The student, by virtue of applying for or accepting a position in the class, assumes the responsibility to conform to all applicable governmental laws, regulations, ordinances, policies, procedures, and protocols governing citizen conduct as well as those addressing students and licensed EMS personnel including all Federal, state, local and program requirements.

These standards of conduct apply to
- applicants who become students, for offenses committed as part of the application process;
- applicants who become students, for offenses committed on the NCH campus and/or while participating in program related events or activities that take place following a student's submittal of the application through his or her official enrollment; and
- former students for offenses committed while a student.
Equal Opportunity Statement

Harper College and the Northwest Community EMS System (NWC EMSS) do not discriminate on the basis of race, color, religion, gender, national origin, ancestry, age, marital status, sexual orientation, physical or mental disability or unfavorable discharge from military service as long as the individual is otherwise qualified to perform all the essential elements of a paramedic's scope of practice and meets eligibility requirements for paramedic licensure. For a full listing of the statutory references that support the program policies and for information on discrimination complaint procedure, see Harper College Catalog/Student Handbook.

Program Core Values

- Integrity
- Compassion
- Accountability
- Respect
- Excellence
- Collaboration
- Customer satisfaction
- Careful stewardship of all resources
- Justice: Fair and equitable due process

Student responsibility

Each student must be aware of and meet the Harper College and the NWC EMSS Student Handbook requirements to successfully complete the program.

Accreditation

The Higher Learning Commission of the North Central Association of Colleges and Secondary Schools (NCA)  
230 South LaSalle St., Suite 7-500  
Chicago, IL 60604  
800.621.7440  

Illinois Department of Public Health  
Division of EMS and Highway Safety  
500 E. Monroe, 8th Floor  
Springfield, IL 62701  
217.785.2080

Policy statement

Harper College and the NWC EMSS are committed to maintaining consistently high Academic standards for instruction and learning outcomes across all program sites and learning environments.

Professional role of a paramedic

A paramedic is an allied health professional whose primary focus is to provide essential out-of-hospital care as part of a Mobile Integrated Healthcare System. A paramedic functions under medical oversight and is a link between the out-of-hospital environment and the health care system.

This individual possesses complex knowledge and skills necessary to provide competent care and appropriate dispensation to those seeking their assistance.

Paramedics perform interventions using equipment and supplies typically found in an ambulance and/or as authorized by the EMS MD. The Paramedic's scope of practice ranges from basic to advanced life support (BLS and ALS) and may occur at the point of patient contact, enroute or between health care facilities, or in other health care settings.

Paramedics must demonstrate each competency within his or her scope of practice in a wide variety of environmental conditions and for patients of all ages. Care is based on an appropriate patient assessment, the formulation of an accurate paramedic impression, and is designed to optimize health, mitigate or reverse the signs and symptoms of illness and injury and provide comfort to patients and family members.

Paramedics must demonstrate the willingness to care for people with compassion, have an awareness of their abilities and limitations, transdisciplinary professionalism, strong inter-personal and communication skills, and a capacity for calm and reasoned judgment while under stress. They must blend multiple intelligences with common sense and be service oriented.

Our program of instruction

The NWC EMSS Paramedic program is designed to develop and expand upon entry level knowledge and skills acquired through an EMT or Advanced EMT course. Instructional content and design is based on the National EMS Education Standards approved by the National Highway Traffic Safety Administration (1/09).

Although affiliated with Harper College, classroom instruction is offered at Northwest Community Hospital (NCH). Clinical rotations are completed at area-wide hospitals and skilled nursing facilities and the field internship is completed at the EMS provider agency with which the student is either employed or has a participation agreement.
PHILOSOPHY of EDUCATION

"Education must not simply teach work - it must teach life" (DuBois). The NWC EMSS program strives to develop students on an intellectual and personal basis. Education impacts learning and the development of individuals by improving verbal and quantitative skills, the ability to use higher order thinking to solve problems, intellectual flexibility, reflective judgment, and effective interpersonal communication. Education also impacts attitudes and values by developing a more positive self-image, encouraging accountability, team interdependency, increasing the ability to cope effectively with change and ambiguity, developing a structure for principled reasoning, moral judgment, and ethical behavior.

COMPETENCIES to attain before graduation

Students will consistently demonstrate the following to a level expected of an entry-level paramedic:

Conceptual competence: The ability to understand the theoretical foundations of the profession.

Technical competence: Proficiency in safely performing psychomotor skills.

Contextual competence: The ability to understand how your practice fits within the greater whole of the healthcare continuum and the ability to use conceptual and technical skills in the right context, avoiding the "technical imperative".

Integrative competence: The ability to take all the other competencies and put them all together, melding theory and practice.

Adaptive competence: The ability to change with evolutions in medicine or modify the care of one patient based on changing clinical presentations (move from one page of the SOP to another).

GENERAL COURSE OBJECTIVES

Upon completion of the program and before graduation, paramedic students will consistently demonstrate entry-level competency for each of the following:

- Providing care on a continuum from basic through advanced life support as needed within the guidelines prescribed by the EMS MD.
- Exercising higher order thinking to reason critically and problem solve to determine patient needs for care per standing orders when on-line medical control (O:MC) communication has been delayed, interrupted or aborted.
- Communicating effectively with the designated medical command authority.
- Thoroughly documenting an electronic patient care report using Image Trend software according to System policy.
- Maintaining ambulance inventories per the System’s Drug and Supply list and preparing equipment and supplies before and after each call.
- Modeling professional paramedic characteristics and ethical behavior through appearance, actions, speech, communication and interactions with instructors, preceptors, peers, patients, public safety personnel, and members of the public.

Professional behaviors:
- Professional identity (appearance and personal hygiene)
- Acting ethically based on codes for the profession
- Scholarly concern for improvement
- Integrity, empathy, self-motivation, self-confidence, effective communication, time management, teamwork and diplomacy, respect, patient advocacy, and careful delivery of EMS services.

STRATEGIES TO FACILITATE LEARNING

Educational methods: It is understood that students have a variety of preferred learning styles and the program attempts to diversify educational methods to appeal to each one. Instructors may use lecture, discussions, case studies, scholarly writing, reading for meaning, practical labs, simulations, scenarios, role playing, games, and independent study to help students achieve the objectives.

Student-centered learning experiences engage participants in meaningful outcome-focused exercises to stimulate self-reflection, higher order thinking and the ability to problem solve and apply instructional theory into practice.

Educational methods are enhanced by the use of slides, electronic media, patient case reviews, student handouts, and published literature/texts.
TEXTBOOK: Students are expected to purchase the class textbook by the first day of class: Aehlert, B. (2012). *Paramedic Practice Today Above and Beyond*. Volumes 1 & 2 Revised Edition. St. Louis: Mosby. Books may be purchased at the Harper College Bookstore or through on-line distributors.

ASSIGNMENTS (Due dates listed in schedule)
- Reading assignments: Text and handouts
- Homework questions
- Drug presentations
- Simulated patient care reports using Image Trend
- Individual or group projects/presentations including Oxygen paper and Communicable disease project
- Student clinical and field portfolio

All written assignments must be submitted electronically to the lead instructor via e-mail by the due date.

CODE of STUDENT CONDUCT

The NWC EMSS requires that students conduct themselves in dress, speech and overall professionalism as practitioners who already have a paramedic license. We believe in uncompromising ethical behavior based on the standards and codes of professional conduct and the laws of our community and country.

Paramedic students have the opportunity to participate in a worthy, purposeful, and progressive profession. This opportunity is not without obligation. The viability of the profession rests on the integrity as well as the capability of its members. See page 1 for our Core Values.

We are dedicated to excellence as our performance standard. We affirm that all tasks and services provided in the context of EMS care shall be delivered in a consistently superior manner. Working together, we will approach everything as an opportunity for continuous improvement.

EXPECTED BEHAVIORS
- Comply with all statutes, rules, regulations, and procedures that govern the program.
- Comply with Federal HIPAA Privacy Rule requirements, respect patients’ autonomy, confidentiality and rights.
- Maintain professional behaviors at all times.

