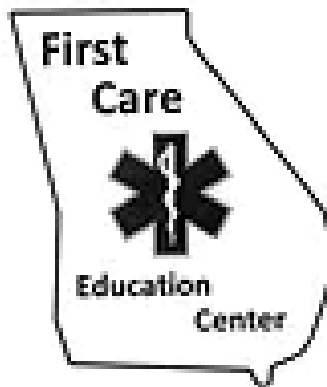


FIRST CARE EDUCATION CENTER



GARY METCALF, EMT-P, RN, CEN
LEAD INSTRUTOR, PROGRAM DIRECTOR

COURSE ADMINISTRATOR
3147 BONANZA DRIVE
COLUMBUS, GEORGIA 31909

First Care Education Center, LLC. works in conjunction with EMS department, Healthcare Organizations, Doctors Offices, and Other Healthcare Facilities.



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Program Philosophy - Thought on Teaching (from web site www.firstcareed.com)

Welcome to the First Care Education Center experience, our courses are geared for an interactive educational experience. Our classes are a melting pot of experience and education. I firmly believe that a classroom at our level should be interactive.

Nothing can beat the classroom of real-life experience. Coupled with good educational material and a diversified classroom, we will produce a good learning experience. Education should be in a relaxed environment, with open discussion.

Classes we offer are nationally recognized classes; National Association of EMT's, American Heart Association, National Standards of EMS, State and Regional Recognized Classes. Refresher courses have not only information for review but expose participants in new trends in medical care.

At First Care Education, the participation of the student is greatly appreciated. Without the diversity of those that come to our classes, we could not offer such a broad base of learning. Thank you for your interest in our education process, welcome to our experience, have fun and lets all learn together.

Program Mission Statement

The mission of First Care Education Center, LLC. is to provide excellence in healthcare education based on current best practice based on student outcomes and quality improvement. First Care Education Center, LLC. will support surrounding EMS Services, Public Safety Departments, and community healthcare providers.

Program Vision Statement

First Care Education Center, LLC. will grow with the community providing a source of quality healthcare education. First Care Education Center, LLC. will assist as a bridge for healthcare education in the pre-hospital, hospital, and clinical environment.

Program Values

First Care Education Center, LLC. is committed to the development of healthcare professionals. First Care Education Center, LLC. will strive to instill compassion, empathy, honesty, trust, fairness, integrity, and dedication to the EMS and healthcare community reflected in our students, faculty, and staff.

Program Purpose

First Care Education Center, LLC. program is dedicated to:

- Prepare students to promote ethical behaviors, social diversity, empathetic and professional pre-hospital care.
- Prepare students to perform in the role of team leader and deliver high-quality pre-hospital care.
- Provide an optimal learning environment placing emphasis on effective professional education.



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Program Objectives

Upon completion of First Care Education Center, LLC. EMS programs will demonstrate the following as it pertains to the role of an EMR, EMT, AEMT, or Paramedic provider:

- The ability to comprehend, evaluate, and apply information relative to the patient.
- Technical proficiency in all the skills necessary to fulfill the role.
- Personal behaviors consistent with professional and employer expectations work ethics (attendance, character, teamwork, appearance, attitude, productivity, organizational skills, communication, cooperation, respect) consistent with the professional and employer expectations.
- The ability to solve problems and critically think through situations using best practices consistent with the duties.
- Assessing scene safety and demonstrating effective situational awareness.
- Appropriately gaining patient access using a variety of tools and techniques.
- Performing patient assessments, recognizing alterations from health, setting patient care priorities, and coordinating their efforts with those of other agencies who may be involved in the care and transportation of patients.
- Establishing a rapport with patients and significant others to decrease anxiety and meet their emotional as well as physical needs.
- Providing care on a continuum from basic through advanced life support (as appropriate to course/program level) needed within the guidelines prescribed by the program.
- Exercising higher-order thinking to reason critically and problem-solve to determine patient needs for care per standing orders, online medical control and/or when online medical control communication has been delayed, interrupted, or aborted.
- Communicating effectively with online medical control.
- Thorough patient care reporting and/or documentation.
- Modeling professional EMS characteristics and ethical behavior through appearance, actions, speech, communication and interactions with instructions, preceptors, peers, patients, public safety personnel, allied health professionals and members of the public.

Program Outcomes

First Care Education Center, LLC. believes the mission, philosophy and goals of the program can be fulfilled and measured through three program outcomes. Upon completion of the program, students will:

- Demonstrate the ability to comprehend, apply and evaluate the clinical information relative to his or her role as an entry-level EMS provider (whether at the EMT, AEMT or Paramedic level)
- Demonstrate technical proficiency in all skills necessary to fulfill the role of the entry-level EMS provider (whether at the EMT, AEMT or Paramedic level)
- Demonstrate personal behaviors consistent with professional and employer expectations for the entry level EMS provider (whether at the EMT, AEMT or Paramedic level)



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Program Core Competencies

Upon completion of the program, students will consistently demonstrate the following core competencies to that expected of an entry-level EMS provider:

1. Conceptual competence: The ability to understand the theoretical foundations of the profession.
2. Technical competence: Proficiency in safely performing psychomotor skills.
3. Contextual competence: The ability to understand how your practice fits within the greater whole of the healthcare continuum and the ability to use conceptual and technical skills in the right context, avoiding the "technical imperative".
4. Integrative competence: The ability to take all the other competencies and put them all together, melding theory and practice.
5. Adaptive competence: The ability to change with evolutions in medicine and/or modify patient care based on changing clinical presentations.

Description of the Profession (as per EMS Agenda for Future, NHTSA, Commission on Accreditation of EMS Programs [CoAEMSP])

The Emergency Medical Services Professions include four levels: Paramedic, Advanced EMT, EMT, and Emergency Medical Responder. CAAHEP accredits educational programs at the Paramedic and Advanced EMT levels. Programs at the EMT and Emergency Medical Responder levels may be included as exit points in CAAHEP-accredited Paramedic and Advanced EMT programs. "Stand-alone" EMT and Emergency Medical Responder programs may be reviewed by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).

Paramedic

The Paramedic is an allied health professional whose primary focus is to provide advanced emergency medical care for critical and emergent patients who access the emergency medical system. This individual possesses the complex knowledge and skills necessary to provide patient care and transportation. Paramedics function as part of a comprehensive EMS response, under medical oversight. Paramedics perform interventions with the basic and advanced equipment typically found on an ambulance. The Paramedic is a link from the scene into the health care system.

Advanced Emergency Medical Technician

The primary focus of the Advanced Emergency Medical Technician is to provide basic and limited advanced emergency medical care and transportation for critical and emergent patients who access the emergency medical system. This individual possesses the basic knowledge and skills necessary to provide patient care and transportation. Advanced Emergency Medical Technicians function as part of a comprehensive EMS response, under medical oversight. Advanced Emergency Medical Technicians perform interventions with the basic and advanced equipment typically found on an ambulance. The Advanced Emergency Medical Technician is a link from the scene to the emergency health care system.



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Emergency Medical Technician

The primary focus of the Emergency Medical Technician is to provide basic emergency medical care and transportation for critical and emergent patients who access the emergency medical system. This individual possesses the basic knowledge and skills necessary to provide patient care and transportation. Emergency Medical Technicians function as part of a comprehensive EMS response, under medical oversight. Emergency Medical Technicians perform interventions with the basic equipment typically found on an ambulance. The Emergency Medical Technician is a link from the scene to the emergency health care system.

Emergency Medical Responder

The primary focus of the Emergency Medical Responder is to initiate immediate lifesaving care to critical patients who access the emergency medical system. This individual possesses the basic knowledge and skills necessary to provide lifesaving interventions while awaiting additional EMS response and to assist higher level personnel at the scene and during transport. Emergency Medical Responders function as part of a comprehensive EMS response, under medical oversight. Emergency Medical Responders perform basic interventions with minimal equipment.

Goal of Initial Education Programs

Program goals as required from Commission on Accreditation of EMS Programs:

Paramedic: “To prepare Paramedics who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession.”

Advanced Emergency Medical Technician: “To prepare Advanced Emergency Medical Technicians who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession.”

Emergency Medical Technician: To prepare Emergency Medical Technicians who are competent in cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession.

Emergency Medical Responder: To prepare Emergency Medical Responders who are competent in cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession.

Educational Goals of First Care Education Center

First Care Education Center, LLC. (FCED) is dedicated to the initial and continuing education of Pre-Hospital and other Healthcare providers. FCED strives to present evidence base practice to initial



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healthcare providers allowing them to be competent entry level providers in basic cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.

First Care Education Center, LLC. also provides up to date continuing education to the healthcare community.

Instructional Delivery Methods

Classroom

Classroom instruction will take place in an organized group of students with an instructor present. Presentation of material may be in person learning, distance learning, or virtual learning. Content of the subject matter will be delivered in the classroom by lecture, lecture notes, Blackboard content, power point presentations, examinations, class discussions, skills evaluations, scenarios, case studies and other assignments.

Classroom Labs

Time will be set aside for classroom to develop skills within a controlled laboratory environment. Additional lab time may be scheduled when needed, when requested by the student or to allow for practice time related to National Registry of EMTs psychomotor testing.

Grading for Clinical Sites and Emergency Medical Rotations

Columbus Technical College utilizes the services of clinical sites by “Memorandums of Understanding”, allowing the EMS student to practice and develop skills within each discipline. While at these clinical sites the students are expected to behave in a professional manner with a dynamic willingness to learn. Clinical sites not only help to develop the student, this allows for potential employers an introduction to these future EMS providers, first hand.

Grading Process

Students are graded on academic performance, skills proficiency, critical thinking and attitude. A caring and compassionate attitude is essential in EMS; students are also expected to continuously develop their skills.

Emergency Medical Responder

EMR students will be graded based on Classroom, Lab, and clinical (when available) components of the course. Students’ classroom evaluation based on didactic test, quizzes, written assignment, and participation in the classroom. Lab sessions are evaluated on the participation, skills competency, and affective application of learned psychomotor skills in performance and scenario-based evaluations. Clinical grading will be based on preceptor evaluations and successful interaction as a member of the healthcare provider team.



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Emergency Medical Technician

EMT students will be graded on Classroom, Lab, and Clinical components of the course. Students' classroom evaluation based on didactic test, quizzes, written assignments, and participation in the classroom. Lab sessions are evaluated on the participation, skills competency, and affective application of learned psychomotor skills in performance and scenario-based evaluations. Clinical grading will be based on preceptor evaluations and successful interactions as a member of the healthcare provider team.

Advanced Emergency Medical Technician

AEMT students will be graded on Classroom, Lab, and Clinical components of the course. Students' classroom evaluation based on didactic test, quizzes, written assignments, and participation in the classroom. Lab sessions are evaluated on the participation, skills competency, and affective application of learned psychomotor skills in performance and scenario-based evaluations. Clinical grading will be based on preceptor evaluations and successful interactions as a member of the healthcare provider team.

Advanced Emergency Medical technicians will be required to successfully pass an internship process under the team lead of an Advanced Level Practitioner. Evaluation and assessment will be done in communication with the preceptor based on performance of skills, interaction with patient along with the care team, and utilization of critical thinking skills in patient assessment and care.

Paramedic

Paramedic students will be graded on Classroom, Lab, and Clinical components of the course. Students' classroom evaluation based on didactic test, quizzes, written assignments, and participation in the classroom. Lab sessions are evaluated on the participation, skills competency, and affective application of learned psychomotor skills in performance and scenario-based evaluations. Clinical grading will be based on preceptor evaluations and successful interactions as a member of the healthcare provider team.

Paramedic students will be required to successfully pass an internship process under the team lead of an Advanced Level Practitioner. Evaluation and assessment will be done in communication with the preceptor based on performance of skills, interaction with patient along with the care team, and utilization of critical thinking skills in patient assessment and care.

Paramedic students will be required to perform as a team leader during their internship program. Students will be evaluated as a team leader based on their interaction with the care team and the patient.

Grading of Specific Levels of EMS Providers

Students are graded based on providers learned scopes of practice in the classroom and the lab setting. Minimal Competencies as laid out by the State Office of EMS and Trauma (SOEMST) must be met to successfully complete each program.



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COURSE EVALUATION:

The student's knowledge of the material presented in this course will be evaluated based on the satisfactory completion of all assigned work. The student will also be examined on their knowledge of the objectives outlined in each Lesson, as presented in the Projected Learning Schedule, which is an integral part of this Syllabus. Interim Examinations may require the completion of written or on-line objective examinations, as well as completion of performance-based assessment instruments. Additional evaluation instruments may be presented to the student at the discretion of the instructor. These evaluations may or may not become a part of the student's final grade. A Final Examination will be administered to on-site and on-line students during the final week of regularly scheduled classes. The Final Examination may include a written or on-line objective assessment and a performance-based assessment.

Grade Calculation

Homework Assignments and Quizzes:	40% of Final Course Grade
Chapter Exams:	25% of Final Course Grade
Skills Labs:	10% of Final Course Grade
Course Final:	25% of Final Course Grade

***Course assessments may be given in the form of essay questions, fill in the blank, fill in multiple blanks, matching, multiple choice, ordering, short answer and true/false.**

GRADING SCALE: 90+= A, 80 – 89 =B, 70 – 79=C, 60 –69=D, Less than 60=F

All incomplete course-work will be evaluated at the discretion of the instructor. Also, five points will be deducted for each day an assignment is late; if approved by instructor. Assignments will not be accepted that are more than five (5) days late. A grade of zero (0) will be assigned for work that is not submitted.

The Final Exam is required and must be taken on the dates it is made available. If the student misses the Final Exam on the scheduled date(s), the student will receive a zero as the exam grade.

Consequences for Academic Misconduct:

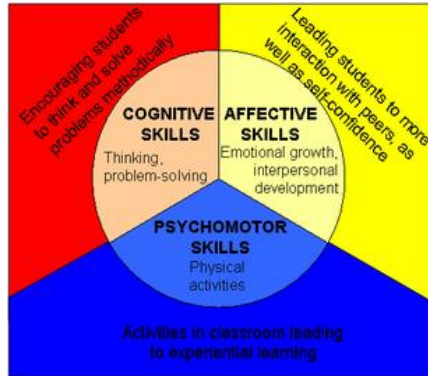
Consequences at the course level will be at the discretion of the instructor and may include but are not limited to a verbal or written warning, deduction of points, a letter grade of "F" or zero on the assignment, project, or quiz/test/examination, and review of instructor and program director.



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Learning domains and associated learning outcomes



- **Cognitive domain** (see [Blooms Taxonomy of Knowledge](#))

- Intellectual skills, cognitive strategy and verbal information.
- Learning outcome examples: understanding, problem solving, categorizing, time management, memorization, etc.

- **Affective domain**

- Affective skills and disposition for appropriate emotions and responses.
- Learning outcome example: A student of psychology may need to know and demonstrate appropriate emotional responses to a future patient's statements and actions.

- **Psychomotor domain**

- Physical actions, reflexes, interpretive movements and hand-eye coordination.
- Learning outcome example: A student of medicine studying to be a surgeon will need to know how to perform an incision as well as be able to perform an incision.

(Center of Educational Innovation, University at Buffalo, 2021. www.buffalo.edu)

Program Sponsors

Program sponsors are organizations that work in consortium with First Care Education Center, LLC. to provide educational opportunities to the public and the healthcare community. Sponsors may also provide other opportunities to continue education in the EMS community.

Program Sponsor A program sponsor must be at least one of the following:

1. A post-secondary academic institution accredited by an institutional accrediting agency that is recognized by the U.S. Department of Education and must be authorized under applicable law or other acceptable authority to provide a post-secondary program, which awards a minimum of a certificate at the completion of the program.
2. A post-secondary academic institution outside of the United States and its territories that is authorized under applicable law or other acceptable authority to provide a postsecondary program, which awards a minimum of a certificate or equivalent at the completion of the academic program.
3. A hospital, clinic or medical center accredited by a healthcare accrediting agency or equivalent that is recognized by the U.S. Department of Health and Human Services and authorized under applicable law to provide healthcare and authorized under applicable law to provide the postsecondary program, which awards a minimum of a certificate at the completion of the program.
4. A branch of the United States Armed Forces or a federal, state, or local governmental or municipal agency which awards a minimum of a certificate at the completion of the program.



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5. A consortium, which is a group made up of two or more members that operate an educational program through a written agreement that outlines the expectations and responsibilities of each of the partners.

At least one of the consortium partners must meet the requirements of a program sponsor set forth in I.A.1.- I.A.4.

- a. The consortium governing board must meet at least annually. Consortium does not refer to clinical affiliation agreements with the program sponsor. For a distance education program, the location of program is the mailing address of the sponsor.

Harris County EMS as a sponsor to First Care Education Center, LLC. providing initial and continuing educational opportunities to the public and EMS community.

