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# WVC EMT Handbook

Department of Allied Health  
Emergency Medical Technician  
EMT 151

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Staff have no regularly scheduled office hours. Conferencing, counseling and meeting with faculty must be scheduled.

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# INTRODUCTION

The policies of the EMS program are intended to provide a safe and professional educational experience for EMS students. It is important for students and faculty to understand and follow both the letter and spirit of each policy. From time to time, situations will present themselves, which are not covered by specific language of the policies and procedures. In such cases students and faculty will be guided by best judgment, best practices, professional ethics, and the intent of current written policies and procedures, both in this document and listed in the WVC Student Handbook.

Regardless of written language, students must, at all times, present themselves as a professional member of an elite community. Students who fail to represent the pride, integrity, and wholesomeness expected of EMS Personnel will be considered in violation of policies, whether written or unwritten, and removed from the EMS program. Program officials, not the student, set standards of professionalism for the EMS community.

# PHILOSOPHY

Education is the outcome of an individual's experiences occurring throughout the life cycle and attained through formal and informal activities. The teaching/learning process is a cooperative endeavor, is continuous and results in measurable changes in the learner's behavior.

The role of the learner is active participation in the educational process in order for learning to be meaningful and useful. Learning is best achieved in an environment in which the person is accepted and respected.

EMS education relies on core competencies, which provide an infrastructure for developing critical thinking, decision-making, communication, values and technologies. The role of the faculty is to guide the rigorous educational process.

Faculty will foster a professional, respectful learning environment through example, maintenance of discipline, and enforcement of standards. This process extends to the practice setting where education of the patient occurs.

# EMT CODE OF ETHICS

Professional status as an Emergency Medical Technician is maintained and enriched by the willingness of the individual practitioner to accept and fulfill obligations to society, other medical professionals, and the profession of Emergency Medical Technician. As an EMT, I solemnly pledge myself to the following code of professional ethics:

- A fundamental responsibility of the Emergency Medical Technician is to conserve life, to alleviate suffering, to promote health, to do no harm, and to encourage the quality and equal availability of emergency medical care.
- The Emergency Medical Technician provides services based on human need, with respect for human dignity, unrestricted by consideration of nationality, race, creed, color, or status.
- The Emergency Medical Technician does not use professional knowledge and skills in any enterprise detrimental to the public well-being.
- The Emergency Medical Technician respects and holds in confidence all information of a confidential nature obtained in the course of professional work unless required by law to divulge such information.
- The Emergency Medical Technician, as a citizen, understands and upholds the law and performs the duties of citizenship; as a professional, the Emergency Medical Technician has the never-ending responsibility to work with concerned citizens and other health care professionals in promoting a high standard of emergency medical care to all people.
- The Emergency Medical Technician shall maintain professional competence and demonstrate concern for the competence of other members of the Emergency Medical Services health care team.
- An Emergency Medical Technician assumes responsibility in defining and upholding standards of professional practice and education.
- The Emergency Medical Technician assumes responsibility for individual professional actions and judgment, both in dependent and independent emergency functions, and knows

and upholds the laws that affect the practice of the Emergency Medical Technician.

- An Emergency Medical Technician has the responsibility to be aware of and participate in matters of legislation affecting the Emergency Medical Service System.
- The Emergency Medical Technician, or groups of Emergency Medical Technicians, who advertise professional service, do so in conformity with the dignity of the profession.
- The Emergency Medical Technician has an obligation to protect the public by not delegating to a person less qualified, any service that requires the professional competence of an Emergency Medical Technician.
- The Emergency Medical Technician will work harmoniously with and sustain confidence in Emergency Medical Technician associates, the nurses, the physicians, and other members of the Emergency Medical Services health care team.
- The Emergency Medical Technician refuses to participate in unethical procedures, and assumes the responsibility to expose incompetence or unethical conduct of others to the appropriate authority in a proper and professional manner.

(Written by: Charles Gillespie, M.D.)



# EMT OATH

Be it pledged as an Emergency Medical Technician, I will honor the physical and judicial laws of God and man. I will follow that regimen which, according to my ability and judgment, I consider for the benefit of patients and abstain from whatever is deleterious and mischievous, nor shall I suggest any such counsel. Into whatever homes I enter, I will go into them for the benefit of only the sick and injured, never revealing what I see or hear in the lives of men unless required by law. I shall also share my medical knowledge with those who may benefit from what I have learned. I will serve unselfishly and continuously in order to help make a better world for all mankind. While I continue to keep this oath unviolated, may it be granted to me to enjoy life, and the practice of the art, respected by all men, in all times. Should I trespass or violate this oath, may the reverse be my lot.  
So help me God.

*Written by: Charles B. Gillespie, M.D.; Adopted by the National Association of Emergency Medical Technicians, 1978*

# PROGRAM PURPOSES & OBJECTIVES

The program purposes, objectives and competencies reflect the EMT Programs philosophy and are presented as follows:

- Offer an EMT Program that meets the current National Education Standards and the WA State mandates for EMS Education as outlined in DOH 530-126 *WA State Department of Health Office of Community Health Systems EMS and Trauma Section "EMS Training Program and Instructor Manual"* in accordance with governing WAC 246-976-023.
- Prepare students to sit for the National Registry Examination for their EMS certification.
- Prepare students for WA State Certification as an Emergency Medical Services Provider.
- Enhance higher order thinking, communication, research, and therapeutic interventions in the practice of professional pre-hospital emergency care.
- Prepare graduates to use Standards of Emergency Medical Care in a variety of settings

The primary purpose of the EMS Program is to develop a graduate who is generally prepared to practice emergency medical care consistent with the program's philosophy, Washington State Law and Nationally recognized standards of care. The graduate is capable of assuming the various roles of an EMS provider; a provider of patient care, patient educator, patient advocate, communicator and leader. This EMT course will meet or exceed the National Registry and Washington State Requirements for an EMT Course and will be conducted in accordance with WAC 246-976-023.

Terminal objectives, which present the competencies of the graduate upon completion of the program are:

## Provider of Patient Care

- Establishes differential diagnoses based upon patient presentation within a theoretical framework of emergency medical care.
- Developing and executing treatment plans according to working differential diagnoses.

- Evaluates responses of patients to emergency medical care, making changes when necessary in treatment plans of care, independently or in consultation with emergency medical service colleagues and/or physician medical direction.

## **Patient Educator**

- Assesses learning needs, readiness and motivation of individual clients, families and aggregates in relation to health promotion, maintenance and restoration.
- Formulates and implements teaching plans for individual patients, families and aggregates.

## **Patient Advocate**

- Develops treatment plans in accordance with the best interest and wishes of the patient.
- Communicates and supports patient best interest to the patient, patient family, emergency medical service colleagues, and other healthcare providers.
- Establishes a rapport with patient, family, and caregivers to facilitate effective patient assessment and treatment.
- Establishes and implements effective verbal and written communication practices to ensure continuity of patient care.

## **Leader**

- Functions as unit leader to direct emergency medical service colleagues and first responders to ensure excellent and efficient patient care.
- Assumes various roles within the incident command system.

## **Roles and Function in the Discipline of Emergency Medical Service**

- Bases practice upon the legal boundaries and ethical frameworks within the scope of own practice.

- Assumes responsibility for continued learning as a means of growth, development and maintenance of competence within the scope of own practice and according to certification requirements.
- Works within established policy and procedures of employing agency, recognizing policies and protocols that may impede patient care and works within the organization framework to initiate change.

Successful candidates will be issued an official WA State EMT Course Completion Certificate issued by Wenatchee Valley College. Students in possession of a WA State EMT Course Completion Certificate will be eligible to take the National Registry certification exam.

Candidates, who complete all National Registry exams successfully and receive recognition from the NREMT, are eligible to apply with the Washington State Department of Health for Certification as an EMS provider.

# **OPERATIONAL POLICIES AND PROCEDURES**

The following section of this document defines program components specific to program operations, policies and procedures. It also includes information that proves useful to faculty when preparing for the success of this program.

Faculty assignments and expectations are outlined in the course syllabus and agenda and are issued to faculty prior to the beginning of each quarter. This section meets the **WA State DOH Program Requirement: Amendment A Operational Policies and Procedures**

# EMT COURSE QUALITY ASSURANCE

This EMT Course follows the Wenatchee Valley College expectations for evaluation and feedback. This offers an anonymous way for students to provide feedback at the end of the program so that the department and the program can engineer new strategies to meet student's needs.

Additionally, students are directed to the [Washington State EMS Course Evaluation and Instructor Survey](#) at the close of the program to provide feedback to Washington State Department of Health in order to determine strengths and weaknesses in EMS Education throughout Washington in order to improve EMS Provider education.

