

# **WAEMS EDUCATION PROGRAM**

## **WAYLAND EMS EDUCATION PROGRAM**



### **STUDENT HANDBOOK, POLICIES AND SYLLABUS**

# WAEMS EDUCATION PROGRAM

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# **WAEMS EDUCATION PROGRAM**

Wayland Area Emergency Medical Services is an Initial Education facility, licensed by the State of Michigan, Approval # S-14-0290; Sponsor # 0290.

Programs of Medical First Responder, EMT Basic and EMT Specialist have been approved to be taught by WAEMS by Michigan Department of Health and Human Services.

Program and clinical requirements meet or exceed minimum state guidelines for types of facilities and objectives, or hours.

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## ADMISSIONS POLICY:

Students math and reading requirements need be at a Junior/Senior High School level.

Students must turn 18 by the end of the program before they can submit an application for testing to National Registry.

Students must have proof of updated immunizations, TB tests and Hepatitis vaccinations (or titer waiver) and provide documentation.

Students must complete, submit forms and pass Criminal History background check. Students should be aware that a criminal history may affect their ability to obtain a State of Michigan license.

Students must also have a current driver's license and auto insurance. Current copies of each must be provided.

These are requirements to attend class and documentation must be submitted by the end of the **second week**. Students may be asked to leave the classroom if the above documents are not submitted and will be allowed to return at the next class if they provide the information at that time. \*

\*Some exceptions may apply.

On acceptance to course, either prior to or at the first session of the class, the student will receive Michigan Department of Health and Human Services Objectives (Michigan EMR objectives), Program Requirements, Student Handbook, Syllabus and all textbooks required of the course.

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## POST ADMISSION POLICY:

**Class fees** include MDCH Objectives and all textbooks required for the course.

Additional reading lists and workbooks may be suggested to students for increased understanding of the course materials.

Class fees must be paid in full or satisfactory arrangements made to receive certification.

**Successful Completion:** Upon successful completion of the course, the student will receive certificate of completion and the National Registry application form to take the National Registry exam. National Registry application fees are the responsibility of the student

Procedures to apply to the State of Michigan and application packet will be explained and given to student.

**Course Evaluations:** Students play an integral role through their participation in the evaluation of the faculty through the Faculty Course Evaluation process during point(s) of the course. Students are strongly encouraged to participate in the process with constructive feedback that is relevant to teaching and course content. Evaluations will be reviewed by the Program Sponsor Representative (and, as needed, Advisory Committee) for purposes

- share our vision of an appropriate learning environment with students;
- give students an (anonymous) voice about their learning experiences;
- provide meaningful feedback to faculty to help guide them in setting professional development goals;
- identify possible “course level” areas of concern (e.g., instructor’s expectations of students’ technological competence in various courses);
- measure presentation of course level learning outcomes

**End of Course Evaluations:** Students will complete a course evaluation. Course Evaluations will be reviewed by the Program Sponsor Representative and Advisory Committee

Course evaluations are used to improve the quality of teaching and learning through feedback. Responses to the course evaluations provide information on students' perceptions of their engagement, learning outcomes, the instructor's behavior and course activities. This feedback will help guide changes in future iterations of the course and/or the instructor's teaching.

- make appropriate decisions about course and program level modifications;
- evaluate strengths and weaknesses of various instructional delivery modes, including the intersection of content and mode of delivery;
- measure program level and general education learning outcomes

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## ATTENDANCE POLICY

**Class Attendance** is required. Students must attend all class sessions, labs and rotations. To be in compliance, the student must adhere to the following rules:

- MFR, EMT Basic Matriculation & EMT Specialist courses: more than 3 absences will prevent the student from successfully completing the course (student will fail).
- EMT Basic course: more than 5 absences will prevent the student from successfully completing the course (student will fail).

### **Tardiness/Leave early**

Tardiness/Leaving early is disruptive and disrespectful to all concerned. As such, the following is effective for the EMS program.

Tardiness is defined as arriving after the scheduled beginning of the class. Leaving early is defined as leaving the class prior to instructor dismissal. Students who are tardy/leave early 10 times during the course (a tardy/leave early will count as a half absence) will prohibit a student from successfully completing any EMS course (**student will fail**).

### **Cancellation of Class:**

Students will provide a valid e-mail, text, cellular or phone number for the purpose of contact should inclement weather or other emergency require the cancellation of class.

If the student is unable to provide contact information, it will be the student's responsibility to contact the business office or instructor to ascertain status of the pending session.

Should circumstances occur requiring the cancellation of the pending session, it is the Lead Instructor's (unless otherwise designated by Program Course Coordinator) responsibility to generate communication to the students reference status of class.

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## ACADEMIC GUIDANCE POLICY

During the course of the program, students will be evaluated for practical skills and given written critiques on progress and performance. Students will also be observed for affective (attitude/emotions/behavior) skills. Students will be informed by the lead instructor as to their progress during an individual, scheduled conference.

Conferences are scheduled prior to final exam and at any time the student's grade or performance falls below an acceptable level. If the instructor feels the student is not at a satisfactory level in either didactic, practical, or affective skills, the student will be given suggestions on how to improve. If a problem arises or continues, the student will be given a written evaluation.

**DIDATIC:** Students are expected to maintain a didactic grade of  $\geq 80\%$ , in order to be legible for the Final Written Exam. This will be accomplished through a series of written tests.

Each Level of Certification program (MFR, EMTB, EMTS) encompass seven sections:

- Preparatory
- Patient Assessment
- Airway
- Medical / Cardiac
- Trauma
- Special Population Groups (i.e. Pediatrics / Geriatrics, etc.)
- EMS Operations

In order to continue advancing through the course, each section needs to be completed/passed at 80%.

**PSYCHOMOTOR:** Students must pass psychomotor tests. The Psychomotor tests are based on current DOT Curriculum and National Registry Psychomotor tests.

**AFFECTIVE:** Formative and summative tests will be used. Formative testing needs to be considered since we are looking at ongoing attitude and beliefs, with summative evaluation as a means to ensure students have obtained the levels of competency we expect (e.g. professionalism). Affective tests (Professional Behavior Evaluations) are administered periodically through the course. There are eleven sections that are graded “competent” or “not yet competent”. If the student is evaluated as “not yet competent”, the Faculty/Instructor and student will meet to discuss behaviors and corrective actions. If the student continues to

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receive “not yet competent” they will not be eligible to take the Final Didactic Exam. If the student Fails the Final Summative Affective Exam, they will not be eligible to take the Final Didactic Exam.

In Summary, in order to be eligible for the Final Exams, student must:

- pass all Didactic sections of course with  $\geq 80\%$
- pass all Psychomotor tests
- pass (“competent”) Professional Behavior Evaluations

Student then must pass Affective Summary Exam and Final Didactic Exam to be eligible to take the Psychomotor Final Exam.



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## PROFESSIONAL BEHAVIOR EVALUATION

Student's Name: \_\_\_\_\_

Date of evaluation: \_\_\_\_\_

**1. INTEGRITY**                      **Satisfactory { }**    **Needs Improvement { }**    **Unsatisfactory { }**

Examples of professional behavior include, but are not limited to: Consistent honesty; being able to be trusted with the property of others; can be trusted with confidential information; complete and accurate documentation of patient care and learning activities.

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**2. EMPATHY**                      **Satisfactory { }**    **Needs Improvement { }**    **Unsatisfactory { }**

Examples of professional behavior include, but are not limited to: Showing compassion for others; responding appropriately to the emotional response of patients and family members; demonstrating respect for others; demonstrating a calm, compassionate, and helpful demeanor toward those in need; being supportive and reassuring to others.

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**3. SELF - MOTIVATION**                      **Satisfactory { }**    **Needs Improvement { }**    **Unsatisfactory { }**

Examples of professional behavior include, but are not limited to: Taking initiative to complete assignments; taking initiative to improve and/or correct behavior; taking on and following through on tasks without constant supervision; showing enthusiasm for learning and improvement; consistently striving for excellence in all aspects of patient care and professional activities; accepting constructive feedback in a positive manner; taking advantage of learning opportunities

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**4. APPEARANCE AND PERSONAL HYGIENE** **Satisfactory { }**    **Needs Improvement { }**    **Unsatisfactory { }**

Examples of professional behavior include, but are not limited to: Clothing and uniform is appropriate, neat, clean and well maintained; good personal hygiene and grooming.

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**5. SELF – CONFIDENCE**                      **Satisfactory { }**    **Needs Improvement { }**    **Unsatisfactory { }**

Examples of professional behavior include, but are not limited to: Demonstrating the ability to trust personal judgment; demonstrating an awareness of strengths and limitations; exercises good personal judgment.

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**6. COMMUNICATIONS** **Satisfactory { }**    **Needs Improvement { }**    **Unsatisfactory { }**

Examples of professional behavior include, but are not limited to: Speaking clearly; writing legibly; listening actively; adjusting communication strategies to various situations

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**7. TIME MANAGEMENT** **Satisfactory { }**    **Needs Improvement { }**    **Unsatisfactory { }**

Examples of professional behavior include, but are not limited to: Consistent punctuality; completing tasks and assignments on time.

