

2022- 2023

Paramedic Student Handbook




In partnership with Harper College

These standards apply to:

- Applicants who become students, for actions committed as part of the application process; and
- Students, for actions committed on the Northwest Community Healthcare (NCH) and/or Harper College campuses and/or while participating in program related events or activities that take place following a student's submittal of the application throughout their official enrollment; and former students for offenses committed while a student.

The statements and requirements in this handbook have been reviewed and approved by the Program Advisory Committee and by me for this academic year.


Matthew T. Jordan, MD, FACEP
Paramedic Program Medical Director

The student, by virtue of applying for and accepting a position in the class, assumes the responsibility to conform to all Federal, state, county and local laws, regulations, policies, procedures, protocols and guidelines governing citizen and student conduct as well as those addressing healthcare workers including Emergency Medical Services (EMS) personnel.

Connie Mattera, MS, RN, PM

NCH

2022-2023

Education Program Pillars

MISSION

Quality EMS education and care. Every person. Every time.

VISION

The Program is the gold standard of excellence in EMS education.

Core VALUES – Duty | Honor | Distinction

Excellence: If a thing is worth doing, it's worth doing well. Exceptional education equips, resources, and empowers students to provide exemplary service and superior clinical practice that is inherently safe and effective, integrated and seamless, reliable and prepared, socially equitable, sustainable and efficient, and adaptable and innovative (EMS Agenda 2050).

Commitment: For 50 years we have generated trust by keeping promises, rising to all challenges and being there when needed. Every day choices, intelligent planning, responsiveness to feedback, and consistent disciplined effort lead to spectacular results as we relentlessly pursue the twin goals of quality education and EMS care.

Integrity: We do the right things because they are right with honesty, humility, and moral courage.

Compassion & empathy: We're there because we care about the physical, mental, emotional, and spiritual well-being of people. We listen to understand, withhold judgment, validate feelings and build connections. We also value and support self-care, healthy choices, staying in balance, managing stress, and achieving resilience.

Respect & Collaboration: Every person has equal value and we champion diversity, equity, creating and maintaining inclusive environments where all feel valued and safe; and multidisciplinary teamwork and partnerships to build relationships and community. Prejudices and biases are uprooted and **all are treated with dignity, kindness, civility, and respect.**

Accountability: We conduct our programs with transparency, authenticity, and accountability. Each person takes responsibility for their actions.

Citizenship: All business is conducted in compliance with applicable laws, rules, guidelines and codes. We advance success profiles to develop, attract, and retain top talent.

Justice: Fair and equitable due process is offered to all.

Fiscal responsibility, careful stewardship of all resources, and operational stability are the cornerstones of business planning and program operation.

Advancing knowledge: We inspire life-long learning in EMS leaders, educators, and practitioners through information sharing and meaningful personal and professional development. Quality practice requires a continuously learning community dedicated to growth and performance excellence.

Accreditation and Approvals

The NCH PM Program is accredited by the Commission on Accreditation of Allied Health Education Programs upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions.(CoAEMSP).

CAAHEP: Phone: (727) 210-2350 www.caahep.org

CoAEMSP: Phone: (214) 703-8445 www.coaemsp.org

It is also accredited or approved by the following:

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 Dept. of Public Health Div. of EMS & Highway Safety; Springfield, IL 62701 | (217) 785-2080

Safe, inclusive campus environment Equal Opportunity Statement

NCH and Harper College consider students on the basis of individual merit. We do not discriminate on the basis of race, color, religion, sex, gender identity, sexual orientation, national or ethnic origin, age, marital status, protected veteran status, or other protected classes under the law (including Title IX of the Education Amendments Act of 1972 published under the United States Code at 20 U.S.C. §1681-§1688) as long as the individual is otherwise qualified and is able to competently perform all the essential elements of a PM's scope of practice and job functions and meets eligibility requirements for paramedic licensure.

For a listing of the statutory references and program policies on requesting accommodations under the Americans with Disabilities Act (ADA) and the discrimination complaint procedure, see this Handbook on page 21.

Professional Role of a Paramedic (PM)

A PM is a health professional whose primary focus is to respond to, assess and triage emergent, urgent and non-urgent requests for medical care; apply basic and advanced knowledge and skills necessary to determine a patient's physiologic, psychological, and psychosocial needs; administer medications, interpret and use diagnostic findings to implement treatment; provide complex patient care; and facilitate referrals and/or access to a higher level of care when the needs of the patient exceed the capability level of the paramedic.

PMs often serve as a patient care team member in a hospital or other health care setting to the full extent of their education, certification, licensure and credentialing to improve and sustain the health of all those in their area of service. PMs may work in community settings where they take on additional responsibilities monitoring and evaluating the needs of at-risk pts, as well as intervening to mitigate conditions that could lead to poor outcomes.

PMs educate patients and the public in the prevention and/or management of medical, health, psychological and safety issues (Ntl. EMS Education Standards, 2021).

Our Program of Instruction

As the first EMS Resource Hospital in Illinois, NCH has been conducting EMT and PM programs since 1972.

The paramedic program is designed to expand upon entry level knowledge and skills acquired through an EMT or Advanced EMT (AEMT) course. Instructional design and content is based on Illinois laws and EMS rules, the National EMS Education Standards; the National EMS Scope of Practice Model, and guidelines published by CoAEMSP and The National Registry of EMTs (NREMT) as approved by the Program Medical Director, Advisory Committee, and Harper College Curriculum Committee.

A collaborative agreement with Harper College for the PM program has existed since 2003. The Illinois Community College Board approved the Associate in Applied Sciences (AAS) degree in EMS at Harper College as a unit of instruction on Feb 21, 2003. On April 1, 2003, The Illinois Board of Higher Education authorized Harper to offer the AAS degree in EMS.

All students are dually enrolled at NCH and Harper College for EMS certificate courses. Students are batch registered by Harper College for the courses in each semester.

Students may exit the program after finishing the paramedic certificate or they may complete the full AAS degree.

Prerequisite (EMT or AEMT license) Credit hrs

EMS 111, 112, 113 or approved EMT Education 9

Paramedic CERTIFICATE Program Credit hrs

EMS 210	Preparatory (fall)	10
EMS 211	Med. Emerg I (fall)	5
EMS 217	Hospital Internship (fall)	2
EMS 212	Med. Emerg II (spring)	7
EMS 213	Trauma, special populations (spring)	6
EMS 218	Hospital Internship (spring)	2
EMS 215	Field Internship (spring)	4
EMS 216	Seminar (summer)	3

Total credit hours 39

Required courses for the Associate in Applied Science (AAS) Emergency Medical Services Degree:

A grade of C or better in all BIO, EMS, (EMS 214 and EMS 215 with a grade of P), and NUR courses is required for all students.

BIO 160	Human Anatomy	4
BIO 161	Human Physiology	4
Electives ¹		4
ENG 101	Composition	3
NUR 210	Physical Assessment	2
SOC 101 ⁺	Introduction to Sociology	3
SPE 101	Fund. of Speech Communication	3

Total credit hours for AAS degree 71

¹Electives: BIO 130, CHM 100, HSC 104, or HSC 213

⁺ This course meets the World Cultures and Diversity graduation requirement.

All certificate program classes are created and taught by NCH faculty at NCH unless an emergency declaration requires on-line instruction. Clinical rotations are completed at hospitals that belong to the Northwest Community EMS System (NWC EMSS) or hold a letter of agreement. Field experiences are completed at EMS Provider Agencies that belong to the NWC EMSS and student progress is facilitated by NCH-approved preceptors.

Philosophy of Education

We live in a world of accelerated change, intensifying complexity, and increasing danger. Students must learn to reason critically so they adapt their thinking to thrive in situations of ambiguity and competing options.

"The function of education is to teach one to think intensively and to think critically. Intelligence plus character-that is the goal of true education."

Martin Luther King, Jr.

The NCH program strives to develop students on an intellectual and personal basis.

Program-specific goals and outcomes for all learning domains provide the basis for course planning, implementation, assessment, and evaluation. Whenever possible, curriculum design is aligned with the mission of the sponsoring institutions, the expectations of our stakeholders and communities of interest, nationally accepted standards, the operational needs of health care providers and employers, and the educational needs of the students served by the program.

Quality EMS education impacts knowledge, skills, and attitudes (KSAs) by developing a positive self-image, encouraging accountability and team interdependency, increasing the ability to cope effectively with change and ambiguity, and developing a structure for principled reasoning, moral judgment, and ethical behavior.

EMS Outcomes-based Education leads to:

- Lifelong learners
- Knowledgeable persons with deep understanding
- Complex thinkers with intellectual flexibility
- Creative persons
- Active investigators
- Effective communicators
- Reflective and self-directed learners

The NCH Program:

- Promotes autonomy and independence
- Builds community and shared purpose
- Teaches 21st century skills: Critical thinking, communication, collaboration, creativity, and innovation

Proximal outcomes: Academic and growth mindset, social-emotional skills and competencies

Intermediate outcomes: Academic perseverance; effective learning strategies and academic behaviors

Long-term outcomes: Academic achievement, career readiness, and career and life-long success

PRIMARY PROGRAM GOAL & Competencies

"To prepare competent entry-level Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (attitudes & 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." (CoAEMSP, 2020)

COMPETENCIES to attain before graduation

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

Technical competence: Proficiency in safely performing psychomotor skills.

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

Integrative competence: The ability to put all the other competencies 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 Standard Operating Procedures (SOP) to another).

GENERAL COURSE OBJECTIVES

Upon completion, a graduate will consistently demonstrate entry-level competency for each of these in compliance with industry standards and without critical error:

- Assess scene safety and demonstrate effective situational awareness.
- Appropriately gain patient access using a variety of tools and techniques.
- Perform person-centered assessments using appropriate technique, sequence and timing; recognize alterations from health, set appropriate priorities and coordinate efforts with other agencies and practitioners.
- Communicate effectively with a sense of purpose and audience.
- Establish culturally appropriate rapport with patients and significant others without prejudice or bias to meet social-emotional as well as physical needs.
- Provide competent care on a continuum from basic through advanced life support within the guidelines prescribed by the EMS MD.
- Use quantitative and scientific reasoning to think critically and solve problems effectively in various situations.
- Demonstrate technological literacy and accurately document an electronic patient care report using ImageTrend software per System policy.
- Maintain ambulance inventories and readiness per the System Drug and Supply list.
- Characterize professional behaviors through actions, speech, communication and interactions with instructors, preceptors, peers, patients, public safety personnel, and members of the public.

Expected professional behaviors

- Adherence to appearance/personal hygiene standards

- Ethical behavior based on codes of conduct for the profession and System Ethics Policy
- Scholarly concern for improvement and life-long learning
- Characterizing integrity, empathy, self-motivation, self-confidence, time management, teamwork and diplomacy, respect, patient advocacy, cultural humility, and careful delivery of EMS services
- Commitment to life-long healthy living and well-being

STRATEGIES TO FACILITATE LEARNING

The program employs multimodal educational strategies to optimize learning: interactive lecture, instructor and student-led discussions, Socratic questioning, mind maps, problem and project-based learning, case studies, scholarly writing, reflective journalizing, debates, reading for meaning, labs simulations, scenarios, role playing, games, and independent, collaborative, and guided study.

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

Educational methods are enhanced by the use of AV aids, electronic media, white boards, flip charts, student handouts, and published literature.

TEXTBOOK: The 2023 edition of the Bledsoe textbook is due to be released in September. Ordering information will be sent as soon as it is available.

Because detailed class handouts are provided that include critical content, objectives, literature citations, and homework questions, we are making purchase of the textbooks strongly recommended, but **OPTIONAL**.

Bledsoe, B.E. et al. (2023). Paramedic Care Principles and Practice (6th edition) Volumes 1 & 2. Boston: Pearson/Brady. **Projected costs:**

Vol 1: eText \$44.99 | MyLab: from \$93.32 | Print: \$74.99

Vol 2: eText \$119.99 | MyLab: from \$93.32 | Print: \$74.99

ASSIGNMENTS: Due dates are listed in the Academic Calendar or a separate reading assignment handout.

