

Temple College EMS Program Clinical Information Guide



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****If you have questions or issues with students while they are on clinical sites, please reach out to the Clinical Coordinator, Heather Reeder.***

Department Overview

The Temple College EMS Department prepares students to take the National Registry's certification exam and to be competent entry-level ECAs, EMTs, Advanced EMTs, and Paramedics. Students who pass the National Registry Exam can apply to the Texas Department of State Health Service (DSHS) for Texas certification. **To work in Texas, you must be certified by the Texas Department of State Health Services.** Students who complete the EMT course are encouraged to consider continued education in the paramedic program.

The Temple College Paramedic program allows EMS students to pursue *either* paramedic certification or an AAS degree in EMS. After completing the paramedic certification process, the student may choose to continue his/her studies in EMS. Additionally, this program allows previously trained paramedics to continue their education to attain the AAS degree. This flexibility reemphasizes the value of community college-based EMS education.

Temple College conducts EMT, AEMT, and Paramedic courses at the main campus in Temple and the East Williamson County Higher Education Center in Hutto. Students who successfully complete the first semester of coursework beyond EMT and meet the additional clinical and skill requirements may take the Advanced EMT certification examination. Students are encouraged to continue the coursework leading to the paramedic certification process as well as the Associate of Applied Science degree. Classes and labs are designed to promote the learning and application of knowledge and clinical skills. Clinical rotations are also required for all courses except the EMR course. These rotations provide exceptional opportunities for students to learn and apply clinical skills in the clinic, hospital, and pre-hospital environments.

The Temple College EMS Department is located in the Health Science Center on the Main Campus. Full-time Faculty maintain regular office hours; however, students are strongly encouraged to arrange an appointment. Adjunct Faculty are available by appointment only. Students are also encouraged to utilize the EMS Department's website to obtain current information.

Accreditation Status

The Temple College 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 (CoAEMSP).

Commission on Accreditation of Allied Health Education Programs

(727) 210-2350

www.caahep.org

To contact CoAEMSP:

(214) 703-8445

www.coaemsp.org

Program Goals

EMT Program – To prepare Emergency Medical Technicians who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession.

Advanced EMT – To prepare Advanced Emergency Medical Technicians who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession.

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

Professional Behavior

General Information

Students are expected to behave compassionately, professionally, ethically and must demonstrate professional behaviors at all times during the program. Each student will be evaluated during the course on fifteen areas related to professional behavior. A student who demonstrates inappropriate ethical or professional behavior will be promptly advised and subject to disciplinary action. Penalties range from probation to expulsion from the program.

Students are evaluated on several traits. Below are examples of appropriate behavior for each of these areas. Each student must consistently demonstrate and achieve competency in these areas to pass the course and program.

Integrity

Examples of integrity include but are not limited to, consistent honesty, being able to trust others with their property, being able to trust confidential information, complete and accurate documentation of patient care and learning activities, and personal accountability, including acknowledgment of personal errors, omissions, and limitations.

Empathy

Examples of empathy include but are not limited to, showing compassion for others, responding appropriately to the emotional responses of patients and family members, demonstrating respect for others, and demonstrating a calm, compassionate, and helpful demeanor toward those in need.

Self-Motivation

Examples of self-motivation include but are not limited to taking the initiative to complete assignments; taking the initiative to improve and/or correct behavior; taking on and following through tasks without constant supervision; showing enthusiasm for learning and improvement; consistently striving for excellence in all aspects of patient care and professional activities; accepting constructive feedback positively; taking advantage of learning opportunities.

Appearance and Personal Hygiene

Examples of professional appearance and personal hygiene include but are not limited to, appropriate, neat, clean, and well-maintained clothing and uniforms, good personal hygiene, and grooming.

Self Confidence

Examples of self-confidence include, but are not limited to, demonstrating the ability to trust personal judgment and an awareness of strengths and limitations.

Communications

Examples of professional communication include but are not limited to, speaking clearly, writing legibly, listening actively, and adjusting communication strategies to various situations.

Teamwork and Diplomacy

Examples of teamwork and diplomacy include but are not limited to, placing the team's success above self-interest, not undermining the team, helping and supporting all team members, showing respect for all team members, and remaining open and flexible to change.

