

EMERGENCY MEDICAL SERVICES
STUDENT HANDBOOK
2017-2018

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INTRODUCTION

Welcome to the Emergency Medical Services program at Wallace Community College. The EMS-Paramedic program, was first organized in 1973 by Dr. Stanley Griffin to meet the growing need for skilled paramedical personnel in Southeast Alabama. The program was integrated into the College structure at that time. Presently, the program is administered by a Department Chairman/Director under the Dean of Academic Affairs. The EMS-Paramedic program was accredited by the Joint Review Committee on Educational Programs (JRC) for the EMS-Paramedic in October, 1989, continuing accreditation was awarded on January 16, 2014, by the Commission on Accreditation of Allied Health Education Programs at the recommendation of Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions.

Wallace Community College strongly believes that students should complete the general education courses in conjunction with the EMS courses for the completion of an Associate in Applied Science degree. The additional general education components allow for a more well-rounded graduate as well as a foundation for further education. The minimum of a short certificate for Emergency Medical Technician(EMT) or Advanced Emergency Medical Technician(AEMT) is required to be eligible for National Registry. Paramedic students must either complete the minimum of a long certificate or complete the short certificate to be eligible for National Registry. Certificate and degree requirements are found in the current *Wallace Community College Catalog and Student Handbook*.

The Emergency Medical Services program is both challenging and rewarding. The instructors have been selected by their expertise in the field and their educational training. The goal of the EMS department is “to prepare competent entry-level 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, and/or Emergency Medical Responder levels.” Each person is committed to your success as a student and an individual. Thank you for selecting the Emergency Medical Services program at Wallace Community College. Together we can do great things!

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PHILOSOPHY

Emergency Medical Services education is directed towards men and women who have the capability and interest to become emergency medical technicians (EMTs), advanced emergency medical technicians (AEMTs) and paramedics. EMS educational programs should provide the student with knowledge of the acute, critical differences in physiology, pathophysiology, or clinical symptoms as they pertain to the prehospital emergency medical care of the infant, child, adolescent, adult, and geriatric patient. The EMS program believes in the concept of medical control regarding the actions of EMS providers in the field.

Wallace Community College's EMS program is fully approved by the Alabama Department of Public Health/EMS and Trauma Division, the Alabama Community College System (ACCS), and accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) upon recommendation of the Commission on Accreditation of Educational Programs for the EMS professions (COAEMSP). Our State of Mission is; George C. Wallace Community College – Dothan a comprehensive community college, inspires and facilitates learning to prepare its constituents for current and emerging opportunities and to promote economic and social development. For questions about Wallace Community College's national accreditation or the accreditation agency, please contact CAAHEP directly at 727-210-2350 or mail@caahep.org. Additional information can be found on CAAHEP website at www.caahep.org.

The goal of the EMS department is “to prepare competent entry-level 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, and/or Emergency Medical Responder levels.”

EMS prehospital practice renders a significant service to health care delivery systems in our society. We believe that emergency medical technicians (EMTs), advanced emergency medical technicians (AEMTs) and paramedics are savers of lives that might otherwise be lost.

From the mission statement of the College and the philosophy of the EMS program, the goals and objectives were derived. The goal of the Wallace Community College Emergency Medical Services program is to prepare individuals as competent entry level EMTs, AEMTs, and Paramedics who provide basic and advanced life support to patients experiencing prehospital emergencies.

Upon successful completion of the EMS program, the student will demonstrate the following objectives:

- Comprehension, application, and evaluation of clinical information relevant to his or her roles as an EMS professional (Cognitive Domain).
- Demonstrate technical proficiency in all skills necessary to fulfill the role of an EMS professional (Psychomotor Domain).
- Demonstrate personal behaviors consistent with professional and employer expectations for the EMS professional (Affective Domain).

ADMISSION REQUIREMENTS

Students are admitted to the EMS program without regard to race, creed, color, marital status, sex, or national origin. Admission is conditional and dependent upon the student's ability to perform the essential functions identified by the Alabama Department of Public Health. A copy of the essential functions is found on page 14 of this document. A Student's program admission is also conditional pending results of both background and drug screening.

According to the National Registry of Emergency Medical Technicians application for licensure to practice as an Emergency Medical Technician, Advanced Emergency Medical Technician, or Paramedic may be denied if a person has been convicted of a felony, is guilty of a crime involving moral turpitude, has unfit personal habits including alcohol or drug abuse, and /or has displayed other grounds for denial as specified by law. More information regarding this and other NREMT policies can be found at www.nremt.org.

The requirements for admission are listed by level:

Emergency Medical Technician:

1. Unconditional admission to the college
2. Age of 18 years within 6 months of completion of the program
3. Ability to complete the program with a minimum of a 2.0 grade point average (GPA).
4. Submissions of required health forms for determination of clinical attendance.

Advanced Emergency Medical Technician:

1. Completion of items 1-4 for EMT
2. Possession of current unencumbered Alabama EMT license (Conditional admission to the program may be allowed for students who have completed an approved EMT training program, but have not received licensure. All AEMT students must have an unencumbered Alabama EMT license prior to mid-term for continued enrollment. AEMT students will not be allowed to participate in clinical activities without an Alabama EMT license.

Paramedic:

1. Completion of items 1-4 for EMT
2. Current unencumbered Alabama AEMT license (Conditional admission to the program may be allowed for students who have completed an approved AEMT training program, but have not received licensure. All paramedic students must have an unencumbered Alabama AEMT license prior to mid-term for continued enrollment. Paramedic students will not be allowed to participate in clinical activities without an Alabama AEMT license.

