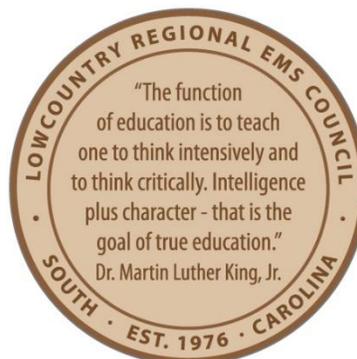


# Emergency Medical Technician



## Student Manual



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## ADMINISTRATION

Should any problems develop during the course of the EMT training program, or if you should have any questions not covered in this manual, please do not hesitate to contact Joel Decker or Douglas Warren as listed below:

Lowcountry Regional EMS Council  
1016 East Montague Avenue  
North Charleston, SC 29405  
(843) 529-0977  
Fax (843) 529-0460  
<http://www.lowcountryems.com/>

Joel Decker, M.Ed., NRP  
Director of Education  
(843) 529 – 0977  
E-Mail: [jdecker@lowcountryems.com](mailto:jdecker@lowcountryems.com)

Douglas H. Warren, MS, NRP  
Executive Director  
(843) 529-0977  
E-Mail: [dwarren@lowcountryems.com](mailto:dwarren@lowcountryems.com)

## COURSE DESCRIPTION

The EMT training program is a vigorous program consisting of classroom instruction, laboratory skill practice, and supervised clinical experience. The course of instruction prepares the student to deliver prompt, effective, and efficient emergency care to victims of sudden injury or illness as well as routine and emergent inter-facility transfers.

The curriculum emphasizes accurate patient assessment and the development of essential patient care skills, while applying the knowledge of physiology, pathophysiology, and problem solving techniques. Graduates will be prepared to make well informed decisions regarding prehospital care and will have the background necessary to develop additional skills as changes and innovations occur within the profession. Students are required to successfully demonstrate competence in all skills contained in the EMT skills list.

South Carolina State certification will be awarded, by the Department of Health and Environmental Control, to those graduates who successfully complete the National Registry of Emergency Medical Technicians computer-based written and practical examination, which is the exit/certification examination for all South Carolina initial EMT courses.

## REQUIREMENTS FOR ADMISSION

Students participating in the EMT program must have:

- a high school diploma or a GED
- must be eighteen (18) years of age prior to the last scheduled day of class
- achieve the minimum required score on the Wonderlic Exam (13), or earned twenty-four (24) college credits or more. Students that have State EMS credentials, choosing to re-obtain NREMT by taking the initial EMT Course are exempt from the entrance exam.
- must be physically fit and able to perform all the tasks required of an EMT (Appendix B: Essential Functions)

## AMERICANS WITH DISABILITIES ACT (ADA)

Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 has many implications for students in EMS courses. The intent of the ADA emphasizes that individuals not be excluded from jobs or training due to a disability, nor shall such disability influence the result of the examination process that is a prerequisite for a job. Passing the written and skills exams during a course and passing the National or State Certification Exam are prerequisites for a job as a paramedic.

It is the intent of Lowcountry Regional EMS Council to comply with ADA, and to assist students to successfully complete the program and achieve licensure to work in the healthcare setting. Lowcountry Regional EMS Council has developed a set of objective functional ability criteria. (Appendix B)

Students will be asked to sign the Essential Functions form stating whether or not they are able to meet the functional abilities, with or without accommodations, as stated in this document. **If a student enters the program based on falsification of records related to their ability to meet functional requirements, he/she may face disciplinary action.** All signed forms will be kept on file in the student's record maintained by the Lowcountry Regional EMS Council for seven years, then destroyed.

Students should:

- Read and understand the Functional Job Description before entering the program.
- Know that they cannot be discriminated against on the basis of a disability in the offering of the education program.
- Realize that there can be **no** accommodation during screening tests or course testing that will compromise or fundamentally alter the testing of knowledge or skills that are required to function safely in the profession. The following are examples in which no accommodation can be given.
  1. No additional time frames for skills set with specific time frames.
  2. No unlimited time to complete a written exam.

3. No written exams to be given by an oral reader
4. No specialized or simplified exams or reading material below the ninth grade reading level.

## **COURSE FEES**

All tuition and course fees are due and payable at the time of registration. With written authorization from the sponsoring agency, an invoice for tuition and fees will be issued to the sponsoring agency.

Students who are unable to pay the full tuition at the time of registration may make arrangements with the Council for payment to be made in installments. All tuition and fees must be paid in full at least seven days prior to final testing. Any student who has not met all financial obligations to the Council as described above will not be allowed to take the scheduled course final examination.

## **REFUND AND CANCELLATION POLICY**

Any applicant who is unsuccessful in their application to the course is entitled to a refund of all monies paid.

When the decision is made to run an EMT program, it is made based on the ability of the class to cover the cost of delivery, which in turn is based on the number of students enrolled.