Locations:

First Care Education Center LLC
Gary Metcalf, Coordinator/Lead Instructor
3147 Bonanza Drive
Columbus, Georgia 31909
706-577-3296
firstcareed@aol.com

Harris County EMS
Quincy Searcy, Chief
9907 GA Hwy 116
Hamilton, Georgia 31811
706-628-4284
bsearcy@harriscountyga.gov

Responsibilities of Program Sponsor

The program sponsor must:

1. Ensure that the program meets the Standards;
2. Award academic credit for the program or have an articulation agreement with an accredited post-secondary institution; and,
3. Have a preparedness plan in place that assures continuity of education services in the event of an unanticipated interruption.

Examples of unanticipated interruptions may include unexpected departure of key personnel, natural disaster, public health crisis, fire, flood, power failure, failure of information technology services, or other events that may lead to inaccessibility of educational services.

(Committee on Accreditation of EMS Programs)



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Faculty and Staff Designations

The following descriptions of faculty and staff are defined as found on the Commission of Accreditation of EMS Programs.

Medical Director

The medical director must be responsible for medical oversight of the program, including but not limited to

- 1) Review and approve the educational content of the program to include didactic, laboratory, clinical experience, field experience, and capstone field to ensure it meets current standards of medical practice;
- 2) Review and approve the required minimum numbers for each of the required patient contacts and procedures listed in these Standards;
- 3) Review and approve the instruments and processes used to evaluate students in didactic, laboratory, clinical, field experience, and capstone field internship;
- 4) Review the progress of each student throughout the program, and assist in the determination of appropriate corrective measures; It is recommended that corrective measures occur in the cases of failing academic or clinical or field internship performance.
- 5) Ensure the competence of each graduate of the program in the cognitive, psychomotor, and affective domains;
- 6) Engage in cooperative involvement with the program director; and
- 7) Ensure the effectiveness and quality of any Medical Director responsibilities delegated to an Associate or Assistant Medical Director.

It is recommended that the Medical Director interaction be in a variety of settings, such as lecture, laboratory, clinical, capstone field internship. Interaction may be by synchronous electronic methods.

The Medical Director must meet the following qualifications

- 1) Be a physician currently licensed and board certified or equivalent;
- 2) Have adequate training or experience in the delivery of out-of-hospital emergency care, including the proper care and transport of patients, medical direction, and quality improvement in out-of-hospital care;
- 3) Have the requisite knowledge and skills to advise the program leadership about the clinical/academic aspects of the program; and
- 4) Be knowledgeable about the education of the Emergency Medical Services Professions, including professional, legislative and regulatory issues regarding the education of the Emergency Medical Services Professions; and
- 5) Be knowledgeable in teaching the subjects assigned, when applicable.

It is recommended that the Medical Director be board certified in EMS Medicine or Emergency Medicine.



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Program Director

The program director must be responsible for all aspects of the program, including, but not limited to

- 1) Administration, organization, and supervision of the program,
- 2) Continuous quality review and improvement of the educational program;
- 3) Academic oversight, including curriculum planning and development; and
- 4) Orientation/training and supervision of clinical and capstone field internship preceptors.

The program director qualifications must include

- 1) A minimum of a Bachelor's degree or the equivalent to direct a Paramedic program and a minimum of an Associate's degree to direct an Advanced Emergency Medical Technician program from an accredited institution of higher education;
 - 2) Documented education or experience in instructional methodology;
 - 3) Academic training and experience equivalent to that of a paramedic;
 - 4) Experience in the delivery of prehospital emergency care; and
 - 5) Knowledge about the current versions of the National EMS Scope of Practice and National EMS Standards, and about evidenced-informed clinical practice.
- It is recommended that the program director have a minimum of a Master's degree.
 - It is recommended that the program director's degree be in a health-related profession, EMS, or education.
 - It is recommended that the program director is a full-time position.

Faculty / Instructional Staff Responsibilities

For all didactic, laboratory, and clinical instruction to which a student is assigned, there must be qualified individual(s) clearly designated by the program to provide instruction, supervision, and timely assessments of the student's progress in meeting program requirements.

Faculty / Instructional Staff Qualifications

Faculty/instructional staff must be effective in teaching and knowledgeable in subject matter as documented by appropriate professional credential(s)/certification(s), education, and experience in the designated content area.

It is recommended that faculty members be certified by a nationally recognized certifying organization at an equal or higher level of professional training than the Emergency Medical Services Profession(s) for which training is being offered.

Lead Instructor

Lead Instructor responsibilities: When the Program Director delegates specified responsibilities to a lead instructor, the Lead Instructor must:

- 1) Perform duties assigned under the direction and delegation of the Program Director.



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The Lead Instructor duties may include teaching paramedic or AEMT course(s) and/or assisting in coordination of the didactic, lab, clinical and/or field internship instruction.

The Lead Instructor must possess

- 1) A minimum of an Associate degree;
 - 2) A professional healthcare credential(s);
 - 3) Experience in emergency medicine / prehospital care;
 - 4) Knowledge of instructional methods; and
 - 5) Teaching experience to deliver content, skills instruction, and remediation.
- It is recommended that the Lead Instructors have a Bachelor's degree.
 - The Lead Instructor role may also include providing leadership for course coordination and supervision of adjunct faculty/instructors.
 - The Program Director may serve as the Lead Instructor.

Clinical Coordinator Responsibilities

The clinical coordinator must

- 1) Coordinate clinical education;
- 2) Ensure documentation of the evaluation and progression of clinical performance;
- 3) Ensure orientation to the program's requirements of the personnel who supervise or instruct students at clinical and capstone field internship sites; and
- 4) Coordinate the assignment of students to clinical and field internship sites.

Clinical Coordinator Qualifications

The clinical coordinator must

- 1) Have documented experience in emergency medical services;
- 2) Possess knowledge of the curriculum; and
- 3) Possess knowledge about the program's evaluation of student learning and performance.

The Clinical Coordinator may be an EMS faculty member with other teaching responsibilities or assignments.

Preceptor Roles and Responsibilities

Although the paramedic student receives extensive classroom and hospital clinical instruction, they must be able to apply all they have learned to real patients in the field. Guidance during the early stages of their careers by experienced paramedic preceptors is key to producing quality EMS professionals.

The role of the paramedic preceptor is to:

- 1) Orient the Intern to pre-hospital policies, procedures, and equipment specific to your service.
- 2) Review the behavioral expectations with each student as defined by the Field Internship Goals, Objectives, and behaviors as outlined in the Field Internship Evaluation directions.
- 3) Ensure to the best of your ability the student obtains the experiences necessary to acquire the knowledge, skills, and personal behaviors/attitudes required of an entry-level practitioner.



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- 4) Use the Field Internship objectives to guide the student through a structured sequence of experiences which begins with the student functioning primarily as an observer, progresses to participation as a team member, and ends with the Intern acting as a team leader and directing the management of calls.
- 5) Based on the Intern’s clinical experience and skill, provide supervision which is adequate and appropriate to assuring effective and efficient learning.
- 6) Provide the Intern with feedback and evaluation regarding his/her clinical performance related to the objectives for an entry-level practitioner.
- 7) Provide objective, honest, and complete oral and written evaluations of the student, documenting the learner’s progress toward mastery of the Field Internship Objectives and attainment of entry-level competency.
- 8) 9. Advise the EMS Program immediately of any significant problems with Intern knowledge, skills, or personal behaviors/attitudes that require immediate intervention.

State Office of EMS and Trauma

Required License for Education Course Type

License Level	EMS Instructor	EMS Instructor/Coordinator (EMT)	EMS Instructor/Coordinator (AEMT)	EMS Instructor/Coordinator (Paramedic)
Courses this license can coordinate/teach	NCCR, EMR Initial Education	Can teach all previous levels and EMT Initial Education	Can teach all previous levels and AEMT Initial Education	Can teach all previous levels and Paramedic Initial Education
Clarification	All instructors MUST be licensed at the appropriate level to coordinate/teach an approved course. Persons not licensed at the appropriate level must be monitored by a Licensed EMS Instructor or EMS I/C at the appropriate level while teaching.			

- 1) See accepted Instructional Techniques Courses and EMS Instructional Preparation Curriculums within the EMS Education Policies ... Must be completed within the previous 3 years.
- 2) For Instructor/Coordinator candidates licensed as an EMT, AEMT or Paramedic, candidate must have current NREMT at the provider level. Current EMT-Intermediates must have current NREMT EMT Certification. Current Cardiac Technicians must have current NREMT EMT Certification. Candidates who hold a non-EMS healthcare provider license (RN, PA, MD, DO, etc.) must have passed the NREMT assessment exam for the Instructor/Coordinator level being sought within the previous year.
- 3) An associate degree or higher from an academic institution that is accredited by an institutional accrediting agency recognized by the United States Department of Education. The degree may be in any major.



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State Office of EMS and Trauma Related Personnel

EMS Director Michael Johnson 470-898-6172 michael.johnson@dph.ga.gov	Deputy Director Kelly Joiner 470-599-9279 kelly.joiner@dph.ga.gov	State EMS Medical Director Dr. Patrick McDougal patrick.mcdougal@dph.ga.gov
Deputy Director of Education Richard Rhodes 770-375-8771 richard.rhodes@dph.ga.gov	Region 7 EMS Director Frank Killebrew 404-670-6033 - Cell charles.killebrew@dph.ga.gov	Regional Training Coordinator Jennifer Weatherby 470-694-9879 - Cell jennifer.weatherby@dph.ga.gov

License Management System (LMS) State Office of EMS and Trauma

The Georgia Office of EMS and Trauma uses an online platform to process all initial and renewal medic and instructor license applications. Paper applications are NOT accepted. EMS Agencies will use the system to add personnel to their roster, add/change authorized agents or medical directors, submit renewal applications, and much more. Hospitals will use the system to apply for designation as a Trauma, Stroke or Cardiac Center.

For new personnel (that have never been licensed), follow these steps to create an account:

1. Go to <https://www.mygemsis.org/lms/public/>
2. Click on the Create Account button, and follow the steps to create an account.
 - **Please pay close attention to the minimum set of information you need to provide if you intend on applying for a license as a medic or instructor in the future, including First Name, Last Name, DOB, SSN, email, address, etc.**
 - **We recommend users to add the email address that you use on frequently basis since all of our communication is sent via email. Emails from the system come from noreply@imagetrendlicense.com.**

If you are a medic with an existing license, you already have an account in the system, so please follow these steps to obtain your account information:

1. Go to <https://www.mygemsis.org/lms/public/>
2. Scroll to the bottom of the page, and click on **Forgot Username** (do NOT Create a New account!)
3. You will then enter your Date of Birth, SSN and your last name, then click Lookup
4. If your DOB/SSN/Last Name match our license records, you will see that an account has been found, but it doesn't have an email. Please enter your email address. We recommend to add the email address that you use on frequently basis since all of our communication is sent via email.
 - **NOTE: If you type in your email address incorrectly, you will need to contact the Office of EMS and Trauma at 770-996-3133 to correct your email address. You will be required to provide your name, SSN, DOB and address in order for the staff to correct your email address.**
1. You will then receive an email from LMS with your username and a link to reset your password, which needs to be set immediately.



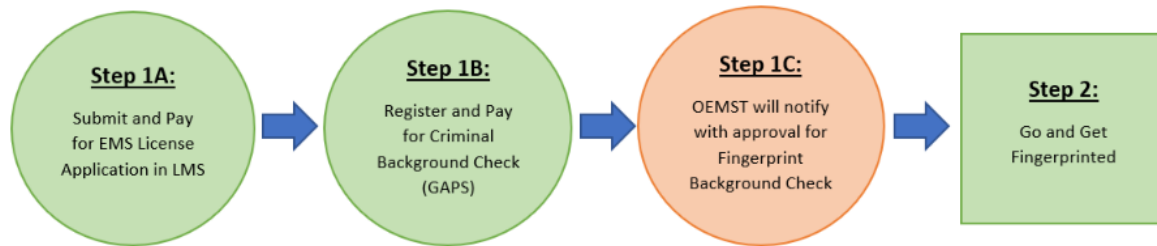
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EMS Personnel Licensure

All applicants are required to use the Georgia EMS License Management System (LMS) to apply for licensure as an EMS provider. The Georgia Office of EMS and Trauma uses an online platform to process all initial and renewal medic and instructor license applications. Paper applications are NOT accepted. For more information on LMS, including how to create an account or access your existing account, [Click Here](#).

How to Apply for an EMS Personnel License at the EMT-R, EMT, AEMT or Paramedic Level



Step 1A: Submit Application for EMS Personnel Licensure in LMS

Applicants for EMS Personnel Licensure in Georgia must complete the appropriate application in the OEMST License Management System (<https://www.mygemsis.org/lms/public/>):

Level Applying For	Current Certification by NR/ATP	Application to Complete in LMS
EMT-Responder	Full NR Certification - EMR	Initial EMT-Responder License
EMT	Full NR Certification - EMT	Initial EMT License
AEMT	Full NR Certification - AEMT	Initial AEMT License
Paramedic*	Full NR Certification - Paramedic	Initial Paramedic License
	Advanced Tactical Practitioner	Initial Paramedic License

*In addition to the general requirements listed above for all applicants, Paramedic applicants must submit a true scanned copy (front and back) of a current – signed ACLS card see [this document](#) for acceptable cards).

NR = National Registry of EMTs

Step 1B: Complete Fingerprint Background Check (GAPS) Applicant Registration

All applicants MUST use the Georgia Applicant Processing Service ([GAPS](#)) for the submission of your fingerprint-based criminal history records check. The Department does **not** accept criminal history reports from the applicant or other sources.



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The new GBI vendor for fingerprint processing, **Idemia (IdentoGO)** is available for fingerprint registration. All applicants **MUST** use this **Service Code #: 2TGJY5** when registering for a criminal background check with GAPS/IdentoGO.

- You can register using the new system at <https://ga.state.identogo.com/ata>
- Applicant Registration Process - [PDF instructions](#) (for In-State and Out-of-State fingerprints)

NOTE:

- You cannot proceed to fingerprinting until the Office of EMS and Trauma has approved your GAPS registration.
- The Office of EMS and Trauma will not approve your GAPS registration until you have submitted **AND** paid for your EMS license application fee on the Georgia OEMS License Management System (<https://www.mygemsis.org/lms/public/>) (see steps below)
- An email notification will be sent from the GAPS system once the Office of EMS and Trauma approves of your GAPS registration.

NOTE for Fieldprint Registrations:

- Applicants approved in the Fieldprint system, **MUST** schedule and complete the fingerprints with Fieldprint by **January 31, 2025**. Out of state fingerprint cards will not be accepted after January 31, 2025.
- Any applicant registration for criminal fingerprint background checks within Fieldprint that are not eligible for approval by the OEMST after January 2nd will be declined and the applicant will need to register for a criminal fingerprint background check with Idemia.
- If an applicant has scheduled and paid for a criminal background check through Fieldprint and does not obtain the fingerprints by January 31st, the applicant will need to register and pay for a criminal fingerprint background check with Idemia. The applicant will have to contact Fieldprint Customer Service to request a refund of payment.
- Fieldprint Customer Service (**For Applicants**) customerservice@fieldprint.com OR 800-799-1067

Step 2: Go and Get Fingerprinted

Reminder:

- You cannot proceed to fingerprinting until the Office of EMS and Trauma has approved your GAPS registration.
- The Office of EMS and Trauma will not approve your GAPS registration until you have submitted **AND** paid for your EMS license application fee on the Georgia OEMS License Management System (<https://www.mygemsis.org/lms/public/>) (see steps below)
- An email notification will be sent from the GAPS system once the Office of EMS and Trauma approves of your GAPS registration.



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General Requirements for ALL EMS license applications (EMT-R, EMT, AEMT, Paramedic)

All applicants are required to use the Georgia EMS License Management System (LMS) to apply for licensure as an EMS provider. The Georgia Office of EMS and Trauma uses an online platform to process all initial and renewal medic and instructor license applications. Paper applications are NOT accepted. For more information on LMS, including how to create an account or access your existing account, click [HERE](#).

Applicants for licensure must submit the following through LMS:

1. A true scanned copy (front and back) of a current – signed CPR card (see [this document](#) for acceptable cards)
2. A true scanned notarized Verification of Lawful U.S. Residency form. Click [HERE](#) for a blank copy of the document.
3. A true scanned copy of the verifiable document that was shown to the Notary Public for U.S. Residency (e.g. Driver's License or Passport). Click [HERE](#) for a list of acceptable documents.
4. An application fee of \$75.00. We accept credit/debit cards (fastest) or Money Orders, and Business/Cashier's Checks ONLY. Cash and Personal Checks are NOT accepted.
 - a. NOTE: An additional fee of \$2.75 will be applied to credit/debit card transactions.
 - b. If paying by Money Order or Business/Cashier's Check, your payment must be submitted with a completed [Medic Payment Form](#).
5. A completed background check (see requirements above)
6. Additional requirements based on the license application level (click on the appropriate link below)

Applicants currently/previiously licensed as a healthcare provider:

- If you are currently (or have ever been) licensed as any type of healthcare provider in any U.S. State or Territory, you must complete the [Out-of-State Verification Form](#) for *each* license held in *each* state/territory.
 - You must complete the top portion of the form and provide it to the appropriate licensing authority.
 - The validation will be sent directly from the other licensing agency to the Georgia Office of EMS and Trauma.