Respect

Examples of treating others with respect include but are not limited to, being polite to others, not using derogatory terms, behaving in a manner that brings credit to the profession, following instructor instructions on all matters, listening in class, and being punctual to all classes. This includes fellow students, hospital personnel, station personnel, and patients without regard to race, gender, gender identity and expression, disability, creed, age, religion, national origin, genetic information, disability, economic status, veteran status, race, color, national origin, religion, or sex.

Patient Advocacy

Examples of patient advocacy include but are not limited to, not allowing personal bias or feelings to interfere with patient care, placing the needs of the patient above self-interest, and protecting and respecting patient confidentiality and dignity.

Professional Code of Conduct

As Emergency Medical Services providers strive to improve professional status, it is incumbent upon each of us to demonstrate the qualities of a “true professional”. EMS students are equally vital to this effort as they are frequently exposed to and evaluated by patients and other healthcare providers. The attitude, appearance, and performance of EMS students directly impact the impressions others have of the EMS profession as a whole. Students who develop habits, skills, knowledge and abilities consistent with a Professional Code of Conduct improve the likelihood of their future success as EMS professionals. Lifelong, professional EMS habits and skills developed now will most likely be recognized and appreciated by prospective employers. Professional Code of Conduct elements are explained below to assist students in understanding their purpose and value to the emergency medical services system and profession. Students of the EMS Department are expected to conduct themselves in a manner

consistent with this Professional Code of Conduct whenever they represent the EMS Department.

1. ***The primary purpose of Emergency Medical Services is to respond to persons in need of medical, psychological and, in some cases, social assistance in a compassionate, medically appropriate manner.*** EMS is primarily about providing a *public service*. EMS professionals often are invited into the homes of strangers in anticipation of compassionate, appropriate care and if necessary, safe transportation to appropriate healthcare facilities. Although at times it may seem difficult, EMS professionals must not forget the community's expectations of ***respectful, dignified, compassionate care as well as timely, efficient, clinically appropriate service.*** EMS students demonstrate this by their constant willingness, eagerness and desire to assist in all patient care tasks even if the tasks appear menial or inconsequential.
2. ***As extensions of the physician, EMS providers have a responsibility to respect the medical license under which they are allowed to function.*** EMS professionals render medical care when a physician is not immediately available. This truly is a privilege that has been earned through years of professional work by many dedicated physicians, paramedics, advanced EMTs, EMTs, first responders and EMS educators. The physician and patient trust the emergency responders to respect this privilege. Thus, the responsible performance of paramedics, advanced EMTs, EMTs and first responders contributes to continued professional growth and clinical advancement of EMS. EMS students demonstrate their respect for the physician/EMS professional relationship by following established clinical training guidelines and performing only those procedures that have been authorized by a physician and that are within the limits of their knowledge and skill.
3. ***Respectful interaction with other members of the healthcare community is vital to quality care of the patient.*** The EMS professional represents one member of a much larger team of healthcare providers who each play a role in the care of the patient. Since the EMS professional is often the first team member to care for the patient, his/her interaction with other healthcare providers often is crucial. Effective interaction requires the EMS professional to conduct himself/herself in a respectful, courteous and knowledgeable manner. It requires that the EMS professional be attentive to and respectful of the ideas of other healthcare team members. Respectfully disagreeing in the appropriate setting is acceptable. However, the patient's care must never be jeopardized. EMS students may demonstrate their gratitude for the opportunity to be a part of this team by actively assisting and participating during clinical rotations and classroom learning. The student should take advantage of this tremendous opportunity to learn from other members of the healthcare community.
4. ***EMS professionals must respect and recognize the value of teamwork and leadership.*** EMS professionals rely on other team (crew) members to assist in accomplishing the task of providing care and service. The EMS professional or student who fails to use effective

listening, communication, and delegation skills will most likely be ineffective. Leadership must not be confused with command. The effective EMS professional and student will develop and practice skills that convince team members to follow the *leader's* plan of action.