Student feedback is acquired throughout the course through evaluation of content, classroom sessions, individual instructors, simulation sessions, clinical site and preceptor feedback, lab facilities and sessions, as well as the overall facility and methods of communication throughout the course between students, instructors and the program director. Adjustments are made continuously in order to meet the needs of the students.

Student success is monitored throughout the course via data driven interactive platforms utilized in the program. Instructional strategies are engineered to meet individual and cohort gaps in learning and skills acquisition as the course progresses. Regular conferencing occurs with students to discuss progress, strengths and weaknesses and to aid students in creating individual strategies for success in the program.

Student success in acquiring a Course Completion Certificate is monitored as a component of program success. Continually assessing what things stand in the way of student success is important to giving students what they need in the course to be successful. The program seeks to achieve a 100% student course completion rate. We hope to see all students who endeavor the program to achieve success.

National Registry testing scores for first time pass rates are monitored as a component of measuring program success. The program seeks to achieve a 100% overall first time pass rate for students who sit for the exam within 180 days of course completion

and an 85% overall pass rate for students who sit for the exam within 365 days of course completion.

Monitoring the number and percent of students who become WA State certified after course completion is a component that is monitored but not necessarily considered currently as a measure of success, as this is difficult to obtain data for.

## EMT STUDENT RECORDS RETENTION AND MAINTENANCE

This EMT Course follows the Wenatchee Valley College standards for records retention and maintenance as required by law. Student records are filed and maintained by the Allied Health Department and are retained for the allotted time as required by Washington State Law. Ref. WAC 490-105-200, RCW 28C.10.160

## EMS & TRAUMA SYSTEM PARTICIPATION

EMT course applications are reviewed by the Local Councils in the communities where education takes place.

Prior to determining course offerings, community need and involvement assessment occurs to ensure collaboration with EMS partners, and to evaluate interest from the pool of students in a catchment.

It is the goal of the Wenatchee Valley EMT Program to partner with the EMS system to provide an adequate EMS workforce pipeline in the communities we serve.

Our 5 year sustainability program assessment is shared with the Local and Regional Councils to inform their planning process, and course applications are routed through the Local Council for approval. Our program director participates in Regional and Local Council EMS Education workgroups in order to understand the need and support a healthy EMS workforce in the Wenatchee Valley and surrounding communities served by the College.

# INSTRUCTOR CODE OF CONDUCT

Emergency Medical Services educators typically are members of two professions (both teaching and practice) and thus should comply with the requirements and standards of each. EMS educators who are EMS providers are subject to the law of professional ethics in force in the relevant jurisdictions. In addition, as members of the teaching profession, all EMS Educators are subject to the regulations of the Wenatchee Valley College, National Standards for EMS Education and the Washington State Department of Health.

EMS educators serve as important role models for EMS students. The EMS education experience frequently provides the student's first exposure to the EMS profession and thus EMS educators inevitably serve as important role models for students. Wenatchee Valley College supports the highest standards of ethics and professionalism within the EMS education setting. EMS educator responsibilities extend beyond the classroom to include out of class associations with students and other professional activities.

## Responsibilities To Students

As teachers, scholars, counselors, mentors, and friends, EMS educators can profoundly influence students' attitudes concerning professional competence and responsibility. EMS educators should assist students to recognize the responsibility of EMS providers to advance the delivery of emergency medical services for individual and for the community at large.

Because of their inevitable function as role models, EMS educators should be guided by the most sensitive ethical and professional standards. As follows:

- EMS educators should aspire to excellence in teaching and to mastery of the theories and practices of their subjects.
- They should prepare conscientiously for class and employ teaching methods appropriate for the subject matters and objectives of their courses.
- The objectives and requirements of their courses, including applicable attendance and grading rules, should be clearly stated.



- Classes should be met as scheduled or, when this is impracticable, classes should be rescheduled at a time reasonably convenient for students, or alternative means of instruction should be provided.
- EMS educators have an obligation to treat students with civility and respect and to foster a stimulating and productive learning environment in which the pros and cons of debatable issues are fairly acknowledged.
- EMS educators should nurture and protect intellectual freedom for their students and colleagues.

Evaluation of student work is one of the fundamental obligations of EMS educators. As follows:

- Examinations and assignments should be conscientiously designed and all student work should be evaluated with impartiality.
- Grading should be done in a timely fashion and should be consistent with standards recognized as legitimate within the institution and the profession.
- A student who so requests should be given an explanation of the grade assigned.
- EMS educators should be reasonably available to counsel students about academic matters, career choices, and professional interests. In performing this function:
  - Educators should make every reasonable effort to ensure that the information they transmit is timely and accurate.
  - When in the course of counseling an EMS educator receives information that the student may reasonably expect to be confidential, the educator should not disclose that information unless required to do so by institutional rule or applicable law.
  - Educators should inform students concerning the possibility of such disclosure.
  - Educators should be as fair and complete as possible when communicating evaluative recommendations for students and should not permit undesirable or irrelevant considerations to infect these recommendations.
  - If information disclosed in confidence by the student to the educator makes it impossible for the educator to write a fair and complete evaluation/recommendation without revealing the

information, the educator should so inform the student and refuse to provide the evaluation/recommendation unless the student consents to full disclosure.

Discriminatory conduct based on such factors as race, color, religion, national origin, sex, sexual orientation, disability or handicap, age, or political beliefs is unacceptable in the EMS education community. To follow:

- EMS educators should seek to make the education setting a hospitable community for all students.
- EMS educators should be sensitive to the harmful consequences of instructor or student conduct or comments in classroom discussions or elsewhere that perpetuate stereotypes or prejudices involving such factors.
- EMS educators should not sexually harass students and should not use their role or position to induce a student to enter into a sexual relationship, or to subject a student to a hostile academic environment based on any form of sexual harassment.
- An educator who is closely related to a student by blood or marriage, or who has a preexisting similar relationship with a student, normally should avoid roles involving a professional responsibility for the student.

## **Responsibilities As Professional Educators**

A basic responsibility of the community of EMS educators is to refine, extend, and transmit knowledge. As members of that community, EMS educators share with their colleagues in the other education and professional disciplines the obligation to discharge that responsibility. EMS educational institutions and programs also have a responsibility to maintain an atmosphere of freedom and tolerance in which knowledge can be sought and shared without hindrance. EMS educators are obligated, in turn, to make the best and fullest use of that freedom to fulfill their scholarly responsibilities.

In teaching, as well as in research, writing, and publication, the scholarship of others is indispensable to one's own knowledge. An EMS educator has a responsibility to be informed concerning the relevant knowledge base in the fields in which the educator writes and teaches. To keep current in any field requires continuing study. To this extent the EMS educator must remain a student. EMS

educators have a responsibility to engage in their own research and publish their conclusions. In this way, EMS educators participate in an intellectual exchange that tests and improves their knowledge of the field, to the ultimate benefit of their students, the profession, and society.

The EMS educator's commitment to truth requires intellectual honesty and open-mindedness. Although an EMS educator should feel free to criticize another's work, distortion or misrepresentation is always unacceptable. Relevant evidence and arguments should be addressed. Conclusions should be frankly stated, even if unpopular.

When another's scholarship is used—whether that of another educator or that of a student—it should be fairly summarized and candidly acknowledged. Significant contributions require acknowledgement in every context in which ideas are exchanged. Publication permits at least three ways of doing this: shared authorship, attribution by footnote or endnote, and discussion of another's contribution within the main text.

An EMS educator has a responsibility to preserve the integrity and independence of research and new knowledge. Sponsored or remunerated research should always be acknowledged with full disclosure of the interests of the parties.

## **Responsibilities To Colleagues**

EMS educators should treat colleagues and staff members with civility and respect.

EMS educators should comply with institutional rules or policies requiring confidentiality concerning oral or written communications. Such rules or policies frequently will exist with respect to personnel matters and evaluations of student performance.

As is the case with respect to students (Part I), sexual harassment, or discriminatory conduct involving colleagues or staff members on the basis of race, color, religion, national origin, sex, sexual orientation, disability or handicap, age, or political beliefs is unacceptable.

# Responsibilities To The EMS Community And General Public

An EMS educator occupies a unique role as a bridge between the EMS community and students preparing to become members of that community. It is important that EMS educators accept the responsibilities of professional status. At a minimum, an EMS educator should adhere to the Code or Rules of Conduct of the state EMS division and the Wenatchee Valley College. Conduct warranting discipline as an EMS educator or provider should be a matter of serious concern to the EMS educator's school and the general public.