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**8. TEAMWORK AND**

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**DIPLOMACY**      **Satisfactory { }**    **Needs Improvement { }**    **Unsatisfactory { }**    Examples of professional behavior include, but are not limited to: 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.

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**9. RESPECT**      **Satisfactory { }**    **Needs Improvement { }**    **Unsatisfactory { }**  
Examples of professional behavior include, but are not limited to: Being polite to others; not using derogatory or demeaning terms; behaving in a manner that brings credit to the profession.

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**10. PATIENT ADVOCACY** **Satisfactory { }**    **Needs Improvement { }**    **Unsatisfactory { }**    Examples of professional behavior include, but are not limited to: Not allowing personal bias to or feelings to interfere with patient care; placing the needs of patients above self interest; protecting and respecting patient confidentiality and dignity.

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**11. CAREFUL DELIVERY OF SERVICE**      **Satisfactory { }**    **Needs Improvement { }**    **Unsatisfactory { }**  
Examples of professional behavior include, but are not limited to: Mastering and refreshing skills; performing complete equipment checks; demonstrating careful and safe ambulance operations; following policies, procedures, and protocols; following orders.

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Use the space below to explain any "not yet competent" ratings. When possible, use specific behaviors and corrective actions.

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Faculty Signature

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Printed Name

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## Affective Behavior Evaluation

Student: \_\_\_\_\_ Level: \_\_\_\_\_

0. Ambulance Ride-Along Evaluation score :	5	4	3	2	1
1. Ambulance Ride-Along Evaluation score:	5	4	3	2	1
2. Hospital evaluation score:	5	4	3	2	1
4. Hospital evaluation score:	5	4	3	2	1
5. Hospital evaluation score:	5	4	3	2	1
6. Professional Development evaluation score:	5	4	3	2	1
7. Professional Development evaluation score:	5	4	3	2	1
8. Professional Development evaluation score:	5	4	3	2	1

Total average score=\_\_\_\_\_

Signed:

Printed name \_\_\_\_\_

\_\_\_\_\_  
Instructor Coordinator

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Date: \_\_\_\_\_

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### ***WAEMS Policy for Evaluating Tests (Exams) - Didactic, Practical and Affective and Test (Exams) Administration***

Test/Exams (Final or otherwise) will be derived using the most up-to-date Test Banks provided with purchase of the approved Instructor Book. The test questions may not be limited to course textbook, but may also be from test banks within similar current updated course textbooks pertaining to the same information presented. Practical skill tests/exams will utilize the updated National Registry Skill Sheets.

Test questions may be evaluated using any method taught in an approved text book used in IC Programs in the state of Michigan.

Evaluation of Practical skills testing must and will take place when random testing proves a student or students will fail at a practical skill after a practical skill has been checked off as "clinical ready."

Formative and summative tests will be used. Formative testing needs to be considered since we are looking at ongoing attitude and beliefs, with summative evaluation as a means to ensure students have obtained the levels of competency we expect (e.g. professionalism).

Summative test questions must be evaluated in total. The required response may be slightly different for each student however; the answers should reflect a consensus in attitude. In other words, the student should know the proper attitude and be able to reflect it in a professional manner if taught proper procedure. Therefore, the answers to affective questions should be very similar. If a larger percentage of students answer incorrectly, the questions may have been poorly written and difficult to understand.

Documentation of these evaluations along with new test questions will be on file. A copy of the old test will be included with the evaluation.

## **WAEMS EDUCATION PROGRAM POLICY ON STUDENT DOCUMENTATION**

Student files shall be updated monthly and protected under the privacy policy located in the WAEMS Education Program Policy Handbook. All records will be stored in a safe place on site for 5 years. All information will be stored in a locked file cabinet. All documentation concerning each student will be stored in that student's file. A student may request a copy of his/her file for a nominal fee. Student files with original documentation will not be allowed off property for any reason. Missing files will be considered stolen and will be reported to authorities as stolen property. Check off lists will be provided for each student to ensure proper and complete documentation.

Copies of all tests and quizzes will be easily accessed as well as each evaluation of those tests. Completed and graded test may be found in the students file. No completed/graded tests will be allowed off from the premises. Practice tests and booklets may be provided to the students at the discretion of the instructor. Practice test books can be found at most book stores.

# **WAEMS EDUCATION PROGRAM POLICY FOR CONFIDENTIALITY OF STUDENT INFORMATION/RECORDS**

## **I. Family Education Rights and Privacy Act of 1974 (FERPA)**

### **A. Introduction**

1. Helps protect the privacy of student records
2. Generally applies to all educational institutions which receive federal funding
3. Provides for the:
  - a. Right to inspect and review education records
  - b. Right to seek to amend those records
  - c. Right to limit disclosure of information from the records
4. Written consent is required prior to disclosure of any personally identifiable information.

### **B. Who is protected?**

1. Students who are currently enrolled or formerly enrolled regardless of age or status in regard to parental dependency.
2. Parents of "dependent" students have access to student records.
3. Deceased students

### **C. What are educational records?**

1. Those records that are directly related to a student and maintained by the institution or by a party acting for the institution.
2. "Records" is defined as "any information regarded in any way, including but not limited to, handwriting, print, film, microfilm."
3. Any records which are shared with or accessible to another individual.

### **D. Exclusions**

1. Sole possession records or private notes which are not accessible or released to other personnel.
2. Law enforcement, campus security records
3. Records pertaining to employment by the institution
4. Records relating to treatment provided by a physician, psychiatrist or other recognized professional and disclosed only to those involved in the treatment. "Treatment" does not include remedial activities such as tutoring.
5. Records which contain information obtained only after the person is no longer a student (i.e. alumni)

### **E. Disclosure**

1. "To permit access to or to release, transfer, or otherwise communicate by any means the contents of education records or personally identifiable data therein to another person, agency, or organization.

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## F. Permissible disclosure

1. Can be made to:
  - a. School personnel
  - b. Instructors who have legitimate educational interests.
  - c. Another school where the student is seeking enrollment
2. Information in connection with a health or safety emergency if that information is needed to protect the health or safety of that student or other persons.

## G. Directory information

1. "Directory information" may be disclosed without violating FERPA
2. Includes:
  - a. Student's name
  - b. Major field of study
  - c. Dates of attendance
  - d. Degree and awards received

## H. Written consent to disclose personally identifiable information

1. Must include:
  - a. Specific records that may be disclosed
  - b. Purpose of the disclosure
  - c. Party or parties to whom disclosure may be made

## I. Personally identifiable information

1. Includes:
  - a. Student's name
  - b. Name of student's parents or other family members
  - c. Student's address or family address
  - d. Social security or student number
  - e. List of personal characteristics

## J. When is consent not required?

1. School officials
2. Schools to which the student is seeking enrollment
3. Federal, state, or local authorities of financial aid or law enforcement
4. Accrediting organizations
5. To parents of dependent child
6. To comply with judicial order or subpoena
7. Health or safety emergency
8. Directory information
9. To the student
10. Results of disciplinary hearing to an alleged victim of a crime of violence



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## **II. State Law Protection of Student Records**

### **A. Michigan Codified Law 600.2165**

1. Prohibits instructors or other professional persons engaged in character building, and who maintain records of student behavior or who have records in their custody from disclosing in any civil or criminal proceedings any information obtained from the records or communications.

### **B. Maintaining student records**

1. State Department of Education requires maintaining records for a minimum of 5 years.
2. Should include: all evaluations, progress records, terminal examinations, final grades and credits awarded, counseling recommendations.

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## **Background Check Policy**

Education of students at Wayland Area EMS requires collaboration between WAEMS and clinical affiliates. Education of these students cannot be complete without a quality clinical education component. WAEMS Education Program shares an obligation with the clinical affiliates to protect the affiliate's patients to the extent reasonably possible from harm. WAEMS Education Program wishes to ensure that the health and safety of students and patients are not compromised and that clinical affiliation agreements exist to provide students with quality clinical education experiences.

In establishing clinical affiliation agreements, healthcare educational programs are contractually obligated to comply with the requirements set forth by clinical affiliates. Student enrolled in health care educational program must conform to the rules, policies and procedures of the clinical affiliate in order to participate in clinical learning experiences. It is therefore the policy of WAEMS Education Program that students enrolling in EMS programs submit to background checks.

## **Guidelines for Background Check On EMS Students**

### **I. Persons to be Tested**

Any student who is accepted into any EMS program at WAEMS will be required to undergo a background check.

### **II. Types of Background Checks**

Students shall received notification of the requirement for the background check prior to admission and upon admission to WAEMS Education program.