Incomplete applications will expire within 45 days of receipt by the Office of EMS and Trauma. Once an application expires, the applicant will be required to submit a new application, a new application fee, and will have to submit a new fingerprint criminal background check.

Personnel License Eligibility

Currently Nationally Registered at the EMR, EMT, AEMT or Paramedic level

Available Georgia License Option(s):

- Traditional GA EMS License



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- **What it is:**
 - An EMS personnel license at the EMT-R, EMT, AEMT, or Paramedic level.
- **Who is eligible for it:**
 - Persons who are currently National Registered with full certification at the EMR, EMT, AEMT, or Paramedic level.
 - Paramedic applicants who are coming from the military may also have current USSOCOM Advanced Tactical Paramedic certification.
- **What are the restrictions on it:**
 - No restrictions.
- **Notes:**
 - The licenses will expire the same year as your National Registry expiration date.
 - You will need a background check, CPR card, ACLS card (for Paramedics), and a residency verification form.
- **How to Apply:**
 - Follow the steps on [this page](#).

Never licensed in Georgia, not Nationally Registered, Have an Expired Out of State EMS License

There is no license that you are eligible for since you are not Nationally Registered or you have an expired out-of-state license.

Graduated an EMS Program but not certified with NREMT as an EMR, EMT, AEMT, Paramedic

If you have not passed your NREMT Cognitive and Psychomotor Exam, there is no available option for you to function as a licensed EMS professional in Georgia. If you have a license from an EMS Compact state, please see the information above.

Not completed an initial education program at the EMR, EMT, AEMT, or Paramedic Level

You will need to complete an initial education program and take the National Registry exam in order to obtain a license as an EMS professional in Georgia.

Reciprocity Requirements

Georgia does not have a reciprocity process. However, to apply for a Georgia license you are required to have a current NREMT registration and submit an online application with the required documents listed above.

National Registry of Emergency Medical Technicians

The National Registry, established in 1970 as a non-profit organization, is the *Nation's Emergency Medical Services Certification* organization.

- Our Purpose
 - As the EMS certification organization, we ensure that all EMS clinicians have the knowledge and skills required for competent practice.
- Our Vision



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A safer and healthier world where all patients receive care from certified EMS clinicians.

- Our Mission

To support the EMS profession through partnerships, research, and lifelong assessment of clinical competence.

The National Registry is accredited by the National Commission for Certifying Agencies (NCCA), the accreditation body of the [Institute for Credentialing Excellence](#). The National Registry maintains NCCA accreditation for each of our four certification programs:

- Emergency Medical Responder (NREMR)
- Emergency Medical Technician (NREMT)
- Advanced Emergency Medical Technician (NRAEMT)
- Paramedic (NRP)

Credentialing:

- Protects the Public
- Assures consumers that professionals have met standards of practice
- Advances the profession
- Establishes standards of professional knowledge, skills, and practice

Emergency Medical Responder



Emergency Medical Responders provide immediate lifesaving care to critical patients who access the emergency medical services system. EMRs have the knowledge and skills necessary to provide immediate lifesaving interventions while awaiting additional EMS resources to arrive. EMRs also provide assistance to higher-level personnel at the scene of emergencies and during transport. Emergency Medical Responders are a vital part of the comprehensive EMS response. Under medical oversight, Emergency Medical Responders perform basic interventions with minimal equipment.

[From the: *National EMS Scope of Practice Model*]

EMR Full Education Program Pathway

If you have just completed or are currently enrolled in a full EMR education program, and you are applying for National Registry EMR certification, you must meet the following requirements:

- Successful completion of a state-approved Emergency Medical Responder (EMR) course that meets or exceeds the National Emergency Medical Services Education Standards for the Emergency Medical Responder.
- 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.
 - Successful completion of the National Registry EMR 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 other eligibility requirements are met.



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- Some states integrate the EMR psychomotor examination into the EMR course. Candidates should contact their [State EMS Office](#) or course instructor for guidance on their local psychomotor examination requirements.

Application Process

Follow these easy steps to apply for a National Registry examination:

1. Create your account/log in to your profile.
2. Create an application - Select the EMR level. Verify your personal information and make any necessary changes. Then, follow the prompts through the application process.
3. Pay the application fee. The application fee is non-transferable and non-refundable. This fee is charged for each attempt of the cognitive examination.
4. Monitor the progress of your application from your "Certification Application Status" in case additional actions are needed. Once the National Registry approves your application and your status is "Ready to Test," you can view your ATT letter and contact Pearson Vue to schedule your examination.

Emergency Medical Technicians (EMT)



Emergency Medical Technicians provide out of hospital emergency medical care and transportation for critical and emergent patients who access the emergency medical services (EMS) system. EMTs have the basic knowledge and skills necessary to stabilize and safely transport patients ranging from non-emergency and routine medical transports to life-threatening emergencies. Emergency Medical Technicians function as part of a comprehensive EMS response system, under medical oversight. Emergency Medical Technicians perform interventions with the basic equipment typically found on an ambulance. Emergency Medical Technicians are a critical link between the scene of an emergency and the health care system.

[From the: *National EMS Scope of Practice Model*]

EMT Full Education Program Pathway

If you have just completed or are currently enrolled in a full EMT education program, and you are applying for EMT certification, you must meet the following requirements:

- Successful completion of a state-approved Emergency Medical Technician (EMT) course that meets or exceeds the National Emergency Medical Services Education Standards for the Emergency Medical Technician.
- 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.
 - Successful completion of the National Registry EMT cognitive (knowledge) examination and a state approved psychomotor (skills) examination.
 - Passed portions of the cognitive and psychomotor examination remain valid for 24 months provided all other eligibility requirements are met.



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Application Process

Follow these easy steps to apply for a National Registry examination:

1. Create your account/log in to your profile.
2. Create an application - Select the EMT level. Verify your personal information and make any necessary changes. Then, follow the prompts through the application process.
3. Pay the application fee. The application fee is non-transferable and non-refundable. This fee is charged for each attempt of the cognitive examination.
4. Monitor the progress of your application from your "Certification Application Status" in case additional actions are needed. Once the National Registry approves your application and your status is "Ready to Test," you can view your ATT letter and contact Pearson Vue to schedule your examination.

Advanced Emergency Medical Technicians



The primary focus of the **Advanced Emergency Medical Technician** is to provide basic and limited advanced emergency medical care and transportation for critical and emergent patients who access the emergency medical system. This individual possesses the basic knowledge and skills necessary to provide patient care and transportation. Advanced Emergency Medical Technicians function as part of a comprehensive EMS response, under medical oversight. Advanced Emergency Medical

Technicians perform interventions with the basic and advanced equipment typically found on an ambulance. The Advanced Emergency Medical Technician is a link from the scene to the emergency health care system.

[From the: *National EMS Scope of Practice Model*]

AEMT Full Education Program Pathway

If you have just completed or are currently enrolled in a full AEMT education program, and you are applying for AEMT certification, you must meet the following requirements:

- Current National Registry certification or state license at the EMT level, or higher
- Successful completion of a state-approved Advanced Emergency Medical Technician (AEMT) course or completion of a higher-level state-approved EMS course that meets or exceeds the National Emergency Medical Services Education Standards for the Advanced Emergency Medical Technician.
- 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.
- Successful completion of the National Registry AEMT certification examination.

Application Process

Follow these easy steps to apply for a National Registry examination:

1. Create your account/log in to your profile.
2. Create an application - Select the AEMT level. Verify your personal information and make any necessary changes. Then, follow the prompts through the application process.



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3. Pay the application fee. The application fee is non-transferable and non-refundable. This fee is charged for each attempt of the cognitive examination.
4. Monitor the progress of your application from your "Certification Application Status" in case additional actions are needed. Once the National Registry approves your application and your status is "Ready to Test," you can view your ATT letter and contact Pearson Vue to schedule your examination.

National Registered Paramedics



The **Paramedic** is an allied health professional whose primary focus is to provide advanced emergency medical care for critical and emergent patients who access the emergency medical system. This individual possesses the complex knowledge and skills necessary to provide patient care and transportation. Paramedics function as part of a comprehensive EMS response, under medical oversight. Paramedics perform interventions with the basic and advanced equipment typically found on an ambulance.

The Paramedic is a link from the scene into the health care system.

[From the: *National EMS Scope of Practice Model*]

Paramedic Full Education Program Pathway

If you have just completed or are currently enrolled in a Paramedic education program, and you are applying for Paramedic certification, you must meet the following requirements:

- Current National Registry certification or state license at the EMT level, or higher
- Successful completion of a [CAAHEP-accredited](#) Paramedic education program (or an education program that has been issued a [CoAEMSP](#) "Letter of Review") that meets or exceeds the National Emergency Medical Services Education Standards for Paramedic.
- 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.
 - After January 1, 2023, candidates are required to meet CoAEMSP Recommended Student Minimum Competency (SMC) Matrix. Note: Program Directors must verify that candidates have an SMC on file for each student.
- Successful completion of the National Registry Paramedic Certification Examination.

Application Process

Follow these easy steps to apply for a National Registry examination:

1. Create your account/log in to your profile.
2. Create an application - Select the Paramedic level. Verify your personal information and make any necessary changes. Then, follow the prompts through the application process.
3. Pay the application fee. The application fee is non-transferable and non-refundable. This fee is charged for each attempt of the cognitive examination.
4. Monitor the progress of your application from your "Certification Application Status" in case additional actions are needed. Once the National Registry approves your application and your status is "Ready to Test," you can view your ATT letter and contact Pearson Vue to schedule your examination.



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National Registry Disciplinary Policy and Rights of Appeals

Nationally Registered Paramedics (NRP) must notify the National Registry within 30 days regarding the following matters:

- Change in mailing address (the best way to update a mailing address is by editing the user profile page)
- Disciplinary action taken by any state has resulted in suspension, revocation, or expiration of state registration/licensure; termination of right to practice; voluntary surrender of state registration/licensure while under investigation.
- The National Registry considers the individual to be solely responsible for their certification.

The National Registry has disciplinary procedures, rights of appeal and due process within its policies. Complete information about the National Registry Disciplinary Policy and Rights of Appeal can be found [here](#).

American with Disabilities Act

The National Registry complies with the Americans with Disabilities Act (ADA) of 1990 and offers reasonable accommodations for individuals with disabilities. Pearson VUE test centers are also ADA compliant. Complete information about the National Registry Accommodations Disability Policy can be found [here](#).

For more information [National Registry of EMTs](#) Web Site: www.NREMT.org

Americans with Disabilities Act – Statement and 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 one where skills proficiency verifications 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.



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The Functional Job Description, available at <http://www.bls.gov/ooh/Healthcare/EMTs-and-paramedics.htm>, describes the required skills and job requirements essential to EMS personnel. This description will guide all accommodations permitted for EMT and Paramedic students.

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

- Students *cannot* be discriminated against based on 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 or Paramedic as outlined in the Functional Job Description. These include, but are not limited to:

- 1. *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.
- 2. *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.
- 3. *Students are not allowed to have written exams given by an oral reader.***
 - ◆ The ability to read and understand small English print is an essential function of the profession, and written exams are designed, at least in part, to measure that ability.
- 4. *Students are not provided a written exam with a reading level of less than 8th grade.***
 - ◆ The EMS profession requires a reading level of at least grade eight to work safely and efficiently.
- 5. *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 and paramedics.



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- ◆ 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.

6. *Students must answer all written test questions as written. No explanation of the question can be provided by the test proctor or any other individual.*

- ◆ 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?

For more information on the *Americans with Disabilities Act*, please visit www.ada.gov.

Georgia Office of EMS and Trauma Eligibility Requirements

Columbus Technical College's EMS / Paramedicine program has been designed to meet and/or exceed the Georgia EMS Education Standards (GEMSES) which are based primarily on the National EMS Education Standards (NEMSES). Georgia Office of EMS and Trauma program's policies, procedures and requirements for initial basic and advanced life support programs will be reviewed in class and are also located at www.ems.ga.gov.

Academic and Non-Academic Technical Standards

Technical standards are requirements for students to participate in an EMS educational program or activity. The academic and nonacademic standards, skills and performance requirements demanded of every participant in an EMS educational program. Academic standards include sources of study, attainment of satisfactory grades and other required activities. Non-academic standards include those physical, cognitive, and behavioral standards required for satisfactory completion of all aspects of the curriculum and development of professional attributes required at graduation.

Technical standards must be met with or without accommodations. A student seeking admission into the First Care Education Emergency Medical Courses should carefully review these non-academic technical standards and decide if he or she has any limitations that may restrict or interfere with the satisfactory performance of any of these requirements. The student should consult with the program director to discuss any individual situation that would prohibit the student from meeting any of these technical standards.



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The Emergency Medical Technician, Advance Emergency Medical Technician and Paramedic specialize in the application of scientific knowledge, and theory in the skillful performance of their profession. Therefore, all students must possess:

Physical Standards

- Lifting Requirements: 50 pounds equipment. Greater than a 100-pound patient with assistance. Lift and carry equipment used for patient care and rescue.
- Pushing requirement involves moving a patient whole on a transport stretcher or in a wheelchair.
- Average percent of time during a regular workday spent walking, squatting, sitting, bending, and reaching greater than 25%.
- Average percent of time during a regular workday spend standing may be greater than 25%.
- Kneel, bend, stoop, and or crouch to perform CPR, assist patients, and retrieve items from cabinets located below waist level, and perform basic and advanced life support skills that require extensive movement.
- Bend, reach above shoulder height, and or twist to position, adjust equipment, or obtain supplies in confined or open work area.
- Fine motor dexterity should be adequate to grasp with both hands, pinch with thumb or forefinger, to manipulate equipment used in the EMS profession.
- Manipulate devices used in single and multi-line telephone systems, computer keyboards, and ten key adding machines. The ability to talk on the telephone, use computer-based patient reports, monitor patient, and write simultaneously.

Tactile Standards

- Palpate pulses, muscle contractions, bony landmarks, and edema.
- Differentiate between temperature and pressure variations.
- Manipulate tools and equipment used to perform duties within the EMT, Advanced EMT and Paramedic scope of practice.

Visual Standards

- Adequate visual acuity, such as needed in preparation and administration of all forms of medication, perform diagnostic laboratory procedures, and for observation necessary in-patient assessment and care.
- Read accurately numbers, letters, and cursive writing on instruments, equipment, computer screens and paper.
- Discriminate shapes and color to identify reagents and other materials such as laboratory media, stained preparations, and physical properties of various body fluids.
- Visual acuity that meets the standards for drivers in the state of Georgia.
- All the above with or without corrective devices.

Auditory Standards

- Adequate auditory perception to receive verbal communication from patients and members of the health care team either in person, by radio communication, or over the telephone.



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- Hear heart sounds, blood pressure sounds, patient distress sounds to assess health needs of patients.
- Hear instrument timers, alerts, and alarms.
- Hear over the radio, telephone, paging systems, or intercom to communicate with patients, and other members of the health care team.
- All the above with or without corrective devices.

Communication Standards

- Adequate communication skills (verbal, nonverbal, and written) to interact effectively with individuals.
- Speak in the English language in a clear and concise manner to communicate with patients (such as interviewing and taking patient history, obtaining chief complaint, and providing patient education regarding treatment plans, disease prevention, or health maintenance), families, health care providers, other members of the healthcare team, and community.
- Comprehend oral and written language including medical terminology to communicate with patients, families, healthcare providers, other members of the healthcare team, and the community.
- Write in English clearly, legibly, for documentation in the medical record, complete forms, and initiate written communication.

Mental/Cognitive Standards

- Sufficient intellectual and emotional functions to plan and implement their duties in a responsible manner.
- Function safely, responsibly, and effectively under stressful situations.
- Remain alert to surroundings and potential emergencies.
- Interact effectively and appropriately with patients, families, and coworkers.
- Display attitudes and actions consistent with ethical standards of the Emergency Medical Profession.
- Maintain composure while managing and prioritizing multiple tasks.
- Communicate an understanding of the principles of confidentiality, respect, tact, politeness, collaboration, teamwork, and discretion.
- Handle difficult interpersonal situations in a calm and tactful manner.
- Remain calm, rational, decisive, and in control always, especially during emergency situations.
- Maintain cleanliness and personal grooming consistent with close personal contact.
- Function without causing harm to others if under the influence of prescription or over the counter medication as required by EMT, AEMT and Paramedic scope of practice.
- Function without causing harm to others. This would include situations that may result from any mental or physical conditions.