EMS CURRICULUM

Emergency Medical Technician (Short Certificate)

	<u>Semester Hours</u>
EMS118 – Emergency Medical Technician	9
EMS119 – Emergency Medical Technician Clinical (45 clinical hours)	1
Total Program Credit Hours	10

Advanced Emergency Medical Technician (Short Certificate)

	<u>Semester Hours</u>
EMS155 – Advanced Emergency Medical Technician	7
EMS156 – Advanced Emergency Medical Technician Clinical (90 clinical hours)	2
Total Program Credit Hours	9

Emergency Medical Services – Paramedic Short Certificate

	<u>Semester Hours</u>
<u>FIRST SEMESTER*</u>	
EMS 241 - Paramedic Cardiology	3
EMS 242 - Paramedic Patient Assessment	2
EMS 243 - Paramedic Pharmacology	1
EMS 244 - Paramedic Clinical	1
Total Credit Hours	7
<u>SECOND SEMESTER</u>	
EMS 245 - Paramedic Medical Emergencies	3
EMS 246 - Paramedic Trauma Management	3
EMS 247 - Paramedic Special Populations	2
EMS 248 - Paramedic Clinical II	3
Total Credit Hours	11
<u>THIRD SEMESTER</u>	
EMS 253 - Paramedic Transition to the Workforce.....	2
EMS 254 - Advanced Competencies for Paramedics.....	2
EMS 255 - Paramedic Field Preceptorship	5
EMS 256 - Paramedic Team Leadership	1
Total Credit Hours	10
Total Program Credit Hours	28

***Valid Alabama Advanced EMT license is required prior to entry into Paramedic level courses.**

Emergency Medical Services – Paramedic Certificate

Semester Hours

FIRST SEMESTER*

CIS146***-Microcomputer Application or Competency	0-3
EMS 241 - Paramedic Cardiology.....	3
EMS 242 - Paramedic Patient Assessment.....	2
EMS 243 - Paramedic Pharmacology.....	1
EMS 244 - Paramedic Clinical	1
ORI101 or 105* – Orientation to College or Orientation and Student Success	1
MTH100 – Intermediate College Algebra.....	3
ENG101 – English Composition.....	3
Total Credit Hours	14-19

SECOND SEMESTER

EMS 245 - Paramedic Medical Emergencies	3
EMS 246 - Paramedic Trauma Management	3
EMS 247 - Paramedic Special Populations	2
EMS 248 - Paramedic Clinical II	3
ORI104 – Work Keys Assessment.....	1
SPH106/107 – Fundamentals of Communication/Public Speaking.....	3
Total Credit Hours	15

THIRD SEMESTER

EMS 253 - Paramedic Transition to the Workforce.....	2
EMS 254 - Advanced Competencies for Paramedics.....	2
EMS 255 - Paramedic Field Preceptorship.....	5
EMS 256 - Paramedic Team Leadership.....	1
Total Credit Hours	10

Total Program Credit Hours

39

Associate in Applied Science in Emergency Medical Services

Semester Hours

FIRST SEMESTER

EMS118 – Emergency Medical Technician	9
EMS119 – Emergency Medical Technician Clinical (45 clinical hours)	1
ORI101* – Orientation to College.....	1
ORI104 – Work Keys Assessment.....	1
MTH100 – Intermediate College Algebra.....	3
Total Credit Hours	15

*ORI101 if applicable, is required for all first time college students

SECOND SEMESTER

EMS155 – Advanced Emergency Medical Technician	7
EMS156 – Advanced Emergency Medical Technician Clinical (90 clinical hours)	2
BIO201** - Human Anatomy and Physiology.....	4
CIS146***-Microcomputer Application or Competency	0-3
Total Credit Hours	16

**BIO103 or successful placement on The Alabama Community College System Biology Placement Exam is a prerequisite to BIO201. Successful completion of BIO201 is required prior to entering Paramedic.

*** Or competency in Computer Science passing computer competency exam. Students who fail to demonstrate competency must successfully complete CIS 146 with a grade of C or higher.

THIRD SEMESTER

EMS241 – Paramedic Cardiology	3
EMS242 – Paramedic Patient Assessment	2
EMS243 – Paramedic Pharmacology	1
EMS244 – Paramedic Clinical I (45 Clinical Hours).....	1
ENG101 – English Composition.....	3
BIO202 – Human Anatomy and Physiology II.....	4
Total Credit Hours	14

FOURTH SEMESTER

EMS245 – Paramedic Medical Emergencies.....	3
EMS246 – Paramedic Trauma Emergencies.....	3
EMS247 – Paramedic Special Populations	2
EMS248 – Paramedic Clinical II (135 Clinical Hours)	3
SPH106/107 – Fundamentals of Communication/Public Speaking	3
PSY200 – General Psychology.....	3
Total Credit Hours	17

FIFTH SEMESTER

EMS253 – Paramedic Transition to the Workforce.....	2
EMS254 – Advanced Competencies for the Paramedic.....	2
EMS255 – Paramedic Field Preceptorship (225 Clinical Hours)	5
EMS256 – Paramedic Team Leadership (45 Clinical Hours)	1
Humanities Elective.....	3
Total Credit Hours	13

Total Program Credit Hours

72

PROGRAM POLICIES

PROGRESSION

Students in EMT, Advanced EMT, and Paramedic must achieve a grade of C or better in all EMS curriculum required courses and a cumulative 2.0 grade point average at Wallace Community College to receive a short certificate, certificate or associate in applied science degree. Prior to unconditional admissions and participation in Advanced EMT clinical training each student must have successfully completed an EMT program and possess an Alabama EMT license. Prior to unconditional admissions and participation in the Paramedic program, students must possess a valid Alabama Advanced EMT license. BIO 201 is a pre-requisite to Paramedic entry into the Paramedic Associate Degree Program. MTH 100, ENG 101, SPH 106/107, and CIS 146 or documented computer competency must be completed prior to entering the last semester of the Paramedic Associate Degree Program. All EMS students must maintain American Heart Association Basic Life Support (BLS) certification. Progression throughout the program requires that students maintain health records as listed in the EMS student health packet.