The background check may include, but is not limited, to searches, histories, and verifications as indicated below:

- Postive Identification
- Maiden/AKA Search
- Social Security Number Trace: which is a verification of the number provided by the individual was issued by the Social Security Administration and not listed in the files of the deceased. The SSN Trace is also used to locate additional name and addresses.
- Residency History
- Education Verification
- Employment Verification: which may include the reason for separation and eligibility for re-employment with each employer. The last seven years may be searched if the individual is 21 years of age or older.
- Healthcare Employment Verification Network Search
- Nurse Aid Registry
- Professional License/Certification Verification
- Personal Reference/Interviews
- Seven Year Criminal History Search: reveals felony and misdemeanor convictions, and pending criminal cases usually including date, nature of offense, sentencing date, disposition and current status. The seven year criminal background check may occur in current or previous counties of residence and employment through a search of court records. City, State and/or federal records may also be searched. Federal criminal cases may reveal tax evasion, fraud, drug offenses, etc.
- Most Wanted list
- National Criminal Database Search
- Child and Adult abuse/neglect registries
- National Sex Offender predator registry search

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- Misconduct Registry Search
- Office of Inspector General list of excluded individuals/entities: which identifies those individuals who have committed offenses deeming them ineligible to care for patients receiving Medicare, Medicaid or other Federal health care benefits
- Government Suspect / Watch list
- National Healthcare Data Bank Search and Sanction Report
- Fingerprinting and National Criminal Information Center which may reveal National Wants and Warrants
- Applicable State Exclusion list
- Any other Public Record

### **III. Consent**

Students must sign the appropriate consent(s) for a background check at the time of admission to a program. A copy of the signed consent(s) will be maintained in the permanent student record. The student will provide applicable consent(s) to the vendor conducting the background check. If the student is under eighteen (18) years of age, the student's parent or guardian must sign the consent form in addition to the student.

### **IV. Background Check Procedure**

The background checks will be conducted by a college-designated vendor according to program specific deadlines. Background checks or Background check Updates performed by any other vendor or agency will not be accepted.

The student will be responsible for the cost of the background check. Any student failing to pay the fee in effect at the time of the background check by the published deadline and/or refusing to sign the consent form(s) will not undergo a background check and will be prohibited from attending clinical learning experiences. The student in this situation will be dismissed from the program. A grade of "F" will be recorded for the course(s) if the student does not officially withdraw.

If a student is experiencing extenuating circumstances that prohibit completion of the background check by the deadline, they should contact the program director who will determine if the student will be allowed to proceed without the background check. No student will be allowed to attend the clinical experience until the full background check process is completed. Some clinical affiliates may require an additional background check to fulfill requirements above those required by this procedure. If required, the expense of additional background checks will be the responsibility of the student.

### **V. Results**

Results of the background check will be sent to the program director. Designees at the clinical affiliate will be provided with a copy, if requested, of negative results for students assigned to that agency.

The student with a positive background check will be informed of the results by the healthcare program designee and/or background check vendor. The student will be provided with a copy of the background check if the results are positive. No copy will be provided to the student if results are negative. Students with a positive background check will be denied assignment to a clinical facility pending resolution of the background check finding. Students will be advised to contact the background check vendor to dispute any information reported and to clear any findings of the background check.

Background checks which could render a student ineligible to obtain clinical learning experiences include, but are not limited to, certain convictions or criminal charges which could jeopardize the health and safety of patients and sanctions or debarment. Felony or repeated misdemeanor activity within the past seven (7)

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years and Office of the Inspector General violations will normally prohibit the obtainment of clinical learning experiences with clinical affiliate(s). Positive findings on background checks can have licensure implications upon graduation from an EMS program.

Students who are unable to resolve a positive background check will be dismissed from the program. A grade of “F” will be recorded for the course(s) if the student does not officially withdraw. The student will be advised by a program advisor as to their eligibility for program re-entry and the mechanisms for reapplication to the program. Results will be securely filed in the office of the health program. The EMS program designee will have access to the results of the background check. Results of any student’s background screen will be shared only on a need to know basis with the exception of legal, disciplinary or appeal actions which require access to the results.

Any offenses resulting in an arrest which occurs after an initial background check must be reported to the program director within 72 hours of the arrest and a background check update will be necessary for continuation in a health program.

# **WAEMS EDUCATION PROGRAM HEALTH & SAFETY POLICIES**

## **Health/Vaccination Requirements**

Prior to beginning the EMS training program, the student must receive and show proof to WAEMS EDUCATION PROGRAM's Instructor/ Coordinator:

### **Hepatitis B Vaccine series**

#### **Standard Immunizations:**

- a. Measles Vaccine\***
- b. Mumps Vaccine\***
- c. Rubella Vaccine\*\***

\*Born since 1956 must have documentation of two doses on or after 1st birthday or proof of seropositivity

\*\*Must have documentation of vaccination on or after 1st birthday or proof of seropositivity

### **TB Testing**

The student will receive TB testing or chest x-ray from an approved Public Health source and provide proof of testing every year they are enrolled in the EMS program.

### **Seasonal Influenza Vaccinations**

Recommended for the Medical First Responder Program (as appropriate to time of year)

**Mandatory** for the EMT Basic and EMT Specialists programs (as appropriate to time of year)

### **Student Health**

Students are not to attend a clinical site if they are ill and at risk to spreading a contagious illness. If more than one clinical assignment is missed, a doctor's examination and proof of release will be necessary. If any questions regarding health issues arise, contact the WAEMS EDUCATION PROGRAM's Clinical Coordinator.

### **Student Infectious Exposure**

As explained in the Clinical Orientation Program, any student who believes they have received an exposure to an infectious agent should contact their clinical supervisor, their instructor, or the Clinical Coordinator immediately. The documentation of the exposure will be completed on the Exposure Reporting Form. The supervising instructor will assist the student through the process of reporting and follow-up evaluation as needed. Students who are exposed to tuberculosis through patient contact, shall receive a baseline TB test and re-test in 3 months, or as otherwise recommended by physician.

### **Classroom/Clinical Program Safety**

Students must attend the Clinical Orientation Program before participating in any clinical assignment.

Students shall be supervised in all classroom and clinical areas. The student is responsible to determine when they should not participate in an activity that they believe to be a risk to their health or safety.

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Students will participate in the classroom acting as patients and rescuers. Students must understand they will be in close contact with others so cleanliness and good personal hygiene is expected. The instructor reserves the right to dismiss the student from that class for lack of either.

Lifting/Carrying: No student shall be moved on a backboard unless three straps are in place. The instructor shall monitor this process and other students must be available to assist as needed. Students will not be carried out of the classroom without specific permission and supervision from the instructor.

Universal Precautions will be utilized in all classroom and clinical areas as indicated. Students will not be allowed to start IVs or administer medications to each other. Electrical devices will only be used with the close supervision of the instructor.

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## INFECTIOUS EXPOSURE POLICY AND REPORT

### EMS Program Infection Control Policy and Procedure

**Any information obtained or exchanged regarding communicable disease exposures must be handled with strict confidentiality.**

**I. This policy and procedure will be utilized for students, faculty, and ancillary personnel in the practical lab classroom and in all clinical observation/participation settings.**

### **II. Universal Precautions and Body Substance Isolation (BSI) Policy**

**A. Purpose:** To prevent the transmission of all blood borne pathogens that are spread by blood, tears, sweat, saliva, sputum, gastric secretions, urine, feces, CSF, amniotic fluid, semen and breast milk.

**B. Rational:** Since medical history and examination cannot reliably identify all patients infected with HIV, or other blood borne pathogens, blood and body fluid precautions shall be consistently used for **all** patients. This approach, previously recommended by the CDC, shall be used in the care of **all** patients. This is especially important in the emergency care settings in which the risk of blood or body fluids exposure is increased and the infection status of the patient is usually unknown.

1. Universal Precautions/BSI shall be done for **every** patient if contact with their blood or body fluid is possible, regardless of whether a diagnosis is known or not. This includes but is not limited to starting IVS, intubation, suctioning, caring for trauma patients, or assisting with OB/GYN emergencies.

#### **C. Procedures:**

1. **Handwashing** shall be done before and after contact with patients regardless of whether or not gloves were used. Hands contaminated with blood or body fluids shall be washed as soon as possible after the incident.

2. Non-sterile **disposable gloves** shall be worn if contact with blood or body fluids may occur. Gloves shall be changed in-between patients and not used repeatedly.

3. **Outerwear** (Example: Gown, Tyvek suit, turn-out gear) shall be worn if soiling of clothing with blood or body fluids may occur. The protection shall be impervious to blood or body fluids particularly in the chest and arm areas.

4. **Face Protection** (including eye protection) shall be worn if aerosolization of blood or body fluids may occur (examples of when to wear include: suctioning, insertion of endotracheal tubes, patient who is coughing excessively and certain invasive procedures).

5. **Mouth-to-Mouth** resuscitation: CDC recommends that EMS personnel refrain from having direct contact with patients whenever possible, and that adjunctive aids be carried and utilized. These adjunctive aids include pocket masks, face shields or use of BVM.

6. **Contaminated Articles:** Bag all **non-disposable** articles soiled with blood or body fluids. Wear gloves when handling soiled articles. Bloody or soiled non-disposable articles shall be decontaminated prior to being placed back into service. Refer to manufacturer's recommendations for proper cleaning and disinfecting. The items that are not disposable shall be **sterilized** prior to reusing. For example: laryngoscope blades, OPAs, NPAs, Bag-valve-mask units, Magill Forceps, etc. Bloody or soiled **disposable** equipment shall be carefully bagged and discarded.

## **WAEMS EDUCATION PROGRAM**

7. **Linens** soiled with blood or body fluids shall be placed in appropriately marked container.

Gloves shall be worn when handling soiled linens.

8. **Needles and syringes** shall be disposed of in a rigid, puncture-resistant container.

