NWCT.EMS.RESOURCES

P.O. BOX 416 SPEARMAN, TX 79081

EMR Student Orientation Packet

Welcome!

Thank you for choosing NWCT for your online course. You have elected to participate in an online course, however, that does not mean you are on your own. Our staff is available and willing to help you throughout this course and your testing process. Your success is our success. So please let us know when you need assistance and guidance. We want you to work at your own pace, but we will monitor your progress. It is completely understandable when you have distractions or interruptions during this course. Please stay in contact and we will work with you as best we can.

Please read the following information closely. If you have any questions or concerns, please contact the course facilitator, Susan Martin via email at susan.martin@nwctemsresources.com or by phone at 325-234-5285.

Your program director is Eddie Martin. He can be reached via email at eddie.martin@nwctemsresources.com or by phone at 325-226-4808 should you require his assistance as well.

Sign and complete the appropriate areas and email it back to us along with a copy of your BLS CPR card to registration@nwctemsresources.com.

Online Course Policies and Procedures

GENERAL EXPECTATIONS

The student will display a professional attitude throughout the entire course. Students will show respect for all other persons associated with the course. Discrimination to any fellow student, facilitator, and patient, patient's family or friends based on a person's national origin, race, color, creed, religion, sex, sexual preference, age, physical or mental disability, or economic status will be grounds for removal from the course.

STUDENT CONDUCT

Skills Sessions:

To ensure a productive learning environment, students are always expected to behave in a professional manner. The classroom setting is not the environment for political, moral, or controversial topics, which may disrupt the classroom or clinical setting. Any student behaving in a manner the facilitator feels is inappropriate or disruptive will be dismissed from the skills session and will not be allowed to return until such time the student, instructor, facilitator, and program director resolve the issue. The meeting and its outcome will be documented. If the issues are of a nature the student is found to be at fault, the student is placed on probation. Any similar actions in the future will be grounds for dismissal from the course. The use of alcohol will not be tolerated prior to or during sessions. Tobacco use of any kind will not be permitted during the sessions. Drinks and snacks will be acceptable. The instructor will allow periodic breaks during the session.

Confidentiality:

The student's experiences during the clinical time are strictly confidential. Any information regarding the patient, to include but not limited to name, diagnosis, and prognosis are not to be discussed with family, bystanders, media, or any other non-medical personnel. Policies and procedures of the hospital, EMS, or the class will also be treated with the same confidentiality. As a rule-of-thumb, the student should not discuss any clinical issue with persons other than the facilitators, program director, preceptor, or other students. Student discussions amongst each other in the clinical setting will be such that confidentiality is maintained. A breach of confidentiality is ground for dismissal from the course.

ATTENDANCE:

Skills Session:

Students are expected to attend each session scheduled. Be on time and ready for the session. Extenuating circumstances will be considered; however, the course program director's decision is final. Any student who leaves during the session without instructor approval will be counted absent. If the student has a need to leave, it will be the instructor's prerogative to excuse the absence. The instructor will relay the reason the student left to the facilitator and/or program director. The program director will have the option to overrule the instructor's decision. The

state of Texas requires that a student complete a minimum number of skills hours. If a student has not been able to complete the minimum number of skills hours, they will not receive a certificate of completion. Make up sessions may be scheduled at the discretion of the course facilitator and/or program director. Excessive absences are justification to be dropped from the course.

Personal Hygiene:
Students shall ensure that they are clean-shaven and showered as necessary. Those students with beards or mustaches shall keep them well groomed. The student's hair will be worn in such a manner that it will not hang down. Long hair can be a contaminant and a safety hazard. The students with tattoos shall keep them covered. Any body piercing shall be removed during clinical. Students that fail to follow the rules concerning proper hygiene will forfeit the clinical for that day and must meet with the program director / course facilitator prior to attending any future clinical. Continued violation of the rules concerning proper dress and hygiene will cause the student to be dismissed from the course.

Grievance Process:
Anytime the student wishes to file a grievance, it shall be in writing and given directly to the program director. It will be the responsibility of the course program director to provide a written response to the student within 7 days of receiving the grievance.