If a student withdraws from the EMT program in writing, seven (7) or more calendar days before the program start date the student will receive a full tuition refund minus a \$50.00 administrative fee.

If a student withdraws from the program in writing, within seven (7) calendar days after the start of class, fifty percent (50%) of the course tuition will be refunded. If the student withdraws after seven (7) calendar days of the start of class, the student is responsible for the entire tuition amount.

However, full tuition can be transferred to a qualified substitute, or the student may be transferred to the next class, for the cost of materials (books/web access). The student will be responsible for the cost of any materials, web access codes, and/or books not returned in an unused condition.

No-shows on the course start date are responsible for the full tuition amount.

## LEARNER OUTCOMES

1. Applies fundamental knowledge of the EMS system, safety/well-being of the EMT, medical/legal and ethical issues to the provision of emergency care.
2. Applies fundamental knowledge of the anatomy and function of all human systems to the practice of EMS.
3. Uses foundational anatomical and medical terms and abbreviations in written and oral communication with colleagues and other health care professionals.
4. Applies fundamental knowledge of the pathophysiology of respiration and perfusion to patient assessment and management.
5. Applies fundamental knowledge of life span development to patient assessment and management.
6. Uses simple knowledge of the principles of illness and injury prevention in emergency care.
7. Applies fundamental knowledge of the medications that the EMT may assist/administer to a patient during an emergency.
8. Applies knowledge (fundamental depth, foundational breadth) of general anatomy and physiology to patient assessment and management in order to assure a patent airway, adequate mechanical ventilation, and respiration for patients of all ages.
9. Applies scene information and patient assessment findings (scene size up, primary and secondary assessment, patient history, and reassessment) to guide emergency management.
10. Applies fundamental knowledge to provide basic emergency care and transportation based on assessment findings for an acutely ill patient.
11. Applies fundamental knowledge of the causes, pathophysiology, and management of shock, respiratory failure or arrest, cardiac failure or arrest, and post resuscitation management.
12. Applies fundamental knowledge to provide basic emergency care and transportation based on assessment findings for an acutely injured patient.
13. Applies a fundamental knowledge of growth, development, and aging and assessment findings to provide basic emergency care and transportation for a patient with special needs.
14. Applies knowledge of operational roles and responsibilities to ensure safe patient, public, and personnel safety.
15. Performs a basic history and physical examination to identify acute complaints and monitor changes.
16. Identifies the actual and potential complaints of emergency patients.
17. Communicates in a culturally sensitive manner.
18. Safely and effectively performs all psychomotor skills within the National EMS Scope of Practice Model **and** the State of South Carolina Scope of Practice at the EMT level.
19. Demonstrates professional behavior including: but not limited to, integrity, empathy, self-motivation, appearance/personal hygiene, self-confidence, communications, time management, teamwork/diplomacy, respect, patient advocacy, and careful delivery of service.

## **PROGRAM GOALS**

The goal of the Emergency Medical Technician Program is to:

1. Graduate clinically competent, entry-level practitioners.
2. Improve communication skills to enable oral and written communication with patients and other healthcare professionals.
3. Develop critical thinking and problem solving ability in the work environment.

## **PROGRAM OBJECTIVES**

Graduates of the Emergency Medical Technician Program should be able to demonstrate:

- the ability to comprehend, apply, and evaluate the clinical information relative to their role as an entry level EMT within the State of South Carolina
- technical proficiency in all skills necessary to fulfill the role of an entry level EMT- within the State of South Carolina.
- personal behaviors consistent with professional and employer expectations for the entry level EMT within the State of South Carolina.
- empathy for values and perspectives of diverse cultures and the desire to serve as a patient advocate.

## **EVALUATION AND PROGRAM COMPLETION**

The initial South Carolina EMT program consists of a didactic course and a psychomotor course. The didactic course consists of seven modules plus additional time for skill preparation and review for a minimum of 200 contact hours. The psychomotor course requires each student to interview and assess and transport fifteen (15) patients in the field or hospital setting and pass a practical exam based on the South Carolina entrance exam. Our program is structured to include: 70 hours of laboratory time, 86 hours of online time, 16 hours of online testing, and 76 hours of lecture time. The total number of hours for this course is: 248 hours, which exceeds the S.C. minimum of 200 clock hours.

## **DIDACTIC COURSE**

Grading will be based on a pass or fail criteria. To pass the didactic course students need to earn at least 77% of the total available points. Additionally, all assignments will be graded on a pass/fail criteria and a 77% must be obtained to earn a 'pass' score. All quizzes and exams will be delivered online and will be due by the due date, or will count as a failing grade.

A student must maintain a 77% throughout the course. Any person falling below a 77% will be placed on Academic Probation. Any student already on Academic Probation that falls below a 77% will be immediately counseled on their ability to successfully complete the program.