9. **Blood spills** shall be cleaned up promptly with a solution of 5.25% sodium hypochlorite (household bleach), diluted 1: 1 with water or other FDA approved disinfectant. Wear gloves when cleaning up such spills.

10. **Routine cleaning** of equipment shall be done following manufacturer's guidelines and CDC recommendations.

### **D. Respiratory Isolation**

1. In the event of a suspected or confirmed TB patient, an N95 or HEPA mask must be worn, in accordance with MIOSHA regulations. 35

2. Decontamination of equipment after exposure to a patient with a known or suspect respiratory route of transmission shall be carried out following manufacturer's recommendations and CDC guidelines.

### **III. EMS Program Responsibilities**

A. The EMS Program will be responsible for assuring that students/personnel are familiar with infection control policy and procedures, epidemiology, modes of transmission and means of preventing transmission of communicable disease per CDC guidelines and MIOSHA regulations.

B. The EMS Program will assure that students/personnel are supplied with the appropriate personal protective equipment.

C. The EMS program will provide documentation that the student/personnel has received adequate immunizations per CDC Immunization Guidelines for Health Care Workers, or per local Community Health system policy.

### **IV. Student/Personnel Exposure to a Communicable Disease**

#### **A. Definition of a Reportable Exposure**

1. Contaminated Needle or sharp instrument puncture
2. Blood/body fluid splash into mucous membrane including mouth, nose, and eye
3. Blood/body fluid splash into non-intact skin area

#### **B. Student/Personnel Post Exposure Procedure**

1. If skin is punctured with a contaminated needle or sharp instrument or experience a blood/body fluid splash, wash the substance off immediately.
2. Fill out an incident report of injury and notify your supervisor in the clinical or classroom setting. Supervisor shall ensure that the MDCH Request for HIV/HBV Testing Form is completed by the exposed student/personnel and forwarded immediately with notification to the EMS Program Director, or their designee.
3. The EMS Program Director, or their designee will contact the appropriate hospital designee and provide additional follow-up as it is necessary to obtain source testing if necessary.

#### **C. EMS Program Responsibilities upon Notification of a Potential Exposure to Infectious Disease**

1. Verify exposure has occurred with involved student/personnel.
2. Contact appropriate hospital designee to request source testing be done.
3. Notify the hospital Infection Control Nurse of source testing request and forward the MDCH Request for HIV/HBV form to that office.



## **WAEMS EDUCATION PROGRAM**

4. Upon obtaining notification of possible exposure to student/personnel, will assist the hospital in notifying the appropriate personal physician of the involved student/personnel regarding the need for follow up related to the discovery of a communicable disease.

### **D. Hospitals' Responsibilities**

1. Each contracted hospital will designate an infection control practitioner(s) to serve as liaison(s) with the staff of the EMS Program for the purpose of communicating information about infectious patients or potential exposures.
2. Hospitals, upon learning that any patient has an infectious or communicable disease, will check the patient chart to determine if any EMS Program students/personnel were involved with the patient prior to hospitalization. When determined that a student/personnel may have had contact with the patient, the designated individual will notify the EMS Program Director for further follow-up and complete the required MDCH forms.
3. Hospitals, when requested to do so, will obtain lab tests and results on source patients when exposure to a student/personnel has occurred.
  - a. Hospitals will report the results of testing on the "MDCH Request for HIV/HBV Testing Form" and return to the address indicated on the form.
4. Hospitals will notify students/personnel at the time patient care is to be provided, if any infection potential exists with the patient and the precautions necessary.

### **E. Follow-up Care/Counseling**

1. Follow-up care and counseling of exposed student/personnel shall be the responsibility of the person's private physician or occupation health physician if contracted, and shall be carried out without delay upon notification of exposure.

# **WAEMS EDUCATION PROGRAM**

## **GUIDELINES For GENERAL NON-DISCRIMINATION POLICY**

WAEMS EDUCATION PROGRAM does not discriminate on the basis of race, color, sex, national origin, disability, sexual orientation, religion, or age in its educational programs, activities, admission procedures or employment practices as required by Title VI of the Higher Education Amendments, Title IX of the Civil Rights Act, Section 501 of the Rehabilitation Act and the Americans with Disabilities Act of 1990

# **WAEMS EDUCATION PROGRAM**

## **SEXUAL HARASSMENT POLICY**

WAEMS EDUCATION PROGRAM is committed to providing students and faculty with a learning environment which is safe, comfortable, and productive. Sexual harassment in any form will not be tolerated. Sexual harassment is any unwanted sexual attention pressed on an unwilling person by students or faculty.

Sexual harassment is further defined as follows:

1. Sexual relations, sexual contact, or the threat of sexual relations or sexual contact, which is not freely or mutually agreeable to both parties.
2. The continual or repeated verbal abuse of a sexual nature, including but not limited to sexually explicit statements, sexual suggestive objects or picture, propositions of a sexual nature, sexually degrading words used to describe the employee or student.
3. The threat or insinuation that lack of sexual submission will adversely affect the student's grades, advancement, assigned duties, or other conditions that affect the student's status.

If you believe that you are a victim of sexual harassment, deal with the problem immediately by contacting the Program Director at. Each student can have the confidence that all allegations of sexual harassment will be investigated impartially and with discretion. Anyone who is found, after appropriate investigation, to have engaged in sexual harassment of another will be subject to discipline, up to and including dismissal, depending on the circumstances.

# WAEMS EDUCATION PROGRAM

## DISABLED STUDENT POLICY (AMERICANS WITH DISABILITIES ACT OF 1990)

I. Application of the ADA to the Educational Process In 1990, President Bush signed into law the Americans with Disabilities Act of 1990 (ADA). The ADA provides broad protection to the disabled in areas of employment, public accommodations provided by private entities and telecommunications.

A. Applicability Title III of the ADA includes in its definition of public accommodation an "undergraduate" or post-graduate private school or other place of education". In addition, it includes in the definition exams and courses.

B. General prohibitions of discrimination as a general rule, individuals cannot be discriminated against on the basis of a disability in the "full and equal enjoyment of the goods, services, facilities, privileges, advantages or accommodations..."

### II. Duty of Accommodation

#### A. Scope

1. Protection is provided to individuals:

- a. with physical or mental disability
- b. with a history of having such a disability
- c. who are regarded by the public as having a disability

\* A protected disability is a physical or mental impairment that substantially limits a person in some major life activity (i.e., ability to walk, talk, work, see, hear, study, read, learn) "Substantially limited" is based on:

- nature and severity
- duration - or expected duration
- permanent or expected impact

#### 2. Limits to protection

- a. Temporary disabilities: a disability of limited duration with no long term effect (i.e., sprain, infection, pregnancy)
- b. A disability which excludes a candidate from a specialized job or professional requiring extraordinary skill or talent. The individual can still perform various other positions within the scope of training.
- c. Statutory exemptions
  - 1) current illegal drug use (previous use is protected)
  - 2) person with disorders caused by alcohol that impacts job performance
  - 3) pedophiles
  - 4) compulsive gamblers
  - 5) homosexuals, bisexuals, transsexuals, transvestites
  - 6) voyeurs
  - 7) pyromaniacs
  - 8) exhibitionists
  - 9) kleptomaniacs

# WAEMS EDUCATION PROGRAM

## III. Activities that Are Prohibited:

- A. Denial of participation
- B. Participation of unequal benefit
- C. Separate benefit
- D. Opportunity to participate
- E. Administrative methods

\* It is discriminatory to impose or apply eligibility criteria that tend to screen out disabled individuals unless the criteria is shown to be necessary or essential function for the provision of the educational opportunity.

\* It is discriminatory to fail to make reasonable modifications to policies, practices, or procedures, unless you can demonstrate that making such accommodations would fundamentally alter the nature of the educational opportunity.

\* Not obligated to waive, modify program requirements or lower academic requirements which are reasonable and nondiscriminatory.

## IV. Special Considerations for Examinations and Courses In general, examinations and courses must be offered in a place and manner accessible to persons with disabilities.

The specific requirements include:

### A. Modifications

- 1. Must make modifications to a course that ensure that the place and manner in which the course is given is accessible.

### B. Suggested modifications

- 1. Change in length of time permitted to complete the course.
- 2. Substitution of specific requirements
- 3. Change in the manner in which the course is conducted

### C. Provision of auxiliary aids

- 1. Must provide appropriate adjunctive aids and services (specialized voice activated computers, readers, translators, videotaped lectures, prepared notes, large print materials)
- 2. Put the burden of proof back on the student to determine what needs to be provided.

\* Auxiliary aids not required if it would fundamentally alter the measurement of the skills or knowledge the exam is trying to measure.

## V. Defenses to Accommodation

### A. Necessity

- 1. If eligibility criteria is necessary to providing an educational opportunity House Committee on Education and Labor states that: "A public accommodation may...impose rules and criteria that are necessary for the safe operation of its business...Safety criteria, however, must be based on actual risks and not on speculation, stereotypes, or generalizations about disability" .

### B. Fundamental alteration

- 1. A modification that is so significant that it alters the essential nature of the education

# WAEMS EDUCATION PROGRAM

## C. Undue Burden

1. "Significant difficulty or expense". Factors to be considered include:
  - a. the nature and cost of the action needed
  - b. overall financial resources of the institution, the number of students, the effect on expenses, resources, and legitimate safety requirements.