5. ***The EMS professional must recognize the continuum of education that is characteristic of the science and art of medicine and, therefore, must maintain a personal responsibility for his/her never-ending education.*** Both EMS professionals and students must constantly strive to learn from each and every educational and clinical experience. As the practice of medicine changes, so must the practice of the EMS professional. Students must take advantage of the learning opportunities and resources provided to them. The better the student's educational and clinical experiences, the better prepared he/she will be to function as an EMS professional.
6. ***As members of the healthcare community, EMS professionals are rightfully held to an extremely high standard of moral and ethical conduct.*** Honesty, confidentiality, respect for others, respect for the healthcare profession, a willingness to serve, a willingness to learn, and clinical proficiency are expectations of the EMS employer, the patient, and the community. EMS students must conduct themselves in a manner that leaves **NO question** as to their high standards of moral and ethical conduct. The privilege to provide medical care under a physician's license and the consent to provide this care to "strangers" depend entirely on the trust and respect earned by the EMS professional through his/her conduct.

Students who demonstrate conduct or performance that is contrary to this Professional Code of Conduct may be subject to disciplinary action that may affect their status in the profession, course and with the College.

Essential Functions

To effectively perform as an EMS Professional, students need to be able to perform certain functions during their training and while employed. The essential functions delineated below are necessary for safe and effective patient care. These skills and abilities are required for program admission, progression and graduation.

Students must be able to perform all of essential qualifications with or without reasonable accommodations. Qualified applicants with disabilities are encourage to apply to the program if they feel they can meet all of the essential functions. Student with disabilities must request accommodations through the Office of Students Accommodations at Temple College to be considered. Students granted reasonable accommodations are still expected to perform all essential functions, and the program is not required to provide requested accommodations that would fundamentally alter the essential functions, of the program and the outlined descriptions.

The essential functions include but are not limited to the ability to:

Sensory and Perception

1. See objects up to 20 inches away (computer text, syringe calibrations).

2. See objects up to 20 feet away (presence of individuals close by).
3. See objects greater than 20 feet away (road signs, house numbers).
4. Distinguish color (color-coded supplies) and shading (skin signs).
5. Use peripheral vision and depth perception in emergency settings.
6. Perceive differences in surface characteristics (palpate anatomic landmarks).
7. Read fine print in varying levels of light.
8. Read for prolonged periods of time.
9. Read at varying distances.
10. Read data/information displayed on monitors, equipment, maps and computers.
11. Identifies and responds to key audible stimuli including radio traffic, alarms, warning sounds as well as audible findings on the physical exam
12. Detect and discriminate high and low frequency sounds produced by the body and the environment.
13. Discern tremors, vibrations, pulses, textures, temperature, shapes, size, location, and other physical characteristics.
14. Perceive odors from faint to noxious (body odors, smoke, gas, alcohol)
15. Ability to use the senses to make correct judgments regarding patient conditions and safely administer pre-hospital emergency care.

Communication/Interpersonal Relationships

1. Communicate by phone, radio, computer, and other electronic devices.
2. Express one's ideas and feelings clearly.
3. Communicate effectively/accurately with fellow students, faculty, dispatch, patients, and members of the healthcare team.
4. Be able to send and receive verbal and nonverbal messages.
5. Verbally and in writing, engage in a two-way communication and interact effectively with others from a variety of social, emotional, cultural and intellectual backgrounds.

Cognitive/Critical Thinking

1. Effectively read, write, and comprehend the English language.
2. Consistently and dependably engage in the process of critical thinking in order to formulate and implement safe and ethical decisions in a variety of settings.
3. Demonstrate satisfactory performance on written examinations, including mathematical computations without a calculator.
4. Satisfactorily achieve the program objectives.
5. Comprehend new knowledge and apply it in the practice setting.
6. Organize, problem-solve, and make decisions.
7. Be able to make good judgment decisions and exhibit problem-solving skills under stressful situations.

Motor Function

1. Handle and operate small delicate equipment/objects without extraneous movement, contamination or destruction.
2. Move, position, turn, transfer, assist with lifting, or lift and carry patients without injury to patients, self, or others.
3. Push/pull heavy objects without injury to patient, self, or others.