READMISSION

Students who do not continue in the program for consecutive terms are subject to terms as defined in the *Wallace Community College Catalog and Student Handbook* and State of Alabama Department of Public Health, EMS Division policies for the latest term of admission. No more than 15 months may lapse between attempts at courses in the 200-level paramedic sequence without a repeat of the entire field of concentration curriculum sequence. Students who are removed from the program because of violations of program policy will be reviewed by the EMS Advisory Board for consideration of readmission. Students who are readmitted will be required to update immunization and other health records, background check, and drug screen as required for program admission. Readmission is not guaranteed.

Readmission will be denied for either of the following circumstances:

1. Refusal by clinical agencies to accept the student for clinical experiences.
2. Violation of confidentiality policies.

UNIFORM POLICY

All student enrolled in a Wallace Community College EMS Program are required to wear their respective uniform including student ID at all times while in the classroom, clinical, and laboratory setting. Students enrolled in a one semester program or the first semester of a multi-term program will not be given a grace period after their first semester in the program. The official start date of this policy will be provided by the instructor on the first day of class or during orientation.

Students who are not dressed in accordance with the uniform policy will not be allowed to remain in the classroom, clinical or laboratory setting until they are in full compliance. Any missed work during this period of absence will be addressed by the program's standard attendance and make-up policy. Only the EMS Program Director can make alteration or exceptions to this policy.

FOOD AND DRINK

It is the policy of Wallace Community College EMS program that no food or drinks are allowed in laboratories. Food and drinks in classrooms will be at the discretion of the instructor. All drinks must have lids. Students are responsible for any spills or garbage from their materials. No food or drinks are allowed during examinations.

CELL PHONES, PAGERS, RADIOS

All communication devices must be in the silent or off position during class. Communicating by way of "text messaging," "video messaging," or "smart watch" during class is strictly prohibited and may be construed as cheating. **At no time should a student have a cell phone on their person during a clinical or laboratory experience. The taking of pictures or videos is considered a violation of HIPPA and student privacy.**

COMPUTERS AND INTERNET

The use of computers within the Health Science building is considered a privilege. Students should limit the use of the computers to programs and websites to enhance their EMS education. The use of social websites is prohibited during classroom activities. In accordance with college policies students may not alter, download, or reconfigure any College settings or programs on the college's computers.

MAKEUP POLICY

Students are expected to be present, on time, and prepared for all class meetings. If a student is late or absent, that student should notify the instructor of each missed course know via text or email before the start time of the class. For specific course policies, refer to the course syllabus.

RESPONSIBILITY IN TEACHING AND LEARNING

The main purpose of instruction is to promote student learning. This means that teachers direct all matters dealing with courses. This does not mean that teachers bear the sole responsibility for students' education. Students need to follow a teacher's guidance, study, do homework, and prepare for class to master the information and skills being taught. Students should expect to spend 2 hours per day outside class for each hour of scheduled class. Some students will spend additional time based on their personal learning needs.

The ultimate responsibility for learning lies with the student. Although faculty members will teach, guide, assist, and encourage, it is the students who control the outcome. Learning is hard work, and should be considered a top priority in the student's life in order to be successful.

ATTENDANCE

Regular class attendance is important for students to gain and demonstrate competencies in course concepts and skills. Students are expected to attend all classes for which they are registered. Each student should recognize at the beginning of their college career that a mature acceptance of academic responsibilities is a requisite for accomplishment in college; this applies particularly to class attendance. Any class sessions missed, regardless of cause, reduces the academic opportunities of the student. For specific course policies, refer to the course syllabus.

COURSE SYLLABI

Each EMS course has a syllabus that is the student-teacher agreement for that specific course. Syllabi are included each course through the Blackboard interface. The syllabus contains the course objectives, requirements, and evaluations for the course.

EMERGENCY MEDICAL SERVICES

HEALTH RECORDS POLICY

Validation and documentation of required health records must be received by all students enrolled in an allied health program. **Students who fail to submit required records will not be allowed to continue in the program.** *If you have questions concerning this process, contact Tomi Sherlock at 334-556-2388.*

All students are required to have a physical examination at the student's expense. The physical examination / health requirements protect the student by identifying any potential or real health problems that may be exacerbated by the demands of the clinical portion of the program.

Health professions are strenuous, both physically and psychologically. The student's ability to handle these demands must be established. It is also imperative that students do not expose clients or agency personnel to communicable disease, or risk their safety due to the inability to handle the physical or psychological stress of client care.

