

# EMERGENCY MEDICAL TECHNICIAN (EMT) STUDENT HANDBOOK 2017-2018

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## INTRODUCTION

### Purpose of the Student Handbook

The purpose of this handbook is to acquaint students with the program structure, the resources available and the program policies that will help guide students during their Emergency Medical Technician (EMT) education. Every effort is made to ensure accuracy at the time of printing; however, the Walla Walla Community College EMT Program reserves the right to change any provision or requirement at any time.

### Accommodations for Students with Disabilities

Walla Walla Community College complies with Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA) of 1990 as amended in 2008. Information regarding student accommodations may be obtained by contacting Caley Moyer, acting Coordinator of Disability Support Services, Walla Walla Community College, 500 Tausick Way, Walla Walla, WA 99362. Walla Walla campus: 509.5274362, TDD 509.527.4412, [caley.moyer@wwcc.edu](mailto:caley.moyer@wwcc.edu) ; or Clarkston campus: Janet Danley, 509.758.1703, TDD 509.758.1714, [janet.danley@wwcc.edu](mailto:janet.danley@wwcc.edu) .

### Equal Opportunity Statement

Walla Walla Community College District No. 20 (WWCC) is committed to provide equal opportunity and nondiscrimination for all educational and employment applicants as well as for its students and employed staff, without regard to race, color, creed, national origin, sex, sexual orientation, including gender expression/identity, genetic information, marital status, age (over 40), the presence of any sensory, mental, or physical disability, the use of trained guide dog or service animal by a person with a disability, or status as a Vietnam and/or disabled veteran, National Guard member or reservist in accordance with the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, the Federal Rehabilitation of 1973, the Americans with Disabilities Act of 1990 and any other applicable Federal and Washington State laws against discrimination. Overall Affirmative Action/Equal Opportunity and Title IX program responsibility is assigned to Sherry Hartford, Vice President of Human Resources (509)527-4382. The College's Section 504 Officer is Jose da Silva, Vice President of Student Affairs (509)527-4300.

### Commitment to Diversity

WWCC encourages its employees and students actively to promote, develop, and value diversity on campus and in the community.

### Tobacco Free Campus Policy

WWCC has adopted a 100% Tobacco Free Campus policy in Walla Walla and Clarkston campuses, effective September 1, 2015. [WWCC Tobacco Free Campus Policy](#)

## EMT PROGRAM OF LEARNING

### Course Description and Approval

Instruction in delivering proper emergency care to the sick and injured in a pre-hospital setting. The overall goals are to save lives, reduce complications, and combine effective interpersonal communication with medical knowledge and skills for every patient. The course follows the Department of Transportation (DOT) EMT curriculum with the addition of Washington State objectives as required by the Washington (WA) State Department of Health (DOH), Division of Emergency Medical and Trauma Services. Students completing this course may participate in the National Registry of Emergency Medical Technicians (NREMT) EMT examination and upon affiliation with a WA State approved Emergency Medical Services (EMS) agency be certified by WA DOH as an EMT. Prerequisite: Acceptance to the EMT Program.

### Certificate Offered and Requirements for Completion

Students who successfully complete this 10 credit course earn the Emergency Medical Technician Certificate. Successful completion of the course will require the student to:

1. Attend all classes. Students with three or more unexcused absences will receive a failing grade and will not be allowed to attend EMT practicum.
2. Demonstrate proficiency of all skills.
3. Achieve a passing score on the final exam.

### Eligibility and Pre-requisites for Entry into EMT Program

Please refer to EMT Application Guide

### EMT Intended Learning Outcomes

1. Demonstrate proficiency in delivering proper emergency care.
2. Demonstrate proper use of medical terminology.
3. Demonstrate knowledge and skills appropriate to the Emergency Medical Technician's role as per DOT standards.
4. Demonstrate effective communication and interpersonal skills appropriate to EMS providers.
5. Define scope of practice as it applies to the EMT in WA State.

### EMT Course Topics

1. CPR/FBAO
2. HIV/AIDS/BBP
3. Medico-legal concerns, no CPR
4. The human body
5. Lifting and moving
6. Airway adjuncts and oxygen therapy
7. Scene size up
8. Vital signs and sample history
9. Focused history and physical exam (trauma)

10. Bleeding, shock, PASG
11. Soft tissue injuries
12. Musculoskeletal care
13. Traction splints
14. Head/neck/spine
15. General pharmacology
16. Cardiac emergencies
17. Acute abdominal emergencies
18. Diabetic emergencies/altered LOC
19. Infant and child
20. Geriatrics
21. Obstetrics/gynecology
22. Behavioral emergencies
23. Allergic reactions/poisoning/overdose
24. Environmental emergencies
25. Gaining access, incident command, hazmat
26. Emergency vehicle operations
27. Introduction to EVAP
28. Bioterrorism

### Criminal Background Checks

Reference: WAC 388-113 Disqualifying Crimes and Negative Actions

<http://apps.leg.wa.gov/wac/default.aspx?cite=388-113>

Reference: DSHS Secretary's List of Crimes and Negative Actions

<https://www.dshs.wa.gov/sites/default/files/FSA/bccu/documents/Secretary%27sCrimesListforALLPrograms.pdf>

Attendance at the practicum (clinical) portion of the EMT course is contingent upon the results of a Criminal Background Check. Initially, EMT students are screened by Americhex, Inc. A second background check is conducted through the Washington State Patrol as appropriate. In the event that a Criminal Background Check reports findings that will automatically disqualify an individual from having unsupervised access to vulnerable adults or minors, the student will be notified by phone and by letter. Consequently, this finding would prevent the student from completing the EMT course. Criminal Background Checks are valid for six (6) months from the date completed. The list DSHS Secretary's List of Crimes and Negative Actions can be found for reference in the EMT Program Application. Clinical agencies have the right to request a copy of a Criminal Background Check.

PLEASE NOTE: Students are expected to self-report, at any time throughout the EMT program, any and all incidences that may affect clinical placement.

**EMT Certification Information:**

The student will not be eligible for state certification as an EMT until becoming a functioning member of one of the following Washington EMS identified agencies in the State of Washington:

1. Ambulance Personnel (paid or volunteer)
2. Fire Personnel who respond to EMS calls (or with EMS responses)
3. Law Enforcement Personnel
4. Ski Patrol, Search & Rescue, Emergency Response Team

**Emergency Medical Technician Certification Requirements in Washington State**

Reference:

<http://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/EmergencyMedicalServicesEMSPProvider/LicenseRequirements/EmergencyMedicalTechnician>

Emergency Medical Technician Certification Requirements

See also RCW 18.73 and WAC 246-976

<b>Certification Requirements</b>	<b>Verification Documents</b>
Successful completion of department approved emergency medical technician (EMT) course	Initial course completion certificate issued by the training program
Work history (professional training and experience)	<p>Applicants are required to be associated with one of the following:</p> <ul style="list-style-type: none"> <li>• An EMS agency licensed by the Department of Health (aid or ambulance service)</li> <li>• A law enforcement agency</li> <li>• Business with an organized industrial safety team</li> <li>• Senior EMS Instructors or coordinators teaching at department approved EMS training programs who are unable to be associated with approved agencies above.</li> </ul> <p>Applicants must be recommended for certification by the physician medical program director (MPD) of the county in which the applicant will be working.</p> <p>Applicant must possess a high school diploma or GED.</p>