## PSYCHOMOTOR COURSE

Pass/Fail criteria will be used when assessing psychomotor skills. Students must demonstrate skill competency to the instructor before being allowed to complete the course and the program. The National Registry of EMTs skills sheets shall be used as the evaluation criteria for performance of skills. Students will be allowed two attempts to complete each required competency during the mock practical exam at the end of the course.

In addition, the student must document on the required forms fifteen (15) patient interviews and assessments in a clinical or field setting.

The student **must** achieve an average score of 77% for the didactic course and satisfactorily complete the psychomotor course to successfully complete the program and be allowed to take the National Registry Exam. If the student does not successfully complete one of the courses, the student will need to repeat all components of the EMT program during another program offering.

## GRADING PROCEDURES

There will be seven (7) Module Exams worth five percent (5%) each and one (1) Cumulative Final Exam worth ten percent (10%). Online and in class homework and activities that are graded will be weighted by the assignment within the Homework Category, which is worth twenty-five percent (25%), as well as count for class time, if applicable per the Course Syllabi. Chapter quizzes will be graded and equally weighted as 10% of the student's final grade. Clinical rotations will be graded as ten percent (10%), on the basis of student performance, timeliness to clinical site(s), student evaluation of clinical experience, and completion of documentation of clinical rotations also known as "ride a longs." Affective Evaluations will be graded and worth ten percent (10%).

Quizzes = 10%  
Homework = 25%  
Module Exams = 35%  
Final Exam = 10%  
Clinical Experience = 10%  
Affective Eval = 10%

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100%

## CLINICAL ROTATIONS

Students are required to successfully complete a clinical internship and have a minimum of fifteen (15) patient contacts to successfully complete the EMT program.

Students are responsible for obtaining their clinical assignments. Their instructor or the director of education can guide them to the appropriate 911 EMS system for this experience. Rotational assignments will begin after the Patient Assessment Module is completed. Any clinical rotation before that time will not be accepted for credit. The student should schedule each rotational assignment to be at least 8 hours in length and no more than 12 hours.

An EMT Shift Evaluation Form (**Appendix C**) must be completed for each rotation. The student will complete all of the appropriate skills information and the form must be signed by the person assigned to the student by the host agency for that shift. In addition, the person signing the form will record the student's performance during that scheduled rotation. Any unsatisfactory comments recorded will result in the field rotation being repeated.

Only complete Shift Evaluation Forms with signatures and comments will be accepted. Each form must have the student's name, the service involved, the medic unit involved, the printed name of the person assigned to the student as well as signature and the hours completed.

In addition, students have to complete a **Student Individual Patient Care Report** for each patient encountered during clinical rotations. A minimum of **fifteen (15) patient contacts** is mandatory for course completion. In accordance with HIPPA laws and regulations, students must not record names, addresses, or any information that may identify the patient. The form should be completed by the student and signed by the lead EMT.

**Any incomplete form or forms that do not have original signatures will be returned to the student and no credit will be awarded for the clinical session.**

Clinical paperwork must be properly completed and returned to the lead instructor within ten (10) calendar days after the clinical session.

All Clinical Rotations must be completed before the end of class, unless there are extenuating circumstances. If there are extenuating circumstances (no patient encounters for several shifts, death in student's family, etc.), then the student shall have up to an additional 90 days from the end of the course to complete their clinical experience; which will be determined on a case by case basis.

## **PROFESSIONAL EXPECTATIONS**

### **PROFESSIONAL BEHAVIOR AND ATTITUDE**

Students of Lowcountry Regional EMS Council's EMT Program are part of a team with a goal to serve all patients who request or require care. Every member of the organization is expected to conduct themselves in a professional manner exhibiting high moral and ethical standards at all times. Lowcountry Regional EMS Council reserves the right to vary any necessary disciplinary action depending on the offense and circumstances, which may include dismissal from the program. The following breaches of good conduct are considered sufficient reason for disciplinary action:

- Abuse or inconsiderate treatment of patients, visitors, staff, or fellow students
- Insubordination
- Intoxication, drinking, or possession of alcohol while engaged in program activities
- Theft
- Gambling
- Fighting or disorderly conduct
- Willful destruction of clinical site, internship site, or university property

- Immoral behavior
- Profanity
- Sleeping, or the perception of sleeping
- Unauthorized use or possession of drugs
- Gross negligence or carelessness that may result in injury to self or others
- Falsification of records
- Breach of confidentiality
- Sexual harassment
- Any behavior that could reflect adversely on Lowcountry Regional EMS Council or its affiliated agencies in the community served.
- Harassment and/or Intimidation: Acts of harassment and/or intimidation are expressly forbidden. This includes conduct causing alarm, or creating a risk by threatening to commit crimes against persons or their property or making unwelcome sexual advances or requests for sexual favors. Furthermore, EMT students are reminded that a professional demeanor must be maintained at all times. Comments and/or behaviors that are offensive will not be tolerated and appropriate disciplinary action will be taken. This also covers harassment or intimidation of persons involved in a disciplinary hearing and of persons in authority who in the process of discharging their responsibilities.