Reading Assignments and Objectives:
Reading the chapter prior to viewing the virtual lecture is required. Although this course is designed for the student to work at their own pace, there are guidelines and benchmarks that should be met. Such as the midterm should be taken halfway through the allotted time for the course. A thorough understanding of each chapter should be accomplished before taking the quiz and advancing the next chapter. Your progress will be monitored by the class facilitator and the class program director. If at any time they become concerned about the rate of completion, the student will be contacted and any concerned should be addressed at that time. NWCT wants each student to be successful.

Grading:
Students will be expected to maintain an overall average of 75% throughout the course. Should the student fail to maintain this grade, he/she will be notified immediately. The student will be counseled to determine the reason for the decline in grades. Should the student receive another grade below 75% after being counseled, they will receive a written response from the course facilitator. The student must have a 75% grade average to pass the course and be approved to take the National Certification written evaluation**.**

Student Withdrawal:
If for any reason the student must withdraw from the class, provide this notice in writing to the course facilitator.

The course offered is designed to provide the student with didactic and clinical skills necessary to provide prehospital emergency care. The student must always remember the rules presented are designed to maximize the learning opportunity. Emergency care is serious business and the student must conduct themselves accordingly.

STUDENT AGREEMENT

I, _____, hereby acknowledge that I have read the Course Policies and Procedures. I have had the opportunity to have them explained and clarified. I acknowledge that I understand and agree to abide by them. Furthermore, I understand that violation of the policies and procedures may result in being dismissed from the class

Student Signature: _____Date:_____

NWCT Representative Signature: _____Date:_____

EMS Functional Position

Introduction

We are providing the following position description for EMR, EMT, and AEMT. This should guide you when giving advice to anyone who is interested in understanding what qualifications, competencies and tasks are required at these levels.

Qualifications:

Successfully complete a Texas Department of State Health Services approved course. Verification of skills proficiency and achievement of a passing score on the written certification examination.

Must be at least 18 years of age. Generally, the knowledge and skills required show the need for a high school education or equivalent. Ability to communicate verbally; via telephone and radio equipment; ability to lift, carry, and balance up to 125 pounds (250 with assistance); ability to interpret written, oral and diagnostic form instructions; ability to use good judgment and remain calm in high-stress situations; ability to be unaffected by loud noises and flashing lights; ability to function efficiently throughout an entire work shift without interruption; ability to calculate weight and volume ratios and read small print, both under life threatening time constraints; ability to read English language manuals and road maps; accurately discern street signs and address numbers; ability to interview patient, family members, and bystanders; ability to document, in writing, all relevant information in prescribed format in light of legal ramifications of such; ability to converse in English with coworkers and hospital staff as to status of patient. Good manual dexterity, with ability to perform all tasks related to highest quality patient care. Ability to bend, stoop, and crawl on uneven terrain; and the ability to withstand varied environmental conditions such as extreme heat, cold, and moisture. Ability to work in low light and confined spaces.

COMPETENCY AREA

EMR Emergency Medical Responder
Must demonstrate competency handling emergencies utilizing all Basic Life Support equipment and skills in accordance with all behavioral objectives in the DOT/First Responder Training Course and the FEMA document entitled "Recognizing and Identifying Hazardous Materials", and to include curricula on aids to resuscitation, blood pressure by palpation and auscultation, oral suctioning, spinal immobilization, patient assessment, and adult, child, and infant cardiopulmonary resuscitation. The automated external defibrillator curriculum is optional.

EMT Emergency Medical Technician
Must demonstrate competency handling emergencies utilizing all Basic Life Support equipment and skills in accordance with all behavioral objectives in the DOT/EMT curriculum and the FEMA

document entitled "Recognizing and Identifying Hazardous Materials". EMT 1994 curriculum includes, automated external defibrillator, epinephrine auto-injector and inhaler bronchodilators.

AEMT Advanced Emergency Medical Technician
Must demonstrate competency handling emergencies utilizing basic and advanced life support equipment appropriate for this skill level and skills in accordance with all behavioral objectives in the DOT/AEMT curriculum and FEMA document entitled “Recognizing and Identifying Hazardous Materials”. An individual qualifies as an advanced emergency medical technician if the individual is certified as minimally proficient to provide emergency prehospital care by initiating under medical supervision certain procedures, including intravenous therapy and endotracheal or esophageal intubation.