Certification Requirements	Verification Documents
State license verification	Applicant lists all states where credentials are or were held, including where applicant has applied but a credential was not granted. A verification form must be completed and submitted by the jurisdiction where the applicant is or was credentialed. Applicant sends form to jurisdiction for completion. The jurisdiction sends completed form directly to the department.
Statement about: <ul style="list-style-type: none"> <li>• physical and mental health status</li> <li>• lack of impairment due to chemical dependency/substance abuse</li> <li>• history of loss of license, certification or registration</li> <li>• felony convictions</li> <li>• loss or limitations of privileges</li> <li>• disciplinary actions</li> <li>• professional liability claims history</li> </ul>	Applicant must answer personal data questions. An appropriate explanation and required documentation must be sent with positive answers. If there is a positive answer to the professional liability claims history question, the applicant must send an explanation of the nature of the case, data and summary of care given, copies of the original complaint, and the settlement or final disposition. If pending, applicant must indicate status.

[Additional information/documents required](#)

- HIV/AIDS training – seven hours
- Proof of age; must be 18 years of age or older to be certified per WAC 246-976-141
- Copy of current EMT course completion certificate
- Successful completion of the EMT certification examination including written and practical skills exams.

Examination is developed and administered by the National Registry of EMT's (NREMT). Applicant provides proof of successful completion of the NREMT exam.

[Process for approving/denying applications](#)

Credentialing staff review the application and supporting documents to make an initial determination of eligibility. The nursing education adviser and licensing manager review and approve applications with questionable verifying documents or otherwise “red flag” applications. Some applications are forwarded to discipline for review and a board member for decision. An applicant will be formally notified of a denial and has the opportunity for a hearing.

### Renewal requirements

Emergency medical technicians must renew their license every three years, coinciding with their supervisory EMS agency license expiration month. The licensee must satisfy continuing education requirements for re-certification including knowledge and skills competency. There are no fees charged for EMS recertification.

- Replaces Intermediate Life Support (ILS) and Intermediate Life Support-Airway (ILS-A) technician certifications.

## EMT STUDENT POLICIES AND PROCEDURES

### Attendance Requirements

#### Class Participation

Participation in class is a must. Participation includes, but is not limited to: practicing in class, participating in discussions, and assisting other classmates with group assignments. All students are expected to model appropriate professional behavior during classroom, lab or clinical instruction. Conduct violations that can negatively affect the student's grade include, but are not limited to: distracting classmates or instructor during class, cell phone use during class (texting or calls), tardiness, and absence. The WWCC Tobacco policy does not allow use of any tobacco products on the school grounds (inside buildings or outside in the parking lots).

#### Attendance/Absenteeism

Students are expected to attend **all** classes. If unable to attend, students are expected to contact program faculty in advance of the missed class. A student may not have more than 6 hours (two class periods) of unexcused absences to receive a passing grade in HO 130 EMT. It is recognized that there may be a rare occasion when a student may not be able to attend a class e.g., illness, death in the family, etc.; however, students are responsible for all program materials and missed assignments. The lead instructor will review excused absences and a research paper of 5-10 pages may be assigned to replace missed instruction.

#### Unexcused Absence/Tardiness

EMT students are expected to model appropriate behaviors expected of healthcare professionals. Tardiness is a poor reflection of professional conduct and should only occur rarely and for legitimate reasons. An unexcused occurrence of tardiness will result in conference between the student and lead instructor. **Two (2) violations of the tardiness policy will result in a reduction of one entire grade level in the student's final grade. Students who have three or more unexcused absences will receive a failing grade in HO 130.** A student with repeated occurrences of unexcused tardiness will be referred to the Director of Allied Health and Safety Education for disposition which may include administrative removal from the course. The lead instructor will make determination of whether or not an occurrence is excused or unexcused. Tardiness is defined as 1-30 minutes late for class. Tardiness after 30 minutes will be classified as an unexcused absence.

### Inclement Weather and School Closures

Communication between faculty and students during inclement weather is essential. Students are expected to frequently check the WWCC website and Canvas if school closure or cancellation of clinical is a possibility. As soon as school closures are official, faculty will notify students by posting closure announcements via Canvas and/or email. If a college campus closes due to weather, the clinical rotations for that campus will be cancelled. Students are encouraged to sign up for emergency notifications via the college website: [WWCC Homepage](#)

Select “Campus Safety & Security” from the Campus Life drop down menu and then click on the gold “Sign up to get emergency notifications” button.

## Grading

Unless otherwise posted in the HO 130 Syllabus, the grading scale for the for the EMT Program is as follows:

Letter Grade	Percentage	Grade Point
A	94-100%	4.0
A-	90-93%	3.7
B+	87-89%	3.3
B	84-86%	3.0
B-	81-83%	2.7
C+	78-80%	2.3
C	75-77%	2.0
C-	70-74%	1.7
D+	67-69%	1.3
D	63-69%	1.0
F	0-62%	0

## Testing and Grading Criteria

Written quizzes, tests and practical skill exams will be given throughout the quarter. Exam content will include material discussed during lectures, demonstrations, assigned reading, objectives and handouts. The final grade will be determined by participation, homework, practical skills test, quizzes, clinical, and written tests. The point distribution and breakdown for the EMT course is found in the HO 130 course syllabus that is provided at the beginning of each quarter.

## Quizzes and Homework Assignments

Specific instructions for completion of quizzes will be provided in the quarterly HO 130 syllabus.

## Written Tests

Written tests will be completed as a class in the computer lab. Any cell phone use or opening of a second computer screen/website will be considered cheating and will result in a grade of zero points for that exam and referral to the Director of Allied Health and Safety Education for disciplinary measures.

### Practical Skills Test

Practical skills testing will be held throughout the course. Each student is expected to maintain confidentiality regarding their practical skills testing during the test administration. Talking to classmates about the test scenarios during the examination is considered cheating and will result in the student receiving a failing score of zero for the test. In addition to the failing score, students caught cheating will be subject to discipline as outlined in this Handbook and the WWCC Student Code of Conduct and will be referred to the Director of Allied Health and Safety Education for disposition which may include administrative removal from the course and a failing grade.

### EMT Practicum Expectations

Specific dress code and practicum expectations will be provided in the quarterly HO 130 syllabus.

### Required Documentation

Students who do not meet the required Criminal Background Check, AHA Basic Life Support for Healthcare Providers, and documentation of immunizations by the posted due date will not be able to attend the practicum portion of this course. At that time, a student may choose to withdraw from the class (if prior to the last day to drop classes that quarter at WWCC) or continue to attend the didactic portion of the class but receive a failing “F” grade for HO 130.

### Additional Course Requirements/Assignments

1. Complete all homework assignments prior to the final comprehensive skills evaluation and state exam
2. Complete FEMA Independent Study (IS) 100, 200, 700, and 800 online assignments
3. Complete and document 10 hours of hospital clinical rotation
4. Satisfactorily pass and sign off on all assigned practical skills
5. Satisfactorily complete all end of course comprehensive skills evaluations/tests
  - a. Students must complete all course requirements including clinical rotations to be allowed to participate in the final skills exam
6. Student shall not misrepresent themselves as Certified EMTs while in a student capacity. This may result in failure of the EMT Program.