NOTE: Updates to health records such as TB or CPR may be required while a student is enrolled in the program. **Any updates will be due at the beginning of the semester in which they expire.** *For example, a TB skin test is required annually. If it expires in March of the spring semester, the update will be due no later than the first week of class, in January.*

The following are required for ALL students:

1. **PHYSICAL EXAMINATION** – A **physical examination**, completed within the past year, is required for all new students. The physical must be signed by a licensed physician, physician assistant or nurse practitioner. The examination must be documented on the Program's **standardized health examination form** as required by The Alabama Community College System. New students and any student returning to an allied health program after an absence of one (1) year must submit current completed health forms.
2. **IMMUNIZATIONS / TITERS** – It is the STUDENT'S RESPONSIBILITY to keep all health records current. **Documentation of any required updates should be submitted to the allied health secretary as soon as possible.** The following are required:
 - **T-dap Vaccine**
Students entering an allied health program must provide documentation of an **adult Tdap vaccine** (tetanus, diphtheria, and pertussis). If the documented Tdap vaccine is over ten (10) years old, documentation of a Td (tetanus and diphtheria) or Tdap booster that is less than ten (10) years old is also required. An update is required every ten (10) years.
 - **TB Skin Test**
The Two-step TB Skin Test is required at the beginning of the program. This consists of one test followed by a second test 7-21 days later. The results cannot be more than four (4) weeks apart. An annual one-step TB Skin Test is required each following year and is YOUR RESPONSIBILITY to provide to the allied health secretary when due. If you have had a positive TB result, submit proof of that result as well as proof of a clear chest x-ray.

- MMRV Titer

A MMRV - Measles, Mumps, Rubella (German Measles), and Varicella (Chicken Pox) titer is required to enter an allied health program.

If any results are negative or non-immune, the student must sign the *MMRV Waiver Form* and submit it with the negative or non-immune results. The student is advised to consult with a physician regarding precautions to prevent infection.

- Hepatitis B

A Hepatitis B titer is required to enter an allied health program. If the results are negative or non-immune, the student must sign the *Hepatitis B Waiver Form* to be submitted with these results. The student is advised to consult with a physician regarding precautions to prevent infection.

3. **CONTINUING HEALTH STATUS** – It is a STUDENT’S RESPONSIBILITY to notify the program faculty of any changes in his/her health status, i.e. pregnancy, surgery, injuries, etc. Additional examinations from a health care provider, with documentation of results, may be required by an instructor for any changes in a student’s health status.
4. **PROFESSIONAL LIABILITY INSURANCE** – Students in an allied health program are required to purchase professional liability insurance (malpractice insurance) through the College, it is applicable each time a student enrolls in an allied health course. This fee is added to your course registration as **NUR000** and is to be paid at registration each applicable semester.
5. **HEALTH INSURANCE** – Wallace Community College and the allied health programs do not provide health insurance coverage for students. Students are responsible for costs incurred as a result of an accident/injury in the clinical or college laboratory. This may include follow-up testing and/or treatment mandated by the program/clinical agency. Students are not entitled to any Workmen’s Compensation benefits from agencies. Health insurance coverage is strongly recommended.

Wallace Community College – Emergency Medical Services

STUDENT INFORMATION / CHECKLIST

Before beginning any EMS Program course, you must submit proof of the following items. NO exceptions can or will be made regarding submission of documentation by a medical professional. Turn in all health record documentation to EMS Program Personnel on the Wallace Campus in Dothan by the required deadline. **Include this form with your health records.**

Student Name: _____ Student ID Number: _____

ITEM	DOCUMENTATION REQUIRED	<input checked="" type="checkbox"/>
Essential Functions / Physician’s Statement	The <i>Essential Functions / Physician’s Statement Form</i> must be signed by the student and signed by a physician, physician’s assistant, or a nurse practitioner. Attach completed form.	
Health Record Form	The <i>Health Record Form</i> must be completed and signed by a physician, physician’s assistant, or a nurse practitioner. Attach completed form.	
Tetanus (Tdap) Vaccine	Documentation of an adult Tdap vaccine. Any Tdap older than ten (10) years must also be followed by documentation of a Tetanus booster (Td or Tdap) that is less than ten (10) years old. Attach medical documentation.	
PPD or Tuberculosis (TB Skin Test)	Documentation of a <u>two-step</u> TB skin test, consisting of one test followed by a <u>second test 7-21 days later</u> . The <u>results cannot be more than four (4) weeks apart</u> . TB skin tests are good for a period of one (1) year from the administration date. An annual one-step TB skin test will be required thereafter. Attach medical documentation. OR Students who have tested positive for TB in the past or who are unable to receive the TB skin test must submit narrative documentation with a clear chest x-ray. Completion of an annual <i>Tuberculosis Questionnaire</i> will also be required. Attach medical documentation.	
MMRV Titers	Documentation of titer results for MMRV – Measles (Rubeola), Mumps, Rubella (German Measles), and Varicella (Chicken Pox). If results are non-immune (negative) or equivocal, the student is instructed to seek the advice of a medical provider for recommended follow-up and must sign a <i>Measles, Mumps, Rubella, Varicella Release / Waiver Form</i> . Attach lab data report.	
Hepatitis B Titer	Documentation of titer results for Hepatitis B. Results must be within the past twenty (20) years. If results are non-immune (negative), the student is instructed to seek the advice of a medical provider for recommended follow-up and must sign a <i>Hepatitis B Vaccination Release / Waiver Form</i> . Attach lab data report.	
CPR <i>EMS Basic includes CPR training within the program.</i>	Documentation of current CPR certification by the American Heart Association Basic Life Support (BLS) for Health Care Providers (CPR/AED) or American Red Cross CPR for Professional Rescuer. Attach a copy of card / certificate	
Release Form	Read and sign the <i>Release of Clinical Information</i> form. Attach completed form.	
IMPORTANT: You must attach legible copies of all required documentation. Copies will not be made for you by Program personnel. It is a <u>student’s responsibility</u> to maintain a personal file with all health records. Once submitted to the Program, no records will be released back to students. There is a student copier available in the Learning Resource Center.		

Signature _____

Date _____

Wallace Community College – Emergency Medical Services

HEALTH RECORD FORM

Name: _____ Student ID #: _____

Address: _____ Contact Number: _____

Emergency Contact Person: _____ Contact Number: _____

INSTRUCTIONS: A physician, nurse practitioner, or physician’s assistant must complete and sign this form. Copies documenting Tdap vaccination (and booster if applicable), TB and/or chest x-ray, and lab results must accompany this form when submitted to EMS Program personnel.