Criminal Background Check and Drug Screen

Complete a criminal background check and drug screen prior to and/or immediately following the start date of the student's initial EMS program course. This requirement must be completed and returned acceptable prior to beginning the clinical/field phase of the program. Any expense incurred to obtain the criminal background check and/or drug screen is the responsibility of the student. Providing false or



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incomplete information will result in dismissal from the program. The criminal background check is required prior to participating in the clinical and field component of the EMS program. Clinical sites have the right to deny student access based on criminal background. This denial will result in the student's inability to successfully complete the program.

Physical Examination, Immunizations, and Insurance

All EMS program students shall complete the following physical examination requirements before the start of clinical and/or field rotations.

Students shall complete and/or provide evidence that a medical physical examination was conducted within two months of program enrollment.

The following vaccinations are required for the EMS program students. Acceptable records of immunizations may be obtained from: high school records, personal shot records, local health department, military records, or previous college or university records. These records must include name, date of birth, ID number and the dates the vaccine was administered (including month, date, and year).

- ◆ Measles (Rubella) – 2 vaccinations or a positive antibody titer
- ◆ Mumps - 2 vaccinations or a positive antibody titer
- ◆ Rubella (German Measles) – 2 vaccinations or a positive antibody titer
- ◆ Varicella (Chicken Pox) – 2 vaccinations or a positive antibody titer
- ◆ Hepatitis B – 3 vaccinations or a positive antibody titer or declination
- ◆ Tetanus, Diphtheria and Pertussis Tdap – Tdap or Td booster within past 10 years
- ◆ TB skin test – 1 step annually, 12-months or more since PPD, two steps required.

Attention: First Care Education Center, LLC. will follow the guidelines and standards required at each clinical site to include dress code requirements, immunizations, and care guidelines.

Use of First Care Education Center, LLC. tracking system will ensure that the program physical examination requirements are documented.

All students enrolled in the First Care Education Center, LLC. education programs are advised that during their clinical and/or field rotations there may be increased health risks due to exposure of unknown diseases, various bacteria, environmental hazards, or radiation.

If the student is pregnant or becomes pregnant, be advised that this exposure may be harmful to unborn children. EMS Education program students are required to have personal health insurance. A copy of your current card must be on file with the program. All students must be covered by an approved Malpractice/Liability insurance policy while they are in enrolled in the First Care Education Center, LLC. EMS program.

This fee is responsibility of the student.



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Any disability/illness and/or any communicable illness or pregnancy will require a physician's release to return to the skills lab area or internship sites. The physician's release must be submitted to the program chair for inclusion in the student's medical file. Any restriction of activity will be considered in terms of meeting program objectives.

ACEMAPP and Clinical Site Requirements

First Care Education Center, LLC. will utilize the clinical staffing program required by local clinical facilities (hospitals) called ACEMAPP. By using ACEMAPP, these hospital and clinical sites can track, and document required processes to participate at their clinical site to include but not limited to:

- Health Screenings and Physical Examinations
- Immunization requirements
- Vaccination Requirements
- Background Checks specific to the facility utilized by the clinician.
- Other requirements that must be met by the clinical site/facility.

Clinical Sites may require additional documentation, training, and clinical requirements prior to utilizing their clinical site. These requirements must be met by the student to participate at that specific clinical site.

Objectives of the Hospital and Field Clinical and Internship Program:

- Graduate competent entry-level paramedic students.
- Create opportunities for students to practice and improve their clinical prehospital skills in the field environment while making connections with potential employers.

General Field Clinical Requirements of the EMS Student

1. Students must be in satisfactory academic standing in the course and at the college. Academic and/or program probation will prevent a student from entering or continuing in clinical component of the EMT, AEMT or Paramedic course; the course director and clinical coordinator will decide when continuation will be appropriate.
2. Students must submit an approved background investigation as required by First Care Education Center, LLC., State Office of EMS and Trauma, and the investigation agencies specifically required by specific hospital and clinical sites. Students will not be permitted to participate in clinical rotations until they have met this requirement.
3. Students must maintain copies of a current AHA CPR for Healthcare Providers card (or AHA CPR Instructor card). All currently required immunizations must be on file during the clinical rotations and field internships and remain current throughout the course of the clinical/internship experience. First Care Education Center, LLC. is required to record this on ACEMAPP (Clinical Scheduling Program) utilized by the hospital clinical sites.



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4. Students are required to complete all hospital and clinical site training courses and recorded as required by the clinical sites prior to beginning of their clinical rotations. Proper documentation of completion of these courses must be supplied to the First Care Education Center, LLC.
5. The following equipment is strongly recommended during the field rotations:
 - Pre-hospital Emergency Field Guide / Drug Reference Guide
 - Quality stethoscope
 - Black ball point pen
 - Small notepad
 - Approved Safety Vest as required by Columbus Technical College and clinical site.
 - Protective Eyewear as approved by the Clinical Coordinator
 - N95 and/or surgical mask as required by the clinical site.
6. Students are required to successfully complete the required field internship rotations with a preceptor present.
7. All field internships and clinicals with First Care Education Center, LLC. sites will be arranged by the clinical coordinator. Students will not contact sites until given permission by the Program Director and/or Clinical Coordinator.
8. Generally, all clinical hours must be completed by the end of the course. An extension may be granted to complete required clinical contacts as needed on an individual basis.
 - a. Students who require extended clinical contacts will receive an “Incomplete” grade for that clinical course until the course is completed.
 - b. Extensions and incomplete courses must be completed within 30 days of the completion date of the course.
 - c. The student cannot complete this clinical requirement of the course, an appropriate grade will be assigned. Clinical contacts are specific to the level of training and are dictated by minimum requirements from the GA State Office of EMS and Trauma (GA SOEMST) and the Committee on Accreditation of EMS Programs (CoAEMSP).
9. Students who are absent more than 10 day between shifts, must complete open lab time and have skills checked off by First Care Education Center, LLC. faculty. Any absence from clinicals or internships greater than 10 days, without approval from the Clinical Coordinator and/or Program Director, will constitute being placed on academic probation. Any unapproved absences while on academic probation will constitute a failed clinical or internship and failing the program.
10. Student Clinical Rotations must be completed at sites contracted with Memorandums of Understanding with First Care Education Center, LLC. For a student to receive credit for their required clinical calls or hours, they must be at their respective clinical location, riding as a student as scheduled.



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11. Students must only be scheduled at a clinical site with an approved EMS Preceptor. Preceptors may be approved through Columbus Technical College or the clinical site agency with approved preceptors from that department or facility.
12. The student must not be one of the minimum staffing required for an ambulance during a clinical rotation. Students are not to be representing First Care Education Center, LLC. at the same time, they are scheduled for a clinical rotation and be scheduled to work at a clinical site (Hospital, EMS service, Fire Department, or any other clinical site).

Students must separate any individual clinical rotation time with any scheduled work employment with that specific clinical agency and/or volunteer experience while working as an EMT, AEMT, or Paramedic student, performing required clinical skills.

13. Students must arrive at each clinical site 10-15 minutes prior to their scheduled shift and check in with the preceptor or supervisor on duty.

Students late for their shift, dressed inappropriately, or who display inappropriate behavior may be excused from the site at the discretion of the preceptor.

14. Students must remain at their scheduled location for the entire shift unless prior arrangements are made with the Program Director and/or Clinical Coordinator. Rest and lunch breaks will be scheduled between the student and the site preceptor.
15. Students must not leave the ambulance area or clinical site for any reason and will remain in constant contact with the preceptor to avoid any delay in responses. Students are responsible for providing their own meals during the shift.
16. Students may not spend time at a field rotation for more than 12 consecutive hours unless prior arrangements are made with the clinical coordinator and/or the clinical agency site. Students must have a minimum of eight hours between scheduled rotations. Shift limits and times for the internship are set by individual agencies and will be respected by students. At no time, however, shall a student be allowed to work more than 5 consecutive days without having at least 1 day off. The student's personal work schedule will be considered in this equation.
17. If a student is unable to attend their scheduled rotation, they are to notify the clinical coordinator and preceptor prior to the shift. Examples of excused absences are:
 - a. A fever greater than 99° F or signs and symptoms consistent with a communicable disease.
 - b. Sleep deprivation that may interfere with safe patient care and delivery. (Students should schedule their field rotations and clinical time to avoid this. Multiple occurrences may result in student being placed on program probation)
 - c. A family emergency (Clinical Coordinator, Program Director, Preceptor must be notified as soon as possible).



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***A student will be placed on program probation after one unexcused absence from a field shift.
Two or more unexcused absences will result in an F for that rotation.***

18. Students must arrive at a clinical site prepared to look, present and act professionally. You are a representative of yourself and Columbus Technical College. This is an expectation of all students, a preceptor at a clinical site may send a student home if this requirement is not met.

Dress Code, Uniforms and Appearance Policy

The EMS Education program has a dress code and appearance policy to which all students must adhere during classroom, lab, simulation, clinical and field experiences, and any other college or community activities wherein students are representing the program. Details on uniform cost and where to purchase items will be provided the first day of class.

A student who does not adhere to this policy may be asked to leave a clinical facility or field agency by the clinical instructor or the preceptor. This will result in an unexcused absence from clinical.

Each aspect of the dress code and appearance policy is further detailed in the remainder of this section.

Behavior While in Uniform

When wearing clothing associated with the EMS Education program, students should always be conscious of public perception, and conduct themselves in a manner which fosters public confidence and trust in the profession.

A student wearing any clothing that displays any affiliation with college or program will conduct themselves accordingly and, in a manner, as not to bring disgrace to the program. Failure to adhere may result in a student conduct review as outlined in the student handbook.

Uniforms

Uniform Shirts

All uniform shirts must be clean, with no frays, holes, or stains, and worn always tucked in. A white undershirt is required to be worn under uniform shirts.

The official or approved clinical uniform shirt is to be worn during all clinical rotations. A white undershirt or program approved undershirt is to be worn under the official uniform shirt.

Uniform Pants

Navy blue uniform style pants (i.e. BDUs or EMS Pants) must be worn for clinical and field internships. Pants must be full length but not touching the ground. Pants must be in good condition without holes and must accommodate a belt. Pants are not to be bloused in boots.



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Boots and Accessories

- Boots: All black closed toe boots.
- Belt: Black with plain silver buckle or black closure system. Belt is required for all uniform combinations.
- Watch: with a second-hand or digital readout.

Identification

All students are issued a First Care Education Center, LLC. pictured student identification card. This ID is required to be worn by all students, whether at school (as required by the program) or attending classes or in uniform at clinicals.

Other Garments

For warmth during cooler weather, the following uniform additions are permitted:

- A plain, navy blue “job style” pull over with half zip front with collar.
- A plain, navy-blue jacket.
- A plain navy blue knit skull cap and gloves.
- A plain, navy-blue hat (ball cap) is permitted.
 - No department or organizational hats may be worn unless approved by the Program Director or Clinical Coordinator.
- Navy blue uniform jacket, EMS coat.

High visibility public safety vest meeting ANSI/ISEA 207- 2011 standards is required for all field experiences/internships and must be worn for all patient contacts on or near the roadway, regardless of temperature. This can be worn over the jacket or pull over listed above.

Students may utilize safety vest provided by the service if available for the student. **It is not required for the service to provide a student with a safety vest. Safety vest are required during all traffic incidents or incidents that require higher visibility of the provider/student.**

The uniform should be worn in its entirety or not at all. Wearing parts of the uniform and not others is not acceptable.

The complete uniform consists of the following elements:

- Approved uniform shirt
- Navy blue pants
- Black belt with silver buckle
- Navy blue or black socks
- Black boots
- Watch with second hand or seconds displayed digitally.
- Identification – Student ID
- High visibility public safety vest
- Optional approved outer garments as needed.



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Students who do not adhere to the uniform policy will be asked to leave class, lab or a clinical and will be marked “absent”.

Classroom/Lab Dress Code

1. A professional image is also a part of your classroom environment. Since it is the practice of the program and the institution to invite professionals, local high school students, and others on campus to view our classroom and facilities, it is the policy of this program that each student presents the best possible image, always.
2. To support this concept, the following types of apparel will not be acceptable:
 - Cut-off jeans / ripped jeans
 - Tank tops / shirts with bare midriffs
 - Mesh / see-through shirts
 - Short skirts
 - Gym shorts

General Grooming Standards

1. Students must maintain the following grooming standards:
 - Bathe daily and use deodorant daily and as needed
 - No use of perfumes, colognes, and other fragrant products
 - Jewelry is limited to watches and wedding rings
 - No dangling type earrings may be worn
 - Nose rings or tongue studs may not be worn.
 - Facial hair is to not exceed a well-groomed beard, mustache, and/or goatee that does not interfere with the seal of PPE masks. Facial hair which may interfere with the seal of PPE masks must be removed per Oregon OSHA standards.
 - Fingernails clean and cut short
 - Any polish used must be light in color and subtle.
 - In addition to the above dress code requirements, an agency or the clinical coordinator may require the student to adhere to other dress code requirements if indicated by the agency or the college as a standard of safety or professionalism.
 - Tattoos are to be covered unless permitted by agency and preceptor, as per clinical site requirements.

Clinical Site and Field Internship Documentation:

1. Students are required to maintain an organized folder or binder of clinical and field internship objectives, backup evaluation forms, and assignments. Clinical folders will be turned in before the end of each term and clinical/internship folders will be due prior to each scheduled conference or call review with the clinical coordinator.
2. Students must bring the field objectives sheets, Student Evaluation Forms and field evaluation criteria to each field rotation and to each scheduled meeting with the clinical coordinator.



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3. Students MUST assure the preceptor completes, signs, and reviews an evaluation form with the student at the end of each individual shift, located on Platinum Planner, or a copy of a completed paper evaluation attached and transposed in Platinum Planner. Without the proper signature(s) the student will not receive credit for those specific internship hours or experiences.
4. Students must enter all pertinent clinical data into the Fisdap clinical tracking program within 72 hours of completing a shift. Shifts without documentation at the time of the shift locking will be deleted and not count.
5. Students are required to create and maintain a personal journal that includes entries for each individual field shift in Platinum Planner tracking tool. The journal should include documentation about the rotation, interesting calls / patients (without violating HIPPA) as well as personal thoughts and feelings about the rotation, their individual performance, and any thoughts or feelings about their preceptor. Documenting personal goals may be helpful to the student in improvement of skills / clinical practices.

Additional Documentation for Field Internship:

- A. Preceptors are required to complete an Affective Rubric evaluation form. Students will be evaluated on the following categories with the minimum competency outlined below for graduation:
 - a. Integrity:
Consistent Honesty, being able to be trusted with property and confidential information, complete and accurate documentation of patient care and learning activities.
 - b. Empathy:
Showing compassion to others, responding appropriately to emotional responses by others, demonstrating respect to others, being supportive and reassuring.
 - c. Self-Motivation:
Taking initiative to complete assignments, taking initiative to improve or correct behavior, taking on and following through on tasks without constant supervision, showing enthusiasm for learning and improvement, consistently striving for improvement in all aspects of patient care and professional activities, accepting constructive criticism in a positive manner, taking advantage of learning opportunities.
 - d. Appearance and Personal Hygiene:
Clothing and uniform are appropriate, neat, clean, and well maintained, good personal hygiene and grooming.
 - e. Self-Confidence:
Demonstrating the ability to trust personal judgment, demonstrating an awareness of strengths and limitations, exercises good personal judgment.
 - f. Communications:
Speaking clearly, writing legibly, listening actively, and adjusting communication strategies to various situations.



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- g. Time Management:
Consistent punctuality, completing tasks and assignments on time.
- h. Teamwork and diplomacy:
Placing the success of the team above self-interest, not undermining the team, helping, and supporting other team members, showing respect for all team members, remaining flexible and open to change, communicating with others to resolve problems.
- i. Respect:
Being Polite to others, not using derogatory or demeaning terms, behaving in a manner that brings credit to the profession.
- j. Patient advocacy:
Not allowing personal bias or feelings to interfere with patient care, placing the needs of patients above self-interests, protecting and respecting patient confidentiality.
- k. Careful delivery of services:
Performing skills at an entry-level capacity; performing complete equipment and supply checks, demonstrating careful and safe ambulance operations, following policies and procedures and protocols, following orders.

Experiential Learning

The EMS Program does not offer experiential learning credit.

Family Educational Rights and Privacy Act (FERPA)

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

FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students."

If a student desires to have information about their course/program status and/or progress released to a third party, a copy of this form may be obtained from the Registrar's Office; a copy of this form must be signed by the student and placed in their file prior to the release of any student information.

The FERPA Form is no longer required by State Office of EMS and Trauma.

Program Advanced Placement Policy

First Care Education Center, LLC. does not offer advanced placement into the Paramedicine Program. However, with permission from the Registrar's office, transfer of credits for general education courses only are allowed to be accepted into the EMS / Paramedicine program.

All Paramedic courses must be completed within the program to verify and validate that the student met the requirements of the NREMT, State Office of EMS and Trauma, TCSG and CoAEMSP/CAAHEP, etc.



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Program Attendance Policy

Student attendance is a critical component of student success. Students must attend a minimum of **90% of the class sessions** and must complete **100% of field internships/clinical rotations.**

The student must be present for a minimum of **90%** of the didactic portion of the course.