- **Pre-class reading:** Effective learning requires preclass preparation to establish a foundational working knowledge base upon which to build. Handouts are mandatory reading assignments.
- **Homework questions** on the previous day's content must be **ELECTRONICALLY submitted DAILY** to the Lead Instructor (LI). Accurate completion and timely submission will be documented in each student's homework log. **Corrective coaching will occur for incomplete or late assignments.**

EXPECTATION: Each squad shall spend at least 15 minutes prior to the start of each day collaborating on the group's answer to each question before submission. Faculty will selectively choose questions for students to answer in a homework review for staged repetition of essential principles.

- **Simulated patient care reports (ePCRs):** Students are assigned a variety of patient diagnoses to research and then create a PCR in ImageTrend software as a training run; printed as a de-identified hard copy, brought to class, and peer reviewed. These must be submitted and approved by due dates in the Academic calendar; prior to the student being released to the field experience (EMS 215). **Technical challenges accessing ImageTrend software and/or a printer are not a valid excuse for failing to meet the assignment due date.** Confirm access to the ImageTrend student portal using reliable passwords or passphrases by the Documentation class.
- **Scholarly written papers and projects:** In EMS 210, students will self-select a topic to complete a written paper. In EMS 212, students will be assigned a communicable disease topic for which they are to create a written report on a form provided by the Program and an oral presentation to be given in class. Written instructions and scoring rubrics for these assignments will be given during the course. Each written project counts as a quiz grade for that module.

Educational programs must attest to the competency of each candidate in essential physical skills as identified by the most recent NREMT ALS practice analysis to meet eligibility requirements for graduation and NREMT testing.

To meet this requirement, all students shall complete a **Paramedic PORTFOLIO** that includes documentation of every skill and patient care contact completed in labs and hospital/field clinical experiences. Documentation includes each lab skill sheet revolution and each skill/pt. contact logged during hospital and field clinical experiences. All must be entered in Fisdap throughout the formative and summative phases of education to verify the progression of learning. The completed portfolio is a part of the student's permanent education file and is a prerequisite to graduation. The nature and minimum numbers of skills and patients are listed on the Student Minimum Competency (SMC) Matrix. **Students will receive written instructions on building the portfolio and completing the SMC in class.**

General note: All assignments are mandatory and must be submitted in compliance with instructions and by the due dates (unless a prior extension has been granted) in order to receive credit and remain in the program.

FISDAP SOFTWARE – Fees & Activation

Each student must enter all patient care contacts and skill revolutions (see above) into **FISDAP**. **Purchase and activate your FISDAP account by Sept 13, 2022.**

1. Go to <https://www.fisdap.net>
2. Click the "Create an Account" button.
3. Enter the product code into the field and follow the prompts to purchase an account.

Product Code: NCH1119-XF4R

Note: there is no "Coupon code".

- You will be prompted to pay the fee of \$84 for your subscription.

- **Other FISDAP products are optional, but may be required by the program depending on your academic status and need for remediation.**

See <https://www.fisdap.net> for descriptions. Optional upgrades may be viewed from the Account tab on the top toolbar of the Dashboard page. Click Upgrade under My Account.

Comprehensive exam:	\$26.25
Unit exams:	\$78.75
Study tools:	\$36.75

ELECTRONIC REQUIREMENTS & Other Supplies

We expect all classes to be conducted face to face (F2F), however, be prepared and equipped for remote learning in the event that becomes necessary.

Electronic device | internet requirements for ZOOM:

- You must have access to a reliable laptop, tablet, or desktop computer with camera and audio capabilities (do not use a cell phone unless needed for camera as a secondary device) plus a reliable high speed internet connection that allows you to log into a Zoom meeting if class must be attended remotely. **Familiarize yourself with major Zoom tools including chat, slide annotation, (symbols and text), and breakout room participation.** The LI will send access codes for joining the class. Know which search engines work best for full access for your device and internet plan. Have a working hot spot or Wi-Fi that can be accessed as a backup plan. Your computer must have continuous power throughout the class (battery or plugged in).
- Faculty must clearly see each student's full face throughout the class to ensure engagement and pick up on visual learning cues.
- The participant's video window must not be blacked out unless on a scheduled break. Do not use creative or distracting backgrounds.
- Participants must be able to type into the chat feature and answer white board or polling questions during concurrent virtual classes.
- Students must be able to mute and unmute as needed. We will frequently call on individuals to answer questions and participate in class discussions.

Additional class supplies

- The vast majority of classroom handouts/ assignments will be distributed electronically. Most are sent in advance of class and students will need access to a printer to make copies if desired. Handwritten notes are encouraged over typing notes into the computer.
- You will be expected to bring an electronic device to class that complies with the necessary **computer hardware, software and internet connectivity requirements for class exercises.**
- Multiple large (4-6 inch) three-ring binders help to organize and store your Student Portfolio documents.
- Bring a non-permanent **dry erase marker and eraser** for daily use in class white board activities.
- A **stethoscope** (for labs and clinical assignments)

CODE of STUDENT CONDUCT

PM students have the opportunity to participate in a worthy, honorable, and progressive profession. This comes with duties and obligations. Our viability rests on the integrity, capability and performance of our members.

We believe in uncompromising ethical behavior based on the standards and codes of professional conduct established by statute, rules, EMS organizations and Program policy. **See System policy E-1 Code of Ethics.**

Students will have exposure to diverse learning environments in a classroom, hospital, and out of hospital setting and must behave professionally in each.

They are accountable for their learning and actions and must conduct themselves at all times as practitioners who already hold a paramedic license.

Excellence is our performance standard.

Two classroom “norms” NOT honored here:

The norm of civil attitudes – which says it’s OK if students only look like they’re paying attention.

The norm of the consolidation of responsibility – which says that no matter how large the class, five to seven students will do most of the talking.

EXPECTED BEHAVIORS:

Students are expected to fully engage and participate in all class activities and discussions: Benefits:

- Increases engagement;
- Helps students retain and remember information;
- Confirms what they have already learned;
- Provides clarification of prior learning; and
- Deepens understanding especially through hands-on and application-based learning opportunities.

Students shall:

- Comply with all statutes, rules, guidelines, protocols and procedures that govern the college, hospitals, EMS Program; EMS agencies, and EMS care as presented or cited within instructional materials.
- Comply with Federal Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule requirements, and respect patients’ autonomy, confidentiality and rights to privacy.

Professional interpersonal skills:

- Treat others with respect, civility, courtesy, and dignity and conduct self in a professional manner at all times.
- Work collaboratively and harmoniously with peers, preceptors, partners, and educators.
- Respect cultural differences and protect the rights, privileges, and beliefs of others with cultural humility and the willingness to learn and develop.
- Refrain from using threatening, profane, or abusive words or actions and any form of communication that defames a person/organization or would be considered harassment.

- Address concerns or conflicts with associates in a direct, timely, and sensitive manner and in an appropriate setting. When needed, go through proper channels to appropriately resolve conflicts.

Strive toward academic and clinical excellence

- Encourage and assist colleagues in the pursuit of excellence through approved team activities.
- Perform **ONLY** within their scope of practice as it evolves throughout the Program.
- Adhere to the guidelines prescribed by the Program in completing all assignments and exams.
- Report to class/clinical rotations on time and complete objectives by stated deadlines unless a prior extension has been granted.
- **Mitigate safety risks** by protecting self and others from exposure to foreseeable and preventable risks.

Code of Conduct Violations/PROHIBITED BEHAVIORS

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;
- has engaged in dishonorable, unethical or unprofessional conduct of a character likely to deceive, defraud or harm the public. This may include actions that create the potential for harm through negligence or willfulness; providing patient care without proper preparation or authorization; lying, covering up or failing to report an error in the clinical setting; and falsification of any documents;
- has violated the handbook, contracts, or behavioral agreements specific to the paramedic program;
- has violated any law, ordinance, College or Program rule or regulation while enrolled as a student;
- is unfit for duty due to impaired behavior, a health issue that is not appropriately addressed as defined on page 7, or gross negligence. **An immediate fitness for duty evaluation will be ordered by the Program MD (designee) if a student presents to class with impaired behavior, a health emergency, and/or with the odor of drugs or alcohol on their person (see p. 8);**
- is found in possession of, 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 or product;
- has brought a weapon or explosive device of any kind into class or a clinical area;
- 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 **academic dishonesty.**

All forms of academic dishonesty are expressly forbidden. A founded allegation of academic dishonesty (students and/or faculty) may result in, but not be limited to, separation from the program on the first offense. Academic dishonesty in any form transcends an ethical violation. It can negatively impact the quality of care rendered to a patient.

Examples of academic dishonesty:

- **Cheating:** Using or attempting to use unauthorized materials such as textbooks, notes, or formulas during a test without permission; unauthorized collaboration on a test without permission, and 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. Additional examples: use of any outside source (including internet and electronic resources) in violation of policy to obtain an answer on an exam; using audible noises, gestures, or body language to alert others to exam answers; use of digital pens during exams; and/or removing an exam booklet from the testing site unless authorized by the instructor. This also includes allowing another student to copy from your test or homework or having someone else complete any assignment for you.
- **Plagiarism:** Representing words, work or ideas of others as your own.
- **Fabrication:** Falsification or invention of information, citations and signatures.
- **Bribes, favors, threats:** Actions intended to affect a grade or evaluation initiated by faculty preceptors, and/or students.
- **Academic interference:** Tampering, altering, or destroying educational material or depriving someone else's access to that material.
- is guilty of **disruptive behavior** and/or **bullying, harassment, sexual misconduct, discrimination, 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, disrespectful, offensive, or threatening and may present itself physically, verbally, or psychologically. It has a negative impact in the learning environment and interferes with the learning activities of the perpetrator and other students. Examples include, but are not limited to the following:

 - Has demonstrated disrespectful, insubordinate or inappropriate behavior towards any instructor, preceptor, partner, or peer;
 - Is guilty of disrupting the peace, the education process or related activities;
- has violated the terms of any corrective action plan imposed in accordance with program procedures.

JUST CULTURE / CORRECTIVE ACTION

The program encourages behaviors that reflect program values within a **Just Culture** and **Culture of safety**.

Communication openness: Students are expected to report any misconduct or violation of policy to an Instructor or the Program Director without fear of reprisals or retaliation. Students should speak up if they observe anything that may negatively impact themselves, others, or patient care. They should freely and respectfully question the decisions or actions of those in authority if they believe them to be wrong and/or inconsistent with program values or policies.

Reporting alleged Academic Dishonesty: Faculty and students are asked to fill out an Academic Dishonesty Reporting form located on the EMS System website www.nwcmss.org under the Education tab/Paramedic Class and forward to the EMS Program LI to trigger an evaluation and response.

Reporting behaviors inconsistent with program values and/or policy: Faculty and students are asked to fill out a **Behavioral Incident Reporting form** to trigger an evaluation and response. The form is also found on the System website in the same location as mentioned above.

Faculty members may file a Grievance using the G1 policy using a Request for Clarification form.

Whenever a student is alleged to have violated the Code of Conduct while on hospital premises or during an activity, function or event sponsored or supervised by the Program, **an investigation will be conducted.** The investigation and findings will be documented in the student's file.

An investigation will also be conducted if alleged student conduct off campus or on social media violates any law, rule or guideline.

Any student or faculty member suspected of academic dishonesty or alleged to have demonstrated behavior that is unprofessional, unethical, inappropriate, or illegal may be suspended from class pending an investigation.

DUE PROCESS RIGHTS are specified in System Policy G1 Grievance Recourse Step 1: Request for Clarification; reporting complaints and D1 DUE PROCESS: Corrective coaching/DISCIPLINARY ACTION, and the Harper College Catalog/Student handbook.

If the allegations are sustained, the student or alleged wrong doer (if under the authority of EMS System members, the education Program, or Harper College) will receive corrective coaching, penalties, or disciplinary action in compliance with Harper College and Program Policies that ensure compliance with federal and state law while best fulfilling our commitments to safety, wellbeing, fairness and a Just Culture.

If the wrong doer is outside of the span of authority of the Program, EMS System, or Harper College, the allegation, investigation and outcome determination shall be reported to the appropriate law enforcement agency or jurisdiction.

CORRECTIVE COACHING for the NCH Program is fair and impartial and generally, but not always, progressive in nature and shall be communicated privately and delivered in a timely manner. Corrective coaching is intended to be a positive, growth nurturing, non-punitive intervention that allows an individual time to correct an identified gap from expected behavior. Personal verbal coaching, a verbal warning, a written warning, and a final written warning, may precede suspension or separation from the program. However, for more severe offenses, the disciplinary process may begin with suspension or termination. In each instance, consequences for behavior are to be fair, just, and proportionate to the seriousness of the offense.