DISABILITY POLICY
The Texas Department of State Health Services, Office of EMS/Trauma Systems Coordination offers the following recommendations regarding the EMT program application process:

It is recommended that all applicants to EMT programs complete an aptitude test battery (e.g. General Aptitude Test Battery (GATB), Differential Aptitude Test (DAT) and a standardized achievement measure (e.g. Woodstock Johnson-Revised Tests of Achievement; Wide Range Achievement Test-Revised). Such measures assess many of the capacities and abilities necessary to competently perform the responsibilities of the EMT such as: general learning ability; verbal, numerical and spatial ability; form and clerical perception; motor coordinator, finger and manual dexterity; eye-hand-foot coordination; color discrimination. In instances where test batteries are not administered prior to admission to EMT training programs, DSHS recommends that such tests be administered at appropriate times as determined by training program policies. It is also recommended that vocational counselors be available to applicants to interpret the results of the testing and provide guidance in terms of the advisability of proceeding with the EMT training program.

EMS CERTIFICATION TESTING POLICY

Skills Proficiency Verification
A candidate must demonstrate proficiency in all skills prior to course completion. Program approved skills sheets and grading criteria shall be used.

Written Examination
A candidate must achieve a passing grade on the National Registry certification examination,

Emergency Medical Responder

Functional Job Analysis

Responds to emergency calls to provide educated, efficient, and immediate care to the critically ill and injured, and transports the patient to the closest appropriate medical facility. After receiving the call from the dispatcher, drives the ambulance to address or location given, using the most expeditious route, depending on traffic and weather conditions. Observes traffic laws, ordinances, and regulations concerning emergency vehicle operation.

Upon arrival at the scene of crash or illness, parks the ambulance in a safe location to avoid additional injury. Prior to initiating patient care, the EMR will also 'size-up' the scene to determine that the scene is safe, the mechanism of injury or nature of illness, total number of patients and to request additional help if necessary. In the absence of law enforcement, creates a safe traffic environment, such as the placement of road flares, removal of debris, and re-direction of traffic for the protection of the injured and those assisting in the care of injured or ill patients.

Determines the nature and extent of illness or injury and establishes priority for required emergency care. Renders emergency medical care to adult, infant and child, medical and trauma patients based on assessment findings. Duties include but are not limited to, opening and maintaining an airway, ventilating patients, and cardiopulmonary resuscitation, including use of automated external defibrillators. Provide Pre-hospital emergency medical care for the simple and multiple system trauma such as controlling hemorrhage, treatment of shock (hypo perfusion), and bandaging wounds. Medical patients include: Assisting in childbirth, management of respiratory, cardiac, diabetic, allergic, behavioral, and environmental emergencies, and suspected poisonings. Search for medical identification emblem as a clue in providing emergency care. Additional care is provided based upon assessment of the patient and obtaining historical information.

Reassures patients and bystanders by working in a confident, efficient manner.
Avoids mishandling and undue haste while working expeditiously to accomplish the task.

Where a patient must be extricated from entrapment, assesses the extent of injury and gives all possible emergency care and protection to the entrapped patient and uses the prescribed techniques and appliances for safely removing the patient. If needed, radios the dispatcher for additional help or special rescue and/or utility services. Provides simple rescue service if the ambulance has not been accompanied by a specialized extrication unit. After extrication, provides additional care in triaging the injured in accordance with standard emergency procedures.

Complies with regulations on the handling of the deceased, notifies authorities, and arranges for protection of property and evidence at scene.

Lifts stretcher, place in ambulance and see that the patient and stretcher are secured, continues emergency medical care.

From the knowledge of the condition of the patient and the extent of injuries and the relative locations and staffing of emergency hospital facilities, determines the most appropriate facility to which the patient will be transported, unless otherwise directed by medical direction. Reports directly to the emergency department or communications center the nature and extent of injuries, the number being transported, and the destination to assure prompt medical care on arrival. Identifies assessment findings and communicate with medical direction for advice and for notification that special professional services and assistance be immediately available upon arrival at the medical facility.

Constantly assesses patient in-route to emergency facility, administers additional care as indicated or directed by medical direction and/or protocols.

Assists in lifting and carrying the patient out of the ambulance and into the receiving facility.

Reports verbally and in writing their observation and emergency medical care of the patient at the emergency scene and in transit to the receiving facility staff for purposes of records and diagnostics. Upon request, provides assistance to the receiving facility staff.

After each call, restocks and replaces used linens, blankets and other supplies, cleans all equipment following appropriate disinfecting procedures, makes careful check of all equipment so that the ambulance is ready for the next run.