\* In establishing any eligibility criteria which would tend to screen out disabled persons, consider whether those requirements are necessary to providing the education. Are they essential requirements for completion of the program?

## D. Direct threat defense

1. "Significant risk to the health and safety of others that cannot be eliminated by a modification of policy, practice or procedure or by the provision of auxiliary aids or services"
2. Need to determine the:
  - a. nature, duration, and severity of the risk
  - b. probability that the potential injury will actually occur
  - c. whether reasonable modifications will decrease the risk

\* When confronted with a disabled student who poses a direct threat to the health and safety of others, consider the following:

- is the risk so significant that a modification will not eliminate the risk?
- that the determination of "risk" is based on an individualized assessment using reasonable judgment based on objective evidence of medical knowledge.

## VI. Summary

- A. Identify essential functions and standards of course program completion. Make these known prior to the student's entry into the program.
- B. Identify what a disabled person can do, not what he cannot do
- C. When making reasonable accommodations, an institution does not have to waive or modify program requirements or lower academic standards.
- D. Shift the burden of accommodation to the disabled individual. Have him/her identify what special aids will be needed.
- E. Establish a consistent, objective system for individual's assessment of disabled students who demonstrate an inability to effectively perform or succeed.

# **WAEMS EDUCATION PROGRAM**

## **Policy on Drug and Alcohol Testing of Students Enrolled in EMS Programs**

WAEMS supports the concept of a Drug Free Workplace and prohibits the unlawful manufacture, distribution, possession or use of a controlled substance on any property owned, leased, or controlled by the college or during any activity conducted, sponsored, authorized by or on behalf of WAEMS. WAEMS prohibits any form of on-property (or affiliated property of WAEMS) use and/or possession of illegal drugs, drug paraphernalia, or alcoholic beverage by students, which is in direct violation of local, state, and federal law.

Students found to be involved in any of these activities are subject to disciplinary action including program dismissal.

Education of health profession students at WAEMS requires collaboration between the Agency and clinical agencies. Education of these students cannot be complete without a quality clinical education component. WAEMS shares an obligation with the clinical agency to protect, to the extent reasonably possible, the agency's patient due to students who are under the influence of illegal drugs or alcohol while in the clinical agency.

WAEMS wishes to ensure that the health and safety of students and patients are not compromised, and that clinical affiliation agreements exist to provide students with quality clinical education experiences. Therefore, it is the policy of WAEMS Education program that students enrolling in EMS programs submit to drug testing. This testing can be announced or unannounced and will occur upon admission for cause or at random intervals. This policy authorizes drug testing of students who voluntarily choose to enroll in EMS programs at WAEMS. Any student enrolling in EMS program will be required to submit to such testing.

### **GUIDELINES FOR DRUG TESTING OF HEALTH PROFESSION STUDENTS**

#### **I. PERSONS TO BE TESTED**

Any student who is accepted into any EMS program at WAEMS will be required to submit to annual drug testing.

#### **II. TYPES OF TESTS TO BE PERFORMED**

A. Drug testing will occur prior to clinical placement and annually thereafter. Only drug tests conducted by WAEMS-authorized agencies will be accepted. Cost of drug testing will be paid from student fees.

B. In addition to annual drug testing, further testing may be required of the student for reasonable suspicion or at random intervals and may be either announced or unannounced. This testing will be required at the discretion of WAEMS or the clinical agency. Cost of drug testing will be paid from student fees. For the safety and protection of patients, faculty, staff, and students, the EMS program will require a student to submit to a screening for drugs and alcohol, which will be conducted at Student expense when there is reasonable suspicion to believe that a student is abusing substances.

Reasonable suspicion is defined as, but not limited to, the following:

- Observable changes in performance, behavior, appearance, and speech.

## **WAEMS EDUCATION PROGRAM**

- Direct observation by a fellow student, instructor, or other faculty or staff of WAEMS or clinical site of drug and/or alcohol use and/or the physical symptoms or manifestations of being under the influence of a drug and/or alcohol, such as, but not limited to, unusual slurred or rapid speech; noticeable change in appearance and hygiene; impaired physical coordination; inappropriate comments, behaviors, or responses; trembling hands; persistent rhinorrhea; flushed face; red eyes; unsteady gait; declining health; irritability; mood swings; isolation; decreased alertness; and/or pupillary changes.
- Conduct inconsistent with the student's normal behavior, or erratic behavior, absenteeism, tardiness, dishonesty, or fluctuations and/or deterioration in performance.
- A report of drug and/or alcohol use provided by reliable and credible sources which has been independently corroborated.
- Evidence of tampering with a drug and/or alcohol screening which has been verified and substantiated by the administering laboratory.
- Odor of alcohol.
- Possession of illegal or illicit drugs or alcohol.
- Suspected theft of medication.
- Information that the individual has caused or contributed to an alcohol- or drug-related incident/accident.
- Evidence of involvement in the possession, consumption, sale, theft, manufacturing, use, solicitation, or transfer of drugs and/or alcohol while in the educational setting and or any set of facts or conditions that would lead one to reasonably suspect that a student was under the influence of drugs and alcohol.

If a clinical agency staff member, student, or faculty member observes such behavior, it should be immediately reported to the program director/designee in order to immediately assess the situation. Such a report of an observation of this nature should be in writing. The report should be immediately verified by another student, faculty, or staff member. Upon such immediate verification, the student shall be informed of and instructed to leave the educational or clinical setting immediately. Such measures will be taken in such a manner as to ensure the privacy of both the reporting individual and the affected student. However, precautions will be taken to ensure the safety of both the student and others, including advising the student not to drive a motor vehicle. The program director will then make an immediate determination if there is reasonable suspicion to screen the student. If the decision is made to screen the student, the program director/designee will direct the student to make arrangements to have the screening performed immediately. The student will be requested to sign an informed consent to be tested before a specimen is collected. A student's failure to consent to the screening will result in immediate termination from the program.

### **III. DRUGS TO BE TESTED**

All students will be tested for alcohol and the following ten (10) drugs: amphetamines, barbiturates, benzodiazepines, cocaine metabolites, marijuana metabolites, methadone metabolites, oxycodone, opiates, methamphetamines, and propoxyphene. Testing for additional substances may occur based on clinical affiliation agreement requirements.



# WAEMS EDUCATION PROGRAM

## IV. CONSENT TO DRUG TESTING

A. The student must provide written consent to provide specimens for the purpose of analysis. If the student is under eighteen (18) years of age, the student's parent or legal guardian must sign the drug testing consent form in addition to the student. The signed consent must be returned to the program director of the health program.

B. The signed consent form will be maintained in the student permanent record. A copy of the consent form will be maintained with the program director.

C. Students have the right to refuse to consent to drug testing. However, students who decline will be refused access to clinical education facilities and will be unable to achieve the required clinical experiences and objectives of the program. Refusal to submit to drug testing will result in dismissal from the program.

## V. SPECIMEN COLLECTION

1. The collector shall be a licensed medical professional or technician who has been trained and certified for collection in accordance with chain of custody and control procedures. This person cannot be a WAEMS employee.

2. The designated collection site and specimen collection procedures must be secured in accordance with chain of custody and control procedures. Security during collection may be maintained by effective restriction of access to the collection materials and specimens.

3. When the student arrives at the collection site, the collector shall ensure that the student is positively identified as the individual selected for testing. This identification will be done through the presentation of photo identification (ex: driver's license with picture). If the student's identity cannot be established, the collector shall not proceed with the collection until such identification can be made.

4. The student will complete and sign the vendor-provided chain of custody/consent form for the collection.

5. If the student is unable to provide an adequate specimen during the collection process, another collection time will be scheduled. Students will not be allowed into the clinical setting until negative results are received by the program director.

6. Students absent from announced or unannounced drug testing will be excused under only the most extreme circumstances (e.g. illness, family emergency). The student will be required to provide written verification for such absences. Approval of a verifiable absence is the responsibility of the program director. Students will have to complete the drug testing process within 48 hours of the originally scheduled time. Failure to complete the drug screening as required by WAEMS Education Program will prohibit the student from continuing in the program in which they are enrolled.

WAEMS reserves the right but has no duty to lift the prohibition against re-enrollment upon its consideration of written application for readmission evidencing that the student has demonstrated an ability and readiness to comply with all WAEMS regulations. WAEMS will not consider such a request until at least two years from the date of dismissal.

## VI. DRUG TESTING LABORATORY

Drug testing for WAEMS students can only be conducted by WAEMS-approved vendor. Only laboratories certified by the U.S. Department of Health and Human Services (HHS) can be used to perform drug testing analysis.who live more than 75 miles from WAEMS will contact the program director to identify approved alternate drug testing laboratories. Alternate drug testing laboratories

## **WAEMS EDUCATION PROGRAM**

will be required to meet the standards set forth in WAEMS guidelines. Costs of testing at alternate sites above the WAEMS fee structure will be the responsibility of the student. Approval of any alternate drug testing sites must be received prior to testing. Failure to receive approval will result in having to submit to additional testing at an approved site. Student fees will only be used for payment to approved testing sites.