### Eligibility to for the Final Comprehensive (National Registry) Practical Skills Exam

Students will not be eligible to take the final comprehensive (National Registry) practical skills exam if:

1. Homework is incomplete
2. The student has not completed the required IS online courses
3. The student has missed more than 6 hours of class
4. The student has not completed the hospital clinical rotation

5. The student has not maintained a minimum of a 2.0 (“C”) average throughout the course

### Student Responsibilities after Completion of HO 130 Emergency Medical Technician course

1. Pass the National Registry written exam (students must successfully complete HO 130 EMT and receive a certificate of completion to qualify for this exam).
2. EMT candidates must have a prehospital agency affiliation to be eligible for state certification (paid or volunteer employee).
3. Complete and submit to the state required initial certification paperwork.

If more than 12 months goes by and the applicant has not obtained a state certification, they will be required to retake the National Registry written examination. After 24 months, if the applicant has not been certified, they will have to repeat the entire EMT course to become eligible for national or state certification again.

As an EMT, you will be required to complete the continuing medical education (CME) requirements found in WAC 246-976-162 or the ongoing training and evaluation program (OTEP) requirements found in WAC 246-976-163 for each certification period. The affiliated agency will advise you which method you will recertify under and may keep CME or OTEP records, but the ultimate responsibility for meeting the recertification requirements and maintaining the records is the responsibility of the Certified EMT. The Washington State Department of Health, Medical Program Director (MPD) or their designee may ask for a copy of this documentation.

### Statements of Concern and Contracts

#### Statement of Concern

A student’s grade or progression in the program may be affected by serious problems or repeated incidences related to unethical/unprofessional behavior and/or unsafe practices. Each “Statement of Concern” will be documented, discussed, signed, and dated by the student and EMT Instructor Team member. Documented concerns will be handled through appropriate channels.

A student may receive more than one “Statement of Concern.” A grade reduction can be expected for each “Statement of Concern.” The amount of grade reduction will be determined on an individual basis by the EMT Instructional Team.

#### Contract

After two statements of concern it will be necessary to meet with the EMT Instructional Team.

Students will be notified if they are performing at an unsatisfactory level. Identified concerns may reflect unsatisfactory practice, achievement or behaviors. Students may be given a contract, which they will be required to fulfill in a satisfactory manner within a specified period

of time. Students must meet the terms of the contract in order to progress in the program. Failure to meet the terms of the contract shall result in a grade no greater than a C-, resulting in an inability to progress in the EMT course or receive a Certificate of Completion.

Incidents that involve one or more of the following will be referred to the Director of Allied Health and Safety Education, and will result in a “contract”, or dismissal from the program (see below):

1. Unsafe practice - behavior or errors in practice that could endanger the life and health of clients, self or others.
2. Unethical/unprofessional behavior – behavior including, but not limited to the following:
  - a. Inappropriate disclosure of confidential patient or clinical agency information that is gained in the capacity as a WWCC EMT student
  - b. Condoning or participating in activities of academic dishonesty (plagiarism, stealing or copying another’s assigned work, allowing others access to assigned work for the purpose of copying, recreating items or portions of any test/quiz in any format for personal use or use by others)
  - c. Lying about any situation related to patient care or performance in the EMT program
  - d. Inappropriate disclosure of information about faculty, peers, patients, family members, or any clinical agency on any electronic venue (i.e. Facebook, My Space, Twitter, cell phones, etc.)
  - e. Forgery: signing or initialing any document with someone else’s name (such as an instructor, healthcare provider, or peer)
3. Poor judgment - decisions that have the potential for interfering with client progress toward wellness. This includes inappropriate communication that could impact the psychosocial well-being of the client.
4. Faulty thinking - evidences of thinking patterns that have resulted or are likely to result in harm to client and/or unsafe practice.
5. Consistent inability to meet expected performance criteria - evidence of a documented performance pattern that does not achieve standards for safe/satisfactory practice.
6. Irresponsibility - failure to accept accountability for actions that interfere with the delivery of health care.
7. Moral turpitude - conduct contrary to justice, honesty, modesty or good morals (Marsh vs. State Bar of California 210 Cal. 303, 291 P. 583, 584).

8. Falsification/alteration of resident care documents - changing or marking records in such a way as to alter recorded information or documenting known false information.

### Due Process/Grievances and Appeals

Faculty decisions and application of EMT Program policies are final. WWCC policy allows students to file a formal grievance. The grievance must be presented in writing and orally within 5 days of the decision or occurrence. The grievance steps should occur in the following order:

1. Meet with the EMT Instructor or EMT Program Coordinator
2. Meet with the EMT Program Coordinator and Director of Allied Health and Safety Education
3. Meet with the Director of Allied Health and Safety Education and Dean of Health Science Education
4. Meet with the Vice President of Instruction

Grievances/Appeals should be related to a variance in program policy/procedure leading to the student's inability to meet minimum standards. Failure to meet course/program expectations and/or achieve the required points should not be considered a valid reason for appeal.

If dismissal from the EMT Program due to a student's actions is being deliberated, the student will be given an opportunity to address the Director of Allied Health and Safety Education and Dean of Health Science Education on their own behalf and may be accompanied by a support person of their choosing prior to a dismissal decision. Dismissal from the EMT Program is different than not progressing in the program due to academic reasons or exiting the program due to personal issues. If dismissal is the action warranted, the student will receive a failing grade ("F") in the EMT course.

### Invasive Procedures

#### General Information

During the EMT Program, the student will be participating in laboratory activities in which learning by students requires the use of human subjects as part of the training procedures. As part of the learning activities, the student may be asked to perform specific skills or be asked to be the subject of specific skill practice by other students.

Learning activities that use human subjects shall be conducted under the supervision of the instructor who has been assigned to teach the course.

Before involvement as a human subject, a student must give informed consent. If under the age of 18, informed consent must be obtained from the parent or the legal guardian unless the participant is determined to be an emancipated minor. Invasive Procedure Consent form and Student Agreement for Use of Practice and Invasive Kits is located in the Appendices of this Handbook.



**Benefits**

The experiences listed below have been selected because they are skills essential to the learning process and the faculty believes that realistic practice is essential for optimum learning. Participation will enhance the learning process and the acquisition of technical skills. An alternative experience may not provide as realistic an opportunity to practice and therefore may result in less effective learning. Specific benefits are listed below.

**Risks/Discomforts**

Participation may create some anxiety for the student. Some of the procedures may create minor physical or psychological discomfort. Specific risks/discomforts are listed below.

**Student Rights**

The student has the right to withhold consent for participation and to withdraw consent after it has been given. If the student withholds consent, he/she will be required to participate in an alternative learning experience. If the student does not participate in either the planned or the alternative activity, he/she will not be able to successfully complete the course. The student may ask questions and expect explanations of any point that is unclear.