This code of conduct is modified and adapted from the NAEMSE board of director's statement set forth as the code of conduct for EMS Educators. Their statement is Adopted and modified with permission from:

Sean Prichard

Publications Manager, The Association of American Law Schools  
Statement of Good Practices by Law Professors in the Discharge of  
Their Ethical and Professional Responsibilities

# LAB FACILITIES AND EQUIPMENT

The Wenatchee Valley College EMT Program utilizes the College Allied Health Simulation Lab facility. Equipment is supplied and maintained by the facility. Each quarter, equipment is inventoried by EMT Program Faculty to ensure the minimum required equipment as outlined in DOH 530-126 are available for use during the training program and in good working order.

In addition to the minimum equipment and supplies outlined in DOH 530-126, the Wenatchee Valley College Allied Health Lab has available for use during the training program high fidelity manikins for Adult, Pediatric, Neonatal, and OB simulation.

Student also have available to them a biology lab that is utilized for dissection exercises to help them to better understand anatomy and physiology.

The EMT Program follows all guidelines and policies for use of equipment and lab facilities at Wenatchee Valley College, and these are summarized in the Student Handbook portion of this document.

# CLINICAL SITES AND PRECEPTORSHIP

Clinical partnerships are maintained with several partners across the communities we serve for the purposes of EMT Candidate development and learning during the Wenatchee Valley EMT Course. Contracts are updated every 3 years. Additional sites are added as needed when it is necessary to increase capacity due to class size to ensure access to clinical opportunities for students.

Clinical sites that provide field experience to students have been offered voluntary Preceptor Training. Prehospital sites are encouraged to assign preceptors who have Washington State EMS Evaluator training. All clinical preceptors are encouraged to have education and training on the following topics/objectives:

- ✱ Fostering an effective learning environment
- ✱ Assertive communication
- ✱ Constructive feedback
- ✱ Remediation strategies
- ✱ Clinical ethics

- \* Critical thinking
- \* Crew resource management
- \* Mental health for healthcare providers
- \* Diversity/equity/inclusion DEI.

Students receive scope of practice compliance training and instructions for clinical rotations in the first week of the EMT Course.

Preceptors are provided a feedback form that clearly states the student objectives for the clinical rotation. This form must be completed by the preceptor and turned in to the Program Coordinator to ensure alignment with the course objectives and student performance standards.

Students complete site and preceptor evaluations after every clinical rotation. Wenatchee Valley College Faculty are available directly by phone at all hours of a student clinical rotation.

## Clinical Sites Available for EMT Student Field Internship

Confluence Health (Hospital Site)  
Wenatchee WA

Lake Chelan Health (Hospital and Prehospital Site)  
Lake Chelan WA

Cascade Medical Center (Hospital and Prehospital Site)  
Leavenworth WA

Mid Valley Hospital (Hospital Site)  
Omak WA

Lifeline Ambulance (Prehospital Site)  
Wenatchee WA/Omak WA/Moses Lake WA

Ballard Ambulance (Prehospital Site)  
Wenatchee WA

# PROGRAM PREREQUISITES

Students entering the EMT program must meet all Wenatchee Valley College Allied Health Program Requirements for entry in addition to the Washington State requirements for entry. Patient safety and state law dictate the prerequisites for the program.

Wenatchee Valley College Allied Health Program requirements generally include the following components in order for students to participate in clinical practicum.

- Vaccination documentation and or titer verification of disease immunity
- Background check
- Drug screen
- Healthcare provider level CPR card.
- Candidate must be 17 years or older on or before the first day of class.

Program prerequisites can change based upon public health emergencies, evolving disease processes and state law. Please refer to the Wenatchee Valley College Allied Health Program requirements, contact the Allied Health Department and consult the WA State Department of Health Guidelines for EMT Candidate eligibility for the most up to date details regarding program prerequisites.

## SELECTION CRITERIA AND SCREENING PROCESS

All students who complete the program prerequisites are eligible to enter the program. The Wenatchee Valley College does not limit participation in the course. Students should refer to the information below, taken from the Bureau of Labor and Statistics, to determine if they feel that they will be successful in the EMT training course and in the field of Emergency Medical Services.

<https://www.bls.gov/ooh/healthcare/emts-and-paramedics.htm#tab-2>

Emergency medical technicians (EMTs) assess injuries and illnesses, provide emergency medical care, and may transport patients to medical facilities.

EMT's typically do the following:

- Respond to calls for medical assistance, such as at the scene of a car accident in which someone is injured
- Assess people's condition and determine what treatment, if any, is needed
- Provide treatment, such as first aid or life support care, to sick or injured patients
- Prepare patients for and safely transport them to the emergency department of a hospital or other healthcare facility
- Document and report observations and any treatment provided, to physicians, nurses, or other healthcare staff
- Inventory and replace medical supplies and clean equipment after use

When transporting a patient in an ambulance, one EMT or paramedic may drive the ambulance while another monitors the patient's vital signs and provides emergency medical care.

In addition to transporting patients from the scene of an emergency, EMTs transfer patients from one medical facility to another. Some patients may need to be transferred to a hospital that specializes in treating their particular injury or illness or to a facility that provides long-term care, such as a nursing home.

EMTs must decontaminate the interior of an ambulance after treating a patient who has a contagious disease. They also may need to report the case to the proper authorities.

The specific responsibilities of EMTs depend on their level of certification and the state in which they work. EMTs sometimes begin with emergency medical responder (EMR) certification and advance to other levels of certification as they gain competency.

<https://www.bls.gov/ooh/healthcare/emts-and-paramedics.htm#tab-3>

EMTs work both indoors and outdoors, in all types of weather. Their work is physically strenuous, and they spend much of their time standing or moving. Their work also may be stressful, especially when it involves life-or-death situations. Some paramedics must fly on helicopters or airplanes as part of an air ambulance flight crew.

EMTs have one of the highest rates of injuries and illnesses of all occupations. EMTs spend considerable time kneeling, bending, and lifting while caring for and moving patients.

They may be exposed to serious diseases and viruses, such as HIV. EMTs may reduce the risk of injury and illness by following proper safety procedures, such as waiting for police to clear an area in



violent situations or wearing a mask and gloves while working with a patient.

Most EMTs work full time. Some work more than 40 hours per week. Because EMTs must be available to work in emergencies, their schedules may vary to include nights, weekends, and holidays. Some EMTs work extended shifts, such as ones lasting 12, 18, or 24 hours.

# AMERICANS WITH DISABILITIES ACT

## ALLOWABLE ACCOMMODATIONS

The Americans with Disabilities Act (ADA) of 1990 has implications that pertain to licensure or certification.

The law permits testing that requires the use of sensory, manual or speaking skills where the tests are intended to measure essential functions of the profession. For example, an applicant with reading difficulties is required to take a written exam since the ability to read is an essential function of EMS. Exams are designed at least in part to measure the student's ability to read.

A second example is dealing with skills proficiency verifications that must be performed within established time frames. Performing a skill within established time frames is required because speed of performance is an integral part of patient care.

Both the ability to read and the ability to perform skills within time frames are essential functions for an EMS provider. Therefore, in EMS, a person with a disability may not be denied the opportunity to take an examination; but this person shall be required to take a written exam and pass the skills proficiency verifications within established criteria.

The Functional Job Description, outlined at the end of this section, describes the required skills and job requirements essential to EMS personnel. This description will guide all accommodations permitted for the EMT students.

The following specific points pertain to those involved in EMS training and education programs:

- Students *cannot* be discriminated against on the basis of a disability in the offering of educational programs or services.
- There can be *no* accommodation during screening, evaluation or course examinations that will compromise or fundamentally alter the evaluation of skills that are required to function safely and efficiently in the profession.
- Students who have received an accommodation during the course need to fully understand that there is a separate process

for requesting an accommodation for the written certification exam and eligibility for an accommodation is determined on a case-by-case basis. In other words, just because a student was allowed an accommodation during the course does not guarantee an accommodation for the National Registry exam. Documentation confirming and describing the disability should be submitted according to policy for consideration.

- There are accommodations that are not allowed in the EMS Program because they are not in compliance with the essential job functions of an EMT as outlined in the Functional Job Description. These include, but are not limited to:
  - Students are not allowed additional time for skills with specific time frames. Obviously patients would suffer due to life threatening conditions in emergency situations if treatment were delayed.
  - Students are not allowed unlimited time to complete a written exam. This request is not considered reasonable because a candidate should be able to complete a test within a finite amount of time. Students will be allowed a maximum of time and one-half to complete written exams.
  - Students are not provided a written exam with a reading level of less than grade eight. The EMS profession requires a reading level of at least grade eight to work safely and efficiently.
  - Students must take all exams during the scheduled time, as a member of the enrolled class. The ability to utilize knowledge on the spur of the moment is an essential task for EMTs. Exams are given to elicit immediate recall and understanding of emergency situations. Students will be permitted a private space to take the exam. Refer to the written examination policy of missed exams due to excused absences.
  - Students must answer all written test questions as written. The test proctor or any other individual can provide no explanation of a question. Additional descriptions of test questions would not be a reasonable accommodation because reading and understanding written English is an essential part of EMS communication. Student must be able to understand and converse in medical terms appropriate to the profession.