APPEAL POLICY: Students and faculty members 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 the Lead Instructor or Program Director in compliance with Policy D1 Due Process: Corrective coaching/Disciplinary action/Recovery of damages/Restitution.

RESTITUTION: If a student is found to have defaced or damaged hospital or another student's property, they will be assessed the cost for expenses incurred by the program or other parties resulting from the student's actions. 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.

HEALTH REQUIREMENTS and CRIMINAL BACKGROUND CHECK

NorthShore – Edward-Elmhurst Health, including all of its subsidiaries and entities, requires that **physical exams** are performed prior to student engagement in class and the clinical units to ensure that they are fit to perform essential job duties with or without reasonable accommodation.

We are committed to providing quality and safe care, which can be compromised if a practitioner is experiencing a **health issue that is not appropriately addressed**.

We are also committed to assisting a student to address health issues so they may practice safely and competently.

“Health issue” means any physical, mental, or emotional condition, including alcohol or substance use disorder (SUD) and use of prescription medications that could adversely affect an individual's ability to practice safely and competently. It also includes a contagious disease which could compromise patient safety or jeopardize other health care workers (HCW).

Further, The Joint Commission requires that all people directly involved with patient care in a hospital must demonstrate **immunity** to certain communicable diseases,

complete **TB screening**, and pass a **urine drug screen** and a **criminal background check**.

In order to get **health clearance**, students must complete all steps in the process specified by NCH below:

Confirmation of student status is contingent on submitting satisfactory proof of completion for each of the listed health requirements plus results of a criminal background check that would allow PM licensure.

Hospital clinical rotations cannot begin and retention in class will not continue unless health requirements are completed and submitted on time.

Failure to comply with these requirements as specified shall constitute grounds for dismissal from the program.

SUBMIT all forms/results to Bill Toliopoulos in the NWC EMSS Office by Sept 12, 2022. All will be reviewed and an approval determination made by Bill.

Requirements:

Exam/test results will be sent to you personally and confidentially. YOU must submit the **actual test/exam results/documentation of completion** for each requirement (except the NCH background checks) to the EMS Office as stated above.

1. PHYSICAL EXAMINATION signed and dated by a qualified health care practitioner (PCP) within one year of class start date. Submit the Student Health Record form sent by NCH.

You may use the **NCH Outpatient Care Center located on the campus of Harper College** in The Foglia Foundation Health and Recreation Center. Services include an Immediate Care Center, NCH Medical Group Primary Care, Student Health Services, Lab Services, Physical Therapy, Physical Rehab, Imaging, and COVID-19 testing for all ages. Free parking is available next to the building.

Walk-ins are welcome at Immediate and Primary Care, Student Health Services, Laboratory Services, and for COVID-19 testing.

LOCATION:

1200 West Algonquin Road; Building M
Palatine, IL 60067
847-618-0121

HOURS OF OPERATION

Mon - Sat: 7:00 am–5:00 pm

Walk-in hours: Mon – Sat: 8:00 am - 4:00 pm

You may have the physical exam, lab titers, and urine screen requirements, completed there or by your own health care provider.

For the Harper College rates, students must pay in cash. If using private insurance, the usual NCH charges will apply.

2. INSURANCE VERIFICATION: HEALTH

- All students must submit proof of health insurance coverage that remains in full force and effect during their entire student tenure.
- Each student is responsible for obtaining medical care at their 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.

- **Insurance verification:** Insurance cards alone are not accepted as proof of insurance. **Acceptable forms of documentation:**

Must include: name of insurance company, your name as covered individual, current dates and terms of insurance coverage

- From the company's website: print page with your name verifying coverage
- Letter on employer letterhead, signed by the Chief/EMS CEO, verifying coverage
- Letter on insurance company letterhead verifying coverage
- Documentation of student insurance purchased through Harper Health Service

3. TB screen: Dated on or after April 12, 2022

Baseline 2-step TB Skin test or IGRA blood test (QuantiFERON®–TB Gold Plus) and a TB risk assessment evaluation. (CDC recommendation)

After TB exposure without personal protection, students shall have a clinical assessment for symptoms and repeat TB testing with TST or IGRA if they have a prior history of negative TB testing.

4. DOT 5 panel Urine Drug Screen:

The Joint Commission, NorthShore–Edward-Elmhurst Health, including all of its subsidiaries and entities, and all Associate Hospitals require drug testing of students doing clinical time in any hospital and EMS agency in an effort to ensure a work place and workforce free of substance use.

MINIMUM REQUIREMENT: DOT 5 panel urine screen for cocaine, amphetamine/methamphetamine (meth, MDMA, MDA), opiates and opioids (heroin/6-AM, morphine, codeine, hydrocodone/hydromorphone, oxycodone/oxymorphone), phencyclidine (PCP), and THC (marijuana) **dated on or after Sept. 12, 2021.**

Students will be suspended and may be dismissed for failure to submit an approved drug screen that includes the 5 substances listed above on time OR tests positive for any federally designated drugs of abuse without Medical Review Officer (MRO) approval, OR who uses legal substances in a manner that results in impaired behavior during any activity associated with the program.

While recreational **cannabis** may be legal in Illinois, it is **listed as a Schedule 1 drug on a Federal basis.** The **drug screen must show negative results for THC** unless a medical marijuana recommendation is submitted.

Options for compliance:

- Clean pre-employment drug test within one year of class that included at least the required DOT 5 panel results. Provide documentation of the test results from your EMS employer (Chief/EMS CEO).
- If you do not have a current (in last 12 mos) DOT 5 (7 or 10) panel drug test, at least a 5 panel test must be completed at NCH Occupation Health Services or a lab approved by your employer and the Program. There are fees for these services. You will need 2 forms of ID when submitting to these tests.

Retests for cause: If suspicion of sample tampering is present or the result comes back as dilute, the NCH MRO may require the applicant to provide an additional sample with no advance notification. Applicants who fail to comply with re-testing requirements will no longer be considered an NCH student.

A positive drug screen may be grounds for dismissal from the program.

- Positive drug screen results are reviewed by a medical review officer (MRO).
- A student will be given the opportunity to discuss with the MRO any prescription medications or other extenuating circumstances which may have prompted a non-negative result.
- The MRO may further investigate the student's claim by accessing the prescription database or asking to see the original prescription packaging, date of issue and dosing instructions.
- If the MRO finds the claim to be valid, the non-negative result will be changed to negative.
- The MRO makes the final determination to re-test the applicant. The MRO will communicate results to the DER (Program Director) who will discuss with the program Medical Director whether to retain or rescind the student's status.

An **unscheduled fitness for duty physical examination by a qualified healthcare practitioner** may be required at any time for cause by the Program MD (designee) if there is a reasonable belief that the student's current physical and/or psychological state may prevent them from functioning safely and competently without illness, injury, or impairment. It may include medical evaluations and diagnostic tests to determine if a student can remain in class without a direct threat to their own safety or the safety of others.

Any student with decisional capacity may dissent to a fitness for duty evaluation; but it is to be understood that **refusal to have one's physical and/or mental status evaluated for cause, means that you will forfeit your seat in the class**, as the health and safety of all participants is our prime concern.

If the applicant initiates a legal proceeding involving drug screen records, they may be disclosed to the extent permitted by law and the hospital's Release of Patient Information Policy.

A student who has received a decree by a Circuit Court/ or an examination by a qualified practitioner establishing that they are **in need of psychiatric or substance abuse treatment** shall be suspended from class. That person may be reinstated upon findings by the Circuit Court or qualified physician that they are being successfully treated for the mental illness/substance abuse and have been approved to return by the Program MD.

5. Documented immunity to communicable diseases

Protecting the health and safety of patients, team members and communities remains our highest priority. For this reason, we continue to support system-wide, evidence-based vaccination requirements for everyone who works at NorthShore–Edward-Elmhurst Health, including physicians, supporting medical staff, volunteers, students and non-employee (contracted) team members.

Vaccinations have proven to be an essential measure in protecting our team members, patients and the communities we serve.

NorthShore and NCH continue to require MMR, TDAP, Varicella (Chicken Pox), Seasonal Flu and primary Covid-19 vaccinations and may update policy based on CDC recommendations.

Medical and Religious Exemptions

We will continue to offer a process for requesting **vaccination exemptions for medical or sincerely held religious beliefs**. Ask Bill Toliopoulos for information.

Unvaccinated students whose requests for exemptions are denied will be unable to complete labs where blood exposure is possible, hospital, or field clinical experiences. This means they will be unable to complete the course.

Required ACTIONS:

Obtain a copy of your immunization record. You may need to check with your primary care practitioner's (PCP) office.

- **Get blood drawn for Hepatitis B Surface Antibody titer and IgG titers for Mumps, Rubella, Rubeola (measles), and Varicella (chicken pox).** Titers are current if drawn up to one year before class starts.
- If blood titers show **insufficient immunity**, vaccinations (boosters) are required per CDC guidelines for HCW before any exposure to blood and/or hospital clinical rotations.
- If needed, **begin vaccine series as soon as possible. It can take months to complete some vaccine series. Start EARLY!**
- If you need both MMR and Varicella vaccines, they **must** be given at the same time.
- Hepatitis B immunization requires three doses of the vaccine. You will be advised by your provider regarding the timing of each dose. A blood titer to demonstrate immunity to Hepatitis B is **required** following completion of the immunization series.
- **Tetanus and diphtheria toxoids (Tdap).** All adults should have received an age-appropriate series of Tdap-containing vaccine and a routine booster dose

every 10 years. Persons without documentation of having received a Td series should receive a 3-dose series. The first dose of the series should be administered as Tdap and the remaining series may be either Td or Tdap Current recommendations:

- Decennial (every 10 yrs) Td booster doses
- Tetanus prophylaxis when indicated for wound mgt
- In persons who had previously received Tdap, and for multiple doses in the catch-up immunization schedule for persons aged ≥7 yrs with incomplete or unknown vaccination history.

6. Seasonal FLU and Primary COVID-19 VACCINES are MANDATORY:

All students are required to show proof of annual vaccination against **seasonal influenza meeting NCH and CDC guidelines** unless they have an approved medical exemption.

2022 DUE DATE: Documentation of seasonal flu vaccination must be submitted to Bill Toliopoulos no later than November 10 unless hospitals hosting students for clinical rotations require an earlier date.

COVID-19 Primary Vaccination

The NCH PM Program will comply with all current national, state, and **hospital** guidelines and requirements relative to mandatory COVID-19 health screening, use of PPE, distancing, hand hygiene and vaccinations for HCW.

While the governor's **executive order** requiring Harper students to be fully vaccinated or test weekly for COVID-19 was rescinded as of July 13, 2022 and the Cleared for Harper requirement is no longer in effect for on college campus activities, **the NCH/NorthShore vaccine and PPE requirements REMAIN in place and all students, faculty and preceptors must comply to stay in the program.**

The ONLY absolute contraindications to the vaccine at this time are as follows:

- Severe immediate hypersensitivity reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine
- Immediate allergic reaction of any severity to a previous dose or known (diagnosed) allergy to a component of the vaccine (Polyethylene glycol with Pfizer or Moderna OR polysorbate 80 with J&J)

These are very rare and would affect a very small minority of the population. In these situations we recommend a visit with an allergist for further guidance. For more details see: <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#Contraindications>

7. Criminal BACKGROUND CHECK:

Under IDPH EMS Administrative Rules, students must undergo a criminal background check to ensure that they are legally eligible for paramedic licensure. **Instructions for the background check process are provided to students via email.**

If you have undergone a background check as a condition of EMS employment within the last 12 months that meets the requirements set forth by NCH, we will accept written verification on agency letterhead, signed by the Chief or EMS CEO, attesting to satisfactory completion without a felony conviction that would prevent licensure.

FELONY CONVICTION POLICY

See Illinois EMS Administrative Rules; Section 515.190 for full details. Accepting individuals convicted of certain felony crimes into the PM program or allowing them to continue in the program once a conviction has taken place or becomes known may present an 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 nolo-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.