Professional interpersonal skills:
- Treat others with respect, courtesy, and dignity and conduct self in a professional and cooperative manner. Work cooperatively and harmoniously with other members of the class, clinical units, EMS agencies, and educators.
- Cultural sensitivity: Respect cultural differences and protect the rights, privileges, and beliefs of others.
- Avoid threatening, profane, and/or abusive language.

Refrain from verbal or written communication that defames any person or organization.
- Address concerns or conflicts with associates in a direct, prompt, yet sensitive manner in an appropriate setting. If this fails, go through proper channels to appropriately resolve the conflict.

Strive toward academic and clinical excellence
- Encourage and assist colleagues in the pursuit of academic excellence and improvement through team/group activities.
- Practice within the scope of approved clinical privileges.
- **Academic integrity**: Adhere to the guidelines prescribed by the Program in completing academic assignments, quizzes and exams. Students shall not engage in, assist in, nor condone lying, cheating, plagiarism, falsification of documentation, or other similar activities. Cheating on quizzes or exams transcends more than social mores or professional ethics. It can negatively impact the quality of care rendered to a patient.
- **Timeliness**: Reporting to class/clinical assignments on time and completing course objectives as required and by stated deadlines.
- **Mitigate safety risks**: Protect self and those served from exposure to foreseeable risks.

Violation of Code of Conduct

Whenever a student is alleged to have committed a violation of the student Code of Conduct while on hospital premises or at an activity, function or event sponsored or supervised by the program, an investigation will be conducted. If the allegation is sustained, disciplinary action/sanctions will be imposed on the student per System and College policy. The conduct will be documented in the student's file. Discipline may also be imposed if student conduct off campus adversely affects the hospital, EMS System, or the College.

Examples include, but may not be limited to, proof that the person
- is guilty of fraud or deceit in procuring or attempting to procure admittance into the Paramedic program;
- has demonstrated a gross lack of integrity;
- is guilty of academic dishonesty, including cheating, plagiarizing or furnishing false information on transcripts. Academic dishonesty will not be tolerated. Such behavior will result in a zero (0) and be figured into the final grade accordingly. Further, disciplinary action may also be pursued if deemed appropriate by the instructor. Any student found to be cheating will be strictly held to the academic integrity policy for students.
Examples of prohibited behavior:
- Written information found on a student’s person, clothing, skin, personal effects or property, book edges, notebook covers, etc. that could provide information about exam content.
- Use of any outside source in violation of program policy to obtain an answer on a quiz or exam.
- Removal of an exam booklet from the testing site unless authorized by the instructor.
- Signals of coughing, clearing of the throat, or other noises used to alert one another to codes of answers.
- Use of digital pens

- is unfit for duty or incompetent by reason of illness, drug dependence, or gross negligence;
- is found in possession, or has used or distributed an illegal or controlled substance, or look-alike drug;
- is guilty of unauthorized and/or illegal possession, use or distribution of any alcoholic beverage;
- has presented to class intoxicated or under the influence of habit forming drugs;
- is guilty of theft of property or services;
- is guilty of intentional or willful destruction of property;
- has abused College or hospital technology resources, or medical equipment;
- is guilty of assault and/or battery;
- is guilty of disruptive behavior and/or conduct which constitutes harassment or abuse that threatens the physical or mental well-being, health or safety of any individual.

Disruptive behavior is defined as student-initiated acts that range from tardiness to violence. It may consist of behavior that is argumentative, disruptive, disrespectful, offensive, or threatening and may present itself physically, verbally, or psychologically. It has a negative impact in any learning environment and interferes with the learning activities of the perpetrator and other students.

- has engaged in dishonorable, unethical or unprofessional conduct of a character likely to deceive, defraud or harm the public;
- has demonstrated insubordinate or inappropriate behavior towards any instructor;
- is guilty of disrupting the peace, the education process or related activity;
- has brought a weapon or explosive device of any kind to class or to a clinical area;
- has violated the handbooks, contracts, or behavioral agreements specific to the paramedic program;
- has violated the terms of any disciplinary action imposed in accordance with program procedures;
- has violated any law, local ordinance, or College or Hospital rule or regulation while enrolled as a student.

DISCIPLINARY ACTION
Students are expected to report any misconduct or violation of policy by themselves or fellow students to the Course Coordinator or Program Director.

The purpose of disciplinary action is to provide feedback that encourages accountability and behavior that reflects program values. Corrective action plans are intended to be positive, non-punitive interventions that allow an individual time to correct an identified deviation from expected behavior. In each instance, the corrective action is to be fair, just, and in proportion to the seriousness of the violation.

Thus, corrective action is generally progressive in the NWC EMSS education program. For most minor incidents personal coaching, a verbal warning, a written warning, and/or a written reprimand may precede suspension or dismissal. For more severe offenses, the disciplinary process may begin with suspension or expulsion.

For example: Any student caught or suspected of cheating, falsification of documentation, misrepresentation, or is alleged to have demonstrated behavior that is deemed disruptive, unprofessional, unethical, or inappropriate will be academically suspended pending an investigation. If the allegations are sustained, the student will receive disciplinary action that may include dismissal from the program.

Feedback shall be communicated privately, out of sight and sound of peers or co-workers, and delivered in a timely manner.

Procedures for resolving alleged violations of student code of conduct are specified in the System Disciplinary Policies and Harper College Catalog/Student handbook.

Appeal policy: Students have 24 hours from the time of an invoked disciplinary action to appeal the action taken against them. All appeals must be in writing (e-mail is acceptable) and addressed to Connie Mattera.

Recovery of damages/Restitution
If a student is found to have defaced or damaged hospital property, they will be assessed the cost for expenses incurred by the program or other parties resulting from the student’s infraction. Such reimbursement may take the form of monetary payment or appropriate service to repair or otherwise compensate for damages to program property or equipment. Restitution may be imposed on any student who alone, or through group activities, participates in causing the damages or costs to the program. The student will not graduate until full restitution has been made.
PHYSICAL EXAM REQUIREMENTS

In order for students to get health clearance to go to the clinical units, they need to complete all steps in the process specified by Harper College.

When the requirements are complete, submit the verification form from Harper's Health and Psychological Services department to the course Lead Instructor. The form will be scanned into each student's file.

Failure to submit the Verification of Completion of Harper Health Requirements form by 11/17/14 may constitute grounds for dismissal from the program.

Contact Health and Psychological Services at Harper College at 847-925-6268 if you have questions.

Students must also fully comply with a two-step TB test, urine drug screen, and criminal background check unless an exemption applies due to a labor-union contract with the student's employer. The Joint Commission requires that all people directly involved with patient care in a hospital must submit to a urine drug test and a criminal background check. Students must contact the Harper College police department and arrange for the background test to be completed by 11/17/14. The TB screen and urine drug test will be done on site at NCH. There is a fee for this service. You will need 2 forms of ID when submitting to these tests. After the tests are completed, you will be given a receipt that must be submitted to the Course Coordinator to verify completion. If an exemption applies, submit a written letter on agency letterhead, signed by the Chief, indicating that the requirement had been previously met.

Hospital clinical rotations cannot begin until the drug screen, criminal background check, and all health requirements are completed. Failure to comply with clinical prerequisites in a timely manner will constitute grounds for dismissal from the program.

A student who has received a decree by any circuit court/ or an examination by a qualified physician establishing that they are in need of psychiatric or substance abuse care/ treatment shall be suspended from class. That person may be reinstated upon findings by the Circuit Court or a qualified physician that they have recovered from the mental illness or are being successfully treated for substance abuse and may resume his/her professional functions.

STUDENTS with DISABILITIES

The NWC EMSS Paramedic program does not discriminate against otherwise qualified individuals with a disability. However, students are expected to demonstrate the physical capacity to perform all the essential functions of the paramedic profession during the course with or without reasonable accommodation.

STUDENTS with COMMUNICABLE DISEASES

A student with a communicable disease or who is a carrier of a chronic communicable disease may attend class and participate in activities whenever, through reasonable accommodation, there is no significant risk of transmission of the disease to others. The potential risk shall be evaluated on a case by case basis in accordance with Harper College policy in concert with the EMS MD.

