hesitate to reach out to our training staff at (520) 206-3502.

Sincerely,

Sharon Hollingsworth, BS, NREMT-P
Program Director
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To Whom It May Concern:

Thank you for being a Capstone Field Preceptor for Pima Community College's Paramedic Students. This letter is to verify you have completed preceptor training, have been certified and practicing as a paramedic for a minimum of 2 years, and have agreed to be the Capstone Preceptor for _____.

During the Capstone phase of training the objective is for the student to successfully lead the team by conducting a comprehensive assessment, formulating and implementing a treatment plan based off their primary impression/differential diagnosis. Most, if not all, decisions should be made by the student with minimal to no prompting should be needed by the preceptor or team. During the Capstone phase the student must complete a minimum of 240 hours and have documented a minimum of 20 ALS pre hospital contacts, 10 of which must be with the students Capstone Preceptor and show evidence of transport and transfer of care to an ER. The student should ride with you at the beginning of training, in the middle, and at a minimum the final three shifts of their Capstone phase.

If at any time concerns arise please contact me immediately. The more feedback and guidance you are able to provide the students the stronger their foundation will be.

Upon completion as the Capstone Preceptor you will have the ability to attest to a student competency as an entry level paramedic. This is required for a student to progress to their credentialing exams.

By signing this letter, you acknowledge understanding the student role for this phase of their training.

_____ I attest to being a practicing paramedic for a minimum of 2 years;

_____ I understand the student's role during today rotations;

_____ I have previously completed PCC's preceptor training.

Preceptor's Printed Name: _____

Preceptor Signature: _____ Date: _____

Preceptor Email Address: _____

We value your dedication to paramedicine and your contribution to the success of our students. If you have any questions, please do not hesitate to reach out to our training staff at (520) 206-3502.

Sincerely,

Sharon Hollingsworth, BS, NREMT-P
Program Director
Public Safety & Emergency Services Institute
Pima Community College
shollingsworth@pima.edu
(520) 260-0527

APPENDIX J

HEALTH RISK STATEMENT OF UNDERSTANDING

I understand there are health risks involved **as a participant in the Public Safety and Emergency Services Institute** at Pima Community College.

I understand I may come in contact with clients who have contagious or communicable diseases such as AIDS, hepatitis or measles. I will be taught Universal Precautions, but it is possible I will still come in contact with pathogenic organisms.

I understand contact with pathogenic organisms can cause physical complications during pregnancy and/or can cause defects in an embryo or fetus.

I understand to fulfill the requirements of the skills laboratory and clinical laboratory components of the Public Safety and Emergency Services Institutes, students must be able to demonstrate correct lifting and transferring of adult clients.

I understand, to meet the requirements of the program, I will have no restrictions on my ability to lift any amount of weight. I must be physically able to meet the requirements of the program.

I am advised to consult a physician concerning any of these health risks as they apply to me.

Understanding the health risks involved, I choose to pursue the training and education necessary to fulfill the requirements of any of the Division of Allied healthcare programs at Pima Community College.

Print Name

Student Signature

Date

APPENDIX K

RELEASE OF ALL CLAIMS

RELEASE, made by the undersigned,

of _____
(Street Address / City / State / Zip)

In consideration of the privilege and permission granted to me by Pima County Community College District to enroll and participate in the _____ program.

I, the undersigned, hereby freely agree to the following contractual representations and agreements:

I have received counseling with regard to the above-mentioned program and I am aware of and fully understand the hazards related to clinical training and practices in hospitals and clinical settings. I agree to accept and abide by all safety practices and procedures which will be part of the training program.

My participation in the program is voluntary and motivated by personal interest, and I fully assume the risks associated with clinical training, including those related to the treatment of patients who have contagious illnesses or diseases.

I hereby release and discharge Pima County Community College District, its agents, employees and officers from all claims, demands, actions, judgments and executions which the undersigned may have or the undersigned's heirs, executors, administrators or assigns may have against Pima Community College District for all personal injuries, arising out of my participation in the clinical training related to the above mentioned program.

I have read the Standard Practice Guide and I understand and accept unamended the responsibilities and obligation imposed upon me.

I, the undersigned, have read this Release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

IN WITNESS WHEREOF, I have executed this release on the day and year appearing after my signature.