In deciding whether to issue any license to a person with a felony conviction under Section 3.50(d) of the Act, IDPH shall consider the degree to which the applicant's criminal history suggests that the applicant may present a risk to patients. Factors to be considered shall include, but not be limited to:

- 1) The length of time since the conviction and the severity of the penalty imposed;
- 2) Whether the conviction involved theft, deception or infliction of intentional, unjustified harm to others;
- 3) Whether there are repeat or multiple convictions or whether the convictions suggest a particular pattern of overall disregard for the safety or property of others;
- 4) Whether the conviction suggests a propensity that may pose a threat to the public in stressful situations commonly confronted by EMS providers and EMRs;
- 5) The degree to which the applicant provided full, complete and accurate information upon written request of the Department; and
- 6) Other unusual facts and circumstances that strongly suggest the applicant should not be granted a license.

Students who have been reviewed by IDPH in accordance with the EMS Rules and deemed to be ineligible for licensure shall not remain in the class.

Students shall report all new felony convictions after the index Background Check to the Program Director within seven days after conviction. Convictions will be reported to IDPH and be reviewed as specified in the EMS Rules.

Discretionary denial of student enrollment/retention based on other convictions: Applications for enrollment, retention, and/or licensure 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 scope of EMS service and the delivery of patient care.
- If 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.

Reminder: DEADLINE FOR SUBMISSION of all but Flu Vaccinations to Bill: 9/12/2022

STUDENTS with a COMMUNICABLE DISEASE

Students may not attend class if they have S&S of acute illness from a communicable disease and must follow all CDC, IDPH, NCH and program policies with respect to quarantine and return to class guidelines.

A student with a chronic infectious disease or is a carrier of an infectious disease may attend class and participate in program activities whenever, through reasonable accommodation, there is no significant risk of transmission of the disease to others and it would not place the health of the student or others at risk. The potential risk shall be evaluated on a case by case basis in accordance with NCH policy and in concert with the Program MD.

Such a student may be denied admission to, or may be dismissed from, the course whenever the disease renders the student unable to attend class for more than three full calendar days; a prolonged absence, disqualifies the student from clinical duty, or makes it impossible for them to perform the essential functions of a paramedic.

Fit Testing for N95 Respirator

Per OSHA requirement, all students must be fit tested for an N95 respirator to participate in patient care settings; i.e. clinical or field internship.

It is the student's responsibility to pass a Fit Test with a model/brand as directed by the program at no cost to the student. **Refer to instructions in the email correspondence for the Fit Testing Process.**

Fit Test results will be provided to the student at the time of completion. **The student is responsible for immediately sending a copy of this document to the LI.** Each student must have a copy of the Fit Test results with them at all times during patient care opportunities.

The program will supply each student with N95 respirators throughout the course unless an accommodation is granted for facial hair (see p. 18).

ACADEMIC CALENDAR: The schedule contains class dates, times, and assignments as currently known and is subject to change based on multiple variables, including Federal and State declared emergencies and Harper College and NCH policies. Refer frequently to the Program website: www.nwcemss.org for the most recent updates.

DESCRIPTIONS OF CORE CLASSES

See course syllabi for full details

EMS 210 - Paramedic Preparatory (fall semester)

Co-requisite: EMS 217 Hospital Internship

Introduces the roles and responsibilities of PMs and presents an overview of EMS System design and operations; medical oversight; medical-legal and ethical issues; communication and documentation principles; life-span development; and safety and wellness of EMS personnel including donning and doffing PPE.

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

Pharmacology is introduced. Students must demonstrate competency in calculating and preparing exact drug dosages to be delivered and will give drugs via all routes included in the EMS procedure manual.

This module also includes a comprehensive introduction to respiratory A&P, advanced airway adjuncts, use of oximetry, O₂ delivery devices and techniques for performing a physical examination.

EMS 211 - Paramedic Medical Emergencies I (fall)

Prerequisite: EMS 210 with a grade of "C" or better

Co-requisite: EMS 217 Hospital Internship

Students explore an in-depth study of acute and chronic disorders of the pulmonary and cardiovascular systems including ECG acquisition and interpretation and the EMS interventions indicated during cardiac and respiratory emergencies. In addition to usual performance standards, students must correctly interpret and intervene for lethal dysrhythmias without critical error.

EMS 212 - Paramedic Medical Emergencies II (spring)

Prerequisite: EMS 211 with a grade of "C" or better

Co-requisite: EMS 218 Hospital Internship (spring)

Key content includes A&P 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.

Behavioral health emergencies (BHEs) are presented with an emphasis on patient and responder safety, general assessment of decisional capacity and risk; performing a differential diagnosis to consider medical and psychological causes of BHEs, providing appropriate EMS interventions and conditions under which sedation and monitoring and/or restraints may be indicated.

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

EMS 213 - Paramedic Trauma / Special Patient Populations / EMS Ops (spring)

Prerequisite: EMS 212 with a grade of "C" or better

Co-requisite: EMS 218 Paramedic Hospital Internship

This module introduces the study of kinematics and the pathogenesis, S&S, and EMS Rx of common injuries to each body system.

Content also covers special patient populations, interpersonal violence, grief management, and those with special challenges. EMS response to home care and technology assisted patients is presented along with an introduction to common devices and appliances used or worn by these individuals.

It concludes with subject matter experts presenting concepts relative to Multiple Patient Management; gun safety, active assailant incidents, weapons of mass destruction and terrorism; rescue and ambulance operations, and response to hazardous materials incidents.

EMS 217 & 218 Paramedic Hospital Internship

Program faculty:

Bill Toliopoulos, Clinical Coordinator

Purpose: Clinical rotations at licensed healthcare facilities allow students to perform skills and apply concepts presented during class to actual patient situations in a controlled environment, under the direct supervision of an assigned preceptor.

IDPH requires a minimum of 200 hours of licensed healthcare facility-related clinical experience. In the NCH PM program, these hours are divided as follows as long student participation in a healthcare facility is allowed:

Hospital Clinical Rotations minimum requirements

Unit	Min Hours	Shifts
ED	136-144	17-18
Labor & Delivery	24	3
Operating Room (5 live ETIs)	8-16	1-2
Pediatric	16	2
Psych/Behavioral Health	8	1
Total	200	25

Students must complete at least 192 clinical hours prior to starting the field Capstone experience unless clinical unit availability has been severely limited. The remaining shift may be completed concurrent with the field experience based on patient contact and skill requirements yet to be met by individual students. If clinical unit limitations occur, the Program has contingency plans for substituting hospital rotations with field experiences and approved simulations.

Students who complete the minimum hour requirements of EMS 217 and 218, may be required to do additional clinical time during EMS 215 or 216 if they require specific patient care contacts and/or need to gain additional competency. Time to complete EMS 218 after EMS 215 has started will not be extended due to irresponsible student behavior or persistent failure to complete hospital clinical rotations, submit paperwork and/or complete accurate Fisdap entries on time.

A student's failure to complete hospital clinical requirements on time and in compliance with program standards without an approved extension will result in a failing grade for EMS 217 or 218 and separation from the program.

Clinical Instruction Plans: Each licensed healthcare facility unit has a plan that lists student and preceptor objectives, expected performance outcomes, and a form on which to validate the learning experience. Students shall bring a copy of the unit instruction plan with them to the clinical experience in case there are questions regarding the expected student activities.

Clinical Unit Scheduling:

- Open shifts depend on each facility's unit availability, class sequencing, and student preparation. Students will select their shifts during an in-class group process facilitated by the Clinical Coordinator. **After the selected shifts are approved by Bill, students will enter them into the FISDAP software. Exception:** OR rotations are prescheduled by the Clinical Coordinator. Students must schedule their other clinical shifts around the assigned OR dates.
- When selecting clinical shifts, students **may not do more than a 40 hour week** (class PLUS hospital clinical hours, Sun-Sat). **NO EXCEPTIONS.**
- **Maximum 12 hour class/clinical day (class PLUS clinical hours):** Students may NOT do a double hospital clinical shift (two, 8 hour shifts sequentially). There must be at least 8 hours between clinical shifts or a hospital shift and return to class.
- Students must be willing to schedule themselves for day and pm shifts including weekends at all facilities to meet scheduling needs.

Rationale for timing of shifts: Research shows that having sufficient rest time between shifts helps healthcare workers recover from work. Shift work and fatigue can increase the risk of many diseases and increase the risk for errors. The increased risk is partially caused by insufficient recovery from work which interferes with the normal function of the autonomic nervous system regulating heart function and BP. HCW may have too little time for rest and recovery when there is less than 11 hours of rest between shifts.

Schedule changes: Once approved and confirmed with the host facilities, the Clinical Coordinator **will not change more than one clinical shift per student except for cases of verified illness and/or extreme family emergency. Students who request three or more shift changes for illness will require a physician's note or may be scheduled for a fitness for duty assessment.**

Students wishing to change assignments must find a trade with another student and notify the Clinical Coordinator.

Absences / Late arrivals: If you experience an unforeseen 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 Unit Directory.
2. **PM Program Clinical Coordinator (Bill Toliopoulos).** Call 847/ 618-4486 or send an e-mail to vtoliopoulos@nch.org 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, leave a message 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 late start or absence is excused is at the sole discretion of the Program Clinical Coordinator.

Failure to report on time or at all to a clinical unit as scheduled without cause and advance notice (no call, no show) constitutes irresponsible behavior resulting in 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, notification of the LI and Program Director, 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.

Leaving early: Students may NOT leave a clinical unit before shift end unless approved **in advance** by the Clinical Coordinator. Leaving early without permission is considered unprofessional conduct and will trigger corrective coaching/disciplinary action.

Unprofessional conduct: Confirmation that a student exceeded acceptable times in non-pt care activities, was not actively engaged in pt care activities, or violated the Code of Conduct will trigger the program's corrective coaching/disciplinary action policy.

Unit evaluations/FISDAP submissions:

READ CAREFULLY

Clinical Activity Performance Records for each unit must be a complete reflection of the patient care contacts, assessments and skills performed by the student, **verified and signed by the preceptor(s)** who observed the student's performance (may need more than one signature if observed across shifts); and submitted to the Clin Coord **electronically within one week of the rotation.**

FISDAP ENTRIES: Students must enter all patient care contacts, assessments, and skills performed into FISDAP **within one week** of completing the rotation. The number and nature of patient contacts, assessment findings, and interventions logged must match the Unit Clinical Activity Performance Record form exactly.

If clinical paperwork is incomplete or late and/or FISDAP entries are late w/out an approved extension, or cannot be substantiated by the Clinical Activity Performance Form, that shift will not count toward meeting graduation requirements and must be repeated.

If a student is required to repeat more than one clinical shift due to late paperwork or FISDAP entries, a meeting will be held with the Program Director and LI and may be grounds for a Written Warning and/or dismissal for failure to achieve the objectives of EMS 217 & 218.

EMS 215 - Paramedic Field Experiences

Field experience (team member and Capstone) information will be provided closer to the scheduled onset.

Goals of field internship:

- To integrate theory into real-world practice under the direct supervision of an approved field preceptor or qualified partner as approved by the Program.
- To develop contextual, integrative, and adaptive competencies using higher order critical thinking skills.

PRECEPTOR/Partner APPROVAL

Field Preceptor applications must be submitted by the EMS Agency and approved per System Policy P-1 by **2/17/2023**. If not approved by that date, the student and the EMS Provider agency will receive a warning notice of non-compliance with EMS 215 requirements.

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

Field experience phases:

Team member: Student performs as directed.

Capstone - Team Leader: This is the only portion of the field experience required and approved by CoAEMSP for portfolio completion.

Participants are required by IDPH to complete a minimum of 300 hours but usually exceed this as there are typically over 25 shift days within scheduled field experience time (CoAEMSP recommends far more hours).

In addition to time minimums, all participants must complete the competency and patient care contact requirements specified by the program.

Additional time is allowed for face to face phase meetings that must include the student, the preceptor who provided oversight for the majority of the calls, and the hospital EMSC/educator facilitating the experience.

EMS 215 may not conclude sooner than the 3rd Friday of May. Time may be extended based on student progress and/or program modifications.

PATIENT CARE CONTACTS and skill competencies:

The minimum number of required patient contacts and skill revolutions are published following Advisory Committee endorsement and Program MD approval in early September. The specifics of these requirements and the process of satisfying the **Student Minimum Competency (SMC) Matrix Criteria** are provided to each student.

Insurance-LIABILITY: NorthShore University Health System ("NorthShore") maintains professional liability insurance in the amount of \$1 Million/\$3 Million per occurrence, and general liability insurance subject to a \$3 Million deductible, through a program of self-insurance.