A student who has a chronic communicable disease or who is a carrier of a chronic communicable disease may be denied admission to, or may be dismissed from the paramedic course whenever the disease has a direct effect on the student’s ability to perform so as to render the student not qualified for the course or unable to perform the essential components of a paramedic’s scope of practice.

PARAMEDIC PROGRAM COMPONENTS

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
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</thead>
<tbody>
<tr>
<td>EMS 210</td>
<td>Preparatory</td>
</tr>
<tr>
<td>EMS 211</td>
<td>Med. Emerg - Part 1</td>
</tr>
<tr>
<td>EMS 212</td>
<td>Med. Emerg - Part 2</td>
</tr>
<tr>
<td>EMS 213</td>
<td>Trauma, special populations</td>
</tr>
<tr>
<td>EMS 214</td>
<td>Hospital Internship (min. 200 clock hrs)</td>
</tr>
<tr>
<td>EMS 215</td>
<td>Field Internship (min. 308 clock hrs)</td>
</tr>
<tr>
<td>EMS 216</td>
<td>Seminar</td>
</tr>
</tbody>
</table>

SCHEDULE: See course calendar

This generally requires:

- (corrected) vision to 20/30 in at least one eye with color discrimination for at least red, amber, and green.
- (amplified) hearing adequate to accurately assess blood pressures, breath, bowel, and heart sounds.
- sufficient strength and motor control to lift patients with one partner (up to 250 lbs) safely onto a stretcher and to move them from the point of patient contact to the ambulance and into the receiving facility.
- manual strength and dexterity sufficient to perform a physical exam and all EMS skills specified in the curriculum and System procedure manual.

If reasonable accommodation is to be exercised by a qualified individual with a disability using products, appliances, or personnel, it will be the student's responsibility to acquire the resources for their personal use due to the cost of the accommodation needs.

Students with demonstrated reading disorders, e.g., dyslexia, shall be offered reasonable accommodation in the form extended time to take written examinations based on an individual request made at the beginning of the program and physician verification of need.

SCHEDULE:
**DESCRIPTIONS OF CORE CLASSES**

**EMS 210 - Paramedic I - Preparatory**

Introduces the roles and responsibilities of paramedics. It presents an overview of EMS system design, constraints, and operating processes; the history and current state of prehospital care and medical oversight; medical-legal and ethical issues; therapeutic communication; life-span development; and general principles of documentation.

Content also includes cellular structure and physiology; general principles of pathophysiology; causes and fundamental mechanisms of disease including degenerative changes; fluids and electrolytes; acid/base imbalances; the body’s defenses against disease; and the effects of hypoperfusion.

Pharmacology is introduced including general properties and forms of drugs; components of a drug profile; drug classifications, routes of administration, interactions, storage, and special considerations; and general drugs used in prehospital care.

Students must demonstrate competency in calculating drug dosages using the metric system and will practice giving drugs through routes included in the EMS scope of practice.

This module also includes a comprehensive introduction to respiratory A&P, airway adjuncts, pulmonary assessment using pulse oximetry and capnography, oxygen delivery devices and techniques for performing a comprehensive physical examination.

**EMS 211 - Paramedic II - Medical Emergencies Part 1**  
*Prerequisite: EMS 210 with a grade of "C" or better*

Presents an in-depth study of acute and chronic disorders of the pulmonary and cardiovascular systems.

Cardiac A&P is presented with an emphasis on the structure, function, and electrical conduction system of the heart and the pathophysiology and emergency management of acute cardiac syndromes. A significant portion of this module is spent on ECG rhythm interpretation and the drugs and interventions used during emergency cardiac care including transcutaneous pacing, cardioversion, defibrillation, and cardiac arrest management. Comprehensive 12-lead ECG interpretation is presented in this module but tested later in the course.

**EMS 212 - Paramedic II - Medical Emergencies Part 2**  
*Prerequisite: EMS 211 with a grade of "C" or better*

Key content of this module presents anatomy and physiology of the female reproductive system, gynecological emergencies, sexual assault, physiologic changes of pregnancy, emergency childbirth, complications of pregnancy and delivery, and care/resuscitation of a newborn.

Pediatric emergencies include medical and traumatic emergencies with an emphasis on the variations in pediatric presentations of the same disorders studied in adults.

Behavioral and psychiatric emergencies are presented with an emphasis on patient and responder safety, types of behavioral and psychiatric emergencies, general assessment and management, performing a differential diagnosis to consider medical causes of behavioral disorders, dealing with a suicidal or violent patient or one who is a flight risk, and conditions under which restraints may be applied.

Further content presents acute and chronic disorders of the endocrine, gastrointestinal, genitourinary, immune, neurologic, and hematopoietic systems and their emergency management. Also presented are toxicology and substance abuse, environmental emergencies, and infectious and communicable diseases.

**EMS 213 - Paramedic III - Trauma Emergencies; Special Patient Populations; operations**  
*Prerequisite: EMS 212 with a grade of "C" or better*

This section starts with an introduction to the study of kinematics. Each body system is discussed with respect to the pathogenesis and nature of common injuries including, head, face, ocular, ear, spine, thoracic, cardiovascular, abdomen, GU, obstetric, musculoskeletal, soft tissue, and burns.

This module also includes special patient populations, victims of interpersonal violence, and those with special challenges such as patients with arthritis, cancer, cerebral palsy, chronic neurological or muscular debilitating conditions, previous brain injury, or a terminal illness. ALS response to home care patients is presented along with an introduction to common devices and appliances used or worn by these individuals. Students are introduced to the concept of stress and grief management.

It concludes with field experts presenting concepts of Multiple Patient Management for situations involving more than one patient, weapons of mass destruction and terrorism; rescue operations; and response to hazardous materials incidents.

**EMS 214 - Paramedic Hospital Internship**

*Purpose: Hospital clinical rotations allow students to apply concepts presented during class to actual patient situations in a controlled environment under the direct supervision of a hospital-assigned preceptor.*

*Attendance: IDPH requires a minimum of 200 hours of hospital clinical experience. In the NWC EMSS program, these hours are divided as follows:*
Hospital Unit/shift requirement minimums

<table>
<thead>
<tr>
<th>Unit</th>
<th>Hours</th>
<th>Shifts</th>
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</thead>
<tbody>
<tr>
<td>ED</td>
<td>112</td>
<td>14</td>
</tr>
<tr>
<td>ICU</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>Labor &amp; delivery</td>
<td>16</td>
<td>2</td>
</tr>
<tr>
<td>Operating room</td>
<td>16</td>
<td>2</td>
</tr>
<tr>
<td>Pediatric ED</td>
<td>24</td>
<td>3</td>
</tr>
<tr>
<td>Psych</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>Skilled nursing facility</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>Elective</td>
<td>8</td>
<td>1</td>
</tr>
</tbody>
</table>

The minimum 200 hours and required paperwork must be submitted and approved before a student may begin the EMS Field Internship. This DOES NOT mean that all required patient care contacts and competencies must be accomplished before EMS 215 can begin. Hospital clinical shifts will be extended into EMS 215 if a student requires additional patient care contacts and/or opportunities to gain competency due to limited clinical unit availability and/or lack of patient opportunities. They will not be extended during EMS 215 due to irresponsible student behavior or persistent failure to schedule and/or complete hospital clinical rotations during EMS 211, 212, or 213.

Instruction plans: Each unit has a clinical instruction plan that lists the student and preceptor objectives, the expected performance outcomes, and provides a form on which to validate the learning experience.

Scheduling: Unit assignments depend on hospital availability and student preparation. Most rotations are initially self-scheduled by the students after they are released to go to a specific unit, using FISDAP software. After schedules are confirmed by J. Dyer, students wishing to change assignments must trade with another student. Individual schedule changes will not be accepted except in isolated cases of true emergency. Students may not do more than a 40 hour work week must be willing to travel to all System hospitals and complete weekend and evening rotations as needed.

Attendance: Students are to be present and duty ready at least 15 minutes prior to the start of a clinical shift.