LEARNING ACTIVITY	SPECIFIC BENEFITS	SPECIFIC RISKS/DISCOMFORTS
<b>FINGER STICK TO CHECK GLUCOSE</b>	Appreciation for what it feels like to give and/or receive a finger stick	Minimal exposure/discomfort, bruising, infection
<b>SUBCUTANEOUS INJECTIONS</b>	Appreciation for what it feels like to give and/or receive an injection	Discomfort related to use of a needle, bruising, minimal exposure to blood, infection
<b>INTRAMUSCULAR (IM) INJECTIONS</b>	Appreciation for what it feels like to give and/or receive an injection	Discomfort related to use of a needle, bruising, minimal exposure to blood, infection

**Procedure for Use and Disposal of Needles and Sharp Instruments**

1. There will be no “sharps” (needles, IV catheters) outside of the EMT Skills Practice Lab. Student who take sharps outside of the lab should expect disciplinary action.
2. There will be no “sharps” including in student lab practice kits that can be taken outside of the EMT Skills Practice Lab.
3. Sterile needles for use on human subjects must be obtained from the EMT Skills Practice Lab Coordinator and used only under the direct supervision of the Lab Coordinator or EMT faculty.

4. Non-sterile or outdated needles for use on manikins or injection practice pads will be labeled and kept separate from sterile needles for use on human subjects.
5. Needles used on human subjects will be discarded immediately after use in a sharps container. Non-sterile needles used only on manikins or injection practice pads may be used for that practice session and then discarded in the sharps container.

## Occupational Exposure

Healthcare providers must balance occupational risks with providing quality care to all clients/patients. As front-line providers of care, EMTs have an increased risk of exposure to potentially infected blood and body fluids with blood-borne pathogens such as human immune deficiency virus (HIV), hepatitis B virus (HBV), hepatitis C virus (HCV), Ebola, and other blood-borne pathogens.

The EMT Program follows the Center for Disease Control recommendations that all health care workers should strictly adhere to the use of Protective Barriers and Universal Precautions as the most effective means of preventing exposure and transmission of potentially infectious secretions.

### Protective Barriers

Protective barriers reduce the risk of exposure of the health-care worker's skin or mucous membranes to potentially infective materials. For universal precautions, protective barriers reduce the risk of exposure to blood, body fluids containing visible blood, and other fluids to which universal precautions apply. Examples of protective barriers include gloves, gowns, masks, and protective eyewear. Gloves should reduce the incidence of contamination of hands, but they cannot prevent penetrating injuries due to needles or other sharp instruments. Masks and protective eyewear or face shields should reduce the incidence of contamination of mucous membranes of the mouth, nose, and eyes.

### Universal Precautions

Universal precautions are intended to supplement rather than replace recommendations for routine infection control, such as handwashing and using gloves to prevent gross microbial contamination of hands. Because specifying the types of barriers needed for every possible clinical situation is impractical, some judgment must be exercised.

The risk of nosocomial transmission of HIV, HBV, HCV, Ebola and other blood-borne pathogens can be minimized if health care workers use the following general guidelines:

1. Take care to prevent injuries when using needles and other sharp instruments.
  - a. Immediately activate the needle safety shield or place needles/sharps in a puncture-resistant disposal container.
  - b. Do not recap needles by hand.
  - c. Do not remove used needles from disposable syringes by hand.

2. Use protective barriers to prevent exposure to blood, body fluids containing visible blood, and other fluids to which universal precautions apply.
  - a. The type of protective barrier(s) should be appropriate for the procedure being performed and the type of exposure anticipated.
3. Immediately and thoroughly wash hands and other skin surfaces that are contaminated with blood, body fluids containing visible blood, or other body fluids to which universal precautions apply.
  - a. Use gloves for all patient contacts
  - b. Change gloves between patients.
4. Practice hand hygiene between patients
  - a. Thoroughly wash hands with soap and water
  - b. Alcohol-based hand sanitizers may be used if hands are not visibly dirty or greasy.

Any student, who has any temporary or permanent condition that may put them or their clients/patients at risk, has the responsibility to notify their practicum instructor. Students with exudative lesions or weeping dermatitis should refrain from all direct client care until condition resolves.

#### Management of Occupational Exposure

1. Provide immediate care to the exposed site:
  - b. Wash wounds and skin with soap and water.
  - c. Flush mucous membranes with water.
2. Initiate report:
  - a. Immediately report the incident to practicum instructor.
  - b. Complete any clinical agency specific unusual "incident report".
  - c. Complete the "Unusual Occurrence/Practicum Incident Report" and "Needle Stick and Sharp Object Injury and Body Fluid Exposure Report" found in the appendices.
  - d. Submit all forms to practicum instructor for appropriate distribution and follow-up
3. Activation of follow-up treatment:
  - c. Level of risk will be assessed according to agency policy.
  - d. Post-exposure prophylaxis (PEP) will be initiated based on risk potential and CDC guidelines at the student's expense.

## Plagiarism and Academic Dishonesty

The EMT Program adheres to the policies described in the WWCC Student Handbook under the [WWCC Student Code of Conduct](#) . The following resource gives students additional information as to what constitutes plagiarism: [WSU Plagiarism Information Tutorial](#) .

### Plagiarism

All students must sign that they understand and accept the Expectations with Regards to Plagiarism form in the appendices of this Handbook. By signing this document, students acknowledge that they have been made aware of the expectations and consequences of plagiarism while in the EMT Program.

### Expectations and Consequences of Plagiarism

Plagiarism is defined as presenting someone else's work, including the work of other students, as one's own. People's ideas may be contained in written text, visual text, multi-media products, including websites, music, and written text.

1. A student must give credit to the originality of others and acknowledge indebtedness whenever:
  - a. directly quoting another person's actual words, whether oral or written
  - b. using another person's ideas, opinions, or theories
  - c. paraphrasing the words, ideas, opinions, or theories of other, whether oral or written
  - d. borrowing facts, statistics or illustrative material
  - e. offering materials assembled or collected by others in the form of projects or collections without acknowledgement.
2. Any student who aids or abets the accomplishment of such activity as defined in subsection one (1) above shall also be subject to reasonable action by the instructor as defined below.
3. An instructor may take reasonable action against any student who is deemed to have been guilty of plagiarism. Course of action might include, but not be limited to:
  - a. student receive warning
  - b. student receive a lowered grade
  - c. student receive failing grade for the course
  - d. student dropped from course
  - e. student be referred to the Vice President of Student Affairs for violation of Student Code of Conduct
4. An instructor taking action against any student for an act of academic misconduct may report such action to the Vice President of Instruction and the Vice President of Student Affairs, as soon as possible, but no later than five working days after the incident. Any student subject to action of an instructor for a violation of this section may seek review of that action by referring to the Grievance Procedure for Instructional Issues.

### Academic Dishonesty (aka “Cheating”)

Students are expected to maintain high standards of academic conduct and integrity. Any student found cheating will undergo disciplinary action up to and including possible dismissal from the EMT Program.

Examples of cheating include but are not limited to the following:

1. Giving and/or receiving unauthorized information from another student during any type of test or examination. Please note: Telling a classmate what is on a test that they have not taken is considered cheating.
2. Obtaining or providing unauthorized questions relating to a test or examination prior to or after the time of the test or examination.
3. Using or having in your possession any unauthorized sources of reference during any test, examination, or assignment. This includes notes written on paper, use of cell phone, or any Smartwatch (e.g. Apple watch) or activity tracker that receives electronic information or texts.
4. Engaging in any and all forms of plagiarism. Plagiarism is the act of using the literary composition of another’s writing, or the ideas or language of the same, and passing them off as the product of one’s own mind.