Absences that exceed this will be cause for program administrative withdrawal.

- If a student misses a class, it is his/her responsibility to acquire the information from fellow students.
- The student will be held accountable for the information and skills presented during absence(s).

Documented absences for military duty, observed religious holidays, judicial proceedings in response to a subpoena, summons for jury duty, or other court-ordered process, which requires the attendance of the student at the judicial proceeding, are excused.

Students receiving financial aid need to be aware that absences could jeopardize their financial aid status. They may not receive financial aid funds if they do not meet the attendance requirements of the financial aid agency.

In the online classroom environment, attendance is demonstrated through active participation. Online students must complete an academically related activity each week to be considered actively participating.

Simply logging into an online class, technological links are not considered being active and does not count toward attendance.

Academically related activities include, but are not limited to the following:

- Participating in an online discussion about academic matters
- Submission of course assignments (including homework, quizzes, tests/exams)
- Email contact with a faculty member to ask a course-related question.

Any student who has been absent for 10% of class time will be withdrawn from the course.

The student is expected to use the absence days allowed for unexpected short-term absences (examples include but are not limited to personal/family illness, car trouble, childcare problems, attendance at funerals). Excused absences that exceed the allowed absences include jury duty and military obligations only.

Dropping a Course

Once a student is on the class roster post third class session the student becomes responsible for payment. ***A student should not assume that non-attendance constitutes official withdrawal.*** It is the student's responsibility to follow First Care Education Center, LLC. withdrawal procedure as stated Academic Policies. Any payments made prior to the third class session are forfeited by the student.



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Other Factors Effecting Course Grade:

Behavior and classroom participation may be reflected in the skills lab grading process. Attitudes and behavior that is not in a professional and acceptable academic manner may cause a penalization in overall performance, thus reflected in the grading process (see grading rubric in appendix B).

Not turning in assignments and/or late assignments will of course affect the final course grade. Please be prompt and follow directions related to each assignment, test, lab, or other grading requirement related to the course.

Work Ethics Instruction and Grading:

First Care Education Center, LLC. instructs and evaluates students on work ethics in all programs of study. Ten work ethics traits are defined as essential for student success.

These traits include appearance, attendance, attitude, character, communication, cooperation, organizational skills, productivity, respect and team work. The definitions for these traits have been integrated into the program standards of each program curriculum thereby allowing each program to make work ethics a relevant and meaningful part of the program curriculum.

The traits are assessed before the student graduates from the program. Students will not receive a separate Work Ethics grade for any course. The student's work ethic grade is reflected in his/her official transcripts. **This is an ongoing assessment on student behavior.**

Make-Up Quiz/Test/Exam Policy

- Under no circumstances will a student be permitted to take a quiz/test/exam on a day they were absent unless approved by the instructor.
- Under no circumstances will a student be permitted to retake a quiz/test/exam to achieve a higher score after obtaining an unsatisfactory score on the original quiz/test/exam.
- Make-up quiz/test/exam date and time will be at the discretion of the instructor.

In some cases, a retest may be conducted. Retests are only to serve as proof the student has mastered the cognitive information necessary for successful progression in the clinical field settings. Retest dates may vary and will be determined by the instructor based on individual and/or class needs. The grades obtained on the retests will not be factored into the student's course grade.

Only under extenuating circumstances and with prior written instructor approval will a student be allowed to make-up the final cognitive exam and/or the final psychomotor exam.

Challenge of Test/Exam Questions

An important part of the test/exam development process is to validate each item to ensure technical accuracy, clarity, relevance, and absence of ambiguity and bias. A thorough review also ensures that items are not misleading or tricky. To that end, the faculty believes that student participation is vital to this process and developed this process to allow student input into test/exam validation.



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The intent of challenging exam questions is to:

- Encourage discussion and study among the students to facilitate learning.
- Encourage student collaboration in identifying content needs and learning gaps.
- Act as a “teachable moment” to improve future student performance.
- Help the students learn how to write a comprehensible “legal” document utilizing clear handwriting, correct spelling, and punctuation.
- If the student believes that a specific item encountered on the test/exam is invalid, the student may request an evaluation of the item by following the steps described below:
 1. Challenges must occur on the date that the faculty member returns the test/exam to the student.
 2. Challenges must be completed and submitted within the allotted time (no less than 30 minutes and no longer than 1 hour will be allotted for challenges) designated by the instructor.
 3. Challenges are individual, not group submissions. The challenge form must be signed by only one student.
 4. Challenges must document resources used to validate information relating to questions (PowerPoint slide number, textbook page number, etc.).

Challenging exam questions is not a right, but rather a privilege; thus, the following rules apply to all exam challenges:

- ◆ The instructor will not discuss with the student any questions before challenges have been submitted and reviewed by the instructor.
- ◆ The instructor cannot advise a student whether they should or should not challenge an exam question
- ◆ No more than four (4) challenged questions per student per exam is permitted.
- ◆ Students will not be allowed to challenge any questions after challenges and grades for the test/exam are finalized.
- ◆ Challenges will not be allowed on retests.
- ◆ The final examination is exempt from challenges.
- ◆ A challenged question does not ensure the question will be omitted or changed; it only ensures the faculty will review the dispute and decide based on the validity of the question(s).
- ◆ If the outlined process is not followed, the instructor may disregard the challenge.

Skill / Simulation Course Requirements

Skill progression in an EMT / Paramedicine Program begins with basic skill development, and rapidly progresses to simulation and clinical implementation.

While they are progressive and differ, the terms laboratory, “lab”, *scenario*, *skills and simulation* is often used interchangeably to refer to course components that are practical or psychomotor.



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All skills/simulation components of a course require the student's demonstrated knowledge, psychomotor competency, and participation. Students must participate in all scheduled skills/simulation hours unless otherwise excused by their instructor.

Following formative instruction in each category, students will be required to perform skills in the laboratory/simulation setting. Skill development should progress through stages of implementation, from imitation to evaluation.

Students must complete three (3) successful, consecutive attempts at each skill with a peer before attempting instructor sign-off. If unsuccessful at the instructor evaluation, both the student and the peer evaluator must repeat the peer evaluations before retesting. Specific psychomotor skills and competency requirements are listed in the NREMT and CoAEMSP/CAAHEP Psychomotor Skill Competency Portfolio (Paramedics only).

High-risk, low frequency procedures, including, but not limited to the following, that require a specific number of successful instructor evaluations in the lab/simulation (after successful completion of peer-to-peer attempts). Instructors may only sign students off to perform skills in the clinical/field environments after meeting the requirements above.

All students must pass the final skills/simulation exam (which is cumulative in the program, not just the individual courses) to complete this portion of the course and/or program successfully.

Clinical / Field Internship Grading

All students are required to participate in clinical/field experiences and internships throughout the program. EMS / Paramedicine student clinical/field courses are graded based upon the student's demonstrated knowledge, scenario/skills competency, and participation. Students must participate in all clinical and field hours unless otherwise excused by their instructor. Student clinical and field requirements are addressed in further detail in a later section of this handbook.

Paramedic (Program Only) Psychomotor Competency Portfolio

Accreditation standards require that Paramedic students have access to adequate numbers of patients, proportionally distributed by illness, injury, sex, age, and common problems encountered in the delivery of emergency care appropriate to the Paramedic profession.

The National Registry of EMT's developed a psychomotor competency portfolio of vital skills that each Paramedic student must demonstrate competency to qualify for the NREMT Paramedic Certification examination. CTC has adapted the National Registry of EMT's Paramedic Psychomotor Competency Portfolio Manual into its EMS Education program. Each student's portfolio is tracked by the program throughout the formative and summative phases of education in the laboratory, clinical, and field settings. The completed portfolio becomes a part of the student's permanent educational file and is a prerequisite to seeking NREMT Paramedic Certification.

Timely and accurate documentation of skills, patient encounters, assessments, and interventions are a critical component of the EMS Education program. Student psychomotor competencies shall be tracked and documented in the program portfolio electronically in GEMSIS Elite.



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Certification Maintenance and Continuing Education

Students in the paramedic program are required to maintain and recertify their Basic Life Support (BLS) for Healthcare Provider and AEMT certifications. Students who have received an AEMT certification are required to maintain the appropriate certification without lapsing while enrolled in the program.

Students who do not maintain the above certifications while enrolled in the appropriate course of study will NOT be allowed to continue and may be administratively withdrawn from their EMS course(s) and may be removed from the paramedic program.

Program Progression and Successful Completion of the Paramedicine Program

Students must maintain a greater than 2.0, a "C", cumulative overall GPA and must pass each program class in sequence (unless otherwise scheduled) with a grade of 70% cumulative or greater to pass each course within the EMS / Paramedicine Program.

Successful completion of EMS program courses with a minimum cumulative score of 70% is required for the student to continue to progress to subsequent EMS program.

Within the EMS / Paramedicine program, each course is a prerequisite to the subsequent course (unless otherwise indicated). Students who fail a course or are withdrawn from a course must wait until the next EMS / Paramedicine Program cycle to return to the program.

Prior to readmission, the student will be reviewed on an individual basis to determine if the student will be eligible for readmission into the program. The student can begin anew in the next EMS / Paramedicine Program or start at the class unsuccessfully completed in the program.

Students will be routinely evaluated throughout the EMS / Paramedicine program to ensure that they are developing and retaining the cognitive (knowledge), psychomotor (skills), and affective (behavior) knowledge, skills, abilities, and attributes necessary to become and competently function as entry level EMS provider.

Any student who has substandard performance at any time during any portion of the program will be subject to review by the program administration team, which may include a combination of faculty, staff, program director, medical director. After the review, the student may receive a counseling form detailing current deficiencies and requirements for improvement and/or program continuation or they may be administratively dropped from the program. If a student is administratively dropped from the program, grades, and refunds (if applicable) will be processed in compliance with college policy based on the current semester academic calendar.

The program administration team will consider the following when reviewing student performance: grades, accountability (submitting all necessary material/documents on time, always following rules, appearing in appropriate uniform attire, arriving to class every day and on time), self-motivation (utilizing other students for assistance in study groups, utilizing the



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instructors for assistance, etc.), and attitude/behavior (working collaboratively, cohesively and with mutual respect, behaving in a professional and polite manner).

Students are required to maintain a minimum overall GPA of 2.0, 70% or “C”, while enrolled in the EMS program. Any student falling below an overall GPA of 2.0 during enrollment in the EMS program will be dropped from the program.

It is imperative that students demonstrate mastery of the material to the established minimum criteria before being allowed to advance to additional material/skills within the program.

First Care Education Center, LLC. EMS Education Program is a competency-based program, meaning that each of the cognitive, affective, and psychomotor learning domain building blocks must be mastered before allowing the student to advance to the next level. Because prehospital emergency medical care ultimately deals with life and death, it is imperative that each student be trained to the highest of standards. Students’ progress through the program within their perspective cohort in a course progression model is designed to promote student success.

Students who do not successfully complete the didactic portion of a program reflect a lack of cumulative classroom knowledge necessary for safe emergency medical care in the clinical and/or field setting. The student who lacks adequate classroom knowledge is considered unsafe and unable to meet the objectives of the program, therefore, will be ineligible to progress in the program which shall be considered unsatisfactory progress.

Students who are unable to perform skills and/or apply didactic concepts successfully within the lab, clinical and/or field setting is considered unsafe and unable to meet the objectives of the program, therefore, will be ineligible to progress in the program which shall be considered unsatisfactory progress.

Unsatisfactory Progress

Students who display and/or are demonstrating unsatisfactory progress in one or more of the cognitive, affective, and psychomotor learning domains shall be required to participate in a conference(s) and/or may be placed on academic warning, probation, academic suspension and/or administratively withdrawal from the course(s) or program.

- ◆ Conference: A conference will be held for failure to transfer classroom knowledge to the patient care setting, adhere to healthcare facility policy, or follow generally accepted rules of personal cleanliness, professional ethics, and judgment at the expected level. An instructor will confer with the student and discuss the reasons for, and means of, correcting the cause for the conference. If satisfactory progress is not made following the issuance of conference reports, the student will be required to meet with the program director.

Student Grade Appeal

A student who wishes to appeal or contest a grade assigned in a course must do so within the subsequent academic semester. The appeal must be submitted in writing to the instructor(s) who taught the course. The instructor(s) will respond to the student in writing within eight working days from the date of the appeal. Should this response not satisfy the appeal, the student will appeal to the



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Program Director within eight days from the date of the instructor's response. The Program Director may conduct a conference that would include the student, clinical coordinator, and/or the instructor(s).

The Program Director will respond to the student in writing within eight working days from the date of this student's appeal. Should this response not satisfy the appeal, the student may progress the appeal to the Region's Education Coordinator to the State Office of EMS and Trauma (SOEMST).

First Care Education Center, LLC. will not consider appeals initiated more than three weeks following the time that the dispute arose, or three weeks after the end of the cohort. (This statute of limitations will not be extended unless clear and convincing evidence exists that to expect the student to have raised the appeal in a timelier manner would be unreasonable.) Students may at any time advance an appeal to the State Office of EMS and Trauma.

Criteria for Internship Completion NOTE:

Overall, the field internship program consists of three phases of proficiency. Below, these three areas are outlined. In addition, each student will be required to complete all other documentation requirements contained within this manual and all required reading/written assignments.

- A. Observation Phase (1-2 Shifts or 10 patient contacts)
During the observation phase, the preceptor will demonstrate the team leader role. These alarms will not count towards the student's instruction phase grade. At the discretion of the preceptor, students will be allowed to demonstrate skills proficiency during this time. The purpose of the observation phase is to demonstrate to students the roles and responsibilities of team leadership. This period also allows the students to begin acclimation to the field internship environment.

- B. Instruction Phase (10-40 ALS contacts) The instruction phase is the period in which the preceptor no longer assumes the role of team leader. The student will now serve in this role. During the Instruction phase, the preceptor will critique each patient contact. Scores will be provided on a scale of 0 to 2, with 0 showing unsuccessful and 2 showing successful. During the instruction and evaluation phases, the student receives prompts to improve assessments and treatment skills. These prompts help students develop a "rhythm" in the field environment and to expedite patient care. Students that receive more than three (3) prompts will receive an unsatisfactory score for that given area. Students that receive repetitive prompts for the same area and on multiple contacts will receive an unsatisfactory score. If this trend continues, remedial training, or an action plan may be implemented at the discretion of the clinical coordinator.

- C. Evaluation Phase (Remaining ALS contacts) Following successful completion of the instruction phase, each student then moves to the evaluation phase of the field internship. The evaluation phase will encompass the remaining ALS calls required for successful completion after the student has successfully completed the instructional phase of internship. Students that receive greater than 1 prompt during these remaining calls will receive an unsatisfactory mark. If the



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student reaches the required ALS contacts for program completion, but continues to receive unsatisfactory remarks, the student, the preceptor, and the clinical coordinator will complete a student counseling report, outlining areas needed for improvement. Deadlines, at that time, will be established for successful completion or removal from the program.

PARAMEDICINE FIELD INTERNSHIP Learning Outcomes:

At the completion of the field internship, the student will demonstrate competency in the following: The final ability to integrate all the didactic, psychomotor skills, and clinical instruction into the ability to serve as an entry-level paramedic is conducted during the field internship phase of the program.

The field internship is not an instructional, but rather an evaluative phase of the program. During the field internship the student should be under the close supervision of an evaluator.

Field internship must occur on a licensed advanced life support transport vehicle. Medical accountability must exist with continuous feedback from the assigned preceptor.

Field preceptors are under direct medical control of on-line physicians, utilization of agency protocols and provide feedback and review, QI, for each clinical performed.

STUDENT BEHAVIOR, CONDUCT AND PROFESSIONALISM

Academic Integrity:

First Care Education Center, LLC. expects all students, faculty, and staff to conduct themselves with honesty, character, and academic integrity. First Care Education Center, LLC. promotes and expects all members of the Faculty, Staff, and Students to conduct themselves with professional behavior and intellectual integrity.

Webster's International Dictionary defines plagiarism as follows:

Plagiarism--to steal and pass off as one's own the ideas or words of another; to use without crediting the source; to present as new and official an idea or product derived from an existing source; to commit literary theft.

A student's diction and phraseology should always be his or her own except where he or she clearly indicates otherwise. Obviously, it is not dishonest to copy an author's words in quotation marks and give credit to the source by footnoting or by acknowledging the source in the text of a paper. If you paraphrase a writer's words, you must acknowledge your indebtedness to the writer.

Honesty and integrity are the cornerstones of emergency medical care, and circumstances involving scholastic dishonesty will be addressed in accordance with CTC's policies and procedures. Students who witness suspected actions of academic dishonesty are expected to report such incidences to their course instructor and/or program director.



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Any student caught in any form of dishonesty in academic, laboratory work, clinical or field internship will receive a “zero” (0) for that work. The second offense will be cause for immediate removal from the class with a grade of “F”. The third offense could result in suspension or expulsion from the College.