4. Function with hands free for prehospital care and transporting items.
5. Maneuver in small areas.
6. Calibrate/use equipment.
7. Perform CPR and physical assessment (repetitive motions and upper body movement).
8. Have the physical ability to walk, climb, crawl, bend, squat, push, pull, or lift and balance over uneven and less than ideal terrain.
9. Have good physical stamina and endurance, which would not be adversely affected by having to lift, carry, and balance at times, in excess of 125 lbs., 250 lbs. with assistance.
10. Have good hand-eye coordination and manual dexterity to manipulate equipment, instrumentation, and medications.
11. Stand/walk/sit for long periods.
12. Ride in all positions in ambulance or response unit without motion sickness.
13. Move with sufficient speed to respond to an emergency.
14. Maintain balance, sitting and standing, in motion and still.
15. Reach above shoulders and below waist.
16. Safely and effectively restrain a patient.
17. Preserve own safety and assist others in preserving safety.

Behavior and Social

1. Demonstrate and value caring, respect, patience, sensitivity, tact, compassion, empathy, tolerance, and a healthy attitude toward others
2. Demonstrate a healthy mental attitude that is age appropriate
3. Handle multiple tasks concurrently
4. Function effectively in situations of uncertainty and stress inherent in providing prehospital care
5. Report promptly to class and clinical rotations and able to function for up to 24 hours
6. Accepts responsibility, accountability, and ownership of one's actions
7. Possess sufficient emotional stability to be able to perform duties in life or death situations and in potentially dangerous social situations
8. Be oriented to reality and not mentally impaired by mind-altering substances
9. Work effectively in groups and independently.
10. Maintain concentration on situation and tasks as long as necessary
11. Maintain professional demeanor in all interactions and at all times
12. Maintain professional therapeutic boundaries
13. Adapt to sudden, expected, or unexpected change
14. Respond appropriately to stress and other strong emotions, both own and others'
15. Negotiate interpersonal conflicts to successful resolution
16. Establish rapport with patients, bystanders, and coworkers as appropriate
17. Appreciate and value diversity (social, cultural, spiritual, racial, or other)
18. Recognize emotions, both own and others'
19. Provide emotional support to patient and others as appropriate
20. Value and demonstrate honesty, integrity, and justice
21. Demonstrate professional ethics and adhere to ethical standards in all situations

Mathematics

1. Perform accurate measurements (weight, temperature, volume, or time).
2. Count events or instances (pulse rate, drip rate).
3. Perform arithmetic (add, subtract, multiply, and divide, including fractions).
4. Convert numbers to or from the metric system.
5. Comprehend graphs and charts.

Environment

1. Adapt to changing environments and situations.
2. Be able to tolerate being exposed to extremes in the environment including variable aspects of weather, hazardous fumes and noise.

Clinical and Field Rotation Policies

Authorization to Attend Clinical and Field Rotations

Students must meet certain qualifications in order to attend a clinical rotation. Student must complete all training and orientation sessions. In addition, student must have turned in all required immunization paperwork, background checks, drug screenings, as well as demonstration of any required psychomotor skills. These are outlined in each course syllabus. Students who attend a rotation without authorization will be immediately dismissed from the program.

Behavior/Attitude

Students are expected to behave in a professional, mature, and ethical manner at all times. Students who do not abide by this expectation may be dismissed from the program. Please refer to the EMS Student Handbook: Section A for more information.

- At a minimum, this means you should:
 - Arrive prior to the beginning of shift (at least 15 minutes)
 - Be ready to work upon arrival
 - Demonstrate compassionate, caring, and appropriate management
 - Demonstrate ethical and professional behavior
 - Demonstrate a strong work ethic
 - Complete your entire shift

Unprofessional conduct or attitudes toward program faculty, clinical and field faculty, or their patients is grounds for immediate dismissal from the program.

Clinical Affiliate Policies

Students are expected to follow all rules and regulations of each clinical site. Violation of clinical affiliate policies may subject the student to disciplinary action by the EMS Department or the College.

In addition to the policies listed within EMS Student Handbooks and the Temple College Student Handbook, students attending clinical or field rotations, seminars, classes, or any other activity sponsored by outside organizations are subject to that organization's policies and decisions. Violation or disregard of these policies or decisions can affect your continued enrollment in this program.

Below is a list of some of the significant policies. This is not an all-inclusive list. It is the responsibility of the student to ask permission if they are unsure of a policy.