This provides General Liability and Professional Liability coverage for NCH EMS Students participating in the NCH Emergency Medical Technician (EMT) and Paramedic Programs for the 2022-23 class commencing their internships on September 30, 2022.

Coverage applies only with respect to liability arising from students' participation in the NCH Training Programs while doing clinical time in hospital units and during their field internships riding with NWC EMS Agencies. Village, its officials, employees and volunteers are covered as additional insureds with respect to liability arising out of preceptor services, the Training Program, the Training Services or the Field internships performed by or on behalf of the NCH, including its Students and preceptors, as well as equipment procured, owned, leased, hired or borrowed by the NCH in the Training Program.

EMS 216 - EMT-P Seminar (summer semester)

This course requires separate registration and payment. Seminar hours provide an opportunity for intellectual engagement and allow students to integrate and apply cognitive and psychomotor concepts at the highest levels of learning. The seminar approach is designed to prepare students for the course summative assessments and the NREMT exams.

ASSESSMENT and EVALUATION

Students are assessed and evaluated on their achievement of cognitive (knowledge), psychomotor (skills) and affective (attitudes/professional characteristics) objectives during each component of the course.

Students evaluate instructional faculty (paid or unpaid part-time or adjunct faculty, instructional staff, preceptors, or any other title associated with the individual responsible for the supervision and/or assessment of the student). All must demonstrate effective teaching techniques as measured by student evaluations and educational outcomes. In addition, they evaluate hospital clinical experiences, the course, and program resources.

Program evaluation is a continuing and systematic process with internal and external curriculum validation in consultation with the Advisory Committee, employers, faculty, preceptors, students and graduates.

Outcomes assessments include but are not limited to: exit point completion, graduate and employer satisfaction, job placement, and licensing examination results.

Students are expected to complete and submit evaluations on time as an important measure of quality improvement. Evaluations may be requested throughout the course and up to six months post-graduation in compliance with CoAEMSP requirements. Acceptance and compliance with this responsibility is a requirement of class citizenship.

MEASUREMENTS OF OBJECTIVE ACHIEVEMENT

Cognitive objectives are measured by white board exercises, polling questions, oral questioning, discussions, quizzes, projects, written exams and simulations. Psychomotor and affective objectives are measured by simulations, scenarios, practical exams, and direct observation.

- **Quizzes:** Formative assessments are usually constructed as short answer or multiple choice questions. Weekly quizzes are rigorous. The quiz blueprint is provided to students in advance.
- **Cognitive (Written) modular exams** at the end of EMS 210, 211, 212, 213 each consist of 150 multiple-choice questions. Starting with EMS 211, written exams also include a timed ECG rhythm strip test. Exam blueprints are provided to students in advance.
- **Psychomotor (Practical) exams** at the end of EMS 210, 211, 212, and 213 measure competency in performing skills as listed on the class academic calendar. Students have access to all skill sheets in advance and prepare for testing in labs.
- **Final Cognitive exam:** Consists of 150 multiple-choice questions that are a summative assessment of cognitive objectives across the whole course plus a timed ECG test.
- **Final Psychomotor exam:** Currently mirrors the NREMT psychomotor exam.

Academic Honor Code | Testing Policies:

Students are held to a strict code of academic honesty as defined in this handbook and stated on the cover of each modular exam. Personal items and all electronic devices (turned off) must be put away during testing.

The instructor reserves the right to ask students to remove jackets or articles of clothing that are bulky and could contain or cover contraband items during the exam.

Students are expected to take quizzes and exams on the original dates, times, and locations offered unless an emergency exception has been requested and granted in advance. No last minute tardiness or absence will be excused for a modular or final exam unless a compelling cause of the most emergent nature has occurred. If a late arrival or absence is known at any time in advance, call the LI and leave a message or send an email/text to document your attempt to notify us.

Students are allowed one minute per question to take written quizzes and exams unless an ADA accommodation for additional time has been granted in advance. Students must demonstrate good time management skills and complete all questions within the allotted time.

If a student has an unexcused late arrival to a quiz or exam (no call, no show, no excuse), they may not be permitted entry after the exam booklets have been distributed and a zero may be given (faculty discretion). If the student is permitted entry and is able to take the exam, they will only

have the remaining exam time to complete all questions.

If refused admittance to the exam due to an unexcused tardiness, the student must take the exam on the original day of testing at the convenience of the Course LI. No make-up quizzes shall be given during class time.

Make-up exams on an alternate date will only be given for extreme extenuating circumstances based on educator discretion. The student may be required to provide evidence to verify illness or to prove the validity of the emergency or request for alternate testing date.

A second lateness or absence for a quiz/exam will result in a meeting with the Program Director and will trigger the Progressive Discipline process.

All practical exam make ups will require a fee of \$50/hr or portion of an hr for a preceptor and simulated pt if needed.

GRADING | REMEDIATION | RETEST Policies

The cumulative quiz average during each module must be 80% or above to be eligible to take the Modular written and practical exams.

GUIDED STUDY

Students with any **quiz score below 80% will be placed on Guided Study** with an individualized education plan.

The plan requires a student to complete a remediation packet in which they provide a meaningful rationale for each incorrect quiz answer; *i.e. what makes the incorrect answer wrong and why is the correct answer right?* These responses must provide a full and accurate explanation that the student can support and explain when verbally questioned.

Students have 48 hours after signing their plan to submit the remediation packet to the LI. After the packet is accepted, the student may be directed to schedule a meeting with a learning coach, to review the outcomes of their remediation and possibly receive further academic interventions. Documentation must include the dates and times of mentoring; a diary of topics covered and the preceptor's signature.

Guided Study is meant to help a student optimize their chance of successful course completion. If, despite remediation and mentoring, a student fails to achieve a quiz average of 80% for that module, they will be ineligible to take the module exams. This will result in a failing grade and their release from the course.

Cognitive Exam Retest Policy

Each 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 on a modular or final written exam will have one opportunity to retake the exam within three days and **after documented remediation**. The highest score awarded for a retest is 80%. Students who score below 75% on the first attempt or below 80% on the retest will receive an F for that exam and will be released from the program with an option to re-apply the following year.

Exit interviews will be conducted with the student and LI. A representative of the employing EMS agency and the Program Director and Program MD will be invited to attend.

Failure of an ECG exam or failure to correctly identify lethal rhythms (VT, VF, asystole, IVR, AIVR, or 3°AVB) requires retesting within three days of original testing and after documented remediation. Students must identify potentially lethal rhythms to pass each test.

Grade point averages:	% of GPA
Quiz/project average	70%
	60% if ECG test given
Modular exam	30%
ECG exam (211, 212, 213)	10%
Grade for EMS 216:	
ECG exam	20%
Final Written exam	80%
Grading Scale	
	94-100 A
	87-93 B
Passing score	80-86 C
No credit awarded	75-79 D
	< 75 F

Modular Practical Exams: Scored as pass/fail based on evaluation instruments that list all critical steps to be performed. Students must demonstrate all key steps with correct technique, in reasonable sequence and time without use of a skill sheet and no critical errors to pass. A student may fail up to 2 stations in one exam to 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 Program MD or designee 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 psychomotor competency measures at the time of testing to continue in the course.

Clinical & Field Internship Grades: EMS 215, 217 & 218 are recorded as Pass/Fail based on whether the student has completed all requirements and met all objectives. Clinical grades ARE NOT averaged into the cumulative GPA; however, students must successfully complete all requirements and enter patient contacts and skills performed into the electronic tracking software in a correct and timely manner as defined previously to pass.

Affective Objectives:

On-going, affective evaluations must be done that assess student behaviors for all learning settings (didactic, laboratory, clinical, and field). These affective evaluations are in addition to the required summative, comprehensive affective evaluation at the end of the program (CoA).

Allegations of inappropriate or unprofessional attitudes and behavior(s) shall be investigated and action taken per the Program's Corrective Coaching/Progressive Discipline plan. If the behavior persists despite remediation (willful defiance), a meeting will be held with the Program Director and Program MD to determine further action which may include termination from the program.

COURSE COMPLETION CRITERIA

The program must document that each student has demonstrated **terminal competency** as an entry level paramedic in all three learning domains in order to pass.

Determination of terminal competence is a joint responsibility of the Program Director, LI, Lab and Clinical Coordinator, Field preceptors/partners, assigned Hospital EMSC/educator, and the Program MD. Students will only receive a diploma and be recommended to take the NREMT exam as a prerequisite to Illinois licensure if all of these requirements are complete:

- **All courses passed** (EMS 210, 211, 212, 213, 217, 218, 215, and 216); paperwork submitted and approved
- **SMC complete:** All patient care contacts and skill competencies are met, entered into FISDAP, and approval by the Clinical Coordinator
- All assignments are turned in and accepted
- All fees are paid
- Primary instructional goal and objectives are achieved

PARAMEDIC LICENSURE EXAMS

At the present time, all PM graduates in Illinois must take and pass the National Registry's Cognitive exam as their path to licensure. **Fee per attempt: \$152.**

They must pass the Cognitive + Psychomotor exams for National Registration and interstate reciprocity eligibility. Instructions for NREMT testing and Illinois licensure will be provided closer to the dates of testing.

Passing the NREMT exam does NOT confer PM licensure. EMS Systems must recommend licensure, the individual must pay a license fee; and then IDPH will award a PM license.

GENERAL COURSE POLICIES

ATTENDANCE and ABSENCES

Students are expected to attend every class, lab, quiz, exam, clinical rotation, and field internship shift as scheduled and to be on time and duty ready unless they have given PRIOR notice and have received an excused late arrival or absence.

Absences make it difficult for the student to adequately learn essential concepts. If any portion of class is missed, mandatory components must be made up.

If a student needs to miss face to face (F2F) instruction due to illness, a family emergency, or pre-excused absence and their situation allows, they should attend class virtually. If they cannot participate via ZOOM concurrently with class presentations, a makeup plan will be crafted that the student must complete by specified dates. If a student completely misses the equivalent of three or more full class days, is tardy three or more times, or fails to complete makeup assignments, they will be subject to a performance review which may include dismissal from the program.

ON TIME means being in place and duty ready at least 15 minutes prior to the declared start of class, lab, or clinical assignment so that instructions/report are heard and the student can participate in any advance class/shift activities. On class days, students must sign in on the attendance roster before 0845 and before the afternoon session resumes. The attendance sheets will be collected after that time and all those who have not signed will be marked tardy unless they have notified the LI in advance.

Late Arrival: Highly unusual or extenuating circumstances occasionally cause a student to be late without appropriate notice or justification. A trend of arriving after the posted start or return times, without prior notice and reasonable justification, is considered unprofessional conduct and the student will be recorded as tardy. See below for consequences of late arrivals.

Providing Notice: Inform the LI in advance via email or phone call regarding the nature of your emergency if you are going to be late or absent from a class. The LI will determine if a tardy arrival or absence is excused.

Preventable reasons for lateness such as oversleeping, usual traffic congestion, etc. **will not be considered excused** unless grossly extenuating circumstances apply.

Unexcused lateness/absences: Any late arrival/absence without prior notice and/or reasonable justification shall be considered unexcused and noted in the student record.

The first unexcused late arrival/unexcused absence will trigger a verbal warning and meeting with the LI to build an action plan.

Two unexcused late arrivals/unexcused absences will trigger a written warning. This conduct shall be reported to the employer and the Program Director.

The third unexcused late arrival or unexcused absence will trigger a final written warning or notice of termination depending on the findings of a root cause analysis.

ATTITUDES, BEHAVIOR and LANGUAGE: Students are expected to behave and speak 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 peers, and patients are to be treated with civility and respect. Incivility is especially disturbing. Inappropriate speech will require an immediate public apology and will trigger a disciplinary investigation.

CAFETERIA: The cafeteria is located on the first floor of the main hospital building. Students must wear their ID badge at all times when in the hospital. Their badge will allow food purchases at the discounted employee rate. If NCH has imposed physical distancing requirements, students must comply.

CONSENTS and AGREEMENTS

All signed agreements will remain in the student's file as a permanent part of their record.

Learning Contract

Following orientation, each student will sign a Student Agreement. Their initials and original **signature** on this agreement acknowledge that they have received, read, understand, and agree to comply with the expectations and restrictions specified in the NCH PM Program student policies and procedures and guidelines of Harper College. The terms of this agreement extend from their date of acceptance to graduation.