Absences/late arrivals: If you experience an unforeseen personal emergency or acute illness and will miss or be late to an assigned clinical rotation, you must notify the following in advance of the missed rotation:

1. **Clinical unit nurse in charge.** Phone numbers for each unit are in the clinical instruction plans.
2. **Course Clinical Coordinator (Jen Dyer).** Call by 6:30 am for a 7:00 am shift and by 2:30 pm for a 3:00 pm shift. If there is no answer, a message must be left on voice mail. Provide the name and title of the person on the clinical unit to whom the absence/tardiness was reported.

Determination that a lateness or absence is excused is at the sole discretion of the Clinical Coord, Program Director and/or EMS MD.

Failure to report on time or at all to a clinical unit as scheduled without just cause and advance notice is an **unexcused absence** pending an investigation.

If tardy and allowed to stay, the student must complete the full shift time. A missed shift must be made up at the convenience of the host hospital.

After one unexcused absence, the student will be placed on academic probation. **Two late arrivals and/or unexcused absences** will require a meeting with the Clinical Coordinator and may result in disciplinary action. Proof of illness may be required to affirm an excused absence.

A student who goes to the wrong clinical unit, or to the assigned unit on the wrong day or time, will be sent home and must be rescheduled. This will constitute an unexcused absence. The student is responsible for notifying the Clinical Coord of their error immediately.

**Rescheduling OR time:** Rescheduling an unexcused operating room rotation carries a fee of $50/hour or portion thereof payable by the student in the form of a secured check or money order to the host hospital where the rotation will occur. Payment must be received before the student is allowed to complete the rotation.

Leaving early: Students may not leave a unit before completing the entire shift unless approved in advance by the Clinical Coord or Program Director. Leaving early without permission is unprofessional and will trigger the program’s corrective coaching/disciplinary action policy.

Non-professional conduct: If confirmed that a student exceeded acceptable times in non-patient care activities or was not actively engaged in patient care activities, or violated the conduct specified in the affective objectives, these behaviors will trigger the program’s corrective coaching/disciplinary action policy.

**Paperwork/FISDAP submissions:** READ CAREFULLY

Evaluation forms for each clinical unit must be complete and placed in the student’s class file for review by the Clinical Coordinator within one week of the rotation. The student must also enter all patient care contacts and skills performed into FISDAP within one week of completing the rotation. If the paperwork is incomplete and/or is not submitted on time and/or the patient care contacts and skills performed are not entered on time, that rotation will not be credited toward graduation requirements and will need to be repeated.

If a student is required to reschedule more than one clinical rotation due to late paperwork or computer submissions, that behavior is considered non-professional and may be grounds for dismissal from the program for failure to achieve the objectives of EMS 214.

The Clinical Coordinator will confirm completion of EMS 214 before a student may begin the field internship.
EMS 215 - Paramedic Field Internship
Prerequisite: EMS 214; minimum hospital clinical shifts completed and acceptable paperwork submitted.

Students integrate theoretical concepts learned in class and perform psychomotor skills assessed as competent during classroom labs/exams and/or the hospital clinical rotations in the field environment under the direct supervision of an approved preceptor. They are expected to develop contextual, integrative, and adaptive competencies using critical judgment skills.

During the field internship, paramedic students will
1. effectively participate as a team member or leader under the direct supervision of an approved Preceptor.
2. organize patient findings and communicate effectively with on-line medical control.
3. accurately document the call on an electronic patient care report using appropriate medical terminology in accordance with principles of medical documentation. The student's name must be noted as the team member who completed the report.
4. participate in the maintenance of EMS drugs and equipment commonly found on an ambulance.
5. demonstrate achievement of affective objectives for paramedic performance.
6. develop effective coping strategies to the stressors inherent in EMS practice.

Preceptor approval: The preceptor(s) must be submitted and approved per System Policy P-1 by 2/20/15. If the proper paperwork is not submitted by that date, the student and the EMS Provider agency will receive notice of the student's impending suspension from the class for non-compliance with EMS 215 requirements.

A primary preceptor cannot be assigned to mentor more than one student at a time.

Meeting with hospital EMS Coordinator/Educator prior to staring the Field Internship.

On or before the first week of February, all students must have had a meeting with the hospital EMS Coordinator/educator assigned to facilitate their internship. Contact names and numbers are listed on the System Directory found on the website: www.NWCEMSS.org under the ABOUT US tab.

Students are expected to begin the Field Internship by the dates specified in the Course Calendar. Any delays will impact the student's ability to graduate on time and must be approved by the Course Lead Instructor.

Phases of the Internship: The field internship is divided into two phases of ascending mastery and accountability. Each phase has objectives that must be achieved before advancing to the next phase or completing the internship. The objectives for each phase are listed on the Field Internship forms.

Phase I involves orienting to the agency and must be accomplished as a pre-requisite prior to beginning EMS 215.

PHASE MEETINGS

At the end of Phase 1 and Phase 2, a meeting must be held with the student, their primary preceptor and the assigned hospital EMSC/Educator to validate achievement of the objectives for that phase. The Provider EMSC is welcome, but not mandatory. Students must coordinate possible meeting dates and times with their Hospital EMSC/educator and preceptor at least two weeks prior to the desired meeting date.

Students must submit the blinded PCRs for each call on which they participated during that phase along with the completed run Critique form, pathology/physiology explanation, and drug cards for prescription drugs taken by each patient to the hospital EMSC/educator at least one week in advance of the scheduled meeting. The EMSC/educator will review all of the submissions and determine which will be discussed at the phase meeting.

During the meeting, students must be prepared to discuss each patient's history including prescribed meds, physical exam findings, interventions/medications administered by EMS, the prehospital impression, pathology/physiology of the disease/trauma condition experienced by the patient, and responses to interventions.

Students must continue to log all patient care contacts and skills performed into FISDAP.

Once the student demonstrates achievement of that phase's objectives, they will be advanced to the next phase or be recommended for graduation if at the end of Phase 2I. If they do not demonstrate mastery of the objectives, they will be retained in that phase with an individual education plan (IEP).

Time requirements: Vary from student to student as each phase is competency-based rather than time-based. Students are required to ride a minimum of 300 state-required hours but may extend to 768 hours as there are 32 possible 24 hour shift days within the full internship time. Eight additional hours are allowed for phase or coaching meetings. The time may be extended based on patient contact opportunities and student progress. Students should not complete Phase 1 in less than four weeks and Phase 2 that should not conclude until the second week in June.

No more than ⅓ of the total hours may be completed from 11 pm to 7 am. At a minimum, students are expected to ride an entire shift extending until the time set by the EMS agency to coincide with their preceptors’ work schedule. They may not leave in the middle of a shift unless an emergency exists.
Internship time may be extended a maximum of 30 days after the scheduled end of EMS 215 based on limited patient contact opportunities and slow but steady student progress. It will not be extended due to irresponsible student behavior or lack of progress in meeting the IEP.

Agreements to ride out-of-System will be considered on a case-by-case basis. If the internship is not completed on a NWC EMSS vehicle, the EMS MD of the System in which the internship is completed must grant ALS privileges to the student during the experience and the student and assigned preceptor must agree to an inter-system memorandum of understanding regarding internship requirements.

**PATIENT CARE CONTACTS/competencies** that must be demonstrated and entered into FISDAP during EMS 214 or 215 as a prerequisite to graduation:

<table>
<thead>
<tr>
<th>Assessments</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult (18-64 yrs)</td>
<td>25</td>
</tr>
<tr>
<td>Geriatric (65 or older)</td>
<td>30</td>
</tr>
<tr>
<td>Peds (0-17 yrs)</td>
<td>30</td>
</tr>
<tr>
<td>Trauma patients (5 multi-system)</td>
<td>40</td>
</tr>
<tr>
<td>Cardiac-related complaints</td>
<td>15</td>
</tr>
<tr>
<td>Respiratory-related complaints (adult)</td>
<td>10</td>
</tr>
<tr>
<td>Respiratory-related complaints (peds)</td>
<td>8</td>
</tr>
<tr>
<td>GI related complaints</td>
<td>20</td>
</tr>
<tr>
<td>Altered mental status/syncope</td>
<td>20</td>
</tr>
<tr>
<td>Behavioral problems (intoxicated/OD/Psych)</td>
<td>20</td>
</tr>
<tr>
<td>OB (observe at least 1 vaginal delivery)</td>
<td>10</td>
</tr>
</tbody>
</table>

**Skills**

- Medication administration: 15
- Ventilate non-intubated pt/O2 delivery: 20
- Advanced airway insertion (5 on humans): 50
- Vascular access (successful): 25

**Leadership**

Serve as the team leader: 15 runs (10 ALS)

**Completion options:** In order to graduate and to take the state exam, students must demonstrate entry-level mastery of EMS knowledge and skills as measured by satisfactorily completing all objectives in the internship instruction plan.