Maintains ambulance in efficient operating condition. Ensures that the ambulance is clean and washed and kept in a neat orderly condition. In accordance with local, state or federal regulations, decontaminates the interior of the vehicle aftertransport of patient with contagious infection or hazardous materials exposure.

Determines that vehicle is in proper mechanical condition by checking items required by service management. Maintains familiarity with specialized equipment used by the service.

Attends continuing education and refresher training programs as required by employers, medical direction, licensing or certifying agencies.

EMR Functional Position Signature Page

I, _____, hereby acknowledge that I have received and read the EMR Functional Position. I have had the opportunity to any questions or concerns addressed by the course facilitator.

_____

(Printed Name)

_____ _____

(Signature) (Date)

CDC Immunization Recommendations

Healthcare Personnel Vaccination Recommendations

VACCINES AND RECOMMENDATIONS IN BRIEF

Hepatitis B – If previously unvaccinated, give 3-dose series (dose #1 now, #2 in 1 month, #3 approximately 5 months after #2). Give intramuscularly (IM). For HCP who perform tasks that may involve exposure to blood or body fluids, obtain anti-HBs serologic testing 1–2 months after dose #3.

Influenza – Give 1 dose of influenza vaccine annually. Inactivated injectable vaccine is given IM, except when using the intradermal influenza vaccine. Live attenuated influenza vaccine (LAIV) is given intranasally.

MMR – For healthcare personnel (HCP) born in 1957 or later without serologic evidence of immunity or prior vaccination, give 2 doses of MMR, 4 weeks apart. For HCP born prior to 1957, see below. Give subcutaneously (Subcut).

Varicella (chickenpox) – For HCP who have no serologic proof of immunity, prior vaccination, or diagnosis or verification of a history of varicella or herpes zoster (shingles) by a healthcare provider, give 2 doses of varicella vaccine, 4 weeks apart. Give Subcut.

Tetanus, diphtheria, pertussis – Give 1 dose of Tdap as soon as feasible to all HCP who have not received Tdap previously and to pregnant HCP with each pregnancy (see below). Give Td boosters every 10 years thereafter. Give IM.

Meningococcal – Give both MenACWY and MenB to microbiologists who are routinely exposed to isolates of *Neisseria meningitidis*. Every 5 years boost with MenACWY if risk continues. Give MenACWY and MenB IM; if necessary to use MPSV4, give Subcut.

Hepatitis A, typhoid, and polio vaccines are not routinely recommended for HCP who may have on-the-job exposure to fecal material.

Hepatitis B

Unvaccinated healthcare personnel (HCP) and/or those who cannot document previous vaccination should receive a 3-dose series of hepatitis B vaccine at 0, 1, and 6 months. HCP who perform tasks that may involve exposure to blood or body fluids should be tested for hepatitis B surface antibody (anti-HBs) 1–2 months after dose #3 to document immunity.

- If anti-HBs is at least 10 mIU/mL (positive), the vaccinee is immune. No further serologic testing or vaccination is recommended.
- If anti-HBs is less than 10 mIU/mL (negative), the vaccinee is not protected from hepatitis B virus (HBV) infection, and should receive 3 additional doses of HepB vaccine on the routine schedule, followed by anti-HBs testing 1–2 months later. A vaccinee whose anti-HBs remains less than 10 mIU/mL after 6 doses is considered a "non-responder."

For non-responders: HCP who are non-responders should be considered susceptible to HBV and should be counseled regarding precautions to prevent HBV infection and the need to obtain HBIG prophylaxis for any known or probable parenteral exposure to hepatitis B surface antigen (HBsAg)-positive blood or blood with unknown HBsAg status. It is also possible that non-responders are people who are HBsAg positive. HBsAg testing is recommended. HCP found to be HBsAg positive should be counseled and medically evaluated.

For HCP with documentation of a complete 3-dose HepB vaccine series but no documentation of anti-HBs of at least 10 mIU/mL (e.g., those vaccinated in childhood): HCP who are at risk for occupational blood or body fluid exposure might undergo anti-HBs testing upon hire or matriculation. See references 2 and 3 for details.