- There is no smoking allowed on Baylor Scott and White property. Students wishing to smoke must do so in their vehicle.
- Parking during the day at Baylor Scott & White facilities is strictly regulated. Student are only allowed to park in the staff parking lots (blue lots). Students who park in other areas will be ticketed or towed.

- Students are not permitted to have a full beard at Williamson County EMS. Students may have a mustache that does not hang over the upper lip. Neatly trimmed goatees are permitted as long as they are less than 1". Failure to comply with this policy will result in the student being sent home and the student will receive a "0" for that clinical shift.
- **Some clinical affiliates require the student to carry personal health insurance to complete clinicals at these sites. Students who do not provide documentation of health insurance are not able to choose these sites for their clinical experiences. These are listed in the clinical orientation paperwork.**

Expectation of Students

Students should come to each clinical rotation ready to participate. This means they should have the appropriate equipment and relevant clinical documentation forms. They should also be rested and ready to learn.

Students should bring food or money to cover their meals during clinical rotations. Students are not to order food delivery to a hospital or field shift.

If you experience any problems or conflicts at any clinical site, contact your preceptor immediately. You should also contact the Clinical Coordinator as soon as possible. If she is unavailable, you may contact your course instructor.

If a staff member is particularly helpful, please let them know personally that you appreciate his/her time and efforts. If you feel someone needs special recognition, please forward his/her name and the details of the incident to the Clinical Coordinator so a note of appreciation can be forwarded to them.

Students should not seek medical advice for themselves, their family, or their friends while on field/clinical rotations.

Students should not bring friends or relatives to field/clinical rotations under any circumstances.

Students should not discuss or criticize the actions of physicians, nurses, technicians, support staff, field personnel, or program faculty and staff. If they have a problem or concern, they should take it up privately with the Clinical Coordinator, Lead Instructor or the Program Director.

Patient Confidentiality

Students are expected to hold all patient and institutional information in the strictest confidence at all times. The discussion of any patient information outside of the classroom setting is **NOT** permissible. During these discussions, the patient may **NEVER** be identified by name or any other means that would reasonably disclose his/her identity. This includes documentation in Platinum Planner. Information concerning the clinical or field internship site is **NOT** to be discussed with any unauthorized individual under **ANY** circumstances.

If you see a friend, neighbor or relative in an informal setting (i.e., walking down the hall) during a rotation, please do not ask him/her why they are there. This is confidential information and these types of questions cannot be asked.

Students are not permitted to use hospital or field staff computers to access or input patient data under any circumstances.

Patient confidentiality extends to postings to social media sites and the use of electronic technology. Please refer to the social media and electronic technology policies in Section A for more information.

The Health Insurance Portability and Accountability Act OF 1996 (HIPAA) establishes significant penalties for breach of confidentiality or unauthorized disclosure of confidential patient information, including substantial fines and the possibility of confinement in the federal penitentiary. Students who violate this law may be expelled from the course. In addition, clinical sites will likely prohibit the student from returning for additional rotations.

Dress Code

Students will wear the appropriate uniform to each clinical rotation. The uniform must be clean and neat and meet the criteria expressed in the dress code. The clinical uniform will be worn to all rotations with the exception of the operating room, where students will be issued scrubs. Students are not permitted to wear the uniform while outside of an EMS activity.

Students will wear EMS Style pants that are dark blue or black. The pants will be hemmed and may not have drawstring style closures. The pants shall be kept neat and clean.

The clinical uniform shirt shall be white and of a pleated uniform style. Shirts shall be kept clean, neat and ironed. A clean pure white undershirt will also be worn. Students may NOT wear the classroom uniform shirt during clinical rotations. The clinical uniform shirt shall have a Temple College EMS Department patch affixed 1" down on the right sleeve. State certification patches should be worn 1" down on the left sleeve.

Shoes or boots must be low-heeled, closed toe, black and in a neat and clean condition.

While at an accident scene, students are expected to meet the safety standards set by ANSI 207-2006. This requires the student to bring and wear a safety vest or reflective clothing. Please ensure your vest/jacket meets the requirements set by ANSI 207-2006.