The preceptor, Provider EMSC, and RN EMSC/Educator may select from three options at the end of the first 300 field internship hours:

1. **Objectives fully achieved:** Graduate; recommend taking the state exam; unencumbered license.
2. **Objectives minimally achieved:** Graduate; recommend for state exam; encumbered license (probationary status) and continue providing ALS care under the direct supervision of a preceptor with periodic meetings with the EMSC for an agreed-upon period of time. If this option is selected, the hospital EMSC must specify in detail the rationale for the extended probationary status and the EMS agency chief/administrator must agree to the IEP.

3. **Objectives not achieved:** Student is given an incomplete for the course. If this option is selected, the hospital EMSC/educator must specify the cause in detail with an IEP established between the student, the primary preceptor, the Provider EMSC and the hospital EMSC/Educator. A copy shall be forwarded to the Course Coordinator. The student may continue EMS 215 with an incomplete for a maximum of 30 days unless extenuating circumstances apply and approved by the Course Coordinator. If licensure cannot be recommended at the end of 30 days, the student will be given an F for this semester and may apply for re-enrollment next time EMS 215 is offered.

**EMS 216 - EMT-P Seminar**

**Co-requisite:** EMT 215 Paramedic Field Internship

Weekly seminars during the last six weeks of the field internship provide an opportunity for intellectual engagement and allow students to integrate and apply didactic concepts presented during the course to actual patients. Small groups provide an environment conducive to student-centered learning. Students attend one day a week and present patient encounters to illustrate key learning objectives. The seminar approach is designed to encourage higher level thinking and to prepare students for the final exams as well as the state credentialing exam.

**COURSE COMPLETION CRITERIA**

- All courses passed (EMS 210, 211, 212, 213, 214, 215, and 216)
- All patient care contacts met and entered into FISDAP with final approval by the Course Clinical Coordinator
- All assignments turned in with a passing grade
- All fees paid

Students will not receive a course completion certificate, nor will they be recommended to take the state exam if any requirement is incomplete.

**EVALUATIONS:** Students are evaluated on their achievement of cognitive, psychomotor and affective objectives. Performance is evaluated during class and after completing the final exams. Employers are asked to provide feedback on the students six months after graduation. Employers will not have access to actual grades unless the student signs a release of information form, but will be informed if the student has met or not met class objectives.

Students evaluate guest faculty, the Course Coordinator, the hospital clinical experiences, preceptors, and the course.
**Additional help:** Individualized mentoring is available to students who have identified learning needs at the mutual convenience of the student and learning coach.

**MEASURING LEARNING:** A variety of tools have been developed to measure achievement of the objectives. These include self-assessments, quizzes, written, and practical exams.

- **Quizzes:** Measures achievement of cognitive objectives. There are usually constructed as a combination of short answer, fill-in-the-blank and multiple choice questions and offered once per week.

- **Written Exams:** Written exams at the end of EMS 210, 211, 212, 213 consist of 150 multiple-choice questions. Students will be provided with the exam blueprints prior to the test. After the cardiac material is presented, written exams will also include a 15 strip ECG rhythm exam. Failure of an ECG exam or failure to correctly identify lethal rhythms: VT, VF, asystole, IVR, AIVR, or 3rd AVB requires completion of a mandatory remediation packet prior to retesting. Students must be able to identify potentially lethal rhythms in order to pass the class.

- **Practical exams:** Practical exams at the end of EMS 210, 211, 212, and 213 measure competency in performing psychomotor skills. Specific skills to be tested are listed on the class schedule.

- **Final written exam:** Consists of 150 multiple-choice questions with a blueprint that is similar to the state exam and 15 ECG rhythm strips. Misidentification of a lethal rhythm will require a retest regardless of the actual percentage score. A second failure of the either exam is grounds for dismissal from the program.

- **Final practical exam** Consists of simulated patient assessments based on a variety of illnesses and injuries.

**GRADING and RETEST policies**

The cumulative quiz average during each module must be 80% or above to be eligible to take the Modular Exams. Each modular written exam must be completed with a minimum score of 80% or above to pass. Students who score between 75%-80% on the first attempt will have one opportunity to retake the failed exam. The highest score awarded for a retest is 80%. Students who score below 75% on a modular exam or below 80% on the retest will receive an F for that module and will be dismissed from the program with an option to re-enroll the following year. Exit interviews will be conducted with the student and Course Coordinator. A representative of the employing EMS agency and the EMS MD or his designee may be invited to attend by either party.

**Grade point averages: EMS 210, 211, 212, 213**

<table>
<thead>
<tr>
<th>Percentage of GPA</th>
<th>Course Component</th>
</tr>
</thead>
<tbody>
<tr>
<td>70%</td>
<td>Quiz/project average</td>
</tr>
<tr>
<td>60%</td>
<td>Modular exam</td>
</tr>
<tr>
<td>10%</td>
<td>ECG exam (211, 212, 213)</td>
</tr>
<tr>
<td>Pass/fail</td>
<td>Grade for EMS 214 &amp; 215</td>
</tr>
<tr>
<td>10%</td>
<td>Grade for EMS 216: Seminar assignments</td>
</tr>
<tr>
<td>20%</td>
<td>ECG exam (211, 212, 213)</td>
</tr>
<tr>
<td>70%</td>
<td>Final Written exam</td>
</tr>
</tbody>
</table>

**Grading Scale**

- 94-100 A
- 87-93 B
- 80-86 C
- 75-79 D
- < 75 F

**Practical exams** are scored as pass/fail based on detailed evaluation instruments that list all critical steps to be performed. The student must demonstrate all key steps in a reasonable sequence and time without critical error to pass. A student may fail up to 2 stations in one exam and be eligible to retest that station one time.

Failing three or more stations on the first attempt or failing one re-test will trigger a meeting with the Course Coordinator and EMS MD and may result in a corrective action plan or dismissal from the program. Practical exam grades are not averaged into the cumulative GPA, however, students must pass all practical stations to pass the course.

**Clinical grades:** Clinical grades are noted as meeting or failing to meet requirements, which is a recommendation to repeat the experience. Clinical grades ARE NOT averaged into the cumulative grade point average, however, students must successfully complete all clinical rotations and patient care reports to pass EMS 214 and begin the Field Internship.

**GUIDED STUDY**

Students who are having difficulty mastering course objectives at any time during the program as evidenced by failing quiz scores will be required to complete an IEP. Their provider agency will be notified of the Guided Study requirements.

Students on Guided Study are required to complete remediation designed to improve their performance by working with an approved learning coach. Documentation must include the dates and times of mentoring, a diary of topics covered and time spent on each topic verified by the learning coach’s signature.

The amount of time prescribed will escalate based on the number of times a student has been placed on Guided Study and the degree of their unsatisfactory performance. The action plan may require a student to
write and present reports on topics for which they have demonstrated learning needs or may include other meaningful remediation measures. Guided Study is meant to help a student master the objectives to ensure that they will be successful in completing the course.

If a student fails to satisfactorily complete the remediation plan, they will be dismissed from the course and given a failing grade for that module.

PARAMEDIC LICENSURE

STATE EXAM: Following successful course completion and a recommendation from the EMS MD in the form of a signed roster submitted by the EMS Course Coordinator to CTS, a graduate will be authorized to take the State of Illinois Exam for Paramedics.