Release of Academic Information

Under the provisions of The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) (See appendix to this handbook), employers and family members do not have access to student grades unless the student signs a release of academic information form. They may be informed if the student has met or not met program objectives.

COVID-19 Social Contract and Informed Consent Agreement: See document for details.

Consent & Release for Invasive Procedures

The learning process for skills within a PM's scope of practice requires manikin and live person practice and competency assessment prior to performing them on patients. Students shall sign a consent and release form attesting that they understand that there will be practical labs in which they will first demonstrate competence in performing invasive skills (IV access, IM and SUBQ injections, and blood glucose testing) on a manikin and then on their peers and their peers shall perform these skills on them using sterile equipment and under the direct supervision of a qualified preceptor.

Photo Consent and Release Statement

Students will be asked to declare their consent and release to authorize NCH acting through its agents, employees, or representatives, to take photographs, video recordings, and/or audio recordings of them including their name, image, likeness, their performance during class activities, their property as brought to class or used in class activities, and/or their voice ("Recordings") during course activities obtained while a student in the NCH PM Program.

Emergency Preparedness Exercise

These exercises are required of hospitals by the Joint Commission. Students may be asked to participate as simulated patients and will need to sign a consent and release form acknowledging that they may have moulage applied to them to simulate injuries. It also includes statements relative to their clothing and transport and physical eligibility to participate in such an exercise.

COUNSELING

Counseling includes, but is not limited to, exchange of information between program personnel and a student providing academically related advice or guidance for each of the three learning domains. Counseling will occur:

- Routinely during each academic semester as a status assessment of the student's progress and to discuss what must occur for future success
- As part of due process for disciplinary proceeding
- To explore academic deficiencies and the path for improvement
- As issues are identified that interfere with the teaching/learning process

Counseling documentation shall include at a minimum:

- The date and reason for the counseling session
- Essential points of discussion, corrective action, and the timeline for that action
- Decision(s) as a result of the counseling
- Signature of the person doing the counseling
- A student statement/response to the counseling
- Student signature acknowledging receipt of the counseling.

DRESS and DECORUM GUIDELINES

The professional appearance and conduct of our students are important contributors to the healthcare experience for patients, their families and members of the public in clinical and nonclinical areas. Dress and decorum guidelines help to ensure that patients feel welcome, respected, comfortable and safe. Students are expected to project a professional appearance and demeanor at all times. It is important that they dress in a professional, tasteful, and discrete manner consistent with the expectations of the hospital and Provider Agencies.

System Providers voted that all students must attend class, clinical rotations, and field internship experiences **in the program-designated uniforms** unless the clinical unit requires scrubs such as Surgical or OB Services or an alternate form of dress has been approved in advance by the LI. They should be rapidly identifiable by all as PM students based on their appearance. Each student will embrace this role identity through consistency in their uniform/clothing selection.

Uniforms shall be clean, neat, in good repair and of appropriate size. Appropriate undergarments shall be worn at all times. If, in the opinion of the instructor, the standards for dress code and personal appearance have not been met, a student may be denied entry to class and be given 15 minutes to correct the situation. If they are unable to return in compliance with program policy within 15 minutes, they will receive an unexcused absence. Two or more violations of the appearance policy is considered noncompliance with affective objectives and will be grounds for corrective action.

• **Shirts:**

EMS agency employees: May wear their duty uniform with agency logo prominently displayed. Uniform must have a collar. T-Shirts alone are not acceptable.

Unaffiliated students: Land's End Navy blue polo shirt with the NCH part of NorthShore Logo. Refer to the **ordering instructions** sent via email. Shirts worn unbuttoned, with the shirttail out, or with logos other than NCH or their Agency are not acceptable.

- **Pants:** Navy blue or black 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. This excludes agency approved shorts while in the classroom or hospital clinical units.

EXCEPTIONS: For special events or holidays, students may wear clothing or accessories appropriate for the observance as approved by the LI.

- **Shoes/boots:** Should be clean with laces tied; safe for the class/work environment, well-fitted, and professional in appearance (usually black). All shoes worn in the clinical units and field should be designed to provide stability and be slip resistant. Shoes protect students from exposure to hazards that might injure the foot. Students providing direct patient care are required to wear close-toed shoes. Flip-flops or sandals are not permitted in any classroom or patient care area.
- **ID BADGES:** NCH PM student photo ID badge (different from the Harper College badge) must be obtained before the first day of class and **worn at all times within NCH and clinical units** in a visible location above the mid-chest level over outer layers of clothing with student name and photo forward-facing. Do not place pins or stickers on the badge. They must be attached to a badge clip. Lanyards are not allowed for safety reasons and because they do not allow for correct badge positioning. Any student who comes to class without their NCH ID is out of uniform and must leave to correct the deficiency. They may get a replacement at their own expense. **There is no fee associated with the original NCH badge**, but students are required to complete a self-directed orientation assignment. **See e-mail sent with instructions for obtaining an NCH ID Badge.**
- **Jewelry:** A watch with a second hand or device with a second counter must be brought to every class with a lab and each clinical shift. All other jewelry requirements must comply with the host hospital's requirements for their employees. Jewelry worn in the clinical units shall be small and non-dangling to avoid a safety and/or communicable disease hazard. Ear gauges shall be no larger than 10 mm. No visible body piercing jewelry beside the ears is acceptable.
- **Body art:** Tattoos are considered the same as speech and may be visible if the images or words do not convey violence, discrimination, profanity or sexually explicit content. Prohibited ink must be covered with clothing or cosmetics such as Dermablend® while engaged in student activities (hospital/field). NCH reserves the right to judge the appearance of visible tattoos as appropriate or inappropriate. None may be visible on the face.
- **Hats:** **No hats or knit caps may be worn in class or hospital clinical units.** Cultural headwear is acceptable with prior approval from the LI as long as it does not jeopardize student and/or pt safety. This does not refer to medical head covers in the OR or OB units.

HYGIENE: Students are expected to be clean and free of offensive body odors (tobacco products, alcohol, body or mouth odors). Use of **unscented** personal hygiene products and makeup is acceptable. Due to respiratory sensitivities, any fragrance which produces a scent strong enough to be perceived by others including; but not limited to perfumes, aftershave, and lotions are not to be worn to class or clinical units. Chewing gum is prohibited in clinical units. If your living circumstances prevent access to showers or laundry facilities, please contact the LI.

- **Hair:** Shall be clean and worn in a culturally natural hairstyle that allows for the safe use of PPE including hair covers. Pull long hair or braids back from the face with clips, ties, or bands while providing pt care. It must not fall forward onto a pt or be easily grasped by a pt to prevent safety/infection transmission risks.

- **Facial hair** must be neatly groomed. Students with facial hair must be able to pass an OSHA-approved fit testing for an N95 mask unless the beard is grown based on sincerely held religious beliefs or is a common practice within their culture. Ensure that facial hair does not cross a filtering facepiece respirator's mask's sealing surface in order to minimize leakage.

OSHA's requirements re: the respirator face seal and beards [29 CFR 1910.134(g)(1)(i)] states the following:

Facepiece seal protection: The employer shall not permit respirators with tight-fitting facepieces to be worn by employees who have

- (A) Facial hair that comes between the sealing surface of the facepiece and the face or that interferes with valve function; or
- (B) Any condition that interferes with the face-to-facepiece seal or valve function.

This requirement applies to both negative or positive pressure respiratory protective devices that rely on the principle of forming a face to facepiece seal.

- Beard growth at points where the seal with the face and respirator occurs has been shown by numerous studies to prevent a good face seal. Thus an employer (Program) using a respirator to protect an employee (student) with a growth of beard where the seal is compromised by the beard growth is violating [29 CFR 1910.134(g)(1)(i)(A)].
- The OSHA standard **does allow beards** with the use of respirators that do not rely on a tight facepiece seal between the respirator inlet covering and the underlying skin (i.e., both loose fitting helmets and hoods **[Powered Air-Purifying Respirator (PAPR)] are acceptable** in this regard).
- The current 29 CFR 1910.134 respiratory protection standard requires that the respirator be certified by the National Institute for Occupational Safety and Health (NIOSH), be appropriate for the intended use, and provide adequate protection against hazardous exposure. The standard does not require the employer (program) to provide a more protective respirator if its use is not warranted by the hazardous exposure.

- **Fingernails:** Appropriate hand hygiene includes diligently cleaning and trimming fingernails, which may harbor dirt and germs and can contribute to the spread of some infections. Fingernails should be kept short (natural nail tips less than ¼ inch long) and the undersides should be cleaned frequently with soap and water when caring for patients. No artificial nails tips, wraps, appliques, acrylics, gels or any additional items applied to the nail surface may be worn while in the clinical units or field experience (CDC). Polish, if worn, must be of good repair without cracks or chips.

EXPOSURE to Blood/Body Secretions:

If any student experiences a significant exposure event (see System policy I-2) immediately wash the area with soap and water or irrigate their eyes with water/saline.

Follow up based on location where exposure occurred:

Class activity at NCH: Immediately notify the class LI who shall follow NCH policy for an employee exposure. All students with a significant exposure shall be immediately seen by a medical professional.

Clinical rotation at NCH: Immediately notify the nurse preceptor and the PM Program Clinical Coordinator.

If exposure occurs Monday-Friday: 7:30 a.m. - 5:00 p.m., go to the Occupational and Employee Health Department.

Location: South Pavilion, 1st Floor, Pod E, near gift shop. **Phone:** 847-618-5150; **Fax:** 847-618-5159

If exposure occurs outside of those hours, go to the NCH emergency department

In all cases a Workplace incident report; BBP Report of Exposure, and Supervisor's Investigation form shall be generated in compliance with NCH policy. The Supervisor's report must be signed by the PM Program Director.

Facility other than NCH: Immediately report the exposure to the nurse preceptor, contact the PM Program Clinical Coordinator and your EMS employer's DICO (if applicable). You should be seen in the ED at the hospital where the exposure occurred for a determination of needed titers (source and student) and follow up.

Riding with an EMS Agency: Immediately report the exposure to your preceptor, the Agency's Provider EMS Coordinator, and Designated Infection Control Officer (DICO) plus the class Clinical Coordinator. Follow the DICO's instructions.

Outside of Class or Clinical Activities: Contact your primary care practitioner and provide the Class LI with your physician's recommendation for follow up.

FOOD in Classroom: Depending on the infectious disease transmission risk and hospital policies, eating or drinking in the classroom may not be permitted. There is a small refrigerator and microwave oven in the classroom that is available for student use. Students are responsible for cleaning and disinfecting the food station area each day and removing all old food from the refrigerator. All food and beverage privileges will be revoked if classroom furnishings are soiled or damaged due to food or beverages and/or educators must clean up after class.

HARASSMENT: An unwelcome behavior that disturbs or irritates others and/or creates a hostile work environment. **Students have the right to a safe and secure campus environment and to be free from acts of intimidation, abuse, bullying, harassment, discrimination or hate violence.** Title IX requires institutions to protect all students, faculty, and staff from sex-based discrimination, including sexual harassment and sexual violence.

The U.S. Department of Education issued new proposed Title IX regulations on June 23, 2022. When finalized, the new regulations will make sweeping changes to the current regulations' definitions of sexual harassment, scope of coverage and procedural requirements. The NCH PM Program shall update policies and comply with these regulations when adopted.

Sexual Harassment: Includes unwelcome conduct of a sexual nature. The conduct substantially interferes with an individual's performance or creates a hostile, intimidating, or offensive work (class) environment.

Examples of inappropriate conduct:

- Pressure for sexual favors or a date
- Deliberate touching, leaning over, or cornering someone
- Sexual looks, gestures, or whistling at someone
- Sexual teasing, jokes, remarks, or questions
- Actual or attempted rape or sexual assault
- Making phone calls of a sexual nature
- Turning work discussions to sexual topics
- Asking about sexual fantasies, preferences, history.
- Making sexual comments about a person's body, clothing, or looks
- Telling lies or spreading rumors about a person's sex life
- Touching another student's or faculty's clothing, hair, or body

Conduct online and through social media can constitute sexual harassment even when it occurs outside of work or class, off-site, or out of state. Using e-mails, texts, internet postings, online comments, blog posts and social media to send communications of a sexual nature is considered online sexual harassment. Ex: flirting or requests/demands for a date or sex, unwelcome sexual advances, cyber stalking, sending inappropriate or sexually graphic photos/videos; using sexual language or comments including sexually offensive language or other verbal or physical conduct of a sexual nature.