Navy blue, black or high visibility jackets, windbreakers, or coats may be worn in inclement weather, as long as they have been approved by the Clinical Coordinator. Outerwear may not have any logos or lettering. This includes hats. Ballcaps may be worn on field shifts as long as the site allows. Hats may be blue or black and cannot have any logo or writing. Hats are not permitted on hospital rotations.

Students must clearly be identified as a student with Temple College. Students are not permitted to wear clothing that represents a hospital, EMS service or fire department. Nametags shall be worn at all times. The nametag will be issued by the Temple College Admissions and Records Department. The nametag shall be worn in a manner that permits the student to be identified by full name, status, and affiliation.

Students should wear a watch with a second hand (or digital), bring eye protection, stethoscope, pen light, small note pad, pen and clinical documentation to all clinical rotations.

Hands, including fingernails, must be clean and neat. Garish nail polish is not acceptable. Nails cannot extend more than ¼" beyond the fingertips.

Hair must be clean, neatly combed, and of a natural color. Long hair must be pulled back and, if necessary, tucked into the shirt. Long hair should not be an irritant or a potential safety hazard to the

student, other health care personnel, or patients. Facial hair such as beards and sideburns must be neat, clean, well-trimmed, and able to maintain a seal with an N95 respirator. Some clinical sites prohibit facial hair. Students will be expected to shave their facial hair, if they are assigned to a one of these sites.

Excessive perfume that overwhelms patients or preceptors should not be worn.

No excessive jewelry should be worn. Facial jewelry and body piercings may not be visible. While earrings are not considered facial jewelry, only one small stud may be worn on each ear lobe. Earrings that hang are not allowed. Students should understand that jewelry can be a significant safety and infection control hazard in the clinical setting and should plan accordingly.

Temple College follows the tattoo policy of the field and hospital facilities. As such, tattoos may need to be covered. If the student has an offensive tattoo, then the tattoo must always be covered. The facilities and College determine what is offensive. A list of services that require tattoos to be covered will be provided during clinical orientation.

Please note that any violations in the above dress code may result in the student being sent home. This would constitute a class or clinical absence. Absences can adversely affect the student's grade. Violations of the Dress Code Policy may result in disciplinary action up to and including dismissal from the program.

Clinical Attendance

Clinical attendance is critical to the success of the EMS student. Not only is this a tremendous opportunity for students to learn, it is also a direct reflection of the student's professionalism and attitude. Absences and tardiness reflect poorly on the student as well as the EMS Department and, most importantly, the EMS profession. In addition, absenteeism and tardiness is not tolerated by healthcare and EMS agencies.

It is the expectation of the EMS Department that you will be at the clinical or field site at least 15 minutes prior to the beginning of the shift.

Students will schedule their clinical and field rotations either in Platinum Planner or with the Clinical Coordinator. Once approved and scheduled, all of the shifts will be listed in Platinum Planner. Students are expected to adhere to this schedule and attend all shifts.

Absenteeism policy:

- A. In order to provide adequate clinical experiences for all students and to meet the requirements of the program's credentialing agencies, absences from clinical or field shifts will result in a grade penalty.
- B. Students may be allowed to reschedule two shifts during a semester regardless of reason. Additional reschedules or will result in a 3-point deduction from the final clinical grade. This includes, but is not limited to, absences due to illness, car trouble, family obligations, scheduling conflicts, etc. It is the **student's responsibility** to reschedule any missed clinicals.

- C. Students who cancel a shift or do not show up for a shift have seven days to schedule another shift. Students who do not meet this deadline will have a 5-point deduction from their final clinical grade ***for each instance***.
- D. Students are required to schedule clinical and field rotations by the deadline given on the first day of class. Clinical sites have a limited number of spots available for Temple College students and it is imperative that we adhere to the schedule to provide the most opportunities for all students to have a thorough learning experience.
- E. Students will be required to meet with the Clinical Coordinator and Program Director if they have two or more absences.