All candidates must preregister electronically for the state exam in a process defined by IDPH and Continental Testing Services. Study guides, sample test questions, and procedures for registering are posted on Continental Testing Services (CTS) website: www.continentaltesting.net. CTS will send the student a confirmation letter with instructions as to how to set up the test through the testing center. Complete test instructions will be given to the students during the seminar module.

Exam FEE: There is a $40 fee to take the state examination, payable when registering online, and a separate licensure fee. These fees are the student's responsibility to pay.

Times and location: Computer based testing is offered at PSI test centers located throughout Illinois.

Exam construction: The state exam consists of 150 multiple-choice questions covering topics contained in the National Education Standards.

Passing score: The exam will be scored immediately and a pass/fail report will be shown on the computer screen at the end of the test and be sent by e-mail to the candidate. The minimum passing score on the state exam is 70%. Retesting policies are found in the EMS Rules. An additional fee is required for each attempt.

Candidates who achieve a passing score will be processed for a paramedic license in Illinois pending receipt of a licensure fee.

LICENSURE FEE: After graduates have passed the State exam, they must pay the $60 Illinois Paramedic Licensure fee in order to gain their license. This fee can be paid on line by going to the IDPH EMS Division website: http://www.idph.state.il.us/ems/ and scrolling to the middle of the page. You will see a link to paying fees on line. Once paid, IDPH will cut your license the next day.

The NWC EMSS has made application for a letter of review from the Committee on Accreditation of EMS Programs. If that letter is granted prior to being beginning of class, students will be eligible to take the National Registry Exam. If that letter is not granted, they will only be eligible to take the State exam and will never be eligible for National Registry testing.

GENERAL COURSE POLICIES

ATTENDANCE: Students must complete all mandatory sessions. Classroom labs, exams, and hospital clinical rotations are all mandatory. Participation in a disaster drill may be mandatory based on availability to the class. If missed due to absence, they must make up all mandatory sessions.

Classroom absences make it difficult for the learner to master the didactic material. Three or more complete day absences (excused or not) may result in dismissal from the program.

Providing notice: Inform your Squad Leader in advance regarding the nature of your emergency if you are going to be late or absent from a class. They will be responsible for notifying the instructor before class begins.

Late arrival/tardiness: Highly unusual or extenuating circumstances occasionally occur causing a student to be late without appropriate notice or justification. A trend of arriving after the posted class start times, whether first thing in the morning, after breaks, or after lunch without prior notice and understandable justification, is considered unprofessional conduct and the student will be recorded as tardy. See below for consequences of late arrivals.

The Course Coordinator will determine if a tardy arrival or absence is excused. Oversleeping, traffic congestion, etc. will not be considered excused unless extenuating circumstances apply.

Unexcused lateness/absences: Any late arrival/ absence without prior notice and/or reasonable justification shall be considered unexcused and shall be noted in the student record. The first two unexcused late arrivals or two unexcused absences will carry a requirement for community service in ascending time increments or the purchase of a toy ($20 or less) for a Children's charity.

Three unexcused late arrivals at either the morning or afternoon sessions of class, clinical rotation, or field shift places the student's continued enrollment in the class in jeopardy shall be reported to the employer/sponsor.

- Missed material shall be made up at the discretion of the Course Coordinator.

- Extended leave: Students may petition for withdrawal from the program based on the need for extended leave or extenuating circumstances. They will be considered for readmittance on a case-by-case basis. Placement in the next class will depend on the student's previous performance as well as the point in the course at which they withdrew.
QUIZZES/EXAMS: Students are expected to take quizzes and exams on the dates and times assigned. Exams are scheduled to begin at 9 am. Please plan to arrive and be prepared by 0845 on the day of the exam. This is a professional courtesy and responsibility of the student. A seating chart may be devised at the discretion of the faculty. Tardiness will not be acceptable and will not be considered an excused reason regardless of the cause. Should a student be late to an exam, the student may not be permitted entry to the classroom after an exam has started and a zero may be given, (at the discretion of the faculty). Should the student be permitted to take the exam and enter the class, the student will only have the remaining time of the exam to complete all questions (at the discretion of the faculty member). Quizzes and modular exams allow approximately one minute per test question. Be prepared to answer all questions in the allotted time.

Personal items, such as purses, books, backpacks, cell phones (turned off), pagers, notebooks, laptops, and briefcases will be left in the front or back of the room during testing. The instructor reserves the right to ask students to remove jackets or articles of clothing that are bulky that could be suspicious of covering written material during the exam.

If refused admittance to the exam due to tardiness, the student must take the exam on the original day of testing at the convenience of the Course Coordinator. There are no make-up quizzes during class time.

Make-up exams on an alternate date will only be given for extenuating circumstances such as illness or a family emergency. The student may be required to provide evidence to verify illness or to prove the validity of the extenuating circumstances.

A second lateness or absence for a quiz/exam will result in a meeting with the EMS Administrative Director and EMS MD and may result in dismissal from the program.

Practical exams must be taken on the day scheduled unless satisfactory evidence is presented to justify the absence. All make up exams will require a fee of $50/hour or portion of an hour for a preceptor.

The test item analysis information is not authorized or permitted for student view.

CAFETERIA: The cafeteria is located on the first floor of the main hospital building. Students must wear their ID badge to be served at the discounted employee rate.

FOOD in classroom: Eating in the classroom is allowed if care is used to protect hospital property and garbage is placed in proper receptacles.

There is a coffee center, small refrigerator and microwave oven in the classroom that is available for student use. Squad members are assigned to maintain fresh coffee during the day and to clean the coffee pots when class is dismissed. All food and beverage privileges will be revoked if classroom furnishing become soiled or damaged due to food or beverages and/or the Course Coordinator has to clean up after class.

FELONY CONVICTION POLICY
Accepting individuals convicted of certain felony crimes into the Paramedic program or allowing them to continue in the program once a conviction has taken place or becomes known presents a unreasonable risk to public health and safety if such person has not offered proof of sufficient rehabilitation to warrant public trust.

IDPH will suspend, revoke, or refuse to issue or renew the license of any licensee after an opportunity for an impartial hearing before a neutral administrative law judge appointed by the Director, where the preponderance of the evidence shows that the licensee has been convicted (or entered a plea of guilty or no-lo-contendere) by a court of competent jurisdiction of a Class X, Class 1, or Class 2 felony offense in this State or an out-of-state equivalent (HB5183 Enrolled LRB096 16642 KTG 31923 b) Public Act 096-1469.

Applications will not be accepted for individuals who meet the above criteria. Continued enrollment in the program by individuals who meet the above criteria during class will be terminated following a hearing in compliance with Illinois law.

Discretionary denial: Applications for training by individuals convicted of other crimes including but not limited to DUI, may be denied after consideration of the following:

- The seriousness of the crime and time elapsed since the crime was committed.
- Whether the crime relates directly to the skills of EMS service and the delivery of patient care.
- When the crime involved violence to, or abuse of, another person.
- Whether the crime involved a minor or a person of diminished capacity.
- Whether the applicant’s actions and conduct since the crime occurred are consistent with the holding of a position of public trust.

BEHAVIOR and LANGUAGE: Students are expected to behave in a professional manner and refrain from using profane or defamatory speech at all times during any program function, class or clinical assignment. Guests, faculty and peers are to be treated with deference and respect. Inappropriate or unprofessional speech will require an immediate public apology and will trigger disciplinary action that may include dismissal from the program.
DRESS CODE: Classes are held in a hospital and students are in contact with other health professionals, patients, and members of the public. It is important that they dress in a professional, tasteful, and discrete manner consistent with the expectations of the hospital and provider agencies. Based on feedback from System providers, all students are expected to attend class, hospital clinical rotations, and field internship days in uniform unless the clinical unit requires scrub attire such as the operating room.

If a student does not adhere to the dress code they will be asked to leave for the day. Two violations of the dress code policy will result in disciplinary action.

- **Shirts:** Shirts worn unbuttoned, with the shirttail out or with logos other than the EMS System/Agency are not acceptable.