### **ETHICAL CARE**

A value central to professional healthcare is the provision of care to all who are in need. In accordance with this value, students are required to care for patients with communicable diseases as they would care for other patients. They are also required to care for all patients regardless of race, religion, ethnicity, orientation, social class, or any other issue that may conflict with the student's personal moral or ethical philosophy.

## **ACADEMIC HONESTY**

Honesty in all aspects of the educational process is a baseline expectation. Academic dishonesty would include (but not be limited to) any of the following:

- Plagiarism on homework, written papers, presentations, run sheets
- Cheating on exams or quizzes
- Photocopying or photographing exams
- Falsification of any record (FISDAP, Incident reports, Clinical records etc.)
- Removal of property that the student does not have either the ownership or permission of the owner. Examples include but not limited to equipment; exams; reference materials; supplies;
- Deception, in any form, either by commission or omission. Examples of deception including but not limited to: lying, allowing inaccurate assumptions to continue, or corroborating an untruth.

## **ACADEMIC CONFERENCES**

The lead instructor will meet with every student at the mid-point and end of the program to discuss progress in the courses and the program. Additionally, after clinical rotations have started students will receive a self-affective evaluation and an instructor led affective evaluation.

## **COMMUNICATION EXPECTATIONS**

Each student must have an email address which is checked daily and respond to emails promptly. Students are also expected to have access to a working printer. Students are required to provide a valid phone number. If there are any changes to email address or phone number the Director of Education needs to be notified in writing (email is acceptable) within 72 hours of any such changes.

## DRESS AND APPEARANCE EXPECTATIONS

Professional appearance is an expectation in the healthcare field. Out of respect for our patients and our professional colleagues, adherence to the following dress and appearance policy is required:

1. Hair must be neatly trimmed and maintained in a style to promote patient care. Hair that is shoulder length or longer will be pulled back and restrained in an understated manner while in the clinical and field settings and when performing practical skills in the classroom.
2. Facial hair must be clean-shaven or a neatly trimmed beard (at minimum ¼” long) and maintained in a style to promote patient care.
3. Piercings are defined as any opening in the skin which contains an object. Only a single set of stud (non-dangling) earrings placed in the earlobes is acceptable. Any other ear, nose, face, or body piercing that may be visible must be removed.
4. Tattoos, regardless of the image portrayed, must not be visible at any time. Tattoos must be covered in a manner approved by the Director of Education.
5. Fingernails will be kept neatly trimmed and clean. The length shall be reasonable for working with EMS equipment. Acrylic nails are a hazard in healthcare and are not acceptable. Colors and designs must not be distracting.
6. Jewelry should be kept to a minimum to limit loss and promote safety. It must not detract from a professional appearance. No visible necklaces, 2 rings (an engagement ring and wedding band count as one ring), and one watch are acceptable. Bracelets are a hazard and must not be worn.
7. Students will perform routine hygiene to include, at minimum: showering/bathing with soap, shampooing hair, and use of deodorant.
8. Due to sensitivities patients and team members may have, use of colognes, perfumes, or other scented body products should be kept to a minimum.
9. Overall clothing should be clean, neat, in good repair and of appropriate size. Clothing that is soiled, torn, too loose or too tight is not acceptable.
10. Shoes should be of a “closed toe and closed heel” type. They must be conservative in color; clean, and in good repair. Socks must be worn and not visible through any portion of the shoe.

### Clinical Rotations

In addition to all general expectations outlined above; students are expected to wear:

- Casual business attire consisting of clean and pressed slacks and a shirt with a collar.
- Closed toe and heel sturdy work shoes. Clean tennis shoes are acceptable, but clogs and sandals are **not appropriate to wear in a clinical setting**.
- Always arrive dressed appropriately.
- Shirts must be tucked in at all times.
- Scrubs and lab coats are not permitted.

If students present at a rotation **not** meeting expectations, or having an unclean or unkempt appearance they will be sent home and receive an unexcused absence from the scheduled rotation which count towards the total hours missed.

## CONSENSUAL RELATIONSHIPS

The educational mission of Lowcountry Regional EMS Council is promoted by professionalism in student/faculty and student/clinical preceptor/facilitator relationships.

Professionalism is fostered by an atmosphere of mutual trust and respect. Actions on the part of a student or clinical preceptor/facilitator which potentially endanger this atmosphere of mutual trust and respect must be avoided during the time frame in which the student and preceptor are participating in a Lowcountry Regional EMS Council course or clinical/field requirement.