Student Affective Evaluation and Behavior Contracts

EMS Education Program students are expected to conduct themselves in accordance with First Care Education Center, LLC’s policies, applicable laws, and demonstrate competence in all areas identified in the EMS Education Program affective/professional behavior evaluation.

The areas of evaluation include integrity, empathy, self-motivation, appearance and personal hygiene, self-confidence, communication, time management, teamwork and diplomacy, respect, patient advocacy, and careful delivery of service. See Appendix B for evaluation form and further details. Expected conduct in the EMS Education Program includes, but is not limited to, the following student behaviors:

- ◆ Treat others with respect, courtesy, and dignity.
- ◆ Conduct oneself in a professional and cooperative/collaborative manner.
- ◆ Work cooperatively and harmoniously with other members of the class, clinical units, agencies, and educators.
- ◆ Strive toward academic and clinical excellence.
- ◆ Encourage and assist colleagues in the pursuit of academic excellence and improvement through team/group activities.
- ◆ Always maintain professional behaviors.
- ◆ Respect cultural differences and protect the rights, privileges, and beliefs of others.
- ◆ Avoid threatening, profane, and/or abusive language.
- ◆ Refrain from verbal or written communication that defames any person or organization.
- ◆ Address concerns or conflicts in a direct, prompt, and sensitive manner, and in appropriate setting. If this fails, continue through proper channels to appropriately resolve the conflict.
- ◆ Practice within the scope of approved clinical privileges.
- ◆ Comply with Federal HIPAA Privacy Rule requirements.
- ◆ Respect patient autonomy, confidentiality, and rights.
- ◆ Comply with all statutes, rules, regulations, and procedures that govern the program.

Code of Ethics for EMS Practitioners

The EMS Code of Ethics for EMS Practitioners was originally written by: Charles B. Gillespie, M.D., and adopted by the National Association of Emergency Medical Technicians, 1978. Revised and adopted by the National Association of Emergency Medical Technicians, June 14, 2013.

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

- ◆ To conserve life, alleviate suffering, promote health, do no harm, and encourage the quality and equal availability of emergency medical care.



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- ◆ To provide services based on human need, with compassion and respect for human dignity, unrestricted by consideration of nationality, race, creed, color, or status; to not judge the merits of the patient's request for service, nor allow the patient's socioeconomic status to influence our demeanor or the care that we provide.
- ◆ To not use professional knowledge and skills in any enterprise detrimental to the public well-being.
- ◆ To respect and hold in confidence all information of a confidential nature obtained in the course of professional service unless required by law to divulge such information.
- ◆ To use social media in a responsible and professional manner that does not discredit, dishonor, or embarrass an EMS organization, co-workers, other health care practitioners, patients, individuals, or the community at large.
- ◆ To maintain professional competence, striving always for clinical excellence in the delivery of patient care.
- ◆ To assume responsibility in upholding standards of professional practice and education.
- ◆ To assume responsibility for individual professional actions and judgment, both in dependent and independent emergency functions, and to know and uphold the laws which affect the practice of EMS.
- ◆ To be aware of and participate in matters of legislation and regulation affecting EMS.
- ◆ To work cooperatively with EMS associates and other allied healthcare professionals in the best interest of our patients.
- ◆ To refuse participation in unethical procedures, and assume the responsibility to expose incompetence or unethical conduct of others to the appropriate authority in a proper and professional manner.

THE EMT OATH

The EMS Oath was originally written by: Charles B. Gillespie, M.D. and adopted by the National Association of Emergency Medical Technicians, 1978.

*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.*



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Email and Contact Information

All students will inform First Care Education Center, LLC. and active email account when officially registered for classes and are required to notify First Care Education Center, LLC. of any changes in Email and contact information within 24 hours of the change.

Students are encouraged to check your email at least every 24-48 hours.

Contact Information

It is the responsibility of ALL students to inform First Care Education Center, LLC. EMS program of any change of name, address, phone number, or e-mail address, within 24 hours following the change to assure accurate records.

Reporting for Class, Lab, Clinical and Field

Due to the unpredictable nature of Emergency Medical Services (EMS), punctuality is very important. EMS personnel arriving late may force a department to operate understaffed or force an off- going crew to be held on overtime. Arriving on time is just as important for students.

Showing up even a few minutes late may mean missing your preceptor for up to several hours, depending on call volume and unit availability. Additionally, reporting late to class or lab, including simulations is disruptive to the learning environment. More importantly, it demonstrates a lack of professionalism, respect and commitment to First Care Education Center, LLC. EMS Education program and the host facility/agency.

You are required to report to and be prepared for class no less than five (5) minutes prior to the scheduled start time: further, you are required to report for and be prepared to complete clinical and/or field experiences/internships fifteen (15) minutes prior to the scheduled start of the shift.

Expectations

Students are expected to be on time and prepared to work at the scheduled class, lab, clinical and field shift start time.

Portable Electronic Devices Policy

As a general practice, cellular telephone should not be used in/during classes, labs, clinical/field experiences/internships with the following exceptions:

- ◆ All portable electronic devices (cellular phones, tablets, PDAs, etc.) shall be set non-audible (vibrate) alert features while engaged in classroom, lab, clinical and/or field educational settings.
- ◆ Additionally, visual alert features (flashing lights, etc.) are not permitted while engaged in classroom, lab, clinical and/or field educational settings.
- ◆ Acceptance of telephone calls while engaged in classroom, lab, clinical and/or field educational settings, shall be reserved for emergency situations only.
- ◆ Students needing to accept emergency telephone calls should politely excuse themselves from the educational setting prior to answering the call.



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- ◆ Students should **NEVER** accept telephone calls or check portable device notifications while engaged in simulated patient care and/or actual patient.

Portable electronic devices may be used during instruction and/or student participation, when:

- ◆ Approved by the instructor, preceptor; used only for the enhancement of the student(s) educational outcome(s).

Social Media Policy

“Social networks and the internet provide unparalleled opportunities for rapid knowledge exchange and dissemination among many people, but this exchange does not come without risk. EMS practitioners and EMS students have an obligation to understand the nature, benefits, and consequences of participating in social networking of all types. Online content and behavior have the potential to enhance or undermine not only the individual EMS providers’ career, but also the EMS profession.”

“Social Media” is the term given to websites, online tools and interactive communication technologies that allow users to interact with one another to share information, opinions, knowledge, photos, and interests. Examples of social media include such web platforms as blogs, message boards, wikis, social and professional networking websites, and content sharing sites.

Social media is a great way to connect with others, exchange knowledge, share information and promote cooperation.

However, there are also possible risks for both EMS providers and First Care Education Center, LLC. related to each of the various forms of social networking. The purpose of this document is to inform First Care Education Center, LLC. EMS Program students about the policy of the EMS program regarding social media to ensure that they remain in compliance with this policy when using multi-media and social networking websites.

Basic Rules to Follow when Using Social Media

EMS program faculty, staff and/or students have no reasonable expectation of privacy when using CTC and/or clinical and field affiliate owned or provided devices or networks.

First Care Education Center, LLC. EMS Education Program reserves the right to monitor use of its devices or networks, including but not limited to Internet access and social media use; to retrieve data from third party service providers paid by First Care Education Center, LLC.; and to shut down, without prior notice, any First Care Education Center, LLC. sponsored social media platform for any reason, and to delete content on its social media sites without providing a reason or notification at its sole discretion.

First Care Education Center, LLC. further reserves the right to block access from its networks and assets to any internet site at its sole discretion as permitted by applicable law.

- Any software or other downloads on First Care Education Center, LLC. equipment or devices must comply with IT guidelines, licensing compliance and protections against viruses, spyware, malware, or other threats to First Care Education Center, LLC. systems.



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- Social media activities should not interfere with faculty, staff and/or student work/course commitments.
- Information published on social media sites should comply with First Care Education Center, LLC.'s EMS program confidentiality policies.
- First Care Education Center, LLC. faculty, staff and/or students are personally responsible for the content they publish online, whether in a blog, social media site or any other form of user-generated media. Be mindful that what you publish will be public for a long time—protect your privacy and take care to understand a site's terms of service.
- If you publish content online relevant to First Care Education Center, LLC. EMS program in your personal capacity use a disclaimer such as this: "The postings on this site are my own and don't necessarily represent First Care Education Center, LLC. EMS program's positions, strategies or opinions."
- Be respectful to the College and the EMS program, your faculty members, college staff, clinical and field affiliates, colleagues, and the public.
- Respect copyright, fair use, and financial disclosure laws.
- Only members of First Care Education Center, LLC. and/or authorized EMS program students/staff who are assigned the responsibility to be spokespersons are authorized to act as spokespersons on behalf of First Care Education Center, LLC. and/or the EMS program on any topic in any forum or in response to any inquiry.
- Don't use First Care Education Center, LLC. and/or EMS program's seal, logos or trademarks unless approved to do so.
- Even if your social media activities take place completely outside of class, as your personal activities should, what you post can reflect on your professionalism and the program.
- Students shall not post anything that is false, misleading, obscene, defamatory, profane, discriminatory, libelous, threatening, harassing, abusive, hateful, or embarrassing to another person or entity. Make sure to respect others' privacy. Third party Web sites and blogs that you link to must meet our standards of propriety. Be aware that false or defamatory statements or the publication of an individual's private details could result in legal liability for the EMS program and you.

Care of Facilities and Equipment

Equipment Definitions

Medical Equipment - Medical equipment is equipment which is primarily and customarily used for medical purposes and is not generally useful in the absence of illness or injury.

Durable Medical Equipment - Durable medical equipment is equipment which can withstand repeated use and is primarily and customarily used to serve a medical purpose.

Consumable Medical Equipment - Consumable medical supplies are those non-durable supplies that are typically of limited usage and must be replaced on a frequent basis.



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Facilities and Equipment

Students shall comply with the following requirements when using program facilities and equipment:

- ◆ Classrooms and labs (layout/set-up) shall not be rearranged without the permission of the instructor.
- ◆ Eating is not allowed in any lab space.
- ◆ Beverages are not permitted in classroom and lab space(s).
- ◆ Food and drinks are NOT allowed in computer labs.
- ◆ Equipment shall not be removed from the lab space without the permission and/or under the supervision of the EMS faculty and staff.
- ◆ Students shall report all missing, lost, or damaged durable medical equipment to the instructor immediately.

Training Outside of Designated Classroom/Lab Spaces

The EMS Paramedic program has a responsibility to provide students with realistic training Using “real-world” scenario and simulation. Scenario and simulation demand realistic settings, each building and surrounding area of our campus provides realistic opportunities to facilitate scenarios and simulations that mimic and/or incorporate the elements of reality necessary for an exceptional educational experience.

These educational opportunities require that all students be good stewards of the campus community and respect the boundaries and spaces of our campus communities.

Students shall always conduct themselves in a courteous and professional manner respecting the campus, facilities, equipment and other students, faculty, staff and visitors while participating in educational opportunities outside of designated and classroom/lab spaces.

Recovery of Damages/Restitution

If a student is found to have defaced or damaged First Care Education Center, LLC., faculty, colleague and/or clinical/field affiliate property, they may be assessed the cost for expenses incurred by the program or other parties resulting from the student’s infraction. Such reimbursement may take the form of monetary payment or appropriate service to repair or otherwise compensate for damages to program property or equipment.

Restitution may be imposed on any student who alone, or through group activities, participates in causing damage or costs to the program. The student will not graduate and/or be authorized to take the test until full restitution has been made.

Health Insurance Portability and Accountability Act and Confidentiality

Maintaining confidentiality is an integral part of healthcare. Federal regulations guide the scope of practice of health care workers to safeguard protected health information (PHI) through the Department of Health and Human Services and the Health Insurance Portability and



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Accountability Act (HIPAA). Protected Health Information (PHI) is defined by Health and Human Services to mean demographic and health information that makes the individual identifiable. This information includes but is not limited to names, addresses, date of birth, social security, or medical records numbers.

As a student in First Care Education Center, LLC.'s EMS Education Program, you are required to learn about and abide by the health information privacy requirements HIPAA. All clinical and field affiliates require that students are trained and familiar with the HIPAA regulations.

Students who violate HIPAA requirements may be subject to disciplinary action which could lead to dismissal from the program.

The following guidelines are to be followed by students and faculty:

- ◆ Maintain confidentiality by only sharing PHI with those who are considered individuals who need to know.
- ◆ When you need to discuss PHI, hold conversations in private areas where others cannot hear the conversation.
- ◆ Shred PHI which is no longer necessary to maintain in approved shredding bins, if shredding bins are not available, destroy the document before disposal.
- ◆ Do not use patient names, date of birth, medical record number or social security numbers on any written course or clinical & field assignments.
- ◆ Do not share PHI with family members, peers or those individuals who are not directly involved with care of the patient.
- ◆ Information shared during the clinical day and pre/post conference is not to be shared outside of the conference area and cannot be discussed outside of the clinical setting (i.e. home, work, other public settings)
- ◆ Students may not access any electronic health records outside of the assigned clinical & field facility.
- ◆ Students may not leave/save any patient, family, faculty, clinical facility or student information on any open access desktop or hard drive.
- ◆ PHI is not to be left open in public areas.
- ◆ PHI (medical record) is not to leave the clinical and/or field site.
- ◆ Computer screens and electronic health records with PHI are not to be left unattended, students are expected to log out before leaving the workstation.
- ◆ Students are not allowed to share their personal login or password information.
- ◆ PHI and even descriptions of clinical cases should never be shared or addressed over electronic communications including email, text and social media (i.e. Facebook, Twitter, Snap Chat, Instagram, Tumbler, Vine, etc.).

HEALTH, SAFETY AND RELATED POLICIES

Continuing Student Health Requirements

Students must be able to meet the technical standards, the immunization requirements and the immunity levels as required by First Care Education Center, LLC.'s clinical/field affiliates for participation in clinicals and/or the internship portion of the program. Clinical and field sites may decline from



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allowing the student to continue doing rotations in their hospitals or field agencies if specified requirements have not been met, regardless of religious or personal beliefs.

A student may be asked to obtain a physician's review of the student's condition and approval to continue in the program, in addition to the required medical physical. The student's clinical coordinator, program director, medical director and/or dean may be involved in advising, counseling, and recommending a student's continuation in the program if requirements have not been met. Each circumstance will be handled on an individual basis.

Should a physician's consultation and written permission to continue in the program be necessary and/or the student has not met all required technical standards of the program (including the immunity/immunization requirements of the affiliates) the student has several options: withdrawal in good standing with the student returning at the point where the student left off in the program provided that it is within the time frame as directed by the EMS program requirements. The student may also choose to continue in the classroom portion of the course and postpone the internship portion of the program until a medical clearance is granted by the physician.

Continuation in the program under the following circumstances:

- ◆ Physician's approval and meeting the required immunity levels, immunizations, and technical standards of the hospitals and agencies.
- ◆ Hospital or Agency approval.
- ◆ Counseling with the student's, clinical coordinator, program chair and the dean of health professions to discuss potential risks.
- ◆ To ensure consistency in all aspects of clinical education and meeting clinical objectives, all rotations which are missed due to a medical condition will have to be rescheduled.
- ◆ A record will be kept documenting any missed rotations or incidences while on rotation.
- ◆ Depending on the option chosen, it is conceivable that the student's completion date may be delayed until all clinical and field hours and competencies are completed.
- ◆ Neither First Care Education Center, LLC. nor any hospital or field affiliate will accept responsibility for alleged exposure damage to the student.
- ◆ The student must sign a form releasing First Care Education Center, LLC. and its affiliates of any liability associated with medical liability.

Infection Control and Blood Borne Pathogens (BBP)

Students must wear personal protective equipment any time they are in contact with a patient.

A. Exposure to blood should be minimized.

- ◆ When the possibility of exposure to blood or other body fluid exists, gloves are recommended. When hand washing facilities are not available, an antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic wipes will be used.
- ◆ When antiseptic hand cleansers or wipes are used, hands shall be washed with soap and running water as soon as feasible.



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- ◆ Students will wash their hands immediately or as soon as feasible after the removal of gloves or other personal protective equipment.
- ◆ Students shall wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following the contact of such body areas with bodily fluids or other potentially infectious materials.
- ◆ Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed. Shearing or breaking of contaminated needles is prohibited.
- ◆ Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly processed. These containers shall be:
 - Puncture resistant; and
 - Labeled or color-coded in accordance with this standard; and
 - Leak proof on the sides and bottom.
- ◆ Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.
- ◆ Food and drink shall not be stored in an area where bodily fluids or other potentially infectious materials are present.
- ◆ All procedures involving bodily fluids or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances. When there is a risk of eye or mouth contamination (for example, the patient is vomiting bloody material or there is arterial bleeding), protective eye wear and masks are recommended. Specimens of bodily fluids or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.
- ◆ Equipment which may become contaminated with bodily fluids or other potentially infectious materials shall be examined and decontaminated as necessary unless decontamination of such equipment or portions of such equipment is not feasible.