  **EMS agency employees:** Duty uniform shirts

  **Unaffiliated students:** Land’s End Navy blue polo shirt with System Logo.

- **Pants:** Navy blue dress or uniform pant. Must be the appropriate length and size with finished hems that do not drag on the floor or ride down the hips/buttocks.

- **Shoes/boots:** Black. Should be clean and polished with laces tied.

- **Jewelry:** A watch with a second hand or second counter to be worn to class every day with a lab and for each clinical shift. No more than 3 earrings per ear. No visible body piercing jewelry beside the ears is acceptable.

- **Body art/tattoos:** Must be covered as much as possible while in the clinical units (hospital and field).

- **Hats:** May not be worn in class or clinical units. Religious head coverings may be acceptable per individual prior agreement with the Class Coordinator as long as they do not jeopardize student and/or patient safety.

HYGIENE: Good hygiene is essential. Use of unscented personal hygiene products and makeup is acceptable. Due to respiratory sensitivities, allergies and asthma; any fragrance which produces a scent or odor strong enough to be perceived by others including; but not limited to colognes, perfumes, aftershave, and lotions are not to be worn to class or clinical units: Also unacceptable are odors from tobacco products; body or mouth odor; excessive make-up; and chewing gum in the clinical units.

- **Hair:** Should be neat, clean and worn in a natural style. Hair coloring outside of natural shades is unacceptable. Facial hair must be neatly groomed.

- **Fingernails** must be clean and trimmed not to exceed ½ inch from fingertips while in the clinical units. No artificial nails may be worn while in the clinical units.

- **Overall clothing:** Should be clean, neat, in good repair and of appropriate size. Clothing that is soiled, torn, too loose or too tight will cause the student to be dismissed from class that day.

EXPOSURE to body secretions: If any student experiences a significant exposure event as defined in Policy I-2, they shall

1. immediately wash the area with soap and water or irrigate their eyes with water/saline.

2. Report the exposure to the Designated Infection Control Officer (DICO) of your EMS agency and the class Lead Instructor. Follow the DICO’s instructions.

HEALTH INSURANCE VERIFICATION

All students must submit proof of health insurance coverage during their entire student tenure to Harper College Health and Psychological Services as part of their program requirements.

Each student is responsible for obtaining medical care at his/her own expense or in keeping with existing insurance coverage for any illnesses or injuries sustained as a direct or indirect result of their affiliation with the program.

LIABILITY INSURANCE COVERAGE

Each student is provided professional liability coverage under the umbrella of NCH as long as they are acting in good faith as agents of the program.

ID BADGES: Student photo ID badges must be obtained from the Human Resources Office of NCH (1st floor 901 Kirchoff Center) on or before the first day of class and must be worn in a visible location on the upper torso at all times within NCH and all clinical units (hospital and field). Any student who comes to class without an ID must get a replacement at their cost. If a student comes to a clinical unit without the student photo ID, they will be asked to leave and will be noted as an unexcused tardy if they can return within 15 minutes with the badge or an unexcused absence if it takes longer than 15 minutes to return.

INCLEMENT WEATHER

There may be times when class schedules will need to be altered based on inclement weather. If this occurs, the program allows flexibility to usual and customary attendance policies.

The Course Coordinator will consult with the EMS Administrative Director before canceling or changing class times or resuming normal class schedules. Decisions to change normal operations must be made at least three hours before class start times.
Announcements about schedule changes will be communicated by e-mail, will be posted on the System website, and the Coordinator will contact Squad leaders who are responsible for notifying their members.

**LICENSE RENEWAL as an EMT-B:** Students must maintain an active EMT-B license until they pass the state exam and gain paramedic licensure. If your EMT license is due to expire during the course, contact the EMS Administrative Director (Connie Mattera) and she will provide you with renewal instructions.

**PARKING:** Students may park in lot 7 on the north end of the hospital campus or on the 5th floor of the Busse Center for Specialty Medicine parking lot. DO NOT park in the lower levels of the Busse Center. Those spaces are reserved for patients.

**SEXUAL HARASSMENT:** No student or faculty member shall be subject to sexual harassment or bullying. Unwelcome sexual advances, requests for sexual favors or other verbal or physical conduct of a sexual nature constitute sexual harassment. For full definition and information on reporting alleged harassment, see Harper Catalog/Student Handbook.

**SMOKING AND TOBACCO USE:** Smoking and the use of tobacco products is prohibited on the NCH campus including the hospital, adjacent hospital grounds, parking lots, and Wellness Center. This policy is supported by the Illinois Clean Indoor Air Act (PA 86-1018), Smoke Free Illinois Act (eff. Jan 1, 2008), Village of Arlington Heights Smoking Ordinance, and the Joint Commission on Accreditation of Healthcare Organization’s requirements for a smoke-free environment. Students may only smoke or use tobacco products in their own vehicles. Tobacco products include cigarettes, cigars or tobacco in any other form including smokeless tobacco which is any loose, cut, shredded, ground, powdered, compressed or leaf tobacco that is intended to be placed in the mouth without being smoked. The Harper College Health and Psychological Services department offers assistance to students who desire to quit smoking through cessation workshops and other support. Violation of this policy will constitute grounds for dismissal from the program.

**SOCIAL MEDIA**

Students are not allowed to use any personal electronic devices while class is in session unless specifically authorized by the instructor. Cell phones, pagers or other electronic devices used for messaging must be silenced and all electronic communication deferred until breaks unless an emergency exists. If, on rare occasions an emergency requires an immediate response, the student shall exit the classroom to use the device.

**Objectionable or Inflammatory Posts**

Even if your social media activities take place completely outside of class, as your personal activities should, what you post can reflect on your professionalism and the program.

Students shall not post anything that is false, misleading, obscene, defamatory, profane, discriminatory, libelous, threatening, harassing, abusive, hateful, or embarrassing to another person or entity. Make sure to respect others’ privacy. Third party Web sites and blogs that you link to must meet our standards of propriety. Be aware that false or defamatory statements or the publication of an individual's private details could result in legal liability for the EMS program and you.

**TUITION AND FEES**

Students are held to current in and out-of-district Harper College tuition and fees. All students affiliated with a NWC EMSS provider agency are eligible for in-district tuition. Tuition does not cover the cost of the state exam nor the initial licensure fee.

Each student will be required to pay the state exam fee on-line at the time of exam registration. An additional fee of $80 per student is paid directly to FISDAP prior to the first semester to cover the license fee for the electronic software that schedules clinical rotations and tracks all patient care contacts and student-performed skills.

EMS Agency employees whose tuition is being paid by their employer must provide 3rd party authorization forms to Harper College by the first week of class or they will be held personally accountable for tuition fees.

Students who have not paid tuition or fees on time and have not made alternative arrangements shall be dropped by Harper College from the class.

**REFUND POLICY:** See Harper College student handbook for refund policy.

**Retake fees:** Students retaking the course or a portion of the course will be charged current tuition and fees.

**VETERAN’S BENEFITS**

The paramedic program is approved by the Department of Veteran’s Affairs for educational and training benefits via Harper College. Eligible veterans, dependents, reservists, and service members may be able to seek tuition reimbursement while they are in good standing in the program. If you think you may be eligible and would like to pursue these benefits, please contact Harper College.
WITHDRAWALS: Students who wish to withdraw from the class after the regular registration period for each class component (Ex, EMS 210, 211, etc) must withdraw officially at Harper College by the appropriate deadline date. A student who does not withdraw officially prior to the last date for withdrawals is subject to an F grade for that class and full tuition payment for that class. See the Harper College catalog for specific details on withdrawing from a class.

Resources for Students
Harper College makes a wide variety of resources available to all paramedic students attending class at NCH. See the Harper College Catalog/Student Handbook for details relative to Student Development, Access and Disability Services (ADS), Health and Psychological Services and Wellness Programs; Student Activities, Fitness Center, Academic Support Services such as the Tutoring Center, Writing Center, and Resources for Learning Division; Library Services; the computer lab and the Harper College Bookstore.

DISCLAIMER
The NWC EMSS reserves the right to change requirements, program curriculum, and class policies as the educational, legal, or healthcare environment change and as deemed necessary by the NWC EMS MD, the Region IX EMS MDs, and Federal and State rules and/or regulations.