Students and preceptors/facilitators should be aware of the possibility that an apparent consensual relationship with a student may be interpreted (either now or at a later date) as non-consensual and, therefore; sexual harassment. The power differential inherent in student/preceptor relationships may compromise the student's ability to decide and thus call into question the bona fide consensual nature of the relationship. The potential exists for the student to perceive a coercive element in suggestions regarding activities outside those appropriate to professional relationships. Moreover, preceptors and facilitators, particularly in relationships with students under their supervision, need to be aware of potential conflicts of interest and the possible compromise of their evaluative capacity. They also need to be aware that a relationship may give rise to a perception on the part of others that the evaluative capacity of the preceptor/facilitator has been compromised.

- It is a violation of this policy for a student to undertake an amorous relationship or permit one to develop with a faculty/preceptor/facilitator or clinical agency staff member when under that person's supervision or evaluation, even when both parties appear to have consented to the relationship.
- It is a violation of this policy for a student to undertake an amorous relationship with a patient or permit one to develop with a patient, even when both parties appear to have consented to the relationship.
- Lowcountry Regional EMS Council's administration does recognize consensual amorous relationships may exist prior to the time a student is assigned to a faculty/preceptor/facilitator or is placed in a situation where the faculty/preceptor/facilitator must supervise or evaluate the student. Should this occur, it is the student's responsibility to notify the Clinical Education Coordinator or Director of Education for reassignment.
- A student should not be assigned to a faculty member, preceptor or facilitator with whom that student has or has had a consensual amorous relationship.
- A student who fails to follow this policy will be subject to the Lowcountry Regional EMS Council's Discipline policy, with probation or program dismissal as a possible outcome.
- A faculty/preceptor/facilitator who fails to follow this policy shall be removed from his/her clinical preceptor/facilitator/faculty status with Lowcountry Regional EMS Council.

- Persons who are married, or were married, are included within the definition of those persons having, or who have had, a consensual amorous relationship.
- A complaint alleging violations of the policy regarding consensual relationships may be filed by any person.

## **ASSESSMENT/PROGRAM EVALUATION PROCESS**

All students will have the opportunity to evaluate faculty using a Student Course Evaluation form; Students also have the chance to provide informal feedback to faculty throughout the Modules via student conferences, class discussion or informal feedback forms. Participation in the evaluation process is strongly encouraged. It is recommended the student provide his/her comment(s) in an objective, professional, and ethical manner.

All students are required to participate in program outcomes assessments, including an exit interview.

## **POLICY AND PROCEDURES**

### **ACADEMIC COUNSELING SESSIONS**

When the student's performance is below expectations, formal counseling sessions will be scheduled within 2 business days to address concerns. These sessions are mandatory for successful completion of the program.

### **ADVANCED PLACEMENT**

No advanced placement policy is used for Lowcountry Regional EMS Council's EMT Program as it is a required entry level program.

Advanced placement may be recognized by institutions that Lowcountry Regional EMS Council has an agreement with, or other institutions that agree to accept credit hours for our program.

### **ATTENDANCE**

Successful completion of this course requires student participation and attendance. Students will sign an attendance sheet for all classroom sessions. It is the responsibility of the student, not the instructor, to ensure that attendance is recorded. A student will not receive credit for attending a class unless their signature appears on the attendance roster for that session.

In compliance with *South Carolina Department of Health and Environmental Control Division of Emergency Medical Services and Trauma* policy a student may be absent, without excuse, for up to 10% of the course contact hours. Lowcountry's EMT program is composed of 245 total class hours. Absences, either excused or unexcused, of more than **24** class hours **will** result in immediate dismissal from the program, unless an extreme circumstance prohibits a student from attending class (hospitalization, etc). Students need to make necessary arrangements to avoid conflicts with the course dates/times (work, other classes, etc.) If the student is absent from class, it is the student's responsibility to schedule time outside of scheduled classroom time with the instructor to discuss any missed assignments or announcements.

Under special and extreme circumstances *South Carolina Department of Health and Environmental Control Division of Emergency Medical Services and Trauma* does allow a student an additional 10% of the total contact hours. For a student to make use of this exception Lowcountry requires students to provide written documentation, within 72 hours upon return from absence, that the absence was due to the following events:

1. Death in the family, verified by a death certificate or providing the phone number of the mortuary handling the funeral.
2. Illness, verified by a signed licensed physician note, stating that the student was physically unable to attend class.
3. Military duty, verified by a note signed by the CO on official stationary.
4. Court order appearance, verified by the subpoena, notice of jury duty, or other verifiable notice of the court (exception, appearance required by the court due to your criminal offense).
5. Declared disasters.

## 6. Extenuating circumstances.

For extenuating circumstances, it is the student's responsibility to provide written documentation within 72 hours of return from absence to the Director of Education.

At the discretion of the Director of Education, and on an individual basis, the absence will be classified as either unexcused or excused.

If the student fails to provide written documentation within 72 hours upon return from the absence the absence will be classified as unexcused irrespective of cause of absence. If the absence is unexcused the student is only permitted to be absent for less than 10% of the total contact hours.