Because of the critical nature of the tasks needed in emergency situations, accommodation requests are considered very carefully, on a case-by-case basis. The safety and welfare of the community must

be insured while providing full protection of the certification applicant's rights. The main question to be considered is: with the accommodation being requested, can this individual perform the essential functions of the job safely and efficiently?

If you have special needs addressed by the Americans with Disabilities Act, please notify Jenna Floyd [jfloyd@wvc.edu](mailto:jfloyd@wvc.edu)

More information for students needing accommodation/support services can be found on the WVC Student Access Page linked below

<https://www.wvc.edu/students/support/disability-services/index.html>

More information about the National Registry Accommodation policy can be found on the NREMT page linked below

<https://public.powerdms.com/Nat9346/documents/2308843>

# **STUDENT HANDBOOK**

The following section of this document defines program components specific to student expectations and behavior but also includes information that proves useful to students when preparing for success in the program. The student syllabus and schedule are determined each quarter and submitted with the WA State Course Application. These materials are available to enrolled students in Canvas. This section meets the **WA State DOH Program Requirement: Amendment C Student Handbook**

# APPLICATION FOR EMERGENCY MEDICAL TECHNICIAN LICENSURE

Completion of an approved Emergency Medical Technician program does not guarantee eligibility to sit for the licensure examination or guarantee issuance of a license to practice emergency medical care in the State of Washington. The details outlined below explain the progressions through the education to licensure.

## Washington State EMT Course Completion Certificate

The first step in progressing from education to licensure in Washington State is to obtain a Washington State EMT Course Completion Certificate. A course completion certificate cannot be issued unless the EMT Candidate meets the following course requirements. It is possible to receive a passing grade for the EMT course at Wenatchee Valley College and NOT receive a course completion certificate. Please read and review these criteria carefully.

- The candidate **MUST** complete ALL of the required clinical rotations and field experience requirements prior to sitting for the end of course knowledge and practical skills examinations.
- The candidate **MUST** complete all components of the Washington State Skills Examination. Skills must be evaluated and documented on state-approved skill evaluation forms, by a department approved WA State EMS evaluator who is affiliated with the WVC EMT Program. Examination is conducted according to DOH 530-126/530-150 in accordance with WAC 246-976-023. Students are provided with department approved skills evaluation forms, psychomotor testing procedures and format, including number of attempts and testing dates at the beginning of the course . Not all skills are tested the same day. Skills are bundled and tested throughout the course on designated testing dates. Students have the opportunity on designated testing dates to repeat the skills station if both they and the SEI feel it is appropriate for the student to repeat the skills examination, and if it meets the allowable testing rules in DOH 530-126/530-150. If the student is not successful on their second attempt, the student is required to enter into remediation and a third attempt

is allowed on the final psychomotor skills testing day of the quarter. All parameters and guidelines for skills testing follow DOH 530-126/530-150.

- The candidate MUST pass the end of course knowledge evaluation or final exam administered by the college.

## National Registry Certification Process

EMT Candidates that will be seeking certification in the State of Washington must provide proof of competency. Proof of competency is defined as: a current and valid certification from another state or national organization recognized by Washington State Department of Health.

The National Registry of EMT certification is recognized by Washington State Department of Health and serves as the most commonly used pathway for EMT's seeking certification in Washington State and many other states across the nation.

Once you have received your *Washington State EMT Course Completion Certificate*, you must meet the following requirements:

- Candidates must have completed the course within the past two years and the course Program Director must verify successful course completion on the National Registry website.
- Hold a current CPR-BLS for "Healthcare Provider" or equivalent credential.
- Successful completion of the National Registry EMT cognitive (knowledge) examination and a state approved psychomotor (skills) examination.
- Passed portions of the cognitive and psychomotor exam remain valid for 24 months provided all other eligibility requirements are met.

Information about the application process for NREMT Testing and Certification can be found by clicking on the following link.

<https://www.nremt.org/Document/EMT-Full-Education-Program>

Students may choose to maintain your NREMT certification, which is valid for two years.

The National Registry exam may require students to assume testing and travel costs in order to complete the exam. The National Registry Exam is NOT a part of this EMT Training Program.

Students will receive assistance in creating an account and navigating the testing process as a part of this course.

Follow through and completion of the exam is the responsibility of the EMT candidate/student. It is recommended to take the NREMT exam within 6 months of course completion. The longer you wait to sit for the exam, the lower your pass rate will be statistically.

If you require accommodation for the National Registry exam, you should petition early. This process can take some time. For more information about the accommodation process, you can visit the following link: <https://www.nremt.org/Policies/Examination-Policies/ADA-Accommodations>

## Washington State Certification

To gain a Washington State EMT certification you must meet the requirements listed in [WAC 246-976-141](#).

You will need to complete the WA State DOH EMT Application according to the instructions and submit your application to the Department of Health.

A Washington State EMS certification is valid for 3 years.

The Washington State Certification application includes a personal data section that requires candidates to disclose any criminal history that may preclude them from obtaining certification. If you have concerns about choices that may have led to any criminal convictions in your past, you are encouraged to review the application ahead of pursuing the EMT course and if necessary, contact the Department of Health to discuss your disclosures and determine if any of them will prevent you from pursuing a career as an EMT. By no means do we mean to discourage EMT student candidates but we want to ensure you have a clear pathway to entering the workforce if that is your ambition.

When all application requirements are completed according to State law, policy and standard, including but not limited to background checks, a WA State EMT Certification is then issued to eligible candidates.



Please be aware that Washington State requires agency affiliation and MPD recommendation to gain a state EMS certification.

This is a gross summary of the process for certification in Washington State, meant to orient the candidate to the general process.

More detail can be found at the Washington State Licensing and Certification for EMS Providers <https://doh.wa.gov/licenses-permits-and-certificates/professions-new-renew-or-update/emergency-medical-services-ems-provider/licensing-information>

Information is also provided to candidates at the EMT Informational session held prior to each EMT program as well as at the end of the EMT Course to guide students through the process of successfully entering the EMS workforce.

*Please Note: The Initial NREMT Certification Process will provide the EMT with a National Registry EMT Certificate of Recognition with expiration date of two (2) years.*

*Completion of the state certification process will provide the EMT WA State EMT Certification with an expiration date of three (3) years. It will be up to the EMT to determine the need and/or ability to maintain the National Registry Certification.*

# STUDENT RESPONSIBILITIES

## Contact Information and Communication

Students must keep their current address, phone number, e-mail address, and a contact person on file with registration. Important information will be communicated to all students via their WVC e-mail addresses via Canvas.

## Attendance

Regular attendance in the classroom, skills laboratory, and scheduled clinical/field internship sessions is required to obtain necessary experience to become a trained emergency medical technician. In addition, good attendance habits will assist the student in meeting future employer expectations.

No unexcused absence is acceptable. Students with an unexcused absence will not be allowed to continue in the program. In cases of emergency where it is not possible for the student to contact the course director, the absence will be considered on a case-by-case basis.

Students who present after attendance is taken are considered tardy. A tardy mark will result in a 20% reduction of your attendance points for that day. If a student is tardy greater than 60 minutes for any session, their attendance will be counted as an absence.

The student is responsible for notifying the Course Director at least one hour prior to the scheduled course period via email or phone.

In the event that a student will be absent from a clinical assignment, the student is to notify their assigned Clinical Coordinator, at least one hour prior to the scheduled session. It is preferable that students contact the Course Directors by email; however, telephoning is acceptable, if email is inaccessible. At NO time is texting or contacting a classmate an acceptable method of notification.

Students are not permitted to leave the clinical facility during lunch or break times. Students are responsible for their own transportation.

Students who are greater than 30 minutes late for a clinical rotation or field internship, or leave early will have to repeat the clinical rotation or field internship.

## Laboratory Skills Practice

During the course of this program, students will be taught skills necessary for the assessment and management of patients in emergency situations. It is occasionally necessary that students practice and perfect these skills using human subjects. All students are hereby advised that skills practice will sometimes be performed on classmates, and that classmates will occasionally be performing these same skills on you. The purpose of these practice sessions is to develop the tasks, dexterity, and tactile feel, necessary for each skill, in situations as real as possible, under the control and supervision of program instructors. The practice of these skills will involve limited physical contact with many areas of the human body.

The EMT Program is acutely aware of both the importance of hands on human practice and the risk of inappropriate behavior. All students involved in these skills practice sessions, in the role of the rescuer, the patient, or as an observer, are expected to display tact and professionalism, as well as to behave under ethical and legal guidelines.

At any time, should a student believe that the practice of a particular skill places her or himself in an uncomfortable position, that student has the responsibility to make that belief known to the instructor prior to beginning the skills practice.