### Unusual Occurrence/Practicum Incident Procedure

Any student who has an Unusual Occurrence/Practicum Incident (medication error/near miss, patient or student injury, etc.) must notify the practicum instructor immediately and complete both the clinical agency’s incident report form and the EMT Program’s Unusual Occurrence/Practicum Incident Report (found in the appendices of this Handbook). If the Unusual Occurrence/Practicum Incident involved a needle stick, sharp object injury, and/or body fluid exposure, a Needle Stick and Sharp Object and Body Fluid Exposure Report (also found in the appendices of this Handbook) will also be completed. The practicum instructor will supervise and assist the student in the completion of any clinical agency or EMT Program incident reports. All Unusual Occurrence/Practicum Incident Reports and Needle Stick Reports will be kept on file in the Allied Health Program office.

### Legal Responsibilities

The student is legally responsible to practice within the student’s current scope and level of education. This level is determined by how other students at the same level of EMT would be expected to act in a similar situation. Students will work under the direct supervision of faculty and/or assigned staff members at the discretion of the practicum instructor.

## Student Rights, Responsibilities, and Professional Behavior

### Student Rights

As noted in the WWCC Student Handbook, each student has the right to expect a campus climate in which all students:

1. Are given the opportunity and encouragement to succeed
2. Are treated with dignity and respect
3. Demonstrate good manners and courtesies
4. Are safe from sexual harassment and discrimination
5. Are free to ask for help

### Student Responsibilities

In addition to rights, each student has a responsibility to:

1. Support a learning environment that provides opportunities for all students to succeed
2. Prepare mentally and physically to be the best they can be
3. Treat all student and staff with dignity and respect
4. Exhibit good manners and common courtesies at all times
5. Serve as a positive role model for less experienced students
6. Respect the property and space of others
7. Help keep the campus litter free
8. Refrain from swearing and using any inappropriate communication
9. Read and abide by the college rules in the WWCC Student Handbook
10. Be accountable for their own actions

### Professional Behavior Expectations

Students who have chosen to become EMTs are expected to demonstrate professional behavior and judgment both inside and outside of the academic setting. The student's behavior reflects character, personal integrity, and respect for others. Students should anticipate a Special Concern with a possible letter grade drop and/or dismissal from the course or program for behaviors including, but not limited to the following:

1. Falsification of documents or Electronic Health Record (EHR)
2. Forgery of instructor or other healthcare professional's signature
3. Lying and/or cheating
4. Theft of property from the college, clinical agencies, or fellow students
5. Plagiarism
6. Performing skills outside of the student's Scope of Practice
7. Violating confidentiality
8. Discussing one's own personal issues with patients or families
9. Developing social/romantic relationships with patients or families.

- a. EMT students will have no social/romantic contact with any individual with whom they developed a professional relationship for a minimum of two years after exiting the EMT Program.
10. Refusing to follow instructions of agency staff or instructors or abide by agency expectations.
11. Threats of violence or retaliation toward others.
12. The use of abusive language in any format (written, verbal, or otherwise), or disruptive behavior directed toward peers, staff, faculty, or agency personnel.
13. Sharing electronic healthcare record (EHR) login information.
14. Copying or reproducing Protected Health Information (PHI) in any manner and/or removing PHI from an agency.

#### Social Media Use

Students should be aware that using internet social networking sites (including, but not limited to, Facebook, Twitter, and Instagram) to discuss classmates, instructors, or the EMT Program is unacceptable. Sharing ANY patient information or clinical experiences/stories outside of the classroom setting may be a HIPAA violation and is grounds for disciplinary action and/or dismissal from the course and/or program. Students will sign acceptance of this expectation on the Student Affirmation Form in the appendices of this Handbook.

#### Netiquette Expectations

The etiquette guidelines that govern behavior when communicating on the internet or the electronic classroom environment are known as “Netiquette.” Such behavior is essential to the integrity of the academic environment and the free exchange of ideas. To keep electronic communication professional, EMT students are expected to follow the rules of netiquette listed below in their electronic communications, including discussion forums, chat services, email, and social media.

1. Respect the opinions of others. A robust discussion may have disagreements, but should not deteriorate into a personal attack on faculty or peers. The subject under discussion is always the content of the idea and not the characteristics of the person expressing that idea.
2. Avoid offensive, rude, and sarcastic messages. If you receive a message of this nature, do not respond in the same tone. If this type of communication continues from someone, notify your EMT faculty.
3. Do not respond to others electronically when you are angry or upset; leave it in draft form and review it later after you are more calm.
4. Remember that using all capital letters or numerous exclamation points implies you are yelling at the reader.

### Use of Electronic Devices

Electronic devices, including cell phones, may only be used in the learning environment for learning purposes and with professional courtesy. Cell phone volume/vibration must be turned off. Emergency messages may be routed through the Allied Health department contact number. Cell phones or other recording devices may not be used in the clinical environment.

Students may use only simple, non-programmable calculators during testing if allowed. Cell phones may not be used as a calculator during testing. Calculators may not be shared between students during testing.

### Consent for Electronic Recording/Video of Communication

As stated in [RCW 9.73.030 Intercepting, recording, or divulging private communication](#), it is unlawful to record any private in-person conversation or other communication between two or more individuals without their express consent. Consent for photography or videotaping of EMT students will be obtained by the EMT Program for any photos or recordings used in the learning environment. Students have the right to refuse to be videotaped by others (patients, family, etc.) in the clinical environment.

### Unauthorized Children on Campus

To avoid an unsafe situation and/or disruption of the learning environment, children are not allowed to attend classes with their parents or care-taker. If children are present, the parent or care-taker will be asked to leave class. An exception is made for breast-feeding mothers and a lactation room is available on both the Walla Walla and Clarkston campuses.

### Substance Use/Abuse

In accordance with RCW 18.130 (Washington State Department of Health, Regulation of Health Professions, Uniform Disciplinary Act) and the Walla Walla Community College Substance Abuse Policy, the Health Science Education faculty actively oppose the ingestion of any substance that interferes with healthy development and function in the physical, psychological, social, occupational, and spiritual areas. Unauthorized alcohol intake is prohibited on the WWCC campus.

Walla Walla Community College Policies and Washington State laws governing EMTs both consider substance abuse to be a health and safety problem. Substance abuse has significant negative effects on safety and performance. Clients are at risk for serious injury if a student is under the influence of a substance which inhibits performance. **THE SAFETY OF THE CLIENT IS OUR FIRST PRIORITY.**

Although the State of Washington passed a law (I-502) that legalized personal use of marijuana, it is essential that all EMT students understand that Washington's system of legalized marijuana does not preempt federal law. Federally, Marijuana is illegal. It is listed as a Schedule I drug which is defined as drugs, substances, or chemicals with no currently accepted medical use and a high potential for abuse (source: <http://www.dea.gov/druginfo/ds.shtml>). If an EMT student



tests positive for Marijuana metabolites, the student will be immediately dismissed from the WWCC EMT Program.