Requirements	
<p>Tetanus Vaccine (tetanus, diphtheria, pertussis) <i>All students must have a documented Tdap vaccine.</i></p>	<p>Date Administered: ____ - ____ - ____</p>
<p>Td or Tdap Booster <i>Only applicable if above Tdap vaccine is older than ten (10) years. Adult Tdap must be followed by Td booster every ten years thereafter.</i></p>	<p>Date Administered: ____ - ____ - ____ OR Not Applicable _____ (physician’s initials)</p>
<p>MMRV Titers Titer results are required. Vaccination records will not be accepted in place of titer results</p>	<p>Date(s) Drawn / Results:</p> <p>Measles ____ - ____ - ____ / <input type="checkbox"/> Immune <input type="checkbox"/> Not Immune <input type="checkbox"/> Equivocal</p> <p>Mumps ____ - ____ - ____ / <input type="checkbox"/> Immune <input type="checkbox"/> Not Immune <input type="checkbox"/> Equivocal</p> <p>Rubella ____ - ____ - ____ / <input type="checkbox"/> Immune <input type="checkbox"/> Not Immune <input type="checkbox"/> Equivocal</p> <p>Varicella ____ - ____ - ____ / <input type="checkbox"/> Immune <input type="checkbox"/> Not Immune <input type="checkbox"/> Equivocal</p>
<p>Hepatitis B Titer Titer results are required. Vaccination records will not be accepted in place of titer results.</p>	<p>Date Drawn / Results: ____ - ____ - ____ / <input type="checkbox"/> Immune <input type="checkbox"/> Not Immune</p>
<p>2-step TB Skin Test or Chest X-ray <i>Results from the two-step TB skin tests cannot be more than four (4) weeks apart. Results are valid for one year. A one-step TB update will be required thereafter.</i></p> <p>Students who have tested positive for TB or who are unable to receive the TB skin test must submit narrative documentation of a clear chest x-ray. Documentation of reason for chest x-ray instead of serum is required.</p>	<p>1st Step Lot # _____ Manuf. _____ Exp. Date _____ Time Applied _____ Reader Signature _____ Date Administered: ____ - ____ - ____ Date Read: ____ - ____ - ____ Result: ____ mm of induration Interpretation: <input type="checkbox"/> Positive <input type="checkbox"/> Negative</p> <p>2nd Step Lot # _____ Manuf. _____ Exp. Date _____ Time Applied _____ Reader Signature _____ Date Administered: ____ - ____ - ____ Date Read: ____ - ____ - ____ Result: ____ mm of induration Interpretation: <input type="checkbox"/> Positive <input type="checkbox"/> Negative</p> <p>OR _____</p> <p>Chest X-Ray Date of CXR: ____ - ____ - ____ / Result: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal</p>
<p>Healthcare Provider Signature Required: I have reviewed this student’s immunization status and have made recommendations regarding any follow-up related to safe practice as a health care provider.</p>	
<p>_____ Physician, PA, or NP (Signature)</p>	<p>_____ Date</p>
<p>_____ Physician, PA, or NP (Printed)</p>	<p>_____ Contact Number</p>
<p>_____ Address</p>	<p>_____ Address</p>

Wallace Community College
Emergency Medical Services

ESSENTIAL FUNCTIONS

The Alabama Community College System endorses the Americans' with Disabilities Act. In accordance with College policy, when requested, reasonable accommodations may be provided for individuals with disabilities.

Physical, cognitive, psychomotor, affective and social abilities are required in unique combinations to provide safe and effective respiratory therapist care. The applicant/student must be able to meet the essential functions with or without reasonable accommodations throughout the program of learning. Admission, progression and graduation are contingent upon one's ability to demonstrate the essential functions delineated for the emergency medical services program with or without reasonable accommodations. The emergency medical services program and/or its affiliated clinical agencies may identify additional essential functions. The emergency medical services program reserves the right to amend the essential functions as deemed necessary.

In order to be admitted and to progress in the emergency medical services program one must possess a functional level of ability to perform the duties required of an EMT. Admission or progression may be denied if a student is unable to demonstrate the essential functions with or without reasonable accommodations.

The essential functions delineated are those deemed necessary for the emergency medical services program. No representation regarding industrial standards is implied. Similarly, any reasonable accommodations provided will be determined and applied to the respective emergency medical services program and may vary from reasonable accommodations made by healthcare employers.

The essential functions delineated below are necessary for emergency medical services program admission, progression and graduation and for the provision of safe and effective emergency medical services care. The essential functions include but are not limited to the ability to:

EMERGENCY MEDICAL SERVICES

ESSENTIAL FUNCTIONS REQUIREMENTS

Essential Functions: Due to the requirements of the State of Alabama for EMS Licensure, no student will be admitted to any Wallace Community College Emergency Medical Services course who cannot meet the essential functions. The EMS student must:

1. have the physical agility to walk, climb, crawl, bend, push, pull, or lift and balance over less than ideal terrain;
2. have good physical stamina, endurance, which would not be adversely affected by having to lift, carry, and balance at times, in excess of 125 pounds (250 pounds with assistance);
3. see different color spectrums;
4. have good eye-hand coordination and manual dexterity to manipulate equipment, instrumentation and medications;
5. be able to send and receive verbal messages as well as operate appropriately the communication equipment of current technology;
6. be able to collect facts and to organize data accurately, to communicate clearly both orally and in writing in the English language (at the ninth grade reading level or higher)
7. be able to make good judgment decisions and exhibit problem solving skills under stressful situations;
8. be able to make good judgment decisions and exhibit problem solving skills under stressful situation;
9. be attentive to detail and be aware of standards and rules that govern practice; and
10. implement therapies based upon mathematical calculation (at the ninth grade level or higher);
11. possess emotional stability to be able to perform duties in life-or-death situations and in potentially dangerous social situations, including responding to calls in districts known to have high crime rates;
12. be able to handle stress and work well as part of a team;
13. be oriented to reality and not be mentally impaired by mind altering substances;
14. not be addicted to drugs or alcohol;
15. be able to work shifts of 24 hours in length;
16. be able to tolerate being exposed to extremes in the environment including variable aspects of weather, hazardous fumes, and noise, and
17. possess eyesight in a minimum of one eye correctable to 20/20 vision and be able to determine directions, according to a map; and students who desire to drive an ambulance must possess approximately 180 degrees peripheral vision capacity, must possess a valid Alabama driver's license (if a resident of another state is employed in Alabama); and must be able to safely and competently operate a motor vehicle in accordance with state law

Wallace Community College
Emergency Medical Services

HEALTH RECORD AND
STATEMENT OF ESSENTIAL FUNCTIONS
SIGNATURE PAGE

STUDENT STATEMENT

I have reviewed the Essential Functions for this program and I certify that to the best of my knowledge, I have the ability to perform these functions. I understand that a further evaluation of my abilities may be required and conducted by the EMS faculty, if deemed necessary, to evaluate my ability prior to admission to the program and for retention and progression through the program.

Student Signature

Date

Student's Name (Printed)

PHYSICIAN STATEMENT

Based upon my assessment and evaluation, this person's mental and physical health **is** _____ **is not** _____ sufficient to perform the classroom, laboratory, and clinical duties of an Emergency Medical Services student.

If person is not mentally or physically sufficient to perform, please explain. (Attach additional sheet if necessary)

Physician, PA, or Nurse Practitioner (Signature)

Date

Physician, PA, or Nurse Practitioner (Printed)

Address

Contact Number



EMERGENCY MEDICAL SERVICES— EMT, AEMT, PARAMEDIC

Wallace Community College has partnered with Verified Credentials to manage your program’s background check requirements.

To access Qualified First go to: <http://scholar.verifiedcredentials.com/wallace>

If you are accessing this information on-line, click on the link above. If typing it in, make sure you put the link in the address bar at the top of your computer screen—do not put this link in a search engine text box (eg, Google, Bing).

If you have any questions or problems during the information entry process, contact the Client Services Team at Verified Credentials. Call 800-938-6090 or email ClientServices@verifiedcredentials.com.

How It Works:

Enter code for the program you will be attending in the “Get Started!” box on the top right side of the page. Use the first-time code if you are new to the program. The update code is used when one who previously completed a full background screen breaks enrollment for a term and then re-enrolls.

EMT Program	EMT Program– Update
KMGVP 64877	HHHDC 44222
AEMT Program	AEMT Program– Update
KKJRW 64782	HHTVY 47896
Paramedic Program	Paramedic Program– Update
KKKGD 66634	JJWPR 49772

- **Create an account.** Once you have an account, you will sign back in using the same user name and password—remember these!
- **Enter all required information.**
 - Use your **FULL LEGAL NAME** when making your entry. Don't risk being confused with another person and their past!
 - Have your **SOCIAL SECURITY NUMBER** with you when you begin the process.
 - Supply information as accurately and thoroughly as you can.
 - When disclosing events in your past that may raise red flags, do not omit things you consider minor or not necessary just because you paid your fine and/or court charges.
 - All arrests and convictions should be reported, even if ultimately dismissed or resolved by a guilty plea, nolo contendere plea, deferred prosecution, pre-trial diversion, etc. The arrest history will show.
 - Driving violations such as speeding, running a red light, etc. ARE NOT reported—you do not have to disclose these.
 - Driving without a license, driving without insurance on a vehicle, driving while license suspended or revoked, driving under the influence, etc. ARE NOT MINOR AND WILL SHOW ON YOUR REPORT!
- The professional license section is applicable only to those who have completed training, earned credentials, and hold **CURRENT** licensure/certification in a particular professional field, such as a Licensed Practical Nurse, an EMT, an Advanced EMT, a Certified Nurse Aide, a Real Estate Broker, etc. If your license/certification has expired, do not enter and maintain that it is current. Do not enter your driver's license or CPR certification in this area.
- **Complete payment.** Accepted methods include MasterCard, VISA, or Discover debit or credit cards, pre-paid credit cards, or PayPal. Background screening costs are \$45 for the initial screen and \$15 for each additional update.
- **Track your progress.** Using your user name and password enter back into your account to track completion. Once complete, your background check will be available for your review and release to the College's designated official. **YOUR SCREENING IS NOT COMPLETE UNTIL YOU REVIEW AND RELEASE RESULTS—PLEASE WATCH THIS CLOSELY.**
- Your results are confidential—DO NOT print a copy for submission to your instructor or to your health program office. If questions or other needs arise, you will be contacted individually through the Health Sciences Associate Dean's Office. Contact Kathy Buntin, Associate Dean, Health Sciences, at kbuntin@wallace.edu with questions or entry problems concerning your report.

WALLACE COMMUNITY COLLEGE
Background Screening Consent and Release Form

I have received and carefully read the Background Screening Policy for Students in the Health Sciences. I understand that compliance with the background screening policy is a requirement to complete my admission to and/or maintain enrollment in a health care program at Wallace Community College.