Tardiness and/or early departures will be recorded based on time absent from class (i.e. 1 hour tardy will count toward the total acceptable absence time of 20 hours). All episodes of tardiness and/or early departures are rounded to the next 0.5 hours. Students who are tardy while an exam or final is in progress will be allowed only the designated testing time to complete the exam or final.

## **CARRYING WEAPONS**

Students may not carry weapons in any setting when in the role of paramedic student. Any device that expels a projectile (such as a handgun) is prohibited.

Knives are prohibited with the exception of a pocket or utility knife. Knives with single-edged blades that are less than 3" long and which do not open automatically are acceptable.

## **COMMUNICABLE DISEASES**

If a student has a potentially communicable disease (e.g., hepatitis A, mumps, giardia, shigella, salmonella, or similar), he/she must notify the Director of Education within 24 hours of being diagnosed and action will be determined.

## **CONTAMINATED CLOTHES**

Students should bring a change of clothes to their scheduled rotations. Should any garment become contaminated, the student is responsible for decontamination and changing clothes.

## **CONVICTION OF A CRIME**

Persons convicted of a crime may not be eligible to take the National Registry of EMT's certification exam. Prospective students must have all misdemeanor and felony convictions reviewed by the *South Carolina Department of Health and Environmental Control Division of Emergency Medical Services and Trauma* and by the National Registry prior to final examination.

## DISCIPLINARY ACTION

Students are expected to know and understand the material in this Course Policy Manual as well as the instructions given by education staff and clinical preceptors. When a student fails to follow these expectations, it becomes necessary to discipline the student in an attempt to prevent recurrence. The disciplinary process is as follows:

1. Written counseling with record placed in the student's file.
2. Final written counseling with meeting with the Director of Education and record placed in the student's file.
3. Dismissal from the program

While the steps of this process will generally be followed for minor offenses, the education staff reserves the right to skip any or all steps in the case of more serious offenses. Examples of offenses that may warrant an accelerated disciplinary response would be:

- Abusive or inconsiderate behavior toward others
- Insubordination
- Violation of the "Use of Drugs, Alcohol, and Medications" policy
- Theft
- Gambling
- Fighting or other disorderly conduct
- Willful destruction of hospital or clinical site property
- Abusive or grossly offensive language
- Gross negligence or carelessness that may result in injury to self or others
- Academic dishonesty as defined earlier in Section IV
- Unauthorized access to or disclosure of confidential information (PHI)
- Any behavior that would reflect adversely on the program or the hospital
- Harassment, sexual or otherwise
- Failure to comply with Standard Precautions
- Possession of weapons on hospital or clinical site property
- Any other serious breach of good conduct

## **EXAMINATION POLICY**

Students shall ensure that their examination answer sheets are complete prior to submitting them to the instructor after taking the exam. Once the student's answers are submitted to the instructor, it is considered final and will be graded accordingly.

If a failing grade is achieved on a scheduled test or final examination, students will **not** be allowed the opportunity to retest.

All exams will be given online and will be timed and monitored through a third party monitoring system, through the education portal. The computer that is utilized will be monitored to searching the internet during quizzes and exams, and will lock the student from completing the assessments; resulting in a low score. If the examination is frozen due to academic dishonesty, the student will be expelled from the program immediately.

## **EXPERIENTIAL LEARNING**

No credit is offered for experiential learning.

## **FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)**

Under the provisions of the Family Educational Rights and Privacy Act (FERPA) the progress of a student in a course at Lowcountry Regional EMS Council can only be discussed with the student, unless the student agrees in writing to allow someone else to be apprised of their progress.

## **GRIEVANCE PROCEDURE**

If a student is dismissed from the program for academic reasons, there is no grievance option. A student who is dismissed from the program for non-academic reasons may utilize the following process to grieve this action:

**STEP ONE** – The student will present the grievance in writing to the Lead Instructor within 2 business days of the dismissal. The Lead Instructor will respond to the grievance in writing within 2 business days of receipt of the written grievance.

**STEP TWO** – If the student is not satisfied with the outcome of Step One, the student may file the grievance in writing within 2 business days to the Director of Education. The Director of Education will respond in writing within 4 business days of receipt of the grievance.

**STEP THREE** – If the student is not satisfied with the outcome of Step Two, the student may file the grievance in writing within 2 business days to the Executive Director. The Executive Director will respond within 4 business days of receipt of the grievance.

**APPEAL** – If the student is not satisfied with the outcome of Step Three, the student may make a final written appeal to the Medical Director of the program. The final written appeal must be made within 2 business days of the response from the Executive Director. The Medical Director will respond in writing within 10 business days. The decision of the Medical Director is final.