A hostile work (class) environment may occur when unwelcome sexual advances, requests for sexual favors, or any conduct of a sexual nature has the purpose or effect of substantially interfering with an individuals' work (school) performance or creating an intimidating, hostile, or offensive working environment.

Sexual Coercion

This is known as Quid Pro Quo Sexual Harassment: "You do something for me, and I'll do something for you."

Reporting an allegation of sexual harassment is a personal decision and options are not mutually exclusive. Pursue one or more of the following:

- Report to the PM Program LI or Program Director

- See Harper College reporting guidelines: https://www.harpercollege.edu/about/police/prevention/sexual_assault.php
- Call the Illinois Sexual Harassment & Discrimination Hotline
- File a charge with the IDHR

The Illinois Dept. of Human Rights (IDHR) is responsible for enforcing the Illinois Human Rights Act that makes it illegal to engage in sexual harassment or retaliation.

If you have experienced or witnessed unwelcome conduct of a sexual nature, call the **Illinois Sexual Harassment and Discrimination hotline** at **877-236-7703** Mon- Fri, 8:30 AM - 5:00 PM. Calls are confidential and anonymous. Call takers can offer reporting options and share info related to counseling, legal assistance, and FAQs.

Victims may file a charge any time within 300 days of the incident.

To file a charge, call or visit the IDHR online:

1-800-662-3942 | www.Illinois.gov/DHR

Diversity, equity, inclusion | Cultural competence and humility:

Means the ability to understand, communicate with, and effectively interact with people across cultures, ethnicity, gender identity, age, socioeconomic background, sexual orientation/LGBTQ+, religion, disabilities, and race. This involves understanding and respecting each person's unique needs, values and preferences.

We are committed to providing an environment that actively seeks to prevent and address systemic racism, bias and microaggressions. **Students and faculty are expected to demonstrate cultural humility and competence without prejudice, discrimination, implicit or explicit bias, intimidation, or collusion while establishing strong cross-cultural relationships.**

Cultural Humility: A process of inquisitiveness, self-reflection, critiquing, and lifelong learning.

Cultural Competence: The ability of providers to effectively deliver health care services that meet the social, cultural, and linguistic needs of patients.

Prohibited behaviors:

Stereotyping: Fixed, overgeneralized, often unfair and untrue beliefs about an entire group or class of people or things with a particular characteristic.

Prejudice: Refers to a preconceived judgment or opinion. Often takes the form of ethnocentrism (the belief that one's group is superior to all others). May involve a tendency to see differences as weakness.

Discrimination: Unfair treatment of a person or group of people as a result of prejudice and/or bias. Discrimination is a violation of the inherent dignity of all persons.

Implicit or unconscious bias is when one's decisions are unconsciously influenced by pre-existing beliefs or social stereotypes about a certain groups of people.

Explicit bias is when one is aware of their pre-existing beliefs about a specific group of people and makes intentional decisions based on these beliefs.

Intimidation; Occurs when a person belittles, frightens, discourages or inhibits other people, especially those perceived as weaker.

Collusion: Form of exclusion. Involves cooperation with others, through which stereotypical attitudes, prevailing behaviors and/or norms are knowingly or unknowingly reinforced. Silence is the most common form of collusion.

All students and faculty are responsible for reporting allegations of abuse, discrimination, harassment, or harm to any person on the NCH campus or other Program sites to the LI. It is our policy to:

- Promptly report to appropriate persons and/or investigate any allegations of abuse or bias;
- Take steps to protect the safety of the person during the investigation;
- Protect the reporter from any retaliation; and
- Train all staff in the detection and reporting of such suspected behaviors.

INCLEMENT WEATHER

If class schedule or delivery needs to be altered due to inclement weather, the program will exercise flexibility based on the need to protect student safety.

The LI will make the decision to change class times or move to remote learning in consultation with the Program Director at least two hours before class start times. **Changes will be communicated to students by e-mail. Squad leaders shall ensure that all members have received class alerts.**

LICENSE / CERTIFICATION RENEWAL

Students must maintain an active EMT, AEMT, or EMT-I license and current AHA CPR card for Healthcare Provider until they gain PM licensure.

Didactic hours completed in the PM class will count toward CE requirements to renew EMT licenses.

Expiring EMT license: Contact the Program Director to renew

Expiring CPR card: Contact Mike Gentile for options

PARKING:

At NCH, students must 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 and your car may be towed at your expense.** (See campus map)

SMOKING AND TOBACCO USE:

NCH recognizes the effects and costs of tobacco and nicotine use on our society and is committed to providing a healthy environment for our patients, employees, physicians, students, visitors and volunteers without the hazards of these products.

NCH is a tobacco-free campus. Use of all tobacco products is prohibited on the NCH campus including the hospital, adjacent hospital grounds, parking lots, and Wellness Center.

Students may only smoke or use tobacco products in their own vehicles. Tobacco products include cigarettes, e-cigarettes, pipes, vaporizers, cigars, hookahs, 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 and NCH both offer assistance to students who desire to quit smoking.

Violation of this policy constitutes grounds for dismissal from the program.

SOCIAL MEDIA

Social media can be a fun and rewarding way to share your life and opinions with others. However, use of social media can present risks and carries with it certain legal and ethical responsibilities. These guidelines have been established to assist you in making responsible decisions about use of social media while a student in the NCH PM program.

Social media includes all means of communicating or posting information or content of any sort on the Internet, including to your own or someone else's web log or blog, journal or diary, personal web site, social networking or affinity web site, web bulletin board or a chat room, whether or not associated or affiliated with NCH, as well as any other form of electronic communication.

Before creating online content, consider the risks and rewards that are involved. Courts have long held that when students are subject to school supervision, schools have a special interest in regulating student speech that materially disrupts classwork or involves substantial disorder or invasion of the rights of others. Thus, speech that causes substantial and material disruption on campus or to a school-sponsored activity is not protected by the First Amendment and is subject to school disciplinary action.

Students are not allowed to use any unauthorized personal electronic devices while class is in session **or when in patient care areas of clinical units.** Cell phones, pagers or other electronic devices used for messaging must be silenced and all electronic access and/or 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.

Even if your social media activities take place outside of class, as your personal activities should, what you post can reflect on your professionalism and the program. Thus NCH reserves the right to monitor postings by students.

Be respectful

Always be fair, truthful, and respectful when referring to peers, faculty, patients, their family members, or people who work on behalf of NCH, hospital clinical sites, and Harper College in your postings or content. You are more likely to resolve program-related complaints by speaking directly with the Program Director and/or LI than by posting complaints to a social media outlet.

If you post complaints or criticism, avoid using statements, photographs, video or audio that reasonably could be viewed as malicious, obscene, threatening or intimidating, and/or that disparage patients, peers, instructors, personnel at NCH or Harper College or that might constitute harassment or bullying.

Prohibited, Objectionable or Inflammatory Posts

Cyber-harassment, cyber-bullying, and “true threats” are serious problems that are not constitutionally protected speech, and the Program has the legal right to address these issues.

Inappropriate postings include, but are not limited to, discriminatory remarks, harassment, and threats of violence or similar inappropriate or unlawful conduct. Students shall not post anything that is false, misleading, profane, discriminatory, libelous, vulgar, racially, sexually, or ethnically objectionable, unlawful, or is hateful to another person or entity.

The First Amendment prohibits public school officials from censoring student expression made *outside* the school environment even if it employs objectionable or inappropriate language regarded as incompatible with the school's official stance based on its own perception of community values.

The HIPAA Privacy Rule prohibits the disclosure of ePHI on social media networks without the express consent of patients. This includes any text about specific patients as well as images or videos that could result in a patient being identified.

The publication of an individual's private health information (PHI) could result in legal liability for you and the EMS program and will subject you to disciplinary action up to and including termination from the program.

TUITION AND FEES

Students must pay current Harper College tuition and fees within due dates set by the College. **All students employed by or riding with a NWC EMSS provider agency are eligible for in-district tuition.**

Tuition does not cover the cost of books, CPR card, health screening exams, immunizations, criminal background check, a FIDAP license, the NREMT exams, nor the initial Illinois State PM licensure fee.

Students whose tuition is being paid by their employer must provide 3rd party authorization forms to Harper College in a manner and by deadlines set by the College or they will be held personally accountable for Harper-generated tuition and 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 their refund policy.

Retake fees: Students retaking the course or a portion of the course will be charged current tuition and fees unless compelling circumstances exist and alternate arrangements are made by the Program Director.

VETERAN'S BENEFITS

The program is approved by the Department of Veteran's Affairs for educational 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 may electively withdraw from the program at any time based on the need for extended leave or extenuating personal circumstances. They will be considered for readmittance on a case-by-case basis. Placement will depend on the student's previous performance and the point when they withdrew.

Students who withdraw after the regular registration period for each class must do so 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 and full tuition payment for that class. See the Harper College catalog for specific details.

RESOURCES FOR STUDENTS

Harper College makes a wide variety of resources available to all PM 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 Writing Center, and Resources for Learning Division; Library Services; and the computer lab.

Academic Support Centers

Success Services for Students is part of the Resources for Learning Division of Harper College. Referral to this Center may be a mandatory element of a PM student Individual Education Plan (IEP) if they demonstrate consistently poor performance on course evaluation instruments and/or time management. Appointments may be scheduled by going directly to that office or by calling 847.925.6715.

Success Services for Students provides individual instruction for students who would like to improve their learning skills. One-hour sessions include *Study Skills, Test Taking Tips, Time Management, Reading Strategies, Test Anxiety, Memory, Concentration, Motivation, Note-taking Skills, Math Strategies, Accounting Tips, Economics Tips, Preparing for Finals, and Online Study Tips.*

Academic assistance: Individualized instruction is available to students from program faculty or learning coaches at the mutual convenience of both parties.

Writing Center: Provides several free services that are available to help students succeed. They can work in the open computer lab, consult with tutors on a walk-in basis about their papers in all academic areas, and make appointments with English tutors to discuss specific assignments and develop skills in writing, literacy, and critical thinking.

Referral to this Center may be a mandatory element of a student's Individual Education Plan (IEP) if they demonstrate consistently poor performance on written assignments. Call 847.925.6796 to make an appointment.

STUDENTS with DISABILITIES Requests for Reasonable Accommodations

The PM Certificate Program believes that all otherwise qualified students* should receive a fair and unbiased opportunity to participate in class and demonstrate their knowledge, skills, and abilities related to EMS in compliance with the Americans with Disabilities Act (ADA) and consistent with our mission, program standards, and duty to safeguard the public.

The Paramedic Certificate Program is a **LIMITED ENROLLMENT** course of study due to the special nature of EMS work and **very limited accommodations are available to PM students** as they **must fully demonstrate the ability to perform competently in class and during all assessments and examinations meeting the essential paramedic job functions listed in the NCH PM Program Student Handbook in the same manner as they would be expected to perform on duty in a hospital and/or at an EMS agency.**

*Only students with a diagnosed disability under the ADA (learning, ADHD, physical, psychological or other) who are otherwise qualified and able to competently perform all the essential functions of the paramedic profession and meet the eligibility requirements for PM licensure are eligible for accommodations.

The PM Certificate Program provides all instruction and administers all assessments and examinations in English only as we must ensure that graduates are able to function competently and communicate effectively as a PM within the general communities that we serve. We are unable to provide education in a student's primary language if an English language learner or for those with limited English proficiency.

See: <https://www.eeoc.gov/disability-discrimination>

Reasonable accommodation is any modification or adjustment to a job or the work environment that will enable a qualified applicant or employee with a diagnosed disability to participate in the application process or to perform essential job functions (defined in the Appendix) and as defined by the Americans with Disabilities Act (ADA).

Requesting an accommodation: If you have a diagnosed disability defined in the ADA; are able to meet the functional job description of a paramedic with the requested accommodation that would be available to you in the field/

employment environment; and **are requesting that accommodation** during the program, you must **contact the Program Director** in sufficient time to consider and determine if the accommodation is reasonable and may be granted. No grades will be adjusted retroactively after the need for accommodation is revealed and considered.

Students may **contact Access and Disability Services (ADS) at Harper College** to discuss eligibility for possible accommodations specifically for the PM certificate program, but the final decision as to whether the accommodation is reasonable rests with the PM Program Director and Medical Director.

Any student already connected with ADS shall provide the NCH Program Director with a copy of their approved Accommodation Plan to determine if it is applicable to, and reasonable to honor, during the Paramedic Certificate Program.