B. Personal Protective Equipment (PPE)

- ◆ Students are encouraged to receive the three immunization Hepatitis B series. If the student wishes to decline, a declination form must be signed. There is no vaccine for Hepatitis C or HIV. Some facilities and/or agencies may require students to have and/or to have initiated the Hepatitis B series to schedule clinical or field shifts at their facility and/or with their agency.
- ◆ Students are encouraged to receive the Influenza immunization. If the student wishes to decline, a declination form must be signed. Some facilities and/or agencies may require students to have the Influenza immunization in order to schedule clinical or field shifts at that allow students who have declined the Influenza vaccine to complete clinical/field internships may require those to wear a surgical mask for the duration of the shift.
- ◆ Students will use appropriate PPE necessary to protect them from likely exposure to Other Potentially Infectious Materials (OPIM). The equipment should be chosen specifically, for the hazardous task, i.e., gloves, gowns, booties, and eye protection for when splashing may occur and/or N-95 mask.
- ◆ In the event a Blood borne Pathogen (BBP) exposure be suspected or known to have occurred the following procedure must be observed:
 - First aid and proper wound cleansing must occur immediately without delay. If possible, wound cleansing should be done within seconds of exposure. The wound should be



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flushed with water (and soap if available) for 5-10 minutes. Eye contamination should be flushed for 20-30 minutes continuously. The location of hand and eye washing station must be reviewed with all at-risk employees and readily available for use.

- ◆ When students are operating at dangerous and/or hazardous emergency scenes, fires, hazardous materials incidents, highway incidents, vehicle accidents and/or vehicle extrications, or when broken glass is present, proper personal protective equipment (PPE - coat, eye protection, head protection, extrication gloves or firefighter gloves) should be used). If the proper PPE is not available, the student shall not enter or be placed in an area that presents a hazard or danger to their personal safety.
- ◆ **See also the student appearance standard section of this document.**
- C. Needles and other sharp objects should be considered as potentially infectious and shall be handled with extraordinary care.
- D. Needles should **NOT** be recapped. If it becomes necessary to recap a needle use the appropriate technique (shoe holding the cap to the floor). Needles syringes and broken vials should be immediately placed in a puncture-proof “sharps” container after use.
- E. Pocket masks with one-way valves or positive pressure ventilators should be used for artificial respiration. Masks should be worn by the EMS providers and/or patients for those infectious agents known to be transmitted by the airborne route (i.e., tuberculosis, chicken pox, measles, etc.).
- F. Sufficient information should be obtained to determine if a patient may have active tuberculosis (TB); recent history of TB, HIV infection, fever, recent weight loss or cough. A surgical mask should be placed on patients with a history suggestive of active TB unless the mask would compromise the patient’s respiratory effort/status. In circumstances where a surgical mask appears to make or might make the patient’s breathing worse, the pre-hospital personnel should wear surgical masks. Ventilation should be maximized in the patient compartment during transport of patients known to have active TB.
- G. Equipment should be thoroughly cleaned after each use. Disposable equipment should be considered for use whenever appropriate.

Exposure/Suspected Exposure Procedures

In the event of exposure or suspected exposure to a pathogen, the following protocol shall be followed:

- ◆ Notify the agency/facility staff and the preceptor immediately.
- ◆ Immediate care must be initiated where the incident occurred and the student should cooperate with the facility/agency staff and follow their exposure or suspected exposure reporting, testing and treatment policies and procedures.
- ◆ Contact EMS Program Director and Clinical Coordinator immediately.
- ◆ The student will complete an agency or hospital Infectious Disease Report Form. The form shall be completed and submitted to HR within 24-48 hours of the exposure notification.
- ◆ Any cost associated with the incident will be the responsibility of the student, or the agency. Students are required to carry current health insurance for this purpose.



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Significant exposure is defined as the following:

- ◆ Any puncture of the skin by a needle or other sharp object that has had contact with patient's blood or body fluids or with fluids infused into the patient.
- ◆ Blood spattered onto mucous membranes (e.g. mouth) or eyes.
- ◆ Contamination of open skin (cuts, abrasions, blisters, open dermatitis) with blood, vomit, saliva, amniotic fluid or urine. Bite wound to providers would be included in this category.

If you appear too fatigued or ill to perform SAFELY during your clinical rotation or field internship, the preceptor reserves the right to dismiss you immediately. Sound physical and mental well-being is important to patient care.

Students should not work consecutive shifts (be it work, clinical or field) and should arrange their schedules so they are not fatigued.

Mental Health Awareness

Emergency Medical Services provides a challenging, sometimes rewarding, and nearly always stressful career. Preventing burnout by remaining mentally healthy is as important to staying in this career as maintaining physical health.

Sometimes even routine problems can cause more stress than we can manage. This is especially true in the student environment, where you are experiencing emergency services stress, the stress of being a student, possible financial strain, and the strain of not having enough time to yourself, or to spend with family members. One way to help reduce this stress is to talk to someone you trust: your instructor, preceptor, a fellow student, or your spouse or significant other.

If at any time during the class or your involvement with First Care Education Center, LLC.'s EMS Education Programs, you feel as though a simulation, clinical, field shift, or other event has adversely affected you, please contact your preceptor, instructor, faculty advisor, and/or program director immediately.

If you are not comfortable establishing contact with any or the above entities, you may use the National Volunteer Fire Council Fire/EMS Helpline: 1-888-731-FIRE (3473) or initiate an online chat feature that is also available as part of the Fire/EMS Helpline. Go to <http://americanaddictioncenters.org/fire-services> and click on the Live Chat button at the top of the page.

The program director is part of the Critical Incident Stress Management (CISM) Team. You are encouraged to familiarize yourself with the causes and contributing factors of critical incident and cumulative stress and learn to recognize the normal stress reactions that can develop from providing emergency medical services. The program director will provide voluntary and confidential assistance to those wanting to discuss conflicts or feelings concerning their work or how their work affects their personal lives.



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Critical Incidents

As an EMS provider, you often encounter events that would overwhelm the average person. You and your peers have built up strong emotional defenses to these events. A critical incident is an event that has the emotional power to overcome your coping abilities. Some typical critical incidents are:

- ◆ Line of duty death.
- ◆ Serious injury to emergency services worker.
- ◆ Mass Casualty Incident.
- ◆ Suicide of emergency services worker.
- ◆ Traumatic death of children.
- ◆ Serious injuries to children.
- ◆ Victims that are known to emergency services workers.

If you are involved in a critical incident, you may be invited to a Critical Incident Stress Debriefing (CISD). Your preceptor will contact you if there is a debriefing scheduled. In addition, the requesting agency will advise First Care Education Center, LLC.'s EMS Education Program staff, who may also notify you.

A CISD is usually held 24 to 72 hours after a critical incident. It is facilitated by a mental health professional and peer counselors from the CISM team.

A CISD is not a performance critique. Instead, it serves to walk providers through the incident, concentrating on their thoughts and feelings during and after the incident. Time is also spent discussing any stress reactions that may be occurring, and assuring providers that such reactions are NORMAL. Providers are also taught some methods of managing these stress reactions.

Attendance at Critical Incident Stress Debriefings is strongly suggested for any of First Care Education Center, LLC.'s EMS student(s) who have been involved in a critical incident and have been invited to participate in the CISD.

Any student who is demonstrating a significant sign and/or symptom of stress may be dismissed from clinical and/or field shifts by their preceptor, instructor and/or the program director until he/she is cleared by a mental health professional.

Inclement Weather Policy and Procedures

In the event of inclement weather, First Care Education Center, LLC.'s website and Facebook page provide the operational status of the First Care Education Center, LLC.

Students who determine that they should conclude and/or not report to their assigned clinical/field internships due to inclement weather conditions will not be penalized for doing so. Students will be required to complete the remaining shift balance only if they have not met the minimum required competencies. If the student is going to report late and/or is not reporting for a scheduled clinical/field internship due to inclement weather, they are required to follow the tardy/absent policy. Students



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must notify the preceptor, instructor, clinical coordinator, and/or program director if they will be late or absent due to inclement weather.

If inclement weather occurs while the student is on completing a field internship shift, reasonable efforts will be made to get the student back to quarters to get off on time. It should be understood; driving conditions, call volume, and staff shortages may result in the crew (and student) being held over at an alternate location.

First Care Education Center, LLC. and its agents (faculty, staff, and affiliates) assume no responsibility for any injury, illness and/or property damage that may incurred, caused by and or related to students attempting to arrive at and/or department from clinical/field internships at any time, including, but not limited to those instances occurring before, during and following inclement weather conditions.

Unless First Care Education Center, LLC. is announced as "closed or delayed" due to weather, EMS program classes and clinical/field internships remain in effect as scheduled.

Faculty and staff may and likely will not be immediately available to students during announced closures and/or alternate operational schedule (delayed openings, etc.).

Harassment Policy and Procedures

No student or faculty member shall be subject to harassment, sexual harassment and/or bullying.

Unwelcome comments, sexual advances, requests for sexual favors or other verbal or physical conduct of a sexual nature constitute harassment and/or sexual harassment.

Substance Use/Abuse Policy and Procedures

Students cannot possess, use or be under the influence of drugs or alcohol during classes, labs, clinical/field experiences/internships or any other educational activity (regardless of location). Possession, use or distribution of drugs or alcohol while in uniform is expressly forbidden and will result in disciplinary actions including and up to immediate dismissal from the program.



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APPENDECIES



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FIRST CARE EDUCATION CENTER, LLC. EMS Student Acknowledgement and Understanding
I understand that these are my responsibilities in participation of the EMS program of which I am enrolled:
I understand that this course is a lot of work. I must keep up with the work in order to reach my goal because the end result of my work is worth it.
I understand that I must read the appropriate chapter and complete ANY study questions before every lecture.
I understand that “I don’t have time” is not a valid excuse.
I understand that I may have to put certain portions of my personal life on hold during this course of study.
I understand that the instructors have a personal life, are not my “buddies” on any social networking sites and I will not send the instructors “friend” request.
I understand that failure to turn in required paperwork, documents and forms in a timely manner will result in a delay in taking further part in the EMS program, until paperwork, documents and forms are turned in.
I understand that I must bring my textbook and note taking supplies to every class session.
I understand that <u>I and only I</u> am responsible for my actions or inactions. Blaming others will not make my situation any better.
I understand that if I decide this class is not for me, I must take the responsibility to withdraw from the class.
I understand that I must contact the instructor if I am unable to make class for any reason. Failure to do so will result in an unexcused absence and may result in me being removed from the class.
I understand that on each assignment I have an “A” and must earn and “F”.
I understand that the following violations of policies and expectations may lead to disciplinary actions or even expulsion from the EMS program of which I am enrolled.
Fraudulent completion of classroom/lab/clinical assignments to include falsification of classroom work, patient care reports, and/or lab/skills/clinical/intern documentation.
Failure to complete and/or submit academic, skills, lab, clinical or intern documentation.
Consistently sleeping while in class, labs and/or while at clinical sites.
Cheating on academic examinations, test and quizzes.
Reporting to class, labs, or clinical sites under the suspected influence of alcohol or illegal substances. Reporting to class, labs, or clinical sites in the possession of alcohol or any illegal substance. The right of the clinical coordinator and/or program director dictates that they may intervene, have the student tested (at the cost of the student) and may result in the dismissal of the student from the program.
Use of alcohol or illegal substances while on school grounds, lab and clinical locations, hospital property, or any academic or clinical assignments or scheduled events.
Unable to pass a background check or a random drug screen if required for the program, or suspicion of use of illegal substances while enrolled in the EMS/Paramedicine program.
Leaving any classroom, lab assignment area, or clinical site without gaining the permission of the Clinical Instructor/Preceptor, or either the Clinical Coordinator or Program Director in the absence of the assigned program official.
Theft of First Care Education Center, LLC., Hospital Clinical Site, EMS Clinical Site or any other clinical site’s property.
Theft of any patient, student, clinical site employee or anyone’s property that is not deemed yours.
Willful destruction of First Care Education Center, LLC., Hospital Clinical Site, EMS Clinical Site or any other clinical site’s property or any individual’s property while representing First Care Education Center, LLC..
Conviction of a felony.
Arrest and conviction with illegal use, possession or distribution of illegal substances.
Willful insubordination to include refusal to perform a reasonable assigned task or obey instructions as directed by clinical instructor/preceptor.
Negligence or deliberate oral or physical abuse in relation to care and treatment of patients, interaction with family members, guest, students or employees.



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Breach of confidential information.	
Falsification of any official Columbus Technical College, other College's, hospital or clinical site or lab records. (This is not limited to but to include college records, hospital records, patient care reports, lab skill sheets or any other documentation required within the EMS/Paramedicine program.	
Immoral or lewd conduct in the classroom, on Columbus Technical College's campus, at Clinical or Hospital sites, property, or any scheduled events while representing Columbus Technical College.	
Possession of firearms or weapons on school, hospital or clinical sites where it is against policies of that organization to have a firearm in possession.	
Smoking on First Care Education Center, LLC. grounds other than approved smoking areas, Hospital and EMS clinical locations (Even in one's car).	
I understand that the violations of the following rules are considered in a range of less serious to more serious in nature. However, depending on the severity of the offense or multiple offenses, the progressive discipline process may be omitted and suspension or termination from the EMS program may be immediate. The range of discipline for the following will be written documentation reprimand, suspension and/or dismissal.	
Consistent failure to report for class, lab sessions or scheduled clinical rotations on time as scheduled.	
Failure to report illness to school the directly effects the students attendance, clinical/lab performance, or safety of faculty, staff, student, or patients.	
Failure to report to a clinical assignment without prior notice to Instructors or Staff.	
Multiple excessive absences.	
Excessive tardiness (over 3 times per class session). Tardy as defined as entering the classroom beyond scheduled duty time or start of class/lab/clinical rotation must be advised of tardiness in a minimum of 30 minutes prior to arrival (clinical tardiness is evaluated on and individual basis).	
Sleeping in class, labs or at clinical sites.	
Continued late completion and/or submission of academic and/or clinical assignments.	
Loitering in non-assigned areas at any clinical assignment.	
Eating, drinking, and chewing gum in non-designated areas.	
Horseplay or any intentionally unsafe actions and unprofessional conduct or behavior in and around the classroom, labs, patient care areas or at clinical rotation sites.	
Use or excessive use of hospital or clinical site telephones, computers, or equipment for personal calls or personal use.	
Inappropriate reporting to a clinical site or academic assignment: <ul style="list-style-type: none"> - If in improper attire, appearance or in breach of the grooming policy, the student will be requested to leave the premises or clinical site. - Attire and presentation are to include but not limited to uniforms, shoes, lab coats, hosiery, hair, fingernails, jewelry, and all other areas described in the grooming policy in the Columbus Technical College and EMS Paramedicine Program's Student Hand Book. 	
Continued violation of dress code policy will result in dismissal.	
Continued documented unsatisfactory attitude or unprofessional behavior will result in dismissal.	
Signature of Student	Date
Printed Name of Student	
Signature of Instructor or Program Director	Date
Printed Name of Instructor or Program Director	



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Appendix B: EMS Program Affiliated Web Links

First Care Education Center, LLC.

www.firstcareed.com

National Registry of EMTs

www.NREMT.org

GA State Office of EMS and Trauma

<https://dph.georgia.gov/locations/state-office-ems-and-trauma>

GA SOEMST License Management System

<https://www.mygemsis.org/lms/public/portal#/login>



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Appendix C: EMS Program Writing Assignments Grading Rubric

Below is the grading rubric for Writing Assignments. This is a subjective/Objective means of grading. Content should be relative and direct to the subject matter. Complete documentation is required for each writing assignment. Be original and complete each area of the assignment.