At any time, should a student believe that the practice of a particular skill on themselves by another student or as demonstrated by an instructor, crosses a line of professionalism, into overt sexual contact, that student has the responsibility to make that belief known to both the student or instructor involved and to the Program Director as immediately. Any student who perceives that he or she has been treated in a discriminative manner on the grounds of sex may consult with or file a written complaint with the Dean of Allied Health.

Some of the specific skills which will be practiced in this program, and which may involve practice in or around the chest or pelvis include:

- Traction Splinting

- Patient Assessment and Physical Exam
- Blood Pressure by Auscultation
- Blood Pressure by Palpation
- Dressing and Bandaging of wounds
- Splinting
- Auscultation of Breath Sounds
- Assessment of Pulse and Respirations
- Supine Spinal Immobilization
- Seated Spinal Immobilization

The practice of skills is an essential part of the EMS Program. Students must come to laboratory sessions fully prepared to practice skills and scenarios. Being prepared means being IN UNIFORM and having the appropriate equipment ready and available (as listed below).

Additionally, scenario practice requires an attitude and demeanor, which do not detract from the scenario created, remaining “in character”, communicating with the “patient” as if a real patient, and performing all skills as appropriate, following procedures step-by-step. All persons involved in skills and scenario practice despite the role they are assuming should at all times be treated with dignity, respect and modesty preserved.

Required Equipment - to be supplied by the student

- Eye Protection
- Stethoscope
- Blood Pressure Cuff
- Pen/Pencil
- Note pad
- Watch (with second hand or digital display)
- Laboratory Manual

Failure to have all required equipment available for the skills practice session will prevent the student from remaining for the skill practice session and can result in an absence. Stethoscopes, blood pressure cuffs and laboratory manuals are checked out or supplied by the program to the student, yet it is the sole responsibility of the student

to ensure they have all supplies when presenting to class, lab sessions and clinical internships.

# EMS SKILLS LABORATORY USE

The emergency medical service skills laboratory may be used to practice procedures at any time specified by the Simulation Lab Schedule which can be found outside the lab door, and during scheduled guided skills practice sessions.

Students are responsible for securing their spot in these sessions. Other times may be arranged with instructors on an individual bases based upon need.

## Basic Guidelines for Skills Labs

- Students are required to sign in to the lab in the physical log provided in the lab. Students may not sign for other students under any circumstance.
- Practice professional consideration, conduct, and communication (low volume, please) at all times.
- No food or drink in the labs.
- Bring only necessary items for skills into lab. Examples: Car keys, skills supplies, skills book, notebook. Other items may be placed in the cubbies provided in the lab.
- Sit only on chairs. Beds, stretchers and tables are for skill practice only.
- Keep the lab clean and neat. Before leaving the practice area, each student must ensure that:
  - Mannequins are clean and free of dressings, tape, marks, etc.
  - Mannequins are returned to storage area
  - Special equipment is returned to proper cabinet/area
  - Jump bags are cleaned, restocked, and returned to their storage area.
  - Suction and oxygen units are turned off
  - Countertops and sinks are clean, dry, and free of any items
  - All tables and lab areas are free of books, supplies, debris, etc.

- Students are encouraged to be self-directed, and to use any extra time in the skill labs to further enhance their learning.
- Supplies contained within the skill labs are intended for use throughout the program; supplies may need to be reused. The student will use all supplies in an appropriate manner.
- Skills lab hours are as posted and additional hours are possible by appointment.
- The student is responsible for attending labs and keeping records of time and completed skills according to the instructions of the Course Director.
- All equipment should remain in the designated area. Damaged or malfunctioning equipment should be reported immediately to an instructor or to the lab coordinator.

# CLINICAL ROTATION GUIDELINES

Clinical rotations are an essential component of the EMS Program. Each clinical experience is intended to offer the student both a positive learning opportunity and real life experiences. The primary purpose of clinical rotations is to expose the student to patient assessment including the gathering of pertinent medical information and past medical history. The practice of basic skills and patient documentation are secondary, but highly essential, parts of clinical rotations.

## General Information

- Clinical learning is scheduled. Students must not arrive late or leave the clinical area early.
- No student is to be at a clinical site or department that has not been scheduled and approved by the Clinical Coordinator in the electronic clinical/skills scheduler and document center.
- Students will not be permitted to have personal visitors during their clinical times.
- Clinical rotations will be scheduled in advance. Each clinical rotation will be scheduled through the electronic clinical/skills scheduler and document center.
- Students may not schedule directly with the clinical site.
- Meeting scheduled learning experiences is a professional responsibility of the individual student.
- Preceptors will fill out evaluations for every scheduled experience. An unsatisfactory evaluation will require that the student have additional clinical experiences after a conference with the instructor.
- Students are required to carry their CPR card, appropriate clinical forms and student ID while participating in clinical assignments.
- Proper uniforms will be worn to all clinical rotations. If not in complete uniform, the preceptor will send the student home, and the day will count as a clinical absence.
- If the student is going to be late or unable to attend his/her clinical rotation, the student **MUST** notify by phone the



appropriate clinical site AND make the appropriate notifications to their assigned Clinical Coordinator.

- Students should contact their Clinical Coordinator immediately by cell phone for accidents or incidents involving the WVC student or patients.
- Students will not be able to reschedule any missed clinical rotations directly with the clinical site or preceptor. The student must schedule clinical rotations as directed by faculty.
- Students are responsible for their own health. Any care required due to accident, illness, or drug testing is at the student's expense. Personal health and accident insurance is recommended. Should an accident or incident occur, the student or preceptor will contact the students assigned Clinical Coordinator immediately.
- Students may not leave any clinical assignment without prior authorization from their assigned Clinical Coordinator. Preceptors and clinical site staff may not authorize the student to leave prior to the scheduled end of shift.

## **While on clinical rotations:**

- Students are to be dressed in the WVC EMS Uniform. (see Uniform Policy for additional information)
- Students are to display a professional attitude while seeking out learning opportunities without interfering in the emergency care of patients or infringing on patient confidentiality.
- Students must NOT participate in any amorous or sexual behaviors toward preceptors, patients, or others encountered.
- Students must function in the student capacity, regardless of previous affiliations or employment with the clinical site. Students are not to be substituted for paid personnel.
- Students are allowed to leave the assigned unit of the clinical site to eat lunch or dinner. Students will be given 30-minutes to eat, and must eat on the campus of the clinical site.
- To receive a passing grade for the clinical component of each course, students must accomplish the following, by the course completion date:

- Complete the required number of clinical hours (including all required repeat or make-up rotations), at each clinical site, as described by the instructor.
- Documentation of these hours must be submitted to the instructor on the proper form, and signed by the preceptor.
- Complete all minimum runs and minimum numbers of skills, as required in the clinical information given by the instructor.
- Perform assessments and interventions to the satisfaction of the preceptor, as documented on the clinical forms.
- Meet the standards of professionalism set by the WVC EMT Program, including appropriate dress, actions, demeanor and language.
- Clinical rotations, which receive an unsatisfactory evaluation, must be repeated prior to the completion of the program.
- Grades of incomplete will be given only when unexpected medical conditions prevent the completion of clinical rotations before the course completion date. Grades must be converted to a passing grade by the date published in the college catalog, or as directed by the Dean.
- Students are to schedule clinical rotations in a manner that does not interfere with school schedules. Once clinical rotations are scheduled, they are considered part of the class schedule and attendance is MANDATORY.
- Rescheduling Clinical Rotations
  - Each student is allowed to reschedule TWO (2) rotations per quarter. Allowable reschedules: Prior to the Rotation:
    - Work schedule changes \*
    - Change of jobs \*\*
    - Important family events
    - Scheduled medical tests and procedures
    - Missed Rotations (must notify the EMS Program BEFORE missing the rotation)
    - Illness
    - Mandatory employment responsibilities (documentation required)

- Rescheduling is documented in the electronic scheduling/clinical documentation software system

\* Upon approval from the Program Director, and with proof of an employer mandated schedule change, students may be allowed to reschedule more than two rotations.

\*\* Upon approval from the Program Director, and with proof of a job change, students may be allowed to reschedule more than two rotations. Taking a second job will not be considered a job change.

## Patient Confidentiality

Patient information garnered during clinical rotations is considered confidential both ethically and, in many cases, legally. Discussion with preceptors and instructors is permitted when used for educational or stress management purposes only, and when in private setting. Any other open or public discussion of any confidential patient information outside the clinical setting is strictly prohibited. Confidential patient information is defined as any information, which would specifically identify an individual. This includes, but is not limited to: name, address, Social Security number, or driver's license number. At times this may also include specific details, not generally known to the public, which involve a media event.