Influenza

All HCP, including physicians, nurses, paramedics, emergency medical technicians, employees of nursing homes and chronic care facilities, students in these professions, and volunteers, should receive annual vaccination against influenza. Live attenuated influenza vaccine (LAIV) may be given only to non-pregnant healthy HCP age 49 years and younger. Inactivated injectable influenza vaccine (IIV) is preferred over LAIV for HCP who are in close contact with severely immunosuppressed patients (e.g., stem cell transplant recipients) when they require protective isolation.

Measles, Mumps, Rubella (MMR)

HCP who work in medical facilities should be immune to measles, mumps, and rubella.

- HCP born in 1957 or later can be considered immune to measles, mumps, or rubella only if they have documentation of (a) laboratory confirmation of disease or immunity or (b) appropriate vaccination against measles, mumps, and rubella (i.e., 2 doses of live measles and mumps vaccines given on or after the first birthday and separated by 28 days or more, and at least 1 dose of live rubella vaccine). HCP with 2 documented doses of MMR are not recommended to be serologically tested for immunity; but if they are tested and results are negative or equivocal for measles, mumps, and/or rubella, these HCP should be considered to have presumptive evidence of immunity to measles, mumps, and/or rubella and are not in need of additional MMR doses.
- Although birth before 1957 generally is considered acceptable evidence of measles, mumps, and rubella immunity, 2 doses of MMR vaccine should be considered for unvaccinated HCP born before 1957 who do not have laboratory evidence of disease or immunity to measles and/or mumps. One dose of MMR vaccine should be considered for HCP with no laboratory evidence of disease or immunity to rubella. For these same HCP who do not have evidence of immunity, 2 doses of MMR vaccine are recommended during an outbreak of measles or mumps and 1 dose during an outbreak of rubella.

Varicella

It is recommended that all HCP be immune to varicella. Evidence of immunity in HCP includes documentation of 2 doses of varicella vaccine given at least 28 days apart, laboratory evidence of immunity, laboratory confirmation of disease, or diagnosis or verification of a history of varicella or herpes zoster (shingles) by a healthcare provider.

Tetanus/Diphtheria/Pertussis (Td/Tdap)

All HCPs who have not or are unsure if they have previously received a dose of Tdap should receive a dose of Tdap as soon as feasible, without regard to the interval since the previous dose of Td. Pregnant HCP should be revaccinated during each pregnancy. All HCPs should then receive Td boosters every 10 years thereafter.

Meningococcal

Vaccination with MenACWY and MenB is recommended for microbiologists who are routinely exposed to isolates of *N. meningitidis*. The two vaccines may be given concomitantly but at different anatomic sites, if feasible.

REFERENCES

1 CDC. Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR*, 2011; 60(RR-7).

2 CDC. CDC Guidance for Evaluating Health-Care Personnel for Hepatitis B Virus Protection and for Administering Postexposure Management, *MMWR*, 2013; 62(10):1–19.

3 IAC. Pre-exposure Management for Healthcare Personnel with a Documented Hepatitis B Vaccine Series Who Have Not Had Post-vaccination Serologic Testing. Accessed at www.immunize.org/catg.d/p2108.pdf.

For additional specific ACIP recommendations, visit CDC's website at www.cdc.gov/vaccines/hcp/acip-recs/index.html or visit IAC's website at www.immunize.org/acip.

Technical content reviewed by the Centers for Disease Control and Prevention

IMMUNIZATION ACTION COALITION Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org

www.immunize.org/catg.d/p2017.pdf • Item #P2017 (2/16)

Immunization Verification/Declination Form

NWCT EMS Resources has provided information regarding vaccination and immunization for infectious diseases. I understand that CDC guidelines recommend protective vaccines and immunization for all healthcare workers. I have been made aware of the consequences of not receiving the recommended vaccine and immunizations for healthcare workers. I understand that NWCT does not provide these vaccines and immunization but encourages students to keep their immunizations up to date.

Initial all immunizations that are current and up to date:

_____ MMR _____TDAP _____ Chicken Pox _____ Hepatitis B

_____ Meningitis _____ Influenza

Your initials above certify that you are currently immunized against that disease. If you elect to **not** receive one or more of the recommended vaccinations and immunizations, please initial below.

____ With all the information and being given the opportunity to have all questions and concerned addressed to my satisfaction, I elect to not participate in the receipt of these recommended vaccines and immunizations. I am fully aware of the risks and assume all responsibility for the possible exposure to these infectious diseases.

Student name: _____

Student signature: _____

Date: _____