### Expectations

All EMT students shall abstain from alcohol and/or drug use that alters mental, verbal, or motor responses within eight hours prior to their practicum and class periods. This includes the use of illegal drugs, the illegal use of prescription drugs, and the abuse or illegal use of alcohol. Attending classes and/or practicum while under the influence of alcohol and/or drugs will be cause for suspension from the program.

If a student takes a prescribed medication that may impair consciousness, alertness, or cognitive ability, he/she must inform his/her practicum instructor. If the medication causes the student to demonstrate altered mental, verbal, or motor responses, he/she may be sent home. An individual on medications that dull the senses is not considered a safe practitioner. THE SAFETY OF THE CLIENT IS OUR FIRST PRIORITY.

Although the WWCC EMT Program does not conduct drug testing without cause, students placed at some clinical agencies will be required to submit to a mandatory urine drug screening test before Day 1 of clinical or at any subsequent time as requested.

ALL REPORTS OF SUBSTANCE ABUSE IN ANY SCHOOL-SANCTIONED ACTIVITY WILL BE ACTED UPON IMMEDIATELY. (See "Procedure" below).

If an EMT student should be convicted of a drug-related felony, he/she will be dismissed from the EMT Program. Health care facilities will not allow students who have been convicted of a drug-related felony to practice in the practicum area.

The EMT Program will assist and support any student who wishes to obtain help for drug-related problems.

### Reporting Suspected Substance Use/Abuse

A staff member of the practicum agency who suspects a student of being under the influence of alcohol and/or any other drug that alters mental, verbal, or motor responses should immediately report this observation to the agency supervisor and the WWCC instructor.

A student who suspects a peer of being under the influence of alcohol and/or any other drug that alters mental, verbal or motor responses should immediately report this observation to the WWCC instructor or the agency supervisor (if instructor not immediately available).

### Procedure

An instructor who has received a report of suspected abuse or who suspects a student of being under the influence of alcohol and/or any other drug will immediately remove the student from direct patient care. The instructor will then confer with another instructor or agency staff member to assess, and if possible confirm, the evidence of suspected alcohol or drug use.

Should two agree that there is observable evidence of substance abuse, the following will occur:

1. The student will submit to urine and blood drug testing immediately after signing a consent/release of information form (see "Allied Health Laboratory Test Results Certificate of Agreement in the Appendices of this Handbook). Failure to submit to the testing and/or signing the Certificate of Agreement form will result in immediate suspension from the program.
2. Every effort should be made to obtain testing within one hour from the initial observation of suspected influence. If the suspected offense occurs at a facility with testing capabilities, testing should occur at that facility.
3. If the student is in the classroom or in a practicum setting which does not have testing capabilities, it will be the student's responsibility to arrange for transportation to the testing facility. Students suspected of substance abuse may not transport themselves. The instructor will contact the testing facility and facilitate expeditious testing, informing them of the student's impending arrival and need for drug/alcohol testing.
4. If the test results are positive or not immediately available, the student will not be allowed to drive and/or leave the testing facility alone. It is the student's responsibility to arrange for safe transportation home.
5. The student will be suspended from all EMT Program activities until the Director of Allied Health and Safety Education and the Dean of Health Science Education receives a copy of the test results.
6. If the results for alcohol and/or drugs are positive the student will be immediately dismissed from the program.
7. All expenses incurred due to mandatory testing and/or required transportation shall be the responsibility of the student.

#### Readmission

Students dismissed for alcohol/drug problems must provide documentation of substance abuse treatment prior to readmission to the EMT Program. In addition, the student will be required to adhere to a plan, developed in conjunction with a counselor, for ongoing evaluation of compliance to the substance abuse policy.

#### Statement of Suspension for EMT Students

##### *Purpose*

To allow a period of not more than five (5) instructional days (excluding weekends) for purposes of investigation of any issue which may compromise student's ability to provide safe, competent care to clients.

### *Protocol*

During the investigative proceedings the student may continue with theory and/or practicum depending on the infraction. It is possible that the infraction would warrant suspension from both theory and practicum.

### *Procedure*

1. The instructor will formulate a statement regarding the infraction (serious concerns/accusations related to improper demonstration of skills, client safety or legal/ethical issues). This statement will be given to the Director of Allied Health and Safety Education and the Dean of Health Science Education who will then submit it to the Vice President of Instruction or designee.
2. A formal recommendation will be submitted to the Vice President of Instruction for final approval if such a suspension is warranted.
3. The student would then be notified in person and in writing of the suspension. A copy of the instructor's statement and suspension protocol will be given to the student at this time.
4. The investigation will proceed. Information will be gathered from all parties concerned including the student.
5. Results of findings will determine students' continuation in the program or dismissal.
6. A student may contest or appeal such at any time during this process, and is due the same consideration for appeal that applies to student termination or dismissal.

## MISCELLANEOUS INFORMATION

### Academic Advising

Each student at WWCC will be assigned an advisor. It is the student's responsibility to:

1. Make appointments with the advisor.
2. Inform the advisor of any proposed class schedule changes.

### Practicum Agency Contingency Plan

If for some unforeseen reason an agency used by WWCC EMT Program should close or become unable to provide practicum experience, the following course of action will be taken by the faculty:

1. Assess courses that would be affected by agency closure.
2. Meet with Advisory Committee for community input for alternate practicum experience.
3. Explore expanded practicum hours in currently used agencies.
4. Explore alternative community resources to meet practicum objectives.
5. Explore regional community resources to meet needed practicum objectives.

### Departmental Guidelines

1. Students wishing to meet with the EMT instructor should make an appointment to do so.
2. The **copy machine** in the Health Science Education department is **not** for student use. Students have access to a copy machine in the library.
3. On Walla Walla Campus telephones for student use are available in the lobby and 2<sup>nd</sup> floor hallway of the Health Science Building for local outgoing phone calls. There is also a student phone and pay phone in the Vo-Tech Building and a pay phone in the main Administration Building. On the Clarkston Campus, the telephones available for student use are across from the business office or at the pay phone in the northeast hallway of the main building and in the lobby of the Health Science Building.
4. No information about students, including job reference, will be released from the Allied Health and Safety Education department without written consent from the student (see Authorization to Release Information form in the appendices).
5. Although students may wish to show a gesture of appreciation to instructors by giving gifts, there are restrictions as to what the faculty can and cannot accept. According to the Ethics Policy for Walla Walla Community College, "No state officer or state employee may receive, accept, take, seek, or solicit, directly or indirectly, anything of economic value as a gift, gratuity, or favor from a person if it could be reasonably expected that the gift, gratuity, or favor, would influence the vote, action, or judgment of the officer or employee, or be considered as part of a reward for action or inaction." "...exceptions generally include certain unsolicited items, tokens of

appreciation...and minor promotional items, with a total annual value of less than \$50.00.”

6. Although patients (or patient family members/friends) may wish to show a gesture of appreciation to students by giving gifts, the student should inform the patient that they cannot accept a gift. They can suggest that if the patient is appreciative of the service which was received the patient or family may discuss this with the manager or charge nurse to see what might be appropriate to give the entire unit for the great care (although nothing is needed). The student could suggest that the patient convey his/her appreciation in the post-hospitalization survey that asks about the care received.