By signing this document, I am indicating that I have read and understand Wallace Community College's Background Screening Policy for Students in the Health Sciences. My signature also indicates my agreement to complete the requirement and to submit required information to the approved screening vendor. I understand that my enrollment in health program courses is conditional to the provision of negative findings or facility approval upon circumstantial review. In the event of positive findings on my background screen and follow-up denial of access to or declared ineligibility to continue in clinical learning experiences, further attendance in health program courses will not be allowed. I will be offered the opportunity to withdraw from all courses in my health program for which I am enrolled. My failure to withdraw as directed will result in the assignment of the appropriate course grade, whether NA, CA, or WF.

A copy of this signed and dated document will constitute my consent to abide by the College's Background Screening Policy. Upon submission of my personal information to the approved screening vendor, I also consent to approve the release of the original screening results to the approved College designee. A copy of this signed and dated document, along with approval during the information submission process, will constitute my consent for the College to release the results of my background screen to the clinical affiliate(s)' specifically designated person(s). I agree to hold harmless the College and its officers, agents, and employees from and against any harm, claim, suit, or cause of action, which may occur as a direct or indirect result of the background screen or release of the results to the College and/or the clinical affiliates. I understand that should any legal action be taken as a result of the background screen, that confidentiality can no longer be maintained.

I agree to abide by the aforementioned policy. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document. I hereby acknowledge that I will authorize the College's contracted agents to procure a background screen on me. I further understand this signed consent hereby authorizes the College's contracted agents to conduct necessary and/or periodic background screens and/or updates as required by contractual agreements with clinical affiliates.

Student Signature

Witness Signature

Student's Printed Name

Witness' Printed Name

Date

Date

Wallace Community College
Substance Abuse Control Policy for Students in the Health Sciences

I. Policy Purpose

- A. Wallace Community College is a public educational institution of the State of Alabama and, as such, shall not allow on its premises, or at any activity it sponsors, the possession, use, or distribution of any alcoholic beverage or any illicit drug by any student or employee.
- B. As stipulated by agencies with which Wallace Community College contracts for clinical experiences, health program students and faculty must abide by agency policies, including the substance abuse control policy and any subsequent revisions to the policy.

II. Standards of Conduct and Enforcement Thereof

- A. Any incident relating to alcohol or drug use by students should be reported to the Associate Dean, Health Sciences.
- B. In the event of confirmation of such prohibited possession, use, or distribution by a student, Wallace Community College shall, within the scope of applicable federal and state due process requirements, take such administrative or disciplinary action as is appropriate. For a student, the disciplinary action may include, but is not limited to, program dismissal, college suspension or expulsion.
- C. If any student shall engage in any behavior prohibited by this policy, which is also a violation of Federal, State, or local law or ordinance, that student shall be subject to referral to law enforcement officials for arrest and prosecution.

III. General Guidelines

- A. Policies governing substance abuse include pre-clinical drug screening, random drug screening, and reasonable cause drug screening, should the student exhibit behaviors indicative of substance abuse during their participation in courses and/or activities offered by Wallace Community College.
- B. Laboratory Requirements
 - 1. Drug screening will be conducted according to the guidelines established in the Mandatory Guidelines for Federal Workplace Drug Testing Programs.
 - 2. Laboratories certified by the Substance Abuse and Mental Health Services Administration, U. S. Department of Health and Human Services (HHS), will be used to perform confirmatory drug testing analysis.
- C. Persons to be Tested
 - 1. Any student admitted to a health science program at Wallace Community College will be required to abide by this substance abuse control policy.
 - 2. Any faculty member, whether full or adjunct, responsible for clinical supervision of students enrolled in a health science program at Wallace Community College will be required to abide by this policy.

IV. Student Guidelines

A. Pre-clinical Screening

1. Students granted initial admission to any health science program at Wallace Community College will be provided information regarding and will be expected to adhere to the substance abuse control policy of Wallace Community College.
2. Students transferring into a health science program, readmitting to a health science program, and/or enrolling in individual courses containing a clinical component will be provided information regarding and will be expected to adhere to the substance abuse control policy of Wallace Community College.
3. A signed consent to drug screening will be maintained on file for each health science student. Screening will be scheduled and conducted according to established guidelines at a cost agreed upon by laboratory facility and College representatives. Costs related to admission and random drug testing will be the responsibility of the student.
4. Students scheduled for random screening will be individually notified and required to report for testing at a designated location by a designated time.
5. Students failing to complete drug screening as required will be prohibited from participation in and completion of the clinical and/or laboratory component of required courses.
6. In accordance with policies found in the Wallace Community College Catalog/Student Handbook, students who are unable to complete course requirements due to positive drug screens will be allowed to withdraw from applicable courses.
7. Readmission to health science programs will follow guidelines established by each health program.

B. Reasonable-Suspicion Screening

1. While participating in clinical experiences and/or College activities, students may be required to submit to reasonable suspicion testing. Reasonable suspicion is defined as follows:
Observable phenomena, such as direct observation of drug use and/or the physical symptoms or manifestations of being under the influence of a drug; abnormal conduct or erratic behavior while in class or on the clinical unit; deterioration in performance; a report of drug use provided by reliable and credible sources which has been independently corroborated; evidence of tampering with a drug test; information that the individual has caused or contributed to an incident in a clinical agency; evidence of involvement in the use, possession, sale, solicitation, or transfer of drugs while on the premises of the College or a clinical agency.
2. Costs incurred for reasonable-suspicion screening will be the responsibility of the student involved.