Harper College Access & Disability Services (ADS)

1200 West Algonquin Road; Building D, room D119

Palatine, Illinois 60067

847.925.6266 Phone 847.925.6267 Fax

ads@harpercollege.edu

The PM Program Director will review each request on an individual basis and make decisions based on the following:

- The student must present adequate documentation demonstrating that their condition substantially limits one or more major life activities.
- Only students with disabilities who, with or without reasonable accommodations, meet the eligibility requirements for PM licensure are eligible for accommodations.
- Requested accommodations must be reasonable and appropriate for the documented disability and must **not** fundamentally alter the program's course of instruction or standards, or the ability to assess the student's ability to competently perform the essential job functions of a paramedic.
- Professionals conducting assessments, rendering diagnoses of specific disabilities and/or making recommendations for appropriate accommodations must be qualified to do so. Documentation must include a comprehensive evaluation with objective evidence demonstrating the existence of a disability. The name, title and professional credentials of the qualified professional must be clearly stated in the documentation. Documentation must be submitted on official letterhead, typed, dated, and signed. The professional diagnosis must include:
 - A valid, professionally recognized diagnosis of the candidate's disability (e.g. pursuant to the Diagnostic and Statistical Manual of Mental Disorders (DSM V: revised)) by an appropriately qualified expert with copies of and reported scores from professionally recognized diagnostic tests, where applicable.

- Documentation that clearly identifies the nature and extent of the functional limitations that exist as a result of the diagnosed disability.
 - Sufficient evidence to demonstrate that the functional limitation substantially limits the individual in performing one or more major life activity.
 - Specific information about the significance of the impact the disability has on the candidate in the learning and measurement environments.
 - Specific recommendations for accommodations.
 - An explanation of why each accommodation is recommended and why it is necessary to alleviate the impact of the disability in taking the learning and measurement environments.
- All documentation submitted in support of a requested accommodation will be kept in confidence and will be disclosed to NCH staff and consultants only to the extent necessary to evaluate and implement the accommodation. No information concerning an accommodation request will be released to third parties without written permission from the student.

NCH reserves the right to request additional information or documentation at any time from a student requesting accommodations.

If you believe that you have been unfairly or improperly treated due to a disability, you may contact the Harper College Campus Section 504/ADA Compliance Officer. The process, steps, and timelines to follow for filing a grievance are set forth in the Harper College Grievance Policies available on line:
<http://goforward.harpercollege.edu/services/ads/policies.php>

DISCLAIMER

The NWC EMSS reserves the right to change requirements, curriculum, and class policies as the educational, legal, regulatory, State policy, or healthcare environments change and as deemed necessary by the NCH Program Director or Program MD.

NCH FACULTY and STAFF Contact Information

The program operates under the authority of **Matthew T. Jordan, M.D. FACEP**, Program Medical Director.

Program Director: Connie J. Mattera
cmattera@nch.org | 847-618-4485

Lead Instructor: Mike Gentile
mgentile@nch.org | 847-618-4490

Lab/Clinical Coordinator: Vasilios (Bill) Toliopoulos
vtoliopoulos@nch.org | 847-618-4486

Secretary: Pamela Ross
PRoss@nch.org | 847-618-4482

For additional staff names and EMS agency contact information, see the **System Directory** posted on the NWC EMSS website under the About Us tab.

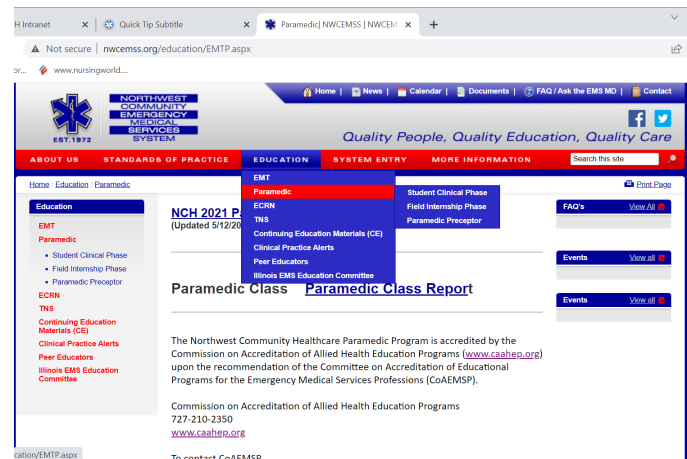
Northwest Community Hospital
800 W. Central
EMS offices – located in the 901 Kirchoff
Behavioral Health Center 1st floor
Arlington Heights, Illinois 60005

Office hours: M-F 8:00 am –4:30 pm

Paperwork for the program may be dropped off during non-office hours in wall-mounted mailboxes outside of the EMS secretaries' Office in the 1st floor lobby of the Kirchoff Center building.

The Behavioral Health Center is locked to visitors at 4:30 PM. Security guards are on duty, and generally present at the front desk, 24/7 and may allow students access to the above mentioned mail boxes. Show your student ID badge to allow entry to the building.

WEBSITE: www.nwcemss.org



The Family Educational Rights and Privacy Act (FERPA)

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

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 concerning alleged failures by the institution to comply with the Act, and makes provision for notice to the students concerning their rights.

FERPA allows schools to disclose student records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):

- School officials with legitimate educational interest (demonstrable need to know by any staff member in terms of his or her assigned duties);
- Other schools to which a student is transferring;
- Specified officials for audit or evaluation purposes;
- Appropriate parties in connection with financial aid to a student;
- Organizations conducting certain studies for or on behalf of the school;
- Accrediting organizations;
- To comply with a judicial order or lawfully issued subpoena;
- Appropriate officials in cases of health and safety emergencies; and
- State and local authorities, within a juvenile justice system, pursuant to specific State law.

Records kept by the NCH that are accessible to the student:

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

* 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., 3771b.

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

1. Records kept by NCH 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.) There may be a cost for the photocopies. 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. For additional information, you may call 1-800-USA-LEARN (1-800-872-5327) (voice). Individuals who use TDD may use the [Federal Relay Service](#). Or you may contact us at the following address: Family Policy Compliance Office; U.S. Department of Education; 400 Maryland Avenue, SW; Washington, D.C. 20202-85

Paramedic Program

800 W. Central Ave. (EMS Offices in Behavioral Health Center)
Arlington Heights, IL 60005
Phone: 847-618-4480 | Fax: 847-618-4489

Functional job description/Essential job functions of a Paramedic

A Paramedic must be a confident leader who can accept the challenge and high degree of responsibility entailed in the position. This requires excellent judgment and the ability to rapidly process information, prioritize decisions and act quickly in the best interest of the patient; must be self-disciplined, able to develop patient rapport, interview hostile patients, maintain safe distance, and recognize and use communication unique to diverse multicultural groups and ages within those groups. Must be able to function independently at optimum levels in a non-structured environment that is constantly changing. They must be lifelong learners; have knowledge with deep understanding; be complex thinkers; creative persons; active investigators; effective communicators; reflective and self-directed practitioners with the ability to meet the physical, intellectual, psychomotor and affective requirements demanded by this position.
https://one.nhtsa.gov/people/injury/ems/EMT-P/disk_1%5B1%5D/Intro-C.pdf

Mandatory Skills and Abilities

Language and communication – verbal and reasoning skills are used extensively

- Communicate effectively (verbal, nonverbal and written) with English language fluency, range, accuracy, and clarity (speak smoothly and freely without the need for extended pauses to think about the grammar, vocabulary or pronunciation needed to communicate).
- Rapidly read, understand, analyze, apply and take action on work-related written messaging, assessments, policies, procedures, forms, publications, and regulations in a time-sensitive manner where there is no extended time or alternate accommodations for receiving, processing or deliberating on the content. This also includes accurately reading and discerning street names through signage, map or GPS reading, and correctly distinguishing house numbers or business addresses.
- Write factual, accurate, complete, and timely reports and business correspondence that includes all relevant data. This may require a detailed narrative relative to extenuating circumstances or conditions that go beyond what is required on a prescribed form or electronic template.
- Use required communication equipment to concisely and accurately describe verbally to dispatcher, supervisor and on-line-medical control (OLMC) their impression of situation and/or patient's condition.

Reasoning skills

- Understand and appropriately apply an extensive variety of complex technical and instructional materials.
- Must think critically and strive for clarity, precision, accuracy, relevance, depth, breadth and logicalness.
- Must solve problems and reach reasonable, ethical, and legally defensible conclusions from abstract variables and information which may be imperfect, ambiguous, conflicting or disjointed.
- Make accurate independent judgments and assumptions and determine a plan of care within their scope of practice and the limits set for time-sensitive patients; while following oral or written directives.

Mathematical skills

Accurately add, subtract, multiply, and divide in all units of measure (including metric) using whole numbers, common fractions and decimals; estimate patient weights in kg; convert centigrade and Fahrenheit scales, determine age from date of birth; calculate drug doses; draw up the exact amount of drug for each patient from original packaging, and administer IVF/drugs over time intervals specified by SOP/OLMC including IV drip rates.

Psychomotor skills

- Mental alertness, manual strength, physical dexterity, and hand-eye coordination sufficient to competently perform all BLS and ALS skills with safety and precision and without critical error as specified in the Program Procedure Manual
- Competently operate all EMS and communications equipment and drive an ambulance
- Accurately type assignments and enter data into and retrieve data from an electronic device using System-approved software and meeting System standards of competency

NCH PM Program: Functional job description/Essential job functions of a Paramedic

Physical demands

- Frequently: Sufficient strength, stamina, endurance, conditioning and motor control to stand, walk, run, crawl, squat, bend, kneel, climb stairs, lift, pull, push, balance, and carry patients/EMS supplies and equipment in all environments
- Frequent talking
- (Corrected) vision to 20/30 in at least one eye with color discrimination for at least red, amber, and green, and the ability to differentiate skin colors and the color of various body fluids
- (Amplified) hearing adequate to hear conversational speech and accurately auscultate BP, lung, bowel, and heart sounds
- Motor coordination and ability to move over rugged, uneven terrain, up and down stairs, in and out of tight spaces and vehicles (private and EMS-related)
- Lift usual and customary EMS equipment without weight restriction and safely lift and move patients of all sizes with adequate partners from the point of patient contact to the final receiving location
- Perform at least two minutes of uninterrupted high quality manual CPR with two minute breaks between compression sets for at least 30 minutes

Psychological/Social/Emotional skills

- Critical incident stress, fatigue, sleep deprivation, and cumulative stress are common within the EMS profession. The particular stresses vary depending on place and type of employment; work hours; work load/call volume; staffing levels; and nature/location of each call.
- Requires a survivor mentality, self-confidence, self-regulation; and self-compassion; strong emotional and social intelligence; tolerance and resilience to cope with stress, grief and loss, and the ability to maintain self-care while caring for others.
- Uses healthy coping strategies and effectively draws on a mental reservoir of strength that helps them appropriately respond to stress and hardship.
- Able to handle sensitive situations and keep confidential information in compliance with privacy laws, rules, and guidelines.
- Flexibility and adaptability to meet the demands of a VUCA world (volatile, uncertain, complex, and ambiguous).
- Intellectual humility; integrity; fair mindedness; courage; empathy; autonomy; optimism (confidence in reason); and perseverance

Work environment

Considerable health and physical strength is necessary to perform the duties of a paramedic. Though safety measures are implemented whenever possible and a culture of safety is embraced, there remain numerous unavoidable aspects of a paramedic's job that may place the individual at risk of personal illness or injury.

These include, but are not limited to:

- Driving an emergency vehicle safely with and without using lights and sirens
- Exposure to hostile or combative patients and other individuals
- Response to violent scenes
- Response to incidents involving chemical, radiological, biologic, and explosive hazards
- Exposure to communicable diseases
- Danger from moving traffic at highway/roadway incidents
- Exposure to contaminated sharps and medical waste
- Performance of certain high-risk procedures in the delivery of patient care
- Noise level is moderate to high
- Temperatures vary from extreme cold to extreme heat
- Moisture level will vary from extremely dry to rain, snow and ice, and may require immersion in water

Abbreviations:

ALS: Advanced Life Support | BLS: Basic Life Support
CPR: Cardiopulmonary resuscitation
OLMC: On-line medical control

BP: Blood pressure
IVF: Intravenous fluids
SOP: Standard Operating Procedures