FACULTY
The Paramedic class is conducted by EMS educators from the Resource Hospital. Guest faculty and preceptors with expertise in EMS education supplement NWC EMSS faculty.

The program operates under the authority of John M. Ortinau, M.D., EMS Medical Director of the NWC EMSS.

Contact information:

Connie J. Mattera, M.S., R.N., EMT-P
EMS Administrative Director and Lead Instructor
Phone: 847/ 618-4485
e-mail: cmattera@nch.org
Pager: 708-999-0141

Jennifer Dyer, BSN, EMT-P
EMS Clinical Coordinator
Phone: 847/ 618-4494
e-mail: jdyer@nch.org

Dara Sordo (secretary)
Phone: 847-618-4482
E-mail: dsordo@nch.org
Fax: 847/ 618-4489

Kathy Fitzpatrick
EMS Administrative Assistant
Phone: 847-618-4480
kfitzpatri@nch.org
Call instead of Dara until January 1, 2015

For additional staff names and contact information, see the System Directory on the NWC EMSS website.

Northwest Community Hospital
EMS office
Kirchoff Center
901 Kirchoff Road
Arlington Heights, Illinois 60005
Hours: Monday through Friday
8:30 am – 5 pm

WEBSITE: www.nwcemss.org
The Family Educational Rights and Privacy Act of 1974

The Family Educational Rights and Privacy Act of 1974 ("The Act") establishes the rights of students to inspect and review their education record; provides that personally identifiable information will not, with certain exceptions, be disclosed without the student's permission; provides for guidelines for the correction of inaccurate or misleading data through informal or formal hearings; grants the right to file complaints with the Family Educational Rights and Privacy Act office (FERPA) concerning alleged failures by the institution to comply with the Act, and makes provision for notice to the students concerning their rights.

No one shall have access to nor will the institution disclose any information from students' education records, other than Directory Information, without the written consent of students, except to persons or organizations providing students financial aid; to accrediting agencies carrying out their accreditation function; in compliance with a judicial order; in emergency situations when necessary to protect the health or safety of students or other persons; and to those persons with a legitimate educational interest. "Legitimate educational interest" means a demonstrable need to know by any staff member in terms of his or her assigned duties.

Records kept by the NWC EMS Office that are accessible to the student:

<table>
<thead>
<tr>
<th>RECORDS ON FILE</th>
<th>PURPOSE OF RECORDS</th>
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</thead>
<tbody>
<tr>
<td>Application</td>
<td>Placement</td>
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<tr>
<td>EMT Transcripts</td>
<td>Advisement</td>
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<td>Admission test scores</td>
<td>Determine placement</td>
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<tr>
<td>Grades</td>
<td>Measurement of objective achievement</td>
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<td>Correspondence</td>
<td>Anecdotal notes used to document performance and validate trends</td>
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<tr>
<td>Disclosure records</td>
<td>Record of disclosure of personally identifiable information; advisement</td>
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<tr>
<td>Fact sheet</td>
<td>Demographic information for records</td>
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<tr>
<td>Scores: written &amp; practical</td>
<td>Measuring performance and identifying future learning needs</td>
</tr>
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<td>Immunization records</td>
<td>Health counseling; risk assessment</td>
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<td>Physical examination</td>
<td>Fitness for duty on clinical and field units</td>
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<td>Student grievance</td>
<td>Official record</td>
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<td>Disciplinary record</td>
<td>Official record</td>
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<td>Evaluations</td>
<td>Counseling and evaluation</td>
</tr>
<tr>
<td>Financial data</td>
<td>Billing and collection</td>
</tr>
<tr>
<td>Records, exclusive of Federal and State Codes listed below**</td>
<td>Safety and security of students</td>
</tr>
</tbody>
</table>

* Students who wish to determine the general content of their record may make an appointment with the Course Coordinator to secure this information.

** The basis for this policy is the Ill Rev Statute, Ill Juvenile Court Act - Chapter 37, Article 2, Section 702-8(3). Ill Rev Statute, Ill Criminal Code - Chapter 38, Sections 206-3 and 206-7. Title 42, U.S.C., 377lb.

Educational records which are not governed by the Act and which are not accessible to students

1. Records kept by NWCH personnel which are used only by the maker or his or her substitute and are not available to any other person.

2. Law enforcement records that are kept apart from the student's other educational records and are maintained solely for law enforcement purposes, and are made available for inspection by Public Safety personnel only when acting in the line of duty. Such records are not made available to persons other than law enforcement officials of the same jurisdiction so long as educational records maintained by the institution are not disclosed to the personnel of the law enforcement unit.

3. Student records made or maintained by a physician, psychiatrist, psychologist, or other recognized professional or para-professional acting in his or her professional capacity or assisting in that capacity, and which are made, maintained, or used only in connection with the provision of treatment to the student and are not available to anyone other than persons providing such treatment, except that such records can be personally reviewed by a physician or other appropriate professional of the student's choice.
Directory information. The following items are designated as "Directory Information", and may be disclosed or released by the hospital for any purpose, at its discretion: the student's name, address, program of study, participation in officially recognized activities and dates of attendance, diplomas and awards received, and the most recent previous educational institution attended.

Currently enrolled students have the right to withhold the release and disclosure of any or all of these items by giving written notice to the Course Coordinator. Request for non-disclosure will be effective for one academic year.

Procedure to inspect and review records
The law provides students with the right to inspect and review information contained in their education record; to a response to reasonable requests for explanations and interpretations of the records; to challenge the contents of their education record; to have a hearing if the outcome of the challenge is unsatisfactory; and to submit explanatory statements for inclusion in their files if they feel the decision of the hearing officer is unacceptable.

The Course Coordinator will coordinate the inspection and review procedures for student education records, which include admission, personal, academic, and financial files, and academic, disclosure and placement records. Students wishing to review their records must make written request to the Course Coordinator listing the item or items of interest.

Records covered by the Act will be made available within 10 working days of the request. Students may have copies made of their records with certain exceptions, (e.g., a copy of the academic record for which a financial "hold" exists, or a transcript of an original or source document which exists elsewhere.) Education records do not include records of instructional, administrative, and educational personnel which are the sole possession of the maker and are not accessible or revealed to any individual except a temporary substitute, records of a law enforcement unit, student health records, or employment records. Physicians of the students' choosing may review health records.

Students MAY NOT inspect and review the following: Financial information submitted by their employers; confidential letters and recommendations associated with admissions, educational records containing information about more than one student, in which case the hospital will permit access ONLY to that part of the record which pertains to the inquiring student.

Procedures to amend records and request hearings
Students who believe that their education records contain information that is inaccurate or misleading, or is otherwise in violation of their privacy or other rights may discuss their problems informally at a meeting with the author of the record and the EMS Administrative Director. If the decisions are in agreement with the student's request, the appropriate records will be amended. If not, the student will be notified within a reasonable period of time that the records will not be amended; and they will be informed by the Course Coordinator of their right to a formal hearing.

Students' requests for a formal hearing must be made in writing to the EMS Administrative Director who, within a reasonable period of time after receiving such requests, will inform students of the date, place, and the time of the hearing. Students may present evidence relevant to the issues raised and may be assisted or represented at the hearing by one or more persons of their choice, including attorneys, at the students' expense. The hearing officer who will adjudicate such challenges will be the EMS MD.

Decisions of the EMS MD will be final, will be based solely on the evidence presented at the hearing, and will consist of written statements summarizing the evidence and stating the reasons for the decision, and will be delivered to all parties concerned. The education records will be corrected or amended in accordance with the decisions of the EMS MD, if the decisions are in favor of the student.

If the decisions are unsatisfactory to the student, the student may place with the education records statements commenting on the information in the records, or statements setting forth any reason for disagreeing with the decisions of the EMS MD. The statements will be placed in the education records, maintained as part of the student's records, and released whenever the records in question are disclosed.

Students who believe that their rights have been abridged may file complaints with the Family Educational Rights and Privacy Act office, Department of Education, Washington, D.C., 20201, concerning alleged failures of the hospital to comply with the Act.