## Student Support Services

### Financial Aid

The Financial Aid office at WWCC handles all Financial Aid information and transactions. Grants, short-term loans and loans are available. If you are in need of aid, please contact the Financial Aid Office as soon as possible.

Students are encouraged to access information regarding scholarships from Financial Aid and the Foundation offices. Announcements regarding additional scholarships are placed on the student bulletin board and instructors may announce them in class. Taking the time to complete an application is often worth the effort.

### Scholarships

A variety of scholarships are available to Walla Walla Community College students, made possible by the WWCC Foundation, individual donors, special endowments, private corporations and other foundations. Award decisions are based on academic performance, potential to benefit, and financial need. Many scholarships are designed for students in specific fields of study.

### Important Dates

The application deadline is **March 31** each year. Announcements of awards for the following school year will be made in late spring.

### Applications

Access the fillable PDF application on the Foundation’s web site: [WWCC Foundation](#). Late or incomplete applications will not be considered. To be considered for funding, application must include each of the following:

1. Completed scholarship application form
2. Official transcripts
3. Two letters of recommendation

### Contact Information

For questions, please contact the Foundation office at 509-527-4275.

### Student Development Center

The college offers many services to students who need assistance with study habits, reading, test taking and other academic concerns. These services are offered through the Student Development Center: Advising, Disability Services, Career Center, Personal Counseling, Tutoring and Learning Center (TLC), Writing Center, Worker Retraining, TRiO, and Opportunity Grant may be sources of additional funding.

Students who need part-time job placement should contact the WorkSource office at (509) 524-5230.

### Personal Health Insurance

Students are responsible for providing their own injury and illness insurance. All EMT students are required to provide proof of personal health insurance with a minimum of catastrophic health insurance coverage before being allowed to attend practicum. **The college and the practicum agencies do not assume any financial responsibility for student accidents occurring during the course of their studies.**

Students may purchase an accident and sickness policy at a low cost at the College Business Office. More information can be found at [Student Health Insurance](#).

NOTE: Each student must complete the “Acknowledgment of Insurance Coverage” form in the appendices.

# APPENDICES

## EMT PROGRAM

### STATEMENT OF CONCERN

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**This is to notify you that there are areas of concern regarding your progress in the  
 WWCC Emergency Medical Technician Program.  
 The areas indicated below are the areas requiring immediate improvement:**

Grades	Attendance/Participation	Conduct
Homework/classwork grade average less than a "C", which is required to pass	Absence (list class and clinical dates)	Lack of respect for facilities, faculty or employees in your learning environment
Written exam and quiz grade average less than a "C", which is required to pass	Tardiness (list class and clinical dates)	Disorderly conduct in the learning environment
Failure to complete additional assigned learning such as FEMA/ICS modules	Failure to complete assignments and or turn in homework on time (list dates)	Failing to observe safe practices in the lab or clinical area
Skills exam grade less than a "C", which is required to pass	Failure to attend class ready to practice with appropriate attire/equipment (list dates)	Not taking responsibility for your own learning (cheating or plagiarism)

**Instructor and or Administrator Comments and Recommendations:**

**Student Improvement Plan:** My plans for improving my performance or avoiding behaviors of poor conduct are:

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**Student Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Instructor's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_



### AUTHORIZATION TO RELEASE INFORMATION

In accordance with the Family Educational Rights and privacy Act (FERPA), the college will not provide information contained in student records in response to inquiries unless the student has given written consent to the College.

The student should allow a minimum of two weeks for faculty to write letters of reference

By signing this document, I \_\_\_\_\_ hereby authorize  
(print your name)

\_\_\_\_\_ Any faculty or staff member, or

\_\_\_\_\_ Only the following instructor(s):

at Walla Walla Community College to release the following reference information to

\_\_\_\_\_ Any prospective employer

\_\_\_\_\_ Any educational institution to which I seek admission

\_\_\_\_\_ Any organization considering me for a scholarship or award

\_\_\_\_\_ ONLY the following agency/person(s):

Date of Release:

\_\_\_\_\_ Indefinite

\_\_\_\_\_ For this specific time frame: \_\_\_\_\_

I authorize release of the following levels of information (check one of the following):

\_\_\_\_\_ Student level of completion only (no information on performance)

OR

\_\_\_\_\_ Program performance information, including level of completion

I authorize the reference to be given (Check all that apply):

\_\_\_\_\_ By written request

\_\_\_\_\_ By verbal request

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

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
SID Number

Letters for scholarship:

Please indicate the name of the scholarship and a brief summary of why you think you should be selected for the award.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Letters for prospective employers:

Please indicate who you want the letter addressed and/or what job you are applying for and how you may be uniquely qualified for the position:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there any additional information you think would be helpful?

If you need more space for any section, please attach a separate sheet of paper.

### EMT UNUSUAL OCCURENCE REPORT

Student Name: \_\_\_\_\_ Faculty Name: \_\_\_\_\_

Date report completed: \_\_\_\_\_

*This form is to be completed by the student and the faculty member together. The completed form is to be submitted to the EMT Lead Instructor.*

Occurrence Demographics	Recipient of Unusual Occurrence
Date: _____ Time: _____ Location of event: _____ Category of Event: (check one) <input type="radio"/> Error <input type="radio"/> Near Miss <input type="radio"/> Fall <input type="radio"/> Other: _____	Who was the recipient of the Unusual Occurrence? <input type="radio"/> Patient <input type="radio"/> Visitor <input type="radio"/> Staff <input type="radio"/> Student <input type="radio"/> Other (specify): _____  Status of the recipient of the Unusual Occurrence: <input type="radio"/> No Harm <input type="radio"/> Harm <input type="radio"/> Death <input type="radio"/> Other (specify): _____

Type of Incident
<input type="radio"/> Medication error: <ul style="list-style-type: none"><li><input type="radio"/> Wrong dose/rate</li><li><input type="radio"/> Wrong route</li><li><input type="radio"/> Wrong client</li><li><input type="radio"/> Wrong drug/solution</li><li><input type="radio"/> Wrong time/delayed/out of sequence</li><li><input type="radio"/> Adverse/allergic reaction</li><li><input type="radio"/> Extra dose/ repeated</li><li><input type="radio"/> Omission</li><li><input type="radio"/> Patient self-medicated</li><li><input type="radio"/> Other (specify): _____</li></ul>
<input type="radio"/> Needle stick (complete "Needle Stick and Sharp Object Injury and Body Fluid Report")
<input type="radio"/> Blood/Pathogen exposure
<input type="radio"/> Fall event <ul style="list-style-type: none"><li><input type="radio"/> Witnessed: Yes _____ No _____</li><li><input type="radio"/> Assisted to the floor: Yes _____ No _____</li><li><input type="radio"/> Fall from: _____</li></ul>
<input type="radio"/> Injury to body
<input type="radio"/> Failure to assess and/or respond to an adverse change in client condition
<input type="radio"/> Breach of confidentiality
<input type="radio"/> Other: _____

**Unusual Occurrence Description**

*Describe event in detail here:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reflection on Contributive/Causative Factors**

- Medication Error:
  - Allergy not documented
  - Assessment inaccurate/Incomplete
  - Drug not documented as given
  - Drug not checked with order/MAR
  - Drug not available
  - MAR misread/misinterpreted/ incomplete
  - Medication not scanned
  - Drug name similarity with other drug
  - Overlooked medication
  - Client refused/ unavailable
  - Other (specify): \_\_\_\_\_
- Inadequate communication
- Inadequate preparation and/or knowledge for providing patient care
- Deviation from protocols
- Equipment or medical device malfunction
- Environmental safety – for self, patient or others
- Inappropriate or inadequate supervision or assignment by faculty, preceptor, other student, health care team, patient, or visitor
- Interruptions/Distractions
- Client factors-for example, combative, agitated etc. (Specify): \_\_\_\_\_
- Technical knowledge deficit
- Other: \_\_\_\_\_  
\_\_\_\_\_

**Follow-Up Action**

Who was alerted?