While in the grievance process, the student will typically be allowed to attend class and take quizzes and exams pending the outcome of the appeal process. Students will not be allowed to participate in clinical or field rotations during the grievance process. A student who is reinstated in the class through the grievance process will be allowed a reasonable amount of time to make up any missed clinical and field time.

### **HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT (HIPAA) & PATIENT CONFIDENTIALITY**

Lowcountry Regional EMS Council, and all rotational sites used, complies with the Federal Department of Health and Human Services HIPAA Rule, effective 1996, which can be found on the Internet at [www.cms.hhs.gov/HIPAAGenInfo/01\\_Overview.asp](http://www.cms.hhs.gov/HIPAAGenInfo/01_Overview.asp)

The pertinent portions of this act provide for the protection of the privacy of all patient information and data with which students may come into contact. In essence, to comply with HIPAA, students should refrain from discussing patient care in any means that may allow for the identification of a particular patient. Students should also not leave documentation where it could be read by others

Students will not violate HIPAA policies; pursue patients, patient information (such as addresses or phone numbers from any source) and/or take still or video pictures of any patient or scene. Doing so is grounds for **immediate expulsion** from Lowcountry Regional EMS Council. A HIPAA confidentiality statement will be issued during clinical orientation and your signed copy must be turned into the assigned Clinical Coordinator and be on file prior to attending any rotations

## INCLEMENT WEATHER POLICY

Severe weather conditions or other emergencies occasionally make it necessary to close the campus. Only under extreme emergency conditions are classes cancelled. Clinical classes will also be canceled at the affiliating agencies. Students should be encouraged to check the Council website at [www.lowcountryems.com](http://www.lowcountryems.com) and the local news media for information. The general rule will be if Charleston County Schools are closed or delayed, classes at Lowcountry Regional EMS Council are also closed or delayed. If your course is off campus, the general rule will be that if your local schools are delayed or closed, then your class will be delayed or closed.

In the event that there is a snow or inclement weather emergency on a day when a student has a scheduled clinical, it may not be possible for the student to attend that clinical. As long as good judgment and concern for personal safety is exercised, such an occurrence will not count as an absence and the clinical may be rescheduled. In any event, the Director of Education **and** the Clinical Coordinator **must** be notified that day by phone and/or email. If either is unable to take your call personally then you **must** leave a voice message.

## STUDENT SAFETY

Scene safety, proper lifting, and infection/exposure control are taught in EMT class. Students are expected to take appropriate measures to prevent injury and illness. At a minimum, the student should assess scenes for hazards, lift only loads that are within their physical ability, lift using proper body mechanics, frequently wash hands using good technique, and don appropriate PPE following Universal Body Substance Isolation Precautions.

In the event the student is injured or exposed to a contagion, this process shall be followed:

- Student notifies preceptor **immediately**
- Preceptor notifies the agency or department's leadership according to their procedures
- Student notifies both the Clinical Education Coordinator and the Director of Education with appropriate urgency based on the situation
- Student must complete any paperwork required by the agency or department, and a written report for the program (detailed email is acceptable)

## **USE OF CELL PHONES**

### **Classroom Sessions**

Cell phones are to be powered off or set to silent (not vibrate) during class time. No feature of the phone will be used during class. Students may **ONLY** use phones during breaks.

During quizzes and exams phones must be powered off. Students looking at phones during a quiz or exam will receive a zero.

If this policy is not adhered to, you will be asked to leave the room to avoid further interruptions; time outside of the classroom will be treated under the tardy policy.

### **Clinical & Field Rotations**

Cell phones are to be powered off or set to silent (not vibrate) AND stored with the student's personal belongings. These devices may NEVER be at the patient's bedside. No feature of these devices is to be used when the student is with a patient.

If this policy is not adhered to, you may be asked to leave the rotation to avoid further interruptions. This will be classified as an unexcused absence and the attendance policy will be followed. The student will meet with the Director of Education within 72 hours prior to being rescheduled for another rotation.

## USE OF DRUGS, PRESCRIBED MEDICATIONS, AND ALCOHOL

Lowcountry Regional EMS Council has a strong commitment to provide a safe environment for its students. For that reason the use, sale, purchase, transfer, possession or presence in one's system of any substance (except medications as prescribed by a licensed physician), including alcohol, by any student while on Lowcountry Regional EMS Council premises, clinical or field site, or any event sponsored by Lowcountry Regional EMS Council or its affiliates is strictly prohibited. Being under the influence of any substance which may create a safety hazard or significant distraction to the educational setting is therefore prohibited by this policy.

A testing program is in place to address issues of possible non-compliance of this policy. Any student who is found to be in violation of this policy will be dismissed from the program. The procedure is as follows:

Lowcountry Regional EMS Council is responsible for testing, collection of samples, breath alcohol measurements and the medical review of all results. In addition, Lowcountry Regional EMS Council is responsible for all testing procedures and records.