Rubric Detail				
Criteria	Levels of Achievement			
	Novice	Competent	Proficient	Excels
Content Weight 25.00 %	0.00 to 25.00 % Content does not reflect demands of the assignment.	25.01 to 50.00 % Content shows a general relationship to ideas in the assignment.	50.01 to 75.00 % Content conveys ideas in the assignment but needs more elaboration.	75.01 to 100.00 % Content is relative to assignment with minimal need for elaboration.
Organization Weight 25.00 %	0.00 to 25.00 % Content needs more organization; ideas are not structured in a flowing manner to relay content.	25.01 to 50.00 % Content is organized to relay ideas from assignment but tends to vary from flow of document.	50.01 to 75.00 % Content is organized but may lack a fluid pattern to convey ideas from the assignment.	75.01 to 100.00 % Content is organized and follows in a structural flow to convey ideas related to the assignment.
Grammar Weight 25.00 %	0.00 to 25.00 % Grammar within the document needs improvement in relation to content. More than 10 grammar corrections	25.01 to 50.00 % Grammar within the document needs improvement in relation to content. 8 to 10 grammar corrections	50.01 to 75.00 % Grammar within the document shows a relation to content. 6 to 8 grammar corrections	75.01 to 100.00 % Grammar within the document shows direct relation to content. Less than 5 grammar corrections
Spelling Errors Weight 25.00 %	0.00 to 25.00 % Greater than 10 spelling errors in the document.	25.01 to 50.00 % 8 to 10 Spelling Errors in document	50.01 to 75.00 % 6 to 8 Spelling Errors in document	75.01 to 100.00 % Less than 5 spelling errors



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Appendix D: EMS Program Clinical Courses Grading Rubric

EMS Clinical Experience Grading Rubric				
Grades are subjective by incidence as evaluated by the clinical coordinator, lead instructor and/or program director. Students are graded on a standard in each area up to 100%. Each Row reflects the highest point percentile in that column and may fall between that percent or the next columns highest score. EX: Row 1 may be 75 to 100 in column one, 50 to 75 from standards in column two, 0 to 50 from standards in column three. Any events that are reflected for rows that are graded in column four must be reviewed by the clinical coordinator, instructor and/or program director.				
Rubric Details	Levels of Achievement			
Criteria	75.00 % to 100.00 %	50.00 % to 74.99 %	25.00 % to 49.99 %	0.00 % to 24.99 %
Clinical Attendance Weight 20%	Student met these requirements by attending every clinical assignment, other than excused rescheduling of clinical time. Student arrived promptly at clinical site and remained on site as directed by administration, department or preceptor.	Student Arrived Late or Missed up to three clinical site assignments. ALL clinical site absences or late arrivals were notified in advanced and considered excused.	Student Arrived late at clinical site without informing preceptor or administration up to two events. Student failed to show at clinical site and notified administration, department or preceptor after scheduled time.	Student failed to arrive at clinical site as scheduled or was late to site without any previous notice on two or more scheduled clinical times.
Clinical Documentation Weight 20%	All clinical documentation was completed and current. Student documented by accepted clinical documentation method and was corrected if needed by preceptor, evaluator or Clinical Coordinator on content and reviewed by preceptor or evaluator prior to submitting to Clinical Coordinator.	Clinical documentation was completed and turned in on time. Clinical documentation was reviewed, and errors were corrected by preceptor, evaluator or Clinical Coordinator. Student did not meet standard for completed clinical assignments on content correction.	Student completed all clinical documentation required. Student failed to meet content standards by utilizing approved format. Reports consistently fail to contain pertinent information to patient's illness or injury, treatments required and outcomes.	Student failed to turn in assigned clinical documentation. Students' documentation was incomplete or inconsistent with format required for pre-hospital clinical documentation.
Clinical Performance Skills Weight 20%	Student was actively involved in patient care and performed skills proficiently with the guidance of the preceptor.	Student did not participate in all skills within their scope of practice as directed by preceptor and was remediated successfully to evaluated skill proficiency.	Student consistently needs prompting to perform skills within scope of practice. Frequent remediation needed on skills performance.	Student unable to perform skills without repeated remediation or unable to meet skills requirements within scope of practice.



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EMS Clinical Experience Grading Rubric

Grades are subjective by incidence as evaluated by the clinical coordinator, lead instructor and/or program director. Students are graded on a standard in each area up to 100%. Each Row reflects the highest point percentile in that column and may fall between that percent or the next columns highest score. EX: Row 1 may be 75 to 100 in column one, 50 to 75 from standards in column two, 0 to 50 from standards in column three. Any events that are reflected for rows that are graded in column four must be reviewed by the clinical coordinator, instructor and/or program director.

Rubric Details	Levels of Achievement			
Criteria	75.00 % to 100.00 %	50.00 % to 74.99 %	25.00 % to 49.99 %	0.00 % to 24.99 %
Clinical Performance Ethics Weight: 20%	Student demonstrated consistent positive interaction with other members of crew, patients and patient's family/caregivers. Attitude is reflective of a professional member of the EMS team.	Student must be corrected at any time on attitude towards crew, department employees, CTC administration and instructors, patients, or Family/caregivers.	Student on more than on occasion student must be redirected on attitude towards crew, department employees, CTC administration and instructors, patients, or Family/caregivers.	Student consistently needs redirection on attitude towards crew, department employees, CTC administration and instructors, patients, or family/caregivers.
Clinical Appearance Weight: 20%	Student consistently arrives on time in complete uniform with all equipment in a professional manner consistent with the EMS profession.	Student has one incident and is redirected on arrival time in complete uniform with all equipment in a professional manner consistent with the EMS profession.	Student has more than one incident and is redirected on arrival time in complete uniform with all equipment in a professional manner consistent with the EMS profession.	Student is consistently redirected on arrival time in complete uniform with all equipment in a professional manner consistent with the EMS profession.



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Appendix E: Program Progression and Successful Completion of EMS Programs

Students must maintain a greater than 2.0 cumulative overall GPA and must pass each program class in sequence (unless otherwise scheduled) with a grade of 70% cumulative or greater to pass each course within the EMS / Paramedicine Program.

Successful completion of EMS program courses with a minimum cumulative score of 70% is required for the student to continue to progress to subsequent EMS courses and Graduation from the EMS Programs.

Students are required to maintain a minimum overall GPA of 2.0 while enrolled in the EMS program. Any student falling below an overall GPA of 2.0 during enrollment in the EMS program will be dropped from the program.

It is imperative that students demonstrate mastery of the material to the established minimum criteria before being allowed to advance to additional material/skills within the program.

Unsatisfactory Progress

Students who display and/or are demonstrating unsatisfactory progress in one or more of the cognitive, affective, and psychomotor learning domains shall be required to participate in a conference(s) and/or may be placed on academic warning, probation, academic suspension and/or administratively withdrawal from the course(s) or program.

- ◆ Conference: A conference will be held for failure to transfer classroom knowledge to the patient care setting, adhere to healthcare facility policy, or follow generally accepted rules of personal cleanliness, professional ethics, and judgment at the expected level. An instructor will confer with the student and discuss the reasons for, and means of, correcting the cause for the conference. If satisfactory progress is not made following the issuance of conference reports, the student will be required to meet with the program director.

I, _____, as a student in First Care Education
(Student's Printed Name)

Center, LLC. EMS Program, sign in agreement and understand of my requirements and responsibilities related to academic, lab, and clinical expectations. I will adhere to these requirements set forth by the First Care Education Center's EMS Program.

Student's Signature:

Date:

Instructor's Signature:

Date:



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APPENDIX F: Student Registration Packet Information

First Care Education Center, LLC. Student Registration Information		
Please Print Legibly:		
First Name	MI	Last Name
ADDRESS		
CITY	STATE	ZIP
DATE OF BIRTH (MM/DD/YEAR)	HOME PHONE	CELL PHONE
PRIMARY EMAIL ADDRESS		
EDUCATIONAL PROGRAM THAT I AM ENROLLING IN (PLEASE CHECK THE CORRECT BOX):		
<input type="checkbox"/> EMERGENCY MEDICAL RESPONDER <input type="checkbox"/> EMERGENCY MEDICAL TECHNICIAN <input type="checkbox"/> ADVANCED EMERGENCY MEDICAL TECHNICIAN		
THE FOLLOWING STATEMENTS MUST BE ANSWERED HONESTLY PRIOR TO REGISTRATION IN THIS CLASS. If you answer yes to questions one through fifteen, provide a detailed explanation on the attachment to this form. The information must be legible. Answer "NO" if pardoned or if the conviction has been expunged, sealed, or set aside.		
Yes	No	STATEMENT
		1. Have you been treated for alcoholism in the past ten years or ever been involuntarily committed as an alcoholic?
		2. Have you had two or more alcohol-related convictions within the past ten years?
		3. Have you ever been convicted of perjury?
		4. Are you currently the subject of either a criminal or civil restraining order?
		5. Are you under indictment or information in any court for felony, or any other crime, for which the judge could imprison you for more than one year?
		6. Have you been convicted in any court of a felony, or attempt or conspiracy to commit a felony or any other crime for which the judge could have imprisoned you for more than one year, even if you received a shorter sentence including probation?
		7. Are you an unlawful user of, or addicted to, marijuana, or any depressant, stimulant, or narcotic drug, or any other controlled substance?
		8. Have you ever been convicted for any crime of domestic violence or violence against any other individuals?
		9. Are you a fugitive from justice?
		10. Are you a current citizen or registered citizen of the United States of America?
By signing below, you attest that all of the information on this form is correct.		
Signature of Student		Date:



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First Care Education Center, LLC. Student Registration Information

Please Print Legibly:

First Name	MI	Last Name
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On this attachment, please leave a detailed information statement for all "Yes" answers found on the First Care Education Center, LLC. Student Registration Form.



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FIRST CARE EDUCATION CENTER, LLC. EMS Student Acknowledgement and Understanding
I understand that these are my responsibilities in participation of the EMS program of which I am enrolled:
I understand that this course is a lot of work. I must keep up with the work in order to reach my goal because the end result of my work is worth it.
I understand that I must read the appropriate chapter and complete ANY study questions before every lecture.
I understand that “I don’t have time” is not a valid excuse.
I understand that I may have to put certain portions of my personal life on hold during this course of study.
I understand that the instructors have a personal life, are not my “buddies” on any social networking sites and I will not send the instructors “friend” request.
I understand that failure to turn in required paperwork, documents and forms in a timely manner will result in a delay in taking further part in the EMS program, until paperwork, documents and forms are turned in.
I understand that I must bring my textbook and note taking supplies to every class session.
I understand that <u>I and only I</u> am responsible for my actions or inactions. Blaming others will not make my situation any better.
I understand that if I decide this class is not for me, I must take the responsibility to withdraw from the class.
I understand that I must contact the instructor if I am unable to make class for any reason. Failure to do so will result in an unexcused absence and may result in me being removed from the class.
I understand that on each assignment I have an “A” and must earn and “F”.
I understand that the following violations of policies and expectations may lead to disciplinary actions or even expulsion from the EMS program of which I am enrolled.
Fraudulent completion of classroom/lab/clinical assignments to include falsification of classroom work, patient care reports, and/or lab/skills/clinical/intern documentation.
Failure to complete and/or submit academic, skills, lab, clinical or intern documentation.
Consistently sleeping while in class, labs and/or while at clinical sites.
Cheating on academic examinations, test and quizzes.
Reporting to class, labs, or clinical sites under the suspected influence of alcohol or illegal substances. Reporting to class, labs, or clinical sites in the possession of alcohol or any illegal substance. The right of the clinical coordinator and/or program director dictates that they may intervene, have the student tested (at the cost of the student) and may result in the dismissal of the student from the program.
Use of alcohol or illegal substances while on school grounds, lab and clinical locations, hospital property, or any academic or clinical assignments or scheduled events.
Unable to pass a background check or a random drug screen if required for the program, or suspicion of use of illegal substances while enrolled in the EMS/Paramedicine program.
Leaving any classroom, lab assignment area, or clinical site without gaining the permission of the Clinical Instructor/Preceptor, or either the Clinical Coordinator or Program Director in the absence of the assigned program official.
Theft of First Care Education Center, LLC., Hospital Clinical Site, EMS Clinical Site or any other clinical site’s property.
Theft of any patient, student, clinical site employee or anyone’s property that is not deemed yours.
Willful destruction of First Care Education Center, LLC., Hospital Clinical Site, EMS Clinical Site or any other clinical site’s property or any individual’s property while representing First Care Education Center, LLC..
Conviction of a felony.
Arrest and conviction with illegal use, possession or distribution of illegal substances.
Willful insubordination to include refusal to perform a reasonable assigned task or obey instructions as directed by clinical instructor/preceptor.
Negligence or deliberate oral or physical abuse in relation to care and treatment of patients, interaction with family members, guest, students or employees.



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Breach of confidential information.	
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Immoral or lewd conduct in the classroom, on Columbus Technical College's campus, at Clinical or Hospital sites, property, or any scheduled events while representing Columbus Technical College.	
Possession of firearms or weapons on school, hospital or clinical sites where it is against policies of that organization to have a firearm in possession.	
Smoking on First Care Education Center, LLC. grounds other than approved smoking areas, Hospital and EMS clinical locations (Even in one's car).	
I understand that the violations of the following rules are considered in a range of less serious to more serious in nature. However, depending on the severity of the offense or multiple offenses, the progressive discipline process may be omitted and suspension or termination from the EMS program may be immediate. The range of discipline for the following will be written documentation reprimand, suspension and/or dismissal.	
Consistent failure to report for class, lab sessions or scheduled clinical rotations on time as scheduled.	
Failure to report illness to school the directly effects the students attendance, clinical/lab performance, or safety of faculty, staff, student, or patients.	
Failure to report to a clinical assignment without prior notice to Instructors or Staff.	
Multiple excessive absences.	
Excessive tardiness (over 3 times per class session). Tardy as defined as entering the classroom beyond scheduled duty time or start of class/lab/clinical rotation must be advised of tardiness in a minimum of 30 minutes prior to arrival (clinical tardiness is evaluated on and individual basis).	
Sleeping in class, labs or at clinical sites.	
Continued late completion and/or submission of academic and/or clinical assignments.	
Loitering in non-assigned areas at any clinical assignment.	
Eating, drinking, and chewing gum in non-designated areas.	
Horseplay or any intentionally unsafe actions and unprofessional conduct or behavior in and around the classroom, labs, patient care areas or at clinical rotation sites.	
Use or excessive use of hospital or clinical site telephones, computers, or equipment for personal calls or personal use.	
Inappropriate reporting to a clinical site or academic assignment: <ul style="list-style-type: none"> - If in improper attire, appearance or in breach of the grooming policy, the student will be requested to leave the premises or clinical site. - Attire and presentation are to include but not limited to uniforms, shoes, lab coats, hosiery, hair, fingernails, jewelry, and all other areas described in the grooming policy in the Columbus Technical College and EMS Paramedicine Program's Student Hand Book. 	
Continued violation of dress code policy will result in dismissal.	
Continued documented unsatisfactory attitude or unprofessional behavior will result in dismissal.	
Signature of Student	Date
Printed Name of Student	
Signature of Instructor or Program Director	Date
Printed Name of Instructor or Program Director	



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Program Progression and Successful Completion of EMS Programs

Students must maintain a greater than 2.0 cumulative overall GPA and must pass each program class in sequence (unless otherwise scheduled) with a grade of 70% cumulative or greater to pass each course within the EMS / Paramedicine Program.

Successful completion of EMS program courses with a minimum cumulative score of 70% is required for the student to continue to progress to subsequent EMS courses and Graduation from the EMS Programs.

Students are required to maintain a minimum overall GPA of 2.0 while enrolled in the EMS program. Any student falling below an overall GPA of 2.0 during enrollment in the EMS program will be dropped from the program.

It is imperative that students demonstrate mastery of the material to the established minimum criteria before being allowed to advance to additional material/skills within the program.

Unsatisfactory Progress

Students who display and/or are demonstrating unsatisfactory progress in one or more of the cognitive, affective, and psychomotor learning domains shall be required to participate in a conference(s) and/or may be placed on academic warning, probation, academic suspension and/or administratively withdrawal from the course(s) or program.

- ◆ Conference: A conference will be held for failure to transfer classroom knowledge to the patient care setting, adhere to healthcare facility policy, or follow generally accepted rules of personal cleanliness, professional ethics, and judgment at the expected level. An instructor will confer with the student and discuss the reasons for, and means of, correcting the cause for the conference. If satisfactory progress is not made following the issuance of conference reports, the student will be required to meet with the program director.

I, _____, as a student in First Care Education
(Student's Printed Name)

Center, LLC. EMS Program, sign in agreement and understand of my requirements and responsibilities related to academic, lab, and clinical expectations. I will adhere to these requirements set forth by the First Care Education Center's EMS Program.

Student's Signature:

Date:

Instructor's Signature:

Date:



FIRST CARE EDUCATION CENTER, LLC.

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Registration and Student Clinical Handbook Acknowledgement Form

I have read, reviewed, and understood the contents of the First Care Education Center, LLC.'s Student Handbook. I agree to follow all policies, procedures, and/or program requirements outlined in the student handbook. I understand that failure to do so may result in disciplinary action and may also result in dismissal from the First Care Education Center, LLC., Program for which I am enrolled.

I have read and reviewed all registration documentation and have answered honestly to all questions asked. I understand my role as a student in this program.

You must acknowledge this to continue in participation of the EMS program.

Student Printed Name: _____ Date _____

Student Signature: _____ Date _____

Instructor Signature: _____ Date _____

Instructor Printed Name: _____ Date _____



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APPENDIX G: FULL DISCLOSURE AND ACCOUNTABILITY STATEMENT

First Care Education Center, LLC. is an independent educational body. All information contained within this student handbook is designed to work in conjunction with other institutions who are affiliated with First Care Education Center. All incidences that may occur in the education process cannot be predetermined. Many incidences will have to be addressed on an individual basis.

First Care Education Center, LLC. Program Director, Medical Director, Clinical Coordinator, Staff, and affiliated organizations are not responsible for the actions of the individual.

This document is a dynamic body, addendums and amendments may be made to this document throughout its existence. It is the responsibility of all parties to keep informed of all updates.