### **VII. REPORTING OF DRUG TEST RESULTS**

A. Written notification indicating either a positive or negative drug screen shall be provided to the program director. Test results will not be released to any individual who has not been authorized to receive such results. Students shall not be allowed to hand deliver any test results to WAEMS representatives. Notification of drug screening results can only be delivered in a manner that insures the integrity, accuracy, and confidentiality of the information. WAEMS refuses to accept any test result that does not meet the requirements of the policy and guidelines.

B. Whenever possible, report of drug screening to clinical affiliates will be handled by aggregate data reporting. The clinical agency will be notified of individual student drug screening results or provided with copies of drug screening results only when required by clinical affiliation agreement.

C. Negative test results must be kept on file for one year after the student's last date of attendance at WAEMS. Positive test results must be maintained on file for five years after the student's last date of attendance.

### **VIII. PENALTIES FOR A CONFIRMED POSITIVE DRUG TEST OR REFUSAL TO BE TESTED**

#### **A. Positive Test**

A student with a positive drug test will be dismissed from the EMS program. A grade of "F" will be recorded if the student does not officially withdraw. The appeal process is outlined in the Student Handbook Policy/Procedure booklet. WAEMS reserves the right but has no duty to lift the prohibition against re-enrollment upon consideration of written application for readmission evidencing that the student has demonstrated an ability and readiness to comply with all WAEMS Education regulations. WAEMS will not consider such a request until at least two years from the date of dismissal.

#### **B. Refusal to be Tested**

A student's refusal at any point to be tested for drugs will result in dismissal from the EMS program. A grade of "F" will be recorded if the student does not officially withdraw. The program director shall be notified of any refusal to be tested. WAEMS reserves the right but has no duty to lift the prohibition against re—enrollment upon its consideration of written application or readmission evidencing that the student has demonstrated an ability and readiness to comply with all WAEMS Education Program regulations. WAEMS will not consider such a request until at least two years from the date of dismissal.

# **WAEMS EDUCATION PROGRAM**

## **Notice of Disciplinary Action Policy**

Attached is the form which will document a disciplinary action against a student, the reason for the action and the results of the meeting which will occur between the Sponsor, the student and the IC. The student will be reminded that he/she has a certain time frame in which to file a grievance to the Advisory board should he/she wish to and the student will be made aware of the policy concerning grievances again to ensure a good understanding of that policy.

Grounds for disciplinary action may include:

Unacceptable behavior in the classroom or at a clinical site.

Poor Attendance as outlined in the student syllabus.

Poor grade point average due to lack of participation or poor attendance.

Grounds for immediate dismissal from the program may include:

- Stealing or in the possession of stolen property belonging to WAEMS EDUCATION PROGRAM or a fellow student.
- In possession of a test or quiz that is not clearly labeled practice test/quiz.
- In possession of anyone else's student file.
- Non payment of tuition as outlined in the Syllabus.
- Drug/Alcohol abuse during classroom or clinical settings as outlined in the Syllabus.
- Sexual harassment as outlined in the Policies Handbook.

Three or more disciplinary notices concerning behavior, poor grades/attendance, non compliance of rules set down in WAEMS EDUCATION PROGRAM Policy handbook.

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## WAEMS EDUCATION PROGRAM Disciplinary Notice

Date: \_\_\_\_\_

Students Name: \_\_\_\_\_

Reason for Disciplinary Action: \_\_\_\_\_

Result of Disciplinary Action: \_\_\_\_\_

Brief narrative documenting the meeting:

I understand the nature of the disciplinary action and I have been reminded of my right to file a grievance to the Advisory Board.

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

Signature of IC: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Sponsor: \_\_\_\_\_ Date \_\_\_\_\_

# **WAEMS EDUCATION PROGRAM**

## **STUDENT APPEAL PROCESS**

Students who feel they have been treated unfairly by anyone related to the instruction of EMS or a WAEMS employee have the right of appeal. The purpose of this appeal process is to facilitate equitable solutions to student complaints.

### **I. General Provisions**

A. A complaint is a claim by one or more students that they have been treated unfairly by an instructor or a WAEMS employee, or that his/her rights as outlined in the Student Handbook or WAEMS Education Policies Handbook have been violated.

B. All documents, communications, and records dealing with an appeal shall be filed in a Student Appeal file maintained by the Advisory Committee. All records of actions under this procedure shall be held in strict confidence and will be available to the student initialing the appeal or his/her representative, the person against whom the action is filed or his/her representative, the mediator, any resource panel, when convened in this matter the Advisory Committee and Medical Director.

C. Hearings and conferences held under this procedure shall be conducted at a time and place which will afford a fair and reasonable opportunity for all appropriate persons to be present. When such hearings and conferences are held during WAEMS EDUCATION PROGRAM Instructional hours, employees who are required to attend shall be excused from classes, with no penalty during the time their presence is required.

### **II. Procedure**

A. In the interest of maintaining harmonious relations, a complaint shall first be discussed by the student, on his/her behalf, with the person or office representative against whom the complaint is alleged, with the object of resolving the matter informally. Either party may be accompanied by another person he/she chooses, when discussing the complaint. The student must inform the person or office representative what the complaint is about prior to the meeting. The student must initiate this informal discussion within ten days after the occurrence of the condition about which he/she is dissatisfied. The informal discussion(s) shall be considered completed ten days after their initiation date.

B. In the event that the complaint is not resolved thorough the informal discussion, the matter shall be presented in writing by the student to a member of the Advisory Committee within seven (7) days after completion of the informal discussion(s). Within five (5) days of the receipt of the written appeal, members of the Advisory Committee will meet with the student and other appropriate parties in an attempt to settle the disagreement. The members of the Advisory Committee may ask the Medical Director to review and take the matter under consideration and provide such counsel as may be helpful in bringing a satisfactory conclusion to the matter; or (b) designate a faculty mediator.

C. The faculty mediator shall discuss the matter with the student and other appropriate parties within five (5) days of his/her appointment. The faculty mediator shall give the student and Advisory Committee his/her analysis of the situation and a decision in writing within fifteen (15) days of appointment.

D. If the Student is still unsatisfied, he may then ask the MDCH to step in and make an advised decision on the matter. This decision will be final and binding. All parties should be well represented and all facts should be well documented and that documentation made available for review.

# WAEMS EDUCATION PROGRAM

## CLINICAL ROTATIONS POLICY

WAEMS clinical requirements meet or exceed minimum state guidelines for types of facilities and objectives or hours.

Didactic & Psychomotor training: Prior to clinical rotations, students will have Education on Infection Control and use of PPE/BSI.

**Verification of attendance:** Students must attend and participate in clinical rotations required within program content.

**Ambulance:** students will report the station assigned, on time, with clinical paperwork completed prior to shift. Students will report to the Supervisor on duty; if Supervisor unavailable, then the acting Level Three EMT.

**Hospital Rotation:** students will report the facility assigned, on time, with clinical paperwork completed prior to shift. Students will report to the Charge Nurse or Clinical Coordinator.

# WAEMS EDUCATION PROGRAM

## WAEMS EDUCATION PROGRAM ADVISORY COMMITTEE

<b>NAME &amp; Licensure</b>	<b>Position</b>
Robert Hess Paramedic/IC	General Manager of Wayland Area EMS Program Sponsor Representative
Matthew T. Scarff MD	Physician; Pennock Hospital ER
Harold Schumaker EMT-B	Past Dorr Township Fire Chief
Scott Schumacher Paramedic	Supervisor at Wayland Area EMS
Carole Haner EMT-B/IC	Class Instructor Coordinator
Debra Henderson Paramedic/IC	Class Instructor Coordinator Program Course Coordinator
Marilyn Hess Paramedic/IC	Class Instructor Coordinator
Robin Nyenhuis Paramedic/IC	Class Instructor Coordinator

The Advisory Committee will serve as a group of individuals that will meet at least on an annual basis, or at any time it becomes necessary to review the program. Meeting minutes will be kept and meetings will consist of at least three Instructor Coordinators.

# **WAEMS EDUCATION PROGRAM**

## **PROGRAM EVALUATION POLICY**

A final report will be made by the primary IC or course coordinator to the program sponsor and/or the Advisory Committee, and is maintained in course records.