The policy on patient confidentiality is extended to all simulation and scenario-based patients. Strict confidentiality must be maintained for all simulated patient encounters to uphold scenario integrity and maintain a psychologically safe environment. Breaching confidentiality of simulation or scenario-based patient encounters will be handled as if breaching confidentiality of an actual patient, including up-to dismissal from the program.

## Dress Code

All students participating in clinical rotations through the Wenatchee Valley College EMT Course must be identified clearly as a student of our program. Students **MUST** wear the issued Wenatchee Valley College EMT Program Polo shirt and Navy blue or black slacks that are clean, and without rips tears or stains. Students are expected to keep their uniform free from offensive odors, and wash their uniforms in-between clinical rotations so as to minimize the risk of cross contamination from other clinical sites. In addition to the

assigned uniform, students must wear their student name badge at all times.

Students should arrive at their clinical rotations equipped with a watch that has a second hand or digital watch that can measure seconds, a stethoscope and safety goggles.

Students who do not meet these standards will be asked to leave the clinical site and will need to re-schedule their rotation at a later time. Because of the intense requirements of the program and limited clinical site opportunities, this could put the student at risk for not successfully completing their required clinical rotations. It is important to be prepared for your clinical rotations physically, mentally and academically.

Additionally, students should refrain from lotions and colognes that are scented as this can cause irritation to patients. Remember that as a student, you represent your self, the program, and the EMS community as a whole. Please present yourself in a way that is respectful of the profession you wish to pursue.

## **Safe Practices**

Students must adhere to the safe practices for risk reduction and prevention for infectious and communicable diseases, using standard precautions, proper hand hygiene, eye protection, and other modes of protection as deemed necessary by the student and or their preceptors during clinical rotations. Additionally students must establish their own safety before responding to or participating in activities during clinical rotations.

EMS students are not allowed to drive emergency vehicles or act outside their official capacity as students while in assigned clinical rotations or during the field internship under any circumstances.

# LABORATORY/CLINICAL DOCUMENTATION REQUIREMENTS

Laboratory/Clinical Documentation must be completed and submitted via the electronic clinical/skills scheduler and document center within 72 hours of completing the rotation. Failure to submit all required documentation within the specified period would result in no points being awarded for each shift in which the documentation is submitted late. Credit is not awarded until a faculty member approves documentation.

For submitted documentation to be deemed complete, the following requirements must be met for clinical activity:

- Preceptor or evaluator must be listed on the form
- Site evaluation completed to include comments.
- Required associated documents are uploaded into the clinical documentation record on the electronic clinical/skills scheduler and document center.

For submitted documentation to be deemed complete, the following requirements must be met for lab/skills activity:

- Each laboratory shift must be submitted with the completed check sheet of each skill performed as directed in the electronic clinical/skills scheduler and document center.
- Each skills evaluation whether peer or instructor must be completed to include the date, time, and actions, critical fails and any notes/comments that can help the student improve performance.

For submitted documentation to be deemed complete, the following requirements must be met for field AND simulated patient contacts

- Patient Data is accurately and completely recorded for each patient contact, including: time, age, sex, chief complaint, skills, and a SOAP narrative completed.

Laboratory/Clinical documentation must be an accurate representation of the clinical experience. Falsification of the clinical experience is grounds for disciplinary action up to and including

removal from the EMS Program. Preceptors, fellow students, and other certified or licensed health care providers may face disciplinary action against their licensure or certification of a similar nature for assisting misrepresentation of the clinical experience.

# CONFLICT RESOLUTION

The Wenatchee Valley College EMT Program recognizes that students will, from time to time, encounter disheartening, unpleasant and occasionally hostile situations. These situations may stem from interaction between individual and groups of other students, faculty, clinical preceptors or clinical sites, the general public, or the witnessing of emotionally traumatic events.

While the WVC EMT Program cannot protect students from the dangers and harsh realities of the world that are encountered on clinical rotations, we will make every effort to give the student the knowledge and skills necessary to protect themselves.

To a great extent the student must take the responsibility to use these tools at the appropriate time. This includes situations in which the language, attitude, and behavior of other students, clinical personnel and program faculty may innocently or maliciously be offensive or derogatory based on race, religion, gender, ethnic background, national origin, age, veteran status, or disability. The first step in any of these cases is to notify the involved party of the offense. Should the offensive behavior continue, the student should notify the next person up the Chains of Command as indicated below.

## Conflicts occurring in the Classroom

Student conflicts should be handled between the parties involved. In the event that the situation cannot be resolved peaceably between the individual or group of students, the course instructor or Program Director should be notified. The situation will be corrected following Program policies, grading criteria, instructional intent and course objectives.

The following chain of command should be followed for problems encountered with the instruction and skills practice in the EMS Program:

1. Parties involved
2. Instructor / Faculty / Staff present at time of incident
3. Course Director: Christina Eickmeyer or Raynor Baker
4. Program Director: Dean of Allied Health: Jennifer Capello

## Conflicts During Clinical Rotations

Any situation occurring on clinical rotations are to be reported, immediately, to the student's immediate supervisor at the clinical site (usually the assigned preceptor) and progress up the chain of command for that clinical site. In the event the situation involves the immediate supervisor, an attempt at problem resolution should be made without moving further up the chain of command. In the event the immediate supervisor cannot resolve the situation, the next person in the chain of responsibility should be contacted. Problems regarding differing protocols, treatment modalities, or patient care philosophies should be addressed and resolved with openness for these differences taking into consideration the wide variety of "correct" treatment. In the event the problem cannot be resolved at the clinical site, the student should report the situation to the Clinical Coordinator or Program Director at their earliest opportunity. Reporting the problem directly to Program Faculty without consulting the clinical site personnel is not permitted without extenuating circumstances. The Clinical Coordinator or Program Director will determine the definition of extenuating circumstances. Students should understand that the EMS Program is concerned with conflicts encountered while on clinical rotations. However, students should also understand that the clinical site has a vested interest in resolving the problem internally. It will be the prerogative and responsibility of the clinical site to report problems and resolution decisions to the EMT Program.

The following chain of command should be followed for problems encountered during clinical rotations:

1. Parties involved
2. Assigned Preceptor
3. Duty Supervisor / Station Officer / Charge Nurse
4. Clinical Coordinator
5. Program Director



# CLASSROOM BEHAVIOR

Students enrolling in the EMS Program have certain rights and responsibilities. Included in the student's responsibilities is an awareness of the standards of appropriate behavior. The EMS Program expects students to exercise self-discipline, and be self-directed in activities that will enhance the individual's educational experience and the total learning environment of the Wenatchee Valley College.

## Behavioral Expectations

- Each student will be responsible for acquiring his/her own texts and materials required by the curriculum. Textbooks and eLearning tools are required for all courses.
- Students will orient to the web based the electronic clinical/skills scheduler and document center program and use it for record keeping and scheduling. Student **MUST** enter all clinical experiences into the electronic clinical/skills scheduler and document center to receive credit for those experiences.
- Students may not be subject to call while participating in class, clinical rotations, or field sessions. You, the student, must function only under the direct supervision of a preceptor. You may not be alone with a patient in the patient compartment during patient transport and shall not be used to fill staffing requirements while acting as a student.
- Professional ethics require that **ALL** patient information remain confidential. Any student found divulging **ANY** personal and/or medical information concerning any patient will be subject to dismissal from the program. This is a violation of affiliate agency agreements and patient confidentiality rights.
- EMS personnel are among the most trusted members of our society. Part of the mission of this program is to ensure that those who enter this profession are worthy of this trust. As a result, all breaches of trust will be treated with the utmost seriousness. Ethics, honesty, and personal responsibility are expected at all times.
- Academic dishonesty is grounds for immediate dismissal from the program. Academic dishonesty consists of:

- Cheating on tests, homework, or other assignments, including, but not limited to:
- Copying information from someone else's test
- Using sources of information not authorized by the instructor to answer questions on tests, including cheat sheets, text messages, etc.
- Obtaining, distributing, or accepting copies of test or quizzes, or information regarding those tests or quizzes except with written permission of your instructor.
- Turning in work that isn't your own work
- Misrepresenting student records/assignments, clinical reports, evaluations, run reports, physical exams, certifications, etc. This includes:
- Presenting documentation that indicates you were at a clinical you did not attend.
- Falsifying the time you spent on a clinical.
- Making up or embellishing patient records.
- "Standards Precautions" against blood borne pathogens and other pathogens are to be utilized in all patient care situations.
- The student returns equipment neatly to its designated place at the end of each class/lab session.
- Malfunctioning equipment should be reported to the instructor immediately.
- Instructors will have the discretion to determine classroom atmosphere and behavior of students. Any student requested to leave the class or clinical site for inappropriate conduct will be counted as absent.
- Inappropriate conduct is reported to the Course Coordinator and may require a remediation plan and/or counseling.