If you are unable to attend a scheduled clinical rotation, you must notify the Clinical Coordinator **no less than one hour** before the time when you are required to report to the clinical site. If at all possible, the student should give 24-48 hours' notice. **Do not wait till the last minute.** You may leave a message on her office phone, email or Teams. **Failure to attend a scheduled clinical rotation without canceling (a "no show") will result in a "0" in the gradebook for that clinical and may result in dismissal from the program.**

- 1st no call/no show – Zero in the gradebook and a verbal warning
- 2nd no call/no show – Student status hearing is conducted, and the faculty may administratively withdraw the student from the program.
- 3rd no call/no show – Dismissal from the program

Multiple no call/no shows over the course of the program may result in dismissal from the program.

You will be allowed to work out lunch and/or dinner schedules for each day with the preceptor on duty or with the staff of the area in which you are working. **Students must remain at the clinical rotation facility during meal breaks.** During field rotations, students should plan on being away from the station during their entire shift. As such, you may not be able to return to the station to get your food. Please talk with your preceptor about the best location to store your food. Some crews may plan on purchasing food during the shift.

Students will not leave their clinical/internship sites prior to the end of assigned time without the clinical site approval and after notifying your instructor.

Tardiness

Tardiness to clinical rotations is **NOT** tolerated. The clinical sites work on a tight schedule and each department expects you to be in the right place at the right time. Tardiness is reported to the Clinical Coordinator. **If you arrive late, you will be sent home. If you are sent home, you will need to reschedule the rotation. This will count as a clinical absence and will affect your grade.**

Student Minimum Competency Requirements

Pathology			
	EMT	AEMT	Paramedic
Cardiac Arrest	0	5#	3 (1/1) #
Cardiac Dysrhythmias	0	0*	16 (6/6)
Cardiac pathologies or complaints	5	5	18 (6/6)
Medical Neurologic pathologies or complaints	0	5	12 (4/4)
Psychiatric/Behavioral	1	5	18 (6/6)
Respiratory pathology or complaint	3	5	12 (4/4)
Other Medical conditions or complaints	0	5	18 (6/6)
OB Delivery - Complicated	0	1#	3 (2/1) #
OB Delivery with normal newborn care	0	2#	3 (2/1) #
Distressed neonate	0	3#	4 (1/2) #
Trauma	2	10	30 (9/9)

#Simulation permitted

Parentheses indicate minimum formative and competency requirements (F/C)

Formative

The student conducts patient assessments, performs motor skills, and helps develop a management plan with some assistance. It occurs during clinical or field experience. An activity in which the student's performance is assessed to provide feedback during the educational experience and expose the student to various patients and conditions.

Competency

The student conducts patient assessments and develops a management plan for evaluating each patient with minimal to no assistance. This occurs during clinical, field internship, or field experience. Competency is the performance expectation by which the educational Program can attest that the student has amassed a portfolio of demonstrated performance of skills and abilities necessary for safe and effective care.

Patient Complaints (Live Encounters)			
	EMT	AEMT	Paramedic
Abdominal Pain	1	5	20
Diabetic Problems	0	2	4
Dizziness/Vertigo	3	5	10
Headache	3	5	10
Ingestions/Poisons/Overdose	0	1	4
Pregnancy/Childbirth	0	2	10
Syncope/Near-Syncope	3	3	10
Unconscious/AMS	0	2	10

Age Categories (live encounters)			
	EMT	AEMT	Paramedic
Newborns	0	0	2
Infants (0-1 year)	0	0	2
Toddlers (1 to 3)	0	0	2
Preschoolers (4 to 5)	0	0	2
School age (6 to 12)	0	0	2
Adolescents (13 to 17)	0	0	2
Pediatrics (0-12)	5	10	30 (5/15)
Adults (18-65)	15	25	60 (10/30)
Geriatric	5	15	18 (5/9)

#Simulation permitted

Parentheses indicate formative and competency requirements (F/C)

Use of Simulation for Live Patient Encounters

Simulation may replace live patient contacts on a case-by-case basis with the Medical Director's and Program Director's approval.