The following is prohibited:

- a. Use of any substance which may create a safety hazard or significant distraction to the educational setting
- b. Having a breath test result that equals or exceeds 0.02
- c. Consuming alcohol within four (4) hours prior to class, reporting to a clinical or field rotation, or any EMS Education event
- d. Using alcohol at any EMS Education event, class, clinical or field site
- e. Exhibiting inappropriate, unsafe, or distracting behavior
- f. Refusing to be tested, including adulteration or substitution of a sample.
- g. Failing to cooperate with testing process.

Testing will be conducted for the presence of the following substances:

- b. Barbiturates
- c. Opiate Metabolites
- d. Amphetamines
- e. Cocaine
- f. Marijuana
- g. Phencyclidine (PCP)
- h. Benzodiazepines
- i. Methadone
- j. Propoxyphene

## **Reasonable Suspicion**

- a. If a student is displaying behavior consistent with being under the influence of any substance which may create a safety hazard or significant distraction to the educational setting or is otherwise demonstrating conduct which may be in violation of this policy, the Instructor, in concurrence with another member of the EMS Staff or hospital supervision, will require that the student submit to testing.
- b. Any student who refuses to submit to a request to test will be dismissed from the program. Refusal includes failure to report in a timely manner to a designated testing site, failure to execute all required test documents, failure to provide a specimen, submission of an adulterated specimen or submission of a substituted specimen. Any student who refuses to comply with testing or who fails to cooperate in the testing process will be dismissed from the program. This includes adulteration or substitution of samples.
- c. Any student who is found to have violated this policy will be dismissed from the program.

## **USE OF OTHER ELECTRONIC DEVICES**

### **Classroom Sessions**

Devices may only be used for taking notes or relevant research. The device must be silenced during class time. During quizzes and exams devices must be powered off. Students looking at devices during a quiz or exam will receive a zero.

### **Clinical & Field Rotations**

Devices are not to be brought to rotations.

## **USE OF TOBACCO**

Lowcountry Regional EMS Council is committed to providing and promoting healthy choices. In accordance with hospital policy, students will not use any tobacco product including E-cigarettes on premises or at neighboring businesses. There is a designated smoking area in the rear of the building.

When the student is attending a rotation that is not at Lowcountry Regional EMS Council, the student will use tobacco only in accordance with the regulations of that facility.

**NOTE** Effective March 1, 2013, the use of tobacco products including E-cigarettes are prohibited on all streets and sidewalks within the Medical District as defined by the City of Charleston ordinance as well as all property owned or leased by The Medical University of South Carolina (MUSC). Amendments to the tobacco free campus policy also prohibit the use of tobacco products by staff and students on private properties adjacent to the Medical District without explicit approval from the property owner. The MUSC offers a number of resources for smoking-cessation on their website. Students are encouraged to access these resources at <http://academicdepartments.musc.edu/tobaccofree/help/>

## **STUDENT RESPONSIBILITIES**

### **CERTIFICATION**

Successful completion of the program does not guarantee student licensure/certification by the State of South Carolina or by the National Registry of EMTs.

### **EMPLOYMENT**

Successful completion of the program and/or subsequent certification does not imply an offer of employment by either Lowcountry Regional EMS Council or its affiliates.

### **LIABILITY**

Lowcountry Regional EMS Council, its subsidiaries, and its employees assume no liability for any illness, accident, or injury to students as a result of their participation in any aspect of this educational program. If an incident occur, the student is solely responsible for expenses associated with medical treatment and property loss.

### **MEDICAL ADVICE**

Students will not seek medical advice or prescriptions from physicians or other healthcare professionals while acting in the role of a student of the program. Students who are ill or injured and wish to seek the services of the Emergency Department staff should complete the registration process and be triaged and treated as any other patient. Any cost incurred would be the sole responsibility of the student. If registering as a patient takes the student away from a class or rotation, the student may incur hours missed according to the attendance policy.

### **NATIONAL REGISTRY**

During the National Registry exams, the student is expected to bring forward material they learned throughout the program and apply this information while answering questions and performing skill stations. Students are reminded they are not able to “cram” for the exam, as it must be brought forward and applied throughout the program and in testing.

*Completion of the program does not guarantee that you will be allowed to take the National Registry cognitive and practical exams, that you will pass the exams, or that you will be granted certification to practice as an EMS provider.*

Candidates who achieve a passing score on National Registry cognitive and practical exams will be recommended for certification as an EMT in the State of South Carolina.

### **SOLICITATION**

Students may not solicit, post notices, or hand out literature promoting any cause, product, event, belief, or other such publication at any time while on hospital property or while acting in the role of a student of the program.

### **STUDENT SUCESS CENTER**

Lowcountry Regional EMS Council provides students with resources and support outside of the classroom through computer lab and library of EMS related materials. The library is designed to give students guided access to hard-cover and on-line sources which enhance and support classroom instruction and for researching issues related to the course material.