Print Name

Date

Signature

APPENDIX L

VERIFICATION OF PERSONAL HEALTH INSURANCE

I understand:

- 1) in order to participate the paramedic program clinical component, I will carry personal health insurance.
- 2) by signing this verification, I am stating to the Public Safety and Emergency Services Institute and the clinical agencies that I have personal health insurance.
- 3) falsification of this document will result in my being terminated from the Public Safety and Emergency Services Institute.

Print Name

Date

Student Signature

APPENDIX M

STUDENT CODE OF CONDUCT

As a student of Pima Community College, you have rights and responsibilities which are listed in the Student Code of Conduct. It is the duty of each student to be aware of the policies that govern behavior and due process at Pima Community College. This important document can be found on the PCC website or by typing the following link into your browser:

<http://www.pima.edu/current-students/code-of-conduct/docs/Student-Code-of-Conduct.pdf>

As a student in the Pima Community College Public Safety and Emergency Services Institute paramedic program, you must sign and date the verification below:

I realize that it is my responsibility to read and understand the information contained in the Student Code of Conduct. I confirm that I have read and understand the Student Code of Conduct.

Name (Please print): _____

Signature: _____

Date: _____

APPENDIX N

CONSENT TO TRANSPORT

I, _____, hereby authorize Pima Community College to transport me to a nearby J2 Laboratory for drug and/or alcohol testing. I understand that Pima Community College Campus Police may be used for such transportation. I hereby voluntarily consent to such transportation by Campus Police.

Further, I hereby acknowledge and agree that 1) I am not in the custody of Campus Police, and 2) I am free to refuse to submit to such transportation or drug and/or alcohol screening.

I hereby agree to provide for my own transportation, by family, friend, or public transportation, after the screening.

Print Name

Signature

Date

APPENDIX O

RELEASE AND CONSENT FORM

I, _____, authorize Pima Community College police or any law enforcement agency deemed appropriate by the Pima Community College police to obtain urine, blood, breath, saliva and/or hair specimens from my body for laboratory analysis for the purpose of alcohol and/or drug screening. I authorize release of the results of the screen(s) to Pima Community College. This release and consent form is subject to the terms and conditions of the Pima Community College Policy on Chemical Impairment.

A photocopy of this authorization shall be the equivalent of the original.

I understand that my refusal to cooperate in such screening will subject me to discipline according to the aforementioned Policy, up to and including permanent dismissal from the Public Safety and Emergency Services Institute.

Print Name

Signature

Date

APPENDIX P

PARAMEDIC STUDENT POLICY HANDBOOK SIGNATURE FORM

Name: _____ Student Number A _____

I have received, read, understand and will abide by the Pima Community College Public Safety and Emergency Services Institute Student Policy Handbook regarding the following policies:

Initial each of the following handbook sections and policies:

- _____ 1. Program Requirements
- _____ 2. Communication Channels
- _____ 3. PCC Student Resources
- _____ 4. Behavioral Policies
- _____ 5. Health Policies/Insurance
- _____ 6. Classroom/Clinical/Field Setting
- _____ 7. Attendance Policy
- _____ 8. Continued EMT Competencies
- _____ 9. Uniform Policy
- _____ 10. Pima Community College Code of Conduct and Complaint Processes
- _____ 11. Miscellaneous Information
- _____ 12. All Appendices

I understand that the Course Manager or Program Director *may change the policies at any time*, and I will be notified of those changes via my pima email. I also understand that if I fail to follow the conditions contained in the student agreement, I may be withdrawn, suspended, or expelled from the program.

I understand that if my conduct in the program is found to be not consistent with conduct that a reasonable person would understand to be unwelcome, disruptive, offensive, seriously at variance from social norms, I will be removed from the program while the student behavior assessment committee assess the situation. This may result in my inability to complete the course.

I authorize Pima Community College's Public Safety and Emergency Services Institute to release proof of my immunizations, negative drug screening, and completion of a patient privacy course (HIPAA) to the clinical and/or vehicular agencies that I may complete rotations with.

I have reviewed and understand the NREMT policies and requirements governing the psychomotor and cognitive examinations and NREMT registration. I have reviewed and understand the Arizona Administrative Code, Title 9, Chapter 25, Article 4: EMT Certification.

Signature: _____ Date: _____