C. Positive Screens

1. No student drug-screening sample will be reported as positive before a Certified Medical Review Officer has reviewed results.
2. Upon receipt of a positive drug screen notification, the College designee will counsel the student as to course/program eligibility status and treatment options.
3. Wallace Community College encourages students to seek professional help for a drug related problem. Follow-up treatment will be at the discretion of the student and all expenses incurred will be the responsibility of the student.
4. With exception of legal actions that require access to test results, all records will be secured in locked files with access limited only to stated College officials and his/her designees.

D. Readmission

1. Students withdrawing from a health science program due to a positive drug screen will be considered for readmission in accordance with standard guidelines stipulated by the applicable program and will have the same rights and responsibilities as those available to other students.

2. Prior to making application for readmission, students dismissed or withdrawing from a health science program related to a positive drug screen must submit verification of completion of a substance abuse treatment program to the appropriate College designee.
3. Students readmitted to a health science program following violation of policies aimed at substance abuse prevention for Wallace Community College will be required to submit to an unannounced drug screen at their own expense prior to finalization of the process.
4. Students readmitted to a health science program may repeat courses as guided by program policies and offerings.
5. Following readmission, a second positive drug screen will result in program dismissal and terminate all eligibility for readmission.

DRUG SCREEN POLICY AGREEMENT

In preparation for participation in clinical/laboratory activities of health science programs or other programs/activities requiring drug screening as outlined in the Wallace Community College Substance Abuse Control Policy, I hereby consent to submit to a urinalysis and/or other tests as shall be determined by Wallace Community College for the purpose of determining substance use. I agree that specimens for the tests will be collected in accordance with guidelines established in the Mandatory Guidelines for Federal Workplace Drug Testing Programs and as described in the Wallace Community College Substance Abuse Control Policy Guidelines.

I further agree to, and hereby authorize, the release of the results of said tests to the appropriate designee of Wallace Community College. All positive results will be reviewed by said College designee and followed by a confidential contact with me.

I understand that positive results indicating the current use of drugs and/or alcohol shall prohibit me from participating in clinical, laboratory, or other activities of health science programs requiring that I be drug free. I further understand that clinical/laboratory components of courses within health programs are required curriculum components and that an inability to attend said components may prevent or delay my program completion. I also understand that while participating in clinical activities within outside healthcare agencies, I will be subject to the same rules as the health care employees in said facilities.

I agree to hold harmless Wallace Community College and its designee/s and FMG-PrimeCare and its Medical Review Officer from any liability arising in whole or in part from the collection of specimens, testing, and use of the results from said tests in connection with excluding me from participation in clinical/laboratory activities.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced by anyone to sign this document. A copy of this signed and dated document will constitute my consent for FMG-PrimeCare to perform the drug screen and to release the results to Wallace Community College.

Signature

Date

Printed Name

**WALLACE COMMUNITY COLLEGE
EMERGENCY MEDICAL SERVICES**

PARTICIPATION DISCLAIMER

I understand that as a student in the Emergency Medical Services Program that I will participate in activities that will require me to act as a patient, as well as, a health care provider. These activities include, but are not limited to, patient assessment, splinting, and spine stabilization. The process of assessing and treating patients/classmates may require observation and touching of the body. I understand that it is my responsibility to demonstrate professionalism at all times and to know the correct application procedures for the devices used in the EMS field. I further understand that I must give prior notification to the instructor if I have a valid reason not to participate in any activity. It is important for all students to recognize that any form of harassment will not be tolerated and will be handled in accordance with Wallace Community College policy as listed in the college catalog. I agree to participate in class, clinical and lab activities and will conduct myself in a professional manner at all times. With this knowledge, I release Wallace Community College and its instructors from any claims that might arise from my participation.

Signature

Printed Name

Date

**WALLACE COMMUNITY COLLEGE
EMERGENCY MEDICAL SERVICES PROGRAM**

EMS LIABILITY RELEASE FORM

I, _____, hereby acknowledge that I am eighteen years of age or older. I further acknowledge that I fully understand the contents of this release and that I am signing it voluntarily.

As a student of the Emergency Medical Services Program at Wallace Community College, I am aware of the risk of personal injury, illness or death which is inherent in my participating in EMS classroom, laboratory, clinical and field internship activities. I understand that medical insurance and responsibility for payment of medical bills incurred during the program are my responsibility. I further understand that I am responsible for all vaccinations, including hepatitis B, that are required for program admission.

Upon full awareness and consideration of the risks which I might assume in participating in classroom, laboratory, clinical or field internship activities, I hereby agree to release Wallace Community College and its instructors, officials, agents, representatives, clinical sites, and employees from any liability for any type of illness or injury which is incurred to me during my participation in the program. This release will remain in effect for the duration of my enrollment in the Emergency Medical Services Program.

Student Signature

Date

Witness Signature

Date

**WALLACE COMMUNITY COLLEGE
EMERGENCY MEDICAL SERVICES**

RELEASE OF CLINICAL INFORMATION

I give Wallace Community College permission to release copies of my personal clinical/program documentation to clinical agencies as required by contractual agreements. These records will only be released to Human Resources or such centrally governed departments and include, **but are NOT limited to:** immunizations, TB skin tests, titer results, CPR, substance abuse screens, background checks, essential functions/physician's statement, and clinical agency training acknowledgements and verifications.

Student Name (Print)

WCC Student ID #

Signature

Date

**WALLACE COMMUNITY COLLEGE
EMERGENCY MEDICAL SERVICES**

EMS Handbook Acceptance

I, _____, have received a copy of the EMS Student Handbook and are fully aware of program needs and information about the Wallace Community College EMS Program. I understand that my admission into the EMS Program is conditional and dependent upon my ability to perform the essential functions identified by the Alabama Department of Public Health, positive background screening, and negative drug screening.

Student Name: _____

Student Signature: _____

Student Number: _____

Date: _____