This final report includes:

- a. a summary of each course's evaluations
- b. facts on student attrition (number of students enrolled/completing)
- c. the comparison of course outcomes to NREMT and State of Michigan exam
- d. the action plan for implementing necessary changes

The program will utilize the data obtained from the comparison of the course outcomes to the success of the students on the NREMT and (as applicable) State of Michigan exams to determine :

- Congruence with the WAEMS mission and strategic plan
- Well-defined, measurable learning outcomes by which all students are evaluated
- Commitment of adequate resources to achieve program goals
- Current, rigorous, and achievable program curricular requirements
- Financial profile
- Use of assessment results for program improvement
- Attention to environmental factors, societal need and demand, occupational and market considerations
- Evidence of student satisfaction



# WAEMS EDUCATION PROGRAM

PROGRAM: (please circle) MFR    EMT-B    SPECIALIST	COURSE COMPLETION DATE: _____/_____/201____	MONTHS IN PROGRAM: _____
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<b>ADMISSIONS</b>			
		YES	NO
1	Do you believe that the criteria for admission to this program are fair and related to potential success in this program?		
	If no, please explain:		
2	Were the rules and policies of the program clearly explained to you?		
	If no, please explain:		
3	Are those rules and policies fairly and objectively followed by the program?		
	If no, please explain:		
4	Are you aware of the institution's student grievance procedure?		
	If no, please explain:		
<b>INSTRUCTION</b>			
5	Is the instruction in the EMS courses clear and helpful?		
	If no, please explain:		
6	Are the tests and quizzes related to the content of the courses?		
	If no, please explain:		

# WAEMS EDUCATION PROGRAM

7	Are the tests and quizzes fair?		
	If no, please explain:		
	<b>PRACTICAL SESSIONS</b>		
8	Is the instruction in the Practical Sessions clear and helpful?		
	If no, please explain:		
9	Is the Practical Session time adequate to learn practical skills?		
	If no, please explain:		
10	Are the exams related to the content of the courses?		
	If no, please explain:		
	<b>FIELD EXPERIENCE / CLINICAL ROTATIONS</b>		
11	Do all students receive similar clinical and field experiences?		
	If no, please explain:		
12	When you are in clinical and field, do you always know who your Preceptor/Evaluator is?		
	If no, please explain:		
13	Do you believe that all clinical assignments given to you are primarily educational in nature?		
	If no, please explain:		

# WAEMS EDUCATION PROGRAM

<b>KNOWLEDGE BASE (COGNITIVE)</b>			
14	Do you believe that the program helped you to acquire the EMS knowledge to function in the pre-hospital setting?		
	If no, please explain:		
15	Do you believe that the program helped you to acquire the general medical knowledge to function in the pre-hospital setting?		
	If no, please explain:		
16	Do you believe that the program prepare you to use sound judgement in healthcare settings?		
	If no, please explain:		
<b>CLINICAL PROFICIENCY</b>			
18	Do you believe the program prepared you to perform a broad range of skills?		
	If no, please explain:		
19	Do you believe the program prepared you with the skills to perform patient assessment?		
	If no, please explain:		
20	Do you believe the program prepared you to perform therapeutic procedures and treatment?		
	If no, please explain:		
21	Do you believe the program prepared you to perform and interpret diagnostic procedures?		
	If no, please explain:		
<b>BEHAVIORAL SKILLS (AFFECTIVE DOMAIN)</b>			
22	Do you believe the program prepared you to communicate effectively in the healthcare setting?		

# WAEMS EDUCATION PROGRAM

	If no, please explain:		
23	Do you believe the program prepared you to conduct yourself in an ethical and professional manner?		
	If no, please explain:		
24	Do you believe the program taught you to manage your time efficiently while functioning in the healthcare setting?		
	If no, please explain:		
	<b>OVERALL</b>		
25	What do you feel are the strongest part(s) of the program?		
26	What do you feel are the weakest part(s) of the program?		
27	Would you recommend this program to a friend?		
	If no, please explain:		
28	Please make any additional comments pertaining to this program you feel would be helpful to the EMS Programs. Please remember that favorable comments are just as helpful as critical comments.		
29	Would you like to speak with the Program Coordinator? If so, please provide your name and contact information below.		
	Name:		
	Contact Information:		

# **WAEMS EDUCATION PROGRAM**

## **EMS CLINICAL SITE / INTERNSHIP AGREEMENT**

### **I. PURPOSE**

The purpose of the ride-along or internship program is to provide students with practical laboratory as a means of enhancing their knowledge of emergency medical service operations.

### **II. OBJECTIVES**

Prior to the ride-along or internship, the student will receive, read, understand and return a signed copy of the liability waiver as well as this statement of understanding. A clinical objectives form should also be completed and brought by the student prior to the start of the clinical shift.

Upon conclusion of the ride-long or internship, it is expected that the student will be able to demonstrate knowledge of the following aspects

- A. How EMS personnel fit within the Emergency Response System
- B. The roles and responsibilities of EMS personnel
- C. EMS apparatus utilized
- D. EMS equipment provided to ambulance service, personnel and its application/operation
- E. Operations, techniques, procedures of Emergency Response system

### **III. GENERAL**

All ride-along participants will understand, complete and sign the liability waiver prior to starting the ride-along. At no time will the participant be considered an employee of the service or clinical site.

Any direct student participation in the administration of medical services to patients will be at the discretion and direction of the supervising medical personnel. Students should expect to actively participate in all levels of care if requested, with the understanding that the supervising medical personnel is responsible for the students actions. In addition, it should be understood that the student might be expected to observe only. Again, this is at the discretion and responsibility of the supervising medical personnel (preceptor).

#### **A. UNIVERSAL PRECAUTIONS / BSI**

WAEMS Education Program shall verify that each student scheduled for the ride-along or internship program has successfully completed the portion of the course that includes AIDS/ Hepatitis—Universal Precautions (BSI) instruction. An official representative or agent to the institution must complete, sign and submit a copy of the Infection Control/ Barrier Protection Training Verification form for each student. (See Appendix A)

Verification/Certification form will be duplicated with one copy given to student, additional copy for student file and Clinical Site.

#### **B. ATTENDANCE:**

As a professional courtesy all participants are expected to report to the Clinical Site as scheduled. If that is not possible it is expected that the student will notify the Clinical site and Lead Instructor as soon as possible.

## **WAEMS EDUCATION PROGRAM**

- 1. Ambulance Clinical Rotation:** Students will report to the Supervisor (or in absence of, Level 3 EMT) at the beginning of the pre-approved shift, at clinical site.
- 2. Hospital Rotation:** Students will report to the Charge Nurse for department at clinical site.

### **C. DRESS CODE**

All participants shall wear black or navy blue pants. **NO JEANS.** These should be clean, wrinkle free and in good repair.

Clinical shirt purchased or provided by Educational Facility.

Student badge (if applicable) will be attached to the right collar and worn during all clinical rotations.

Dark shoes or boots with soles that do not become slippery when wet.

Hair will be neat, clean and such that it does not interfere with patient care or present unsafe conditions.

Fingernails will be trimmed and clean.

The use of colognes or perfumes is not permitted.

Students shall be clean shaven (mustaches or beards must meet HEPA standards).

No hats are to be worn, other than what is approved by ambulance service.

Body modifications will be covered or removed for the duration of all clinical rotations

### **D. EXPECTATIONS OF THE PARTICIPANTS / STUDENTS**

Report to the assigned area/station on time

Assist in the clinical site duties as assigned

Become familiar with the equipment specific to the ambulance or clinical site area (ER). This would include , but not limited to, assembly, operation, disassembly and cleaning.

Students will be expected to familiarize themselves with equipment as time allows.

Demonstrate a good working knowledge of Emergency Medical Care

At all times, follow directions and/or commands issued by the clinical site personnel.

# WAEMS EDUCATION PROGRAM

## E. REPORT WRITING

The student shall patient care reports for each patient contact. The report will be completed independent from the actual report that the ambulance personnel complete. It shall exclude any information regarding patient's name, address, date of birth, etc.

At no time will the student be allowed to complete an ambulance report of record.

## F. CLINICAL SITE EVALUATION

At the end of each clinical shift, the student will complete an evaluation. This evaluation form may be anonymous or have a signature at the bottom. Completed evaluations should be given to the clinical instructor at the next class session.

## G. STUDENT PERFORMANCE EVALUATION

Prior to arrival to clinical site, student will have completed clinical performance goals and present form to preceptor at that site. Once the Student Evaluation is completed by preceptor (at clinical site), the Student Performance Evaluation must be given to the Lead Instructor at the next class session. Failure to do so, may result as incomplete clinical hours/rotation/shift.

## H. CONDUCT

WAEMS Training Program will be notified of any misconduct or ill behavior on the part of the student. The participant may also be asked to leave, and depending on the nature of the offense, not be allowed to repeat ride-along.

Examples of misconduct may include, but not limited to the following:

1. Inappropriate and/or untimely language
2. Sleeping during clinical ride-along
3. Being inexcusably late
4. Inappropriate Dress
5. Offensive personal hygiene
6. Unworkable attitude problem
7. Stealing of any kind (including supplies and equipment)
8. Malicious destruction of supplies, equipment or apparatus

## I. START OF CLINICAL ROTATIONS

Students will be eligible to begin their clinical rotations after completion of Preparatory Modules:

Introduction to Emergency Care  
Wellbeing of MFR/EMT/EMTS  
Med/Legal & Ethical Issues  
The Human Body  
Lifting & Moving Patients

and certification or re-certification in Healthcare Provider CPR

# **WAEMS EDUCATION PROGRAM**

## **ACKNOWLEDGMENT OF EMS CLINICAL AGREEMENT**

I certify that I have received a copy of WAEMS Education Program EMS RIDE-ALONG / INTERNSHIP AGREEMENT.

I have read and understand the requirements of the policy and guidelines in the Ride-Along/Internship Agreement.

\_\_\_\_\_

Date

\_\_\_\_\_

Student's Signature

\_\_\_\_\_

Student's Name Printed



# WAEMS EDUCATION PROGRAM

## PROGRAM EVALUATION FORM of CLINICAL SITE

Please complete for each scheduled clinical rotation.