EMT Field and Clinical Requirements

Rotations (80 hours)	
Adult ED	16 hours minimum
Pediatric Facility/Clinic	4 hours minimum
Field	60 hours minimum
Hospital Competency Check-Off	Field Competency Check-Off
Patient Assessment	Patient Assessment
Vital Signs	

EMT Skills (Performed)				
	Clinical	Field	Either	Total
Vital Signs	10	5		15
Patient Assessment	11	6		17
Blood Glucose Monitoring			2	2
Nebulized Medications			2	2
Minimum number of Transports		5		5
Minimum number of ALS Calls		5		5

AEMT Field and Clinical Requirements

EMSP 1161 Clinical Advanced EMT	
Rotations (96 hours)	
Adult Emergency Department	24 hours minimum (3 shifts)
Pediatric Facility	8 hours
Operating Room	12 hours (2 shifts)
Field Experience	36 hours (3 shifts)
Elective	16 hours
<i>Competency Requirements</i>	
Oral Intubation	
IV Access	
AEMT Team Lead	

AEMT Skills				
	Clinical	Field	Either	Total
Venous Blood Sampling			4#	4#
Establish IV access			20	20
Establish IO access*			2#	2#
Administer IV bolus medication			10#	10#
Intraosseous medication			2#	2#
Administer IM Injection			2#	2#
Intranasal medication			2#	2#
PPV with BVM (Live patients)			5	5
PPV with BVM (Additional required - simulation permitted) *			5#	5#
Perform endotracheal suctioning			2#	2#
Inserting supraglottic airway			10#	10#
Oral intubation (Live patient)	4			4
End-tidal CO2 Monitor & Waveform Interpretation*			10#	10#
Defibrillation: AED use			2#	2#
Perform Chest Compressions			2#	2#
Administer Nebulized Medication			5	5
Field Experience		5		5
Field Internship		5		5
Field Experience or Internship- ALS Calls		3		3

#Simulation permitted

Paramedic Field and Clinical Requirements

Clinical Paramedic I

<i>Rotations (112 hours)</i>	
CTICU/CCU	8 hours minimum (2 shifts)
MICU	8 hours minimum (2 shifts)
Emergency Department	20 hours minimum (2 shifts)
EP /Coronary Cath Lab	4 hours minimum (1 shift)
Field Experience	72 hours minimum (minimum 3 ALS calls)
<i>Competency Check Off</i>	
12-Lead ECG Acquisition/Interpretation	
Capnography	

Clinical Paramedic II

<i>Rotations (completed before Field Internship) 96 hours</i>	
Pediatric ICU	8 hours minimum (2 shifts)
Pediatric ED	8 hours minimum
Labor & Delivery	16 hours minimum (2 shifts)
Field Experience	60 hours minimum (5 shifts)
Elective	4 hours
<i>Competency Check off</i>	
None	

EMSP 2260 Field Internship

<i>(2nd 8 weeks) 144 hours</i>	
Field Internship	144 hours minimum (Minimum 12 ALS Runs)
<i>Field Competency Check-Off</i>	
Call Management	
Field Preceptor Check-Off	
Patient Assessment	

Paramedic Skills

Skill	Lab	Clinical	Field	Clinical or Field	Total
Administer IM Injections	2			2	4
Administer IV bolus medication	2		5	10	17
Intraosseous Medication*				2#	2
Administer IV Infusion medications	2			5	7
Establish IO access	4			2#	6
Establish IV access	2		5	20	27
PPV with BVM (Live patients)		4		1	5
PPV with BVM (Additional Required – Sim Permitted)	4			5#	9
CPAP			3#		3
End-tidal CO2 Monitor & Waveform Interpretation				5#	5
Insert supraglottic airway	2			10#	12
Oral Intubation (Live patient)		4			4
Oral Intubation (Additional Required – Simulation permitted)	2			6#	8
Perform Endotracheal Suctioning	2			2#	4
FBAO removal using Magill Forceps	2			2#	4
Needle decompression of the chest	2			2#	4
Perform Cricothyrotomy	2			2#	4#
12 Lead				20	20
Perform Chest Compressions	2			2#	4
Perform Defibrillation	2			2#	4
Synchronized Cardioversion	2			2#	4
Transcutaneous Pacing	2			2#	4
Team Member – Field Experience			30		30
Team Leads – Field Internship			20		20

Paramedic Program Clock Hours	
Course Component	Clock Hours
Lecture/Laboratory	688
Clinical Rotations	170
Field Rotations	142
Field Internship	132
TOTAL	1088