## Legal Drugs

The appropriate use of legally prescribed drugs and nonprescription medications is not prohibited. However, the use of any substance which carries a warning label that indicates that mental functioning, motor skills, or judgment may be adversely affected must be

reported to the student's primary instructor and the student is required to provide a written release from his/her doctor or pharmacist indicating that the student can function safely in the clinical and classroom environments.

## Attendance

Class attendance is required. All learning is planned and scheduled. EMS programs assume that students are mature, adult learners. Students are expected to attend all classes and assigned clinical rotations. Work conflicts should be resolved before the student begins the program. Should a personal emergency/crisis occur, continuation in the program would be based on student's current performance, progress in the program, resources available, and the details of the situation. Students have a responsibility to master all of the material presented in the program, regardless of absence.

It is the responsibility of the student to work with the Course Director to create a plan for missed classroom time. Regardless of attendance, students are still responsible for any work and learning objectives assigned or covered during class whether present or not. Just like any work environment, it is important that the student can function as an essential part of the team even if they are absent for the work or learning environment. Students must meet all learning objectives regardless of attendance and are subject to all Wenatchee Valley College student requirements as outlined in the Wenatchee Valley College Student Handbook.

## Classroom Decorum

Disruptive behavior will not be tolerated. Disruptive students will be asked to leave the classroom. Continuous disruptive behavior will result in withdraw from the course. Further, any student who threatens the safety or security of any other student, staff member, or instructor, verbally or physically, will be withdrawn from the course.

Violations of accepted student conduct are handled through either the office of the Dean of Allied Health. Each case is handled on an individual basis. An attempt is made to carefully balance the welfare of the student, the EMS Program, consumers of health care, and the clinical facilities associated with the program in a fair, just, and consistent manner.

Misconduct for which students are subject to discipline falls into the following categories:

- Academic dishonesty.
- Immoral conduct or insubordination.
- Forgery, alteration, or misuse of program related records or documents or knowingly furnishing false information to the EMS Education Program.
- Obstruction or disruption of the teaching/learning processes in either the clinical or classroom setting.
- Physical or verbal abuse of any person on Wenatchee Valley College owned or controlled property, or EMS Education Program sponsored or supervised functions and activities. Also included are any activities that threaten and endanger the health and safety of any such persons.
- Theft or damage to property of WVC and their staff or visitors.
- Failure to notify the clinical sites of absences.
- Loud, coarse, vulgar, profane or abusive language in the classroom or clinical settings or during program related activities.
- Possession or use of weapons
- Violations of patient confidentiality.
- Violation of tobacco policies of clinical facilities or WVC.
- The student uniform may not be worn for non-school related activities without permission from the EMT Program Coordinator.
- Students are not to leave a clinical area without informing the clinical site staff.
- Students may not return to visit patients they have been assigned to care for during clinical rotations without special permission from their clinical instructor or the EMS Program Director.
- Use or suspected use of intoxicants or controlled substance and/or unlawful possession of any illegal or controlled substance in the classroom or clinical setting shall result in dismissal from the program. The student must submit to a drug or alcohol screen according to faculty instruction and within a time frame directed by the same. If the student refuses to complete a drug and/or alcohol screen, the student will be

assumed to be under the influence of drugs or alcohol. Failure to comply with required testing shall result in dismissal from the program.

Furthermore, if a student is believed to be in possession of any illegal or controlled substance, they may be required to provide proof that they are legally allowed to be in possession of the substance in question. Students are prohibited from using alcoholic beverages and illegal drugs on WVC owned and controlled property.

Students failing to conduct themselves as responsible individuals will be required to receive counseling from WVC officials to determine whether they will be allowed to continue in the program under agreed conditions (probation) or be terminated. WVC officials will review mitigating circumstances. Students may be referred to an outside agency.

Any student displaying disruptive behaviors or engaged in any activity that is not conducive to maintaining the school's standards will be suspended or terminated.

Students in the program are subject to the [Student Code of Conduct](#) as outlined in the Wenatchee Valley College Policies and Procedures.

## **Professional Responsibility**

While on campus or on clinical rotations all students are expected to conduct themselves in a professional and ethical manner. This includes proper wearing of the classroom or clinical uniform and proper use of professional vocabulary to reflect well on this school and the EMS profession. The use of foul, profane, vulgar, or sexually explicit or illicit words or phrases are specifically prohibited. Failure to maintain a professional attitude and behave within ethical guidelines, or the use of inappropriate words or phrases WILL result in removal from the EMS Program - in some cases WITHOUT written warning.

## **Recording of Instructional Sessions**

Audio or video recording of any class, lecture, Sim Lab experience, or meeting is allowed only with the permission of the instructor.

## Guidelines for Electronic Device Use

As a general rule, electronic devices (cell phones, etc.) must be turned off during class, labs, or clinical rotations.

During classroom sessions, it will sometimes be encouraged for students to use their electronic devices as a resource or educational tool.

During class and lab sessions, cell phone conversations must be conducted outside of the classrooms, labs, so as not to disrupt the experience of other students.

Students must always follow the guidelines of the institutions they attend for clinical rotation. It is generally not allowable to utilize your cell phone or electronic device in any patient care area.

The student will not discuss or post any information about faculty, peers, patients, family members, or any clinical facility on any electronic venue (i.e., Facebook, X, TIKTOK, cell phones, etc.). Nor will the student leave/save any patient, patient family, faculty, clinical facility, or student information on any open access desktop or hard drive.

## Principles for Social Networking

- EMT Students must not transmit or place online individually identifiable patient information.
- EMT Students must observe ethically prescribed professional patient-provider boundaries.
- EMT Students should understand that patients, colleagues, institutions, educators, and employers might view postings.
- EMT Students should take advantage of privacy settings and seek to separate personal and professional information online.
- EMT Students should bring content that could harm a patient's privacy, rights, or welfare to the attention of appropriate authorities. This extends to content that is perceived as bullying, shaming, discriminating, or threatening in nature if targeted to non-patient populations.

### *Six Tips to Avoid Problems*

- Remember that standards of professionalism are the same online as in any other circumstance.
- Do not share or post information or photos gained through the provider-patient relationship.
- Maintain professional boundaries in the use of electronic media. Online contact with patients blurs this boundary.
- Do not make disparaging or hurtful remarks about patients, employers, or co-workers, or other students even if they are not identified.
- Do not take photos or videos of patients on personal devices, including cell phones.
- Promptly report a breach of confidentiality or privacy. This information should be reported to the course instructor, or the Program director.

# ALCOHOL, TOBACCO and CONTROLLED SUBSTANCE USE

The use of alcohol and tobacco products in addition to any controlled substances is prohibited on campus and by extension at any clinical site used as part of the program for education and professional development.

The policy in this handbook defers to the Wenatchee Valley College Policy and Procedure Handbook for guidelines and discipline related to use of alcohol, tobacco and controlled substances.

<https://www.wvc.edu/humanresources/policies-procedures/400-student-services/1400.110-code-of-student-conduct.html>

It is important for students to know that the EMT program has a zero tolerance policy for violation of this section during class/lab and clinical rotations. The safety of patients and responders alike rely on the ability of the EMT to be of sober mind and able to make sound decision under emotional, physical and psychological pressure. Safety of the EMT Student, co-responders and other healthcare providers as well as the patient's safety is of utmost priority for the EMT Program. Even when allowable by law, the EMT must use care and caution when using even prescription medication when they are on duty or responsible for patient, operating in unstable conditions and could be required to operate emergency vehicles.



# GRADING

Learning is sequential and cumulative. Each test builds upon the knowledge gained up to that date. Unless otherwise stated, the required textbook, lecture material, printed handouts, classroom discussion, and student projects and reports, eLearning material will be the basic references for test questions.

Unit tests will be given throughout the semester. These tests will relate to course objectives. Tests are generated and validated by FISDAP. Students are expected to take the tests at the scheduled time in a proctored setting. If a student has a serious time conflict with testing, he/she will initiate a conference with the instructor. The EMT Program faculty will discuss the issue. Decisions for testing outside of the scheduled times rests with the faculty. Students have 1 (one) additional attempt to pass each unit exam but the re-test must be proctored and must be scheduled with the instructor.

A comprehensive final exam will be scheduled during finals week. Students must pass this exam by achieving a score greater to the established Angoff cut score for a PPV. If a student fails this exam he or she will be required to complete a study plan with the lead instructor and reschedule the exam. The student will have 1 (one) opportunity to retest. If the student fails the retest he or she will generally be required to repeat the course. Students may appeal to a board consisting of EMS program faculty and/or staff under extreme extenuating circumstances.