DATE:						
CLINICAL SITE:						
PRECEPTOR:						
PLEASE RESPOND TO THE FOLLOWING BY CHECKING THE APPROPRIATE NUMBER 0 = LEAST FAVORABLE 5 = MOST FAVORABLE	0	1	2	3	4	5
Overall, the time spent at this clinical was meaningful and worthwhile?						
Did you feel welcome?						
Were you oriented to the service?						
Do you feel your orientation sufficient?						
Did you feel patient care by staff appropriate?						
Did you feel that you were given a chance to help with patient care?						
Did you feel that you would like to attend again?						

Would you like to speak with the Course Sponsor? (your name is required)      YES                      NO (circle one)

Please make additional comments below:

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Signature (non-mandatory)

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### PROGRAM USE BELOW LINE

Check if action required

- Follow up is required by Instructor
- Follow up is required by Course Sponsor
- Other follow up is required

Results:

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Attachement

# WAEMS EDUCATION PROGRAM

## SHIFT PERFORMANCE RECORD & OBJECTIVES

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

SHIFT: \_\_\_\_\_ TO \_\_\_\_\_

Student Objectives: Student will list five clinical objectives. These are to be listed prior to the beginning of the clinical shift; and shown/given to Preceptor.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Please mark "Yes" for the item that best describes the student's performance. Comment section must be completed as well. Please denote areas of success as well as where improvement is needed.

SECTION	Yes	PERFORMANCE
<b>INITIATES CARE</b>	<input type="checkbox"/>	Did not initiate care
	<input type="checkbox"/>	Initiated care, but did not follow through with introductions, completion of primary assessment, froze up after the introduction and was unable to initiate a good patient-provider relationship
	<input type="checkbox"/>	Is able to greet the patient and establish the ABC's. Seems competent, instills confidence in the patient.
		<b>Not Applicable Section</b>
		COMMENTS: _____
<b>HISTORY</b>	<input type="checkbox"/>	Was unable to complete a SAMPLE/OPQRST history in an appropriate time frame
	<input type="checkbox"/>	Was able to complete the SAMPLE/OPQRST history in n appropriate time frame followed by good questions regarding the chief complaint
	<input type="checkbox"/>	<b>Not Applicable Section</b>
		COMMENTS: _____
<b>PHYSICAL EXAM</b>	<input type="checkbox"/>	Unable / forgets to complete a focused physical exam
	<input type="checkbox"/>	Able to complete a focused physical exam
	<input type="checkbox"/>	Competes a physical exam in timely manner and expands on assessment (i.e. lung sounds)
	<input type="checkbox"/>	<b>Not Applicable Section</b>
		COMMENTS: _____

# WAEMS EDUCATION PROGRAM

SECTION	PERFORMANCE
<b>BLS AIRWAY</b>	Unable to and forgets to use basic airway techniques
	Uses basic airway techniques, but slow to recognize the need for basic airway intervention or had poor technique
	Able to recognize the need for and uses effective techniques for basic airway intervention
	<b>Not Applicable Section</b>
	COMMENTS: _____
<b>EMT Basic and Specialist Clinical ONLY</b>	
<b>ADVANCED AIRWAY: SGD</b>	Unable to or forgets to use Advanced Airway techniques
	Uses advanced airway techniques but slow to recognize the need for basic airway intervention or had poor technique
	Able to recognize the need for and uses effective techniques for advanced airway intervention
	<b>Not Applicable Section</b>
	COMMENTS: _____
<b>MEDICATIONS</b>	Unable to or forgets the indications for medication(s). Uses poor technique during administration
	Able to recall that medication(s) is indicated, but slow to recognize the need for a medication or had limited knowledge of the medication during discussion.
	Able to recognize the need for medication(s) and administers in a timely manner. Uses effective techniques when administering the medication. Able to answer questions regarding the drug(s).
	<b>Not Applicable Section</b>
	COMMENTS: _____
SECTION	PERFORMANCE
<b>TRAUMA</b>	Has problems with basic trauma care (bandaging, splinting, using KED, backboarding, etc.)
	Able to compete various tasks associated with trauma care but is either slow in recognizing the need for or needs some direction to complete the task appropriately.
	Able to complete tasks associated with trauma care efficiently
	<b>Not Applicable Section</b>
	COMMENTS: _____

# WAEMS EDUCATION PROGRAM

<b>EMT Specialist Clinical ONLY</b>	
<b>IV / IO</b>	Unable to or forgets to establish intravenous (IV) or intraosseous (IO) access
	Able to start an IV/IO but was slow to recognize the need for an IV/IO placement or had poor technique
	Able to recognize the need for and uses effective techniques when establishing an IV/IO
<b>Not Applicable Section</b>	
	COMMENTS: _____
<b>OPERATIONS</b>	Arrives late for shift, fails to perform or participate in equipment inventory at start of shift, does not appear to be ready to work and learn on arrival to shift
	Arrives early for shift, participates in equipment inventory at start of shift, appears ready to work and learn on arrival to shift
	Moves slowly or inconsistently
	Consistently able to assist and help the team prepare for patient readiness
	Fails or inconsistently functions as a member of the patient care team, including cleaning and restocking between patients
	Consistently functions as a member of the patient care team, including cleaning and restocking between patients
	COMMENTS: _____
<b>AFFECTIVE</b>	Fails or inconsistently communicates all pertinent information to team members
	Consistently communicates all pertinent information to team members
	Frequently exhibits unprofessional conduct (rude, abrupt, out of uniform)
	Consistently exhibits a professional demeanor
	Fails or is inconsistent with accepting feedback, argues with others, uses excuses to justify mistakes
	Consistently participates in evaluation of self; accepts feedback and suggestions, takes steps to correct performance.
	COMMENTS: _____
<b>OTHER</b>	Student identified objectives at the beginning of the clinical shift
	Student is welcome to come back to your area
	Would you like the clinical instructor to contact you? Phone: _____

Preceptor Name: \_\_\_\_\_

Preceptor Signature: \_\_\_\_\_

# WAEMS EDUCATION PROGRAM

## Wayland Area Emergency Medical Service Inc. Waiver of Liability

To whom it may concern,

For and in consideration of the benefit derived, the undersigned, his or her heirs, estate and successors in interest, does hereby waive, release and discharge any and all claims, demands or causes of actions against the Wayland Area Ambulance Service Inc., its agents and/or its parent municipalities and or elected officials, its employees and/or volunteers for any injury, loss or damage arising out of any training, orientation tour or other activity sponsored, accommodated or participated in by the Wayland Area Ambulance Service Inc.

It is agreed and understood that the undersigned will act only as an observer and take no active part in any action other than as permitted by law.

I have read the above waiver and acknowledge that my questions, if any have been answered such that I understand the nature of this document and agree to waive any claim of liability as stated above.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Home address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

# **WAEMS EDUCATION PROGRAM**

## **ADDENDUM 1: CONCEALED WEAPONS POLICY**

Students may not, at any time while on property, including anywhere that company business is conducted, possess or use any weapon.

Weapons include, but are not limited to, guns, knives or swords with blades over four inches in length, explosives, and any chemical whose purpose is to cause harm to another person.

Regardless of whether a student possesses a concealed weapons permit (CWP) or is allowed by law to possess a weapon, weapons are prohibited on any company property or in any location in which the student represents the company for business purposes.

Possession of a weapon can be authorized by the General Manager. Only the General Manager may authorize the carrying of or use of a weapon.

Students who violate this policy will be subject to disciplinary action, up to and including termination from the program.

Authorization for possession of concealed weapons (et al) must be in written form from the General Manager and placed in the student file.

# **WAEMS EDUCATION PROGRAM**

## **ADDENDUM 2: Plainwell High School EMT program**

1. Because participants are bound by Plainwell Community Schools policies as well as those of program sponsor Wayland Area EMS, discipline may fall under either or both jurisdictions depending on the nature of the infraction. Correspondingly, for the appeal process students may be directed to either the Wayland Area EMS general manager or the PHS principal. Those individuals will confer to offer the final resolution.
2. A minimum of three times during the program (normally once each trimester of the school year), students will receive the opportunity to offer feedback to the program sponsor via an online survey. Additional surveys may be conducted, as well as informal visits by the WAEMS general manager to interview students directly about their progress in the program.

# WAEMS EDUCATION PROGRAM

## APPENDIX A: Example of Certificate of Completion: Training in Infection Control and Barrier Precautions

Certification of Completion: Training in Infection Control and Barrier Precautions Approved Wayland Area  
Emergency Medical Services Education Department

This certifies that \_\_\_\_\_  
(PARTICIPANT'S NAME)

has successfully completed an approved course in Infection Control and Barrier Precautions on

\_\_\_\_\_  
(DATE)

This program was presented by:

\_\_\_\_\_  
(APPROVED COURSE PROVIDER'S NAME AND IDENTIFICATION NUMBER)

of \_\_\_\_\_ (ADDRESS, CITY,  
STATE)

Signature of approved Course Provider: \_\_\_\_\_

This certificate is valid for a period of one year from the above date of course completion.

Be sure to maintain this document in your professional file.



# **WAEMS EDUCATION PROGRAM**

## **ACKNOWLEDGMENT OF WAEMS Student Handbook**

I certify that I have received a copy of WAEMS Education Program Student Handbook.

I have read and understand the requirements of the policy and guidelines.

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Date

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Student's Signature

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Student's Name Printed