## Clinical Sections

To pass clinical sections students must complete a minimum number of required contact hours and patient interactions/contacts. These patient contacts and clinical hours must not only be completed but a preceptor evaluation must identify the student as minimally competent. Preceptor evaluations that indicate unsatisfactory performance may result in failure of the clinical section. Students have opportunity to repeat clinical sections but only prior to the course end date. All clinical rotations, and patient contacts must be completed before the course end date and students must complete all required clinical rotations and patient contacts before they can sit for their end of course comprehensive cognitive and psychomotor skills evaluations.

## Required clinical contacts and hours

- 6 hours observation in the Emergency Department
- 6 hours observation in the Cardiac Catheterization/EP Lab
- 24 hours Ambulance internship
- 8 documented simulated patient contacts during designated lab sessions
- 2 documented human patient contacts in the field

## Grading elements

Your grade will be calculated based upon the total number of points earn in the course. There are 4 main components of grading that all of your assigned work is categorize into. Each component is 25% of your grade.

- 1. Professionalism**

*(Attendance, Timely Completion of assignments, Participation, Session Preparation, Instructor/Peer/Preceptor Evaluations)*

- 2. Assignments**

*(Out of class assignments, quizzes, practice exams and learning activities)*

- 3. Clinical Rotation and Patient Encounters**

*(Students are graded on both activity completion, proper documentation and progression of development throughout the program)*

- 4. Tests**

*(Students are graded on successful completion of all Skills Testing, Unit Exams and Final Written Exam)*

### Grading Scale

	88-89=B+	78-79=C+	66-67=D+
93-100= A	83-87=B	70-77=C	60-65=D
90-92=A-	80-82=B-	68-69=C-	<59=F

## USEFUL EMT STUDENT RESOURCES

## Recommended Study Hours

Students should plan to study a minimum of 2 hours per week for each credit hour enrolled. For example, a student enrolled in a 10-credit course should expect to study a minimum of 20 hours per week. Due to the rigor of the EMT program and time constraints, the student should expect to arrange their schedule accordingly in order to be successful in the class.

such as absenteeism, tardiness, etc., will eventually cause you long-term consequences of a negative nature.

## The Link Between Developing Student Ethics and Becoming an Ethical Employee

Student: Attend class daily, be prompt, and don't leave early.

Excessive absences, tardiness, and leaving when you feel like it will result in a loss of grade (pay). Attend class daily, be prompt, and don't leave early. Excessive absences, tardiness, and leaving when you feel like it will result in a loss of grade (pay).

Employee: Your employer expects you to be on the job daily, on time, and to put in a full day of work.

Student: Submit class assignments (reports) on a timely basis; otherwise, it could affect not only your grade but your peers as well. They may be relying on your input for a particular assignment (report).

Employee: Your employer expects job reports to be completed on schedule. If not completed, it could negatively affect other employees as well as the company's reputation and possibly compromise you as an employee in future litigation.

Student: Participate in and contribute to classroom discussions. You must come prepared for class in order to accomplish this. If you don't, your grade (pay) will be reduced.

Employee: You will be expected to attend meetings that are essential to the workplace, as well as contribute to the discussion. Should you chose not to participate; your career success may be in jeopardy. This is part of the evaluation process for promotion and salary increases.

Student: Update your classroom performance sheet to keep current on your classroom assignment grades and tests that will determine your final grade (pay).

Employee: In the workplace, performance reviews are mandatory which eventually determine promotions and salary increases.

Student: Limit sick days—established policy is three (3) days per semester—see course syllabus. Beyond that, your grade (pay) is docked.

Employee: Your employer will set a sick day policy. Frequent absences may prove costly in both docking of your salary and/or future promotions or termination of employment.

Student: Treat classmates and instructors with respect in your opinions/comments in peer evaluations and classroom discussions. In addition, be open to constructive criticism yourself.

Employee: The ability to get along well with different types of people is workplace strength. You should work to maintain professionalism and harmony. There will be times when your supervisor or co-worker criticizes your work. Be open to constructive criticism.

Student: Have a good attitude; exhibit positive behavior.

Employee: A good attitude is a worker's most important asset. When things are not going well, you can change your attitude with positive thinking. This demonstrates professionalism.

Student: Work with other students. Classroom teamwork is required. Rather than shying away, look at this group work as an opportunity to enhance your problem solving and critical thinking skills.

Identifying problems, clarifying purposes and goals, employing reasoning skills, setting priorities, and evaluating results are skills you can sharpen in group work.

Employee: Your employer will expect you to contribute ideas for company growth. Group work teaches valuable workplace skills in leadership, responsibility, commitment, and self-motivation. These are essential skills for anyone who wants to advance in a career.

# Professional Values

## Behaviors that Imply Professional Values

Placing the patient's welfare first. The student:

- Is accessible and prompt in answering patients' requests.
- Sets priority of activities reflecting patients' needs.
- Explains treatments and procedures; keeps patients well informed.
- Is responsive and reliable when needs are identified by patients, staff, or faculty.
- Calls and makes appropriate arrangements if unable to be on time or present for scheduled clinical experience.

Commitment to the profession and to the Program policies. The student:

- Is present and willing to learn; complies voluntarily with rules and policies of the Program.
- Demonstrates enthusiasm for the clinical experience; appears to enjoy the profession.
- Looks and acts in a professional manner; i.e., is neat and clean, behaves professionally.
- Is pleasant to staff, peers, and faculty.
- Gives appropriate information to other nurses.
- Completes charts and records.

Cooperation. The student:

- Is able to disagree diplomatically.
- Knows when to stop arguing and start helping.
- Takes criticism constructively.
- Accepts the roles of others and works in appropriate capacity in response to others.
- Deals with stress and frustration without taking it out on others.
- Objectively handles conflict with others; tries to see both sides of issues.

Intellectual and personal integrity. The student:

- Readily admits mistakes and oversights.
- Is forthright with peers, staff, and faculty.
- Selects appropriate responses to patients.
- Always observes safe techniques.
- Accepts responsibility for errors and tries to take appropriate corrective action.
- Makes statements that appear to be based on fact and believable; does not provide information or facts unless known to be correct.
- Does own work and does not represent the work of others as being original.
- Is respectful of faculty, staff, peers, and patients.

### Behaviors that Imply the Absence of Professional Values

Placing the patient's welfare first. The student:

- Is unreliable in completion of tasks.
- Is difficult to find when needed.
- Elicits hostility from patients and others.
- Displays hostility toward difficult patients.
- Justifies doing things "just for the experience," without taking patients' needs into consideration.
- Approaches with "who is right," rather than "what is right" attitude.
- Fails to make appropriate arrangements if unable to be on time or present for the clinical experience.

Commitment to the profession and to program policies. The student:

- Is chronically tardy or absent.
- Skips the clinical experience or other obligations if not supervised.
- Passes assignments or tasks to others when possible.
- Is a chronic malcontent and complainer.
- Is sloppy.
- Gives inappropriate information to others.

- Is chronically deficient on upkeep of charts and records.
- Feels existent policies are irrelevant, unimportant, and nonobligatory.

Cooperation. The student:

- Is argumentative or stubborn.
- Is sullen or arrogant with faculty, peers, staff, and patients.
- Is uncommunicative with staff and faculty.
- Responds in a hostile manner to frustrating situations.
- Exhibits passive-aggressive behaviors when dissatisfied.

Intellectual and personal integrity. The student:

- Lies or fabricates data, when needed, to cover up mistakes and oversights.
- Fails to use safe techniques when not being supervised.
- Blames others for own shortcomings.
- Provides data without appropriate checks for correctness.
- Sneaks away or does not show up if unsupervised.
- Represents the work of others as being original.
- Is disrespectful and rude to faculty, staff, peers, or patients.

# **EMT Program Culture**

It is important to the faculty and staff who participate in the EMT Program that we create a culture of learning and development. Our goal is to model in the classroom the ideal culture that provides strong patient safety nets in the field.

Students are encouraged to be curious, to not be afraid of failure and are free to explore and make mistakes as part of their learning while they are in an environment where it is safe to do so.

Students and faculty are encouraged to help each other be successful, to share knowledge and perspective and to recognize that each person on the team brings unique life experience and culture that broadens our ability to solve problems and think critically about the situations we are asked to respond to.

At all times, students and faculty will be expected to treat each person in the program as a valued member of the team. We are all expected to show each other respect and approach our work and learning with professional humility.

All program staff/faculty and students should be mindful that EMS is a stressful and demanding profession that can be rewarding, but also comes with challenges to our emotional well being and mental health. All persons in the program should be supportive of each other, and mindful that even students can encounter situations and patient encounters that require peer support, or referral to outside resources to ensure a long and healthy career path.

Any program staff, faculty or student who needs assistance or who recognizes a peer who may need assistance should feel confident reaching out to program faculty for support and resources at any time.