- WWCC Faculty-specify name(s): \_\_\_\_\_
- WWCC Allied Health Department-specify name and title of the individual(s): \_\_\_\_\_  
\_\_\_\_\_
- Patient
- Patient's family-specify: \_\_\_\_\_
- Healthcare Provider-specify: \_\_\_\_\_
- Other: \_\_\_\_\_
- Unknown

Inform clinical agency:

- Yes-specify name and title of individual(s): \_\_\_\_\_
- No
- Unknown
- N/A

Agency incident report completed:

- Yes (specify who completed the agency report): \_\_\_\_\_
- No
- Unknown
- N/A

Changes occurring as result of incident:

- System changes
- Policy changes
- Practice changes
- Curriculum changes
- Nothing at present
- Other: \_\_\_\_\_
- Unknown
- N/A

Measures to prevent his type of incident from occurring in the future: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## NEEDLE STICK AND SHARP OBJECT INJURY AND BODY FLUID EXPOSURE REPORT

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

Birthdate: \_\_\_\_\_

SID#: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

### Where did the injury occur? (check one)

- |  |  |
|--|--|
| <input type="checkbox"/> Patient Room  | <input type="checkbox"/> Venipuncture                      |
| <input type="checkbox"/> Outside Patient Room (hallway, nurse's station, etc.) | <input type="checkbox"/> Dialysis Facility                 |
| <input type="checkbox"/> Emergency Department                                  | <input type="checkbox"/> Procedure Room (X-ray, EMG, etc.) |
| <input type="checkbox"/> Intensive/Critical Care Unit                          | <input type="checkbox"/> Clinical Laboratories             |
| <input type="checkbox"/> Operating Room  | <input type="checkbox"/> Autopsy/Pathology                 |
| <input type="checkbox"/> Outpatient Clinic/Office                              | <input type="checkbox"/> Blood Bank                        |
| <input type="checkbox"/> Service/Utility Area (laundry, central supply, etc.)  |  |
| <input type="checkbox"/> Other, describe _____                                 |  |

### Was the source patient known? (check one)

- yes    no    unknown    not applicable   Medical Record # \_\_\_\_\_

### Was the injured worker the original user of the sharp item? (check one)

- yes    no    unknown    not applicable

### Was the sharp item: (check one)

- contaminated (known exposure to patient or contaminated equipment)  
 uncontaminated (no known exposure to pt. or contaminated equipment)  
 unknown

### For what purpose was the sharp item originally used: (check one)

- unknown/not applicable  
 injection, intramuscular/subcutaneous, or other injection through the skin (syringe)  
 heparin or saline flush (syringe)  
 other injection into (or aspiration from) I.V. injection site or I.V. port (syringe)  
 to connect I.V. line (intermittent I.V./piggyback/I.V. infusion/other I.V. line connection)  
 to start I.V. or set up heparin lock (I.V. catheter or Butterfly™ –type needle)  
 to draw a venous blood sample  
 to draw an arterial blood sample (ABG)  
 to obtain a body fluid or tissue sample (urine/CSF, Amniotic fluid/other fluid, biopsy)

- fingerstick/heel stick
- suturing
- cutting (surgery)
- electrocautery
- to contain a specimen or pharmaceutical (glass items)
- other, describe \_\_\_\_\_

**Did the injury occur:** *(check one)*

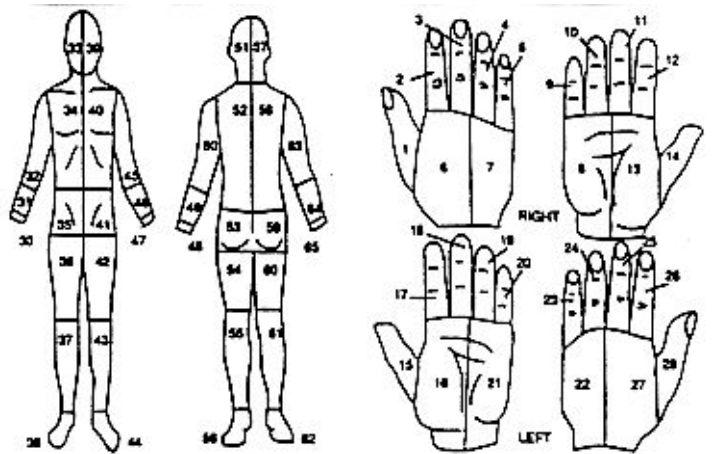
- before use of item (item broke or slipped, assembling device, etc.)
- during use of item (item slipped, patient jarred item, etc.)
- between steps of multistep procedure (between incremental injections, passing instruments, etc.)
- disassembling device or equipment
- in preparation for reuse of reusable instrument (sorting, disinfecting, sterilizing, etc.)
- while recapping a used needle
- withdrawing a needle from rubber or other resistant material (rubber stopper, I.V. port, etc.)
- other after use, before disposal (in transit to trash, cleaning up, left on bed, table, floor, or other inappropriate place, etc.)
- from item left on or near disposal container
- while putting the item into the disposal container
- after disposal, stuck by item protruding from opening of disposal container
- after disposal item protruded from trash bag or inappropriate waste container

**What device or item caused the injury?** \_\_\_\_\_

**Mark the location of the injury:**

**If the item causing the injury was a needle, was it a "safety design" with a shielded, recessed, or retractable needle?**

- yes     no/not applicable





**Was the injury:***(check one)*

- superficial *(little or no bleeding)*
- moderate *(skin punctured, some bleeding)*
- severe *(deep stick/cut, or profuse bleeding)*

**Describe the circumstances leading to this injury:**

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**BODY FLUID EXPOSURE:**

**Which body fluids were involved in the exposure?** *(check all that apply)*

- blood or blood product
- vomit
- CSF
- peritoneal fluid
- pleural fluid
- amniotic fluid
- urine
- other, describe \_\_\_\_\_

**Was the exposed part:** *(check all that apply)*

- intact skin
- non-intact skin
- eye(s)
- nose
- mouth
- other, describe \_\_\_\_\_

**Did the blood or body fluid:** *(check all that apply)*

- touch unprotected skin
- touch skin through gap between protective garments
- soak through protective garments
- soak through clothing

**Which protective items were worn at the time of the exposure?** *(check all that apply)*

- single pair latex/vinyl gloves
- double pair latex/vinyl gloves
- goggles
- eyeglasses
- faceshield
- surgical mask
- surgical gown
- plastic apron
- lab coat, cloth
- lab coat, other \_\_\_\_\_
- other, describe \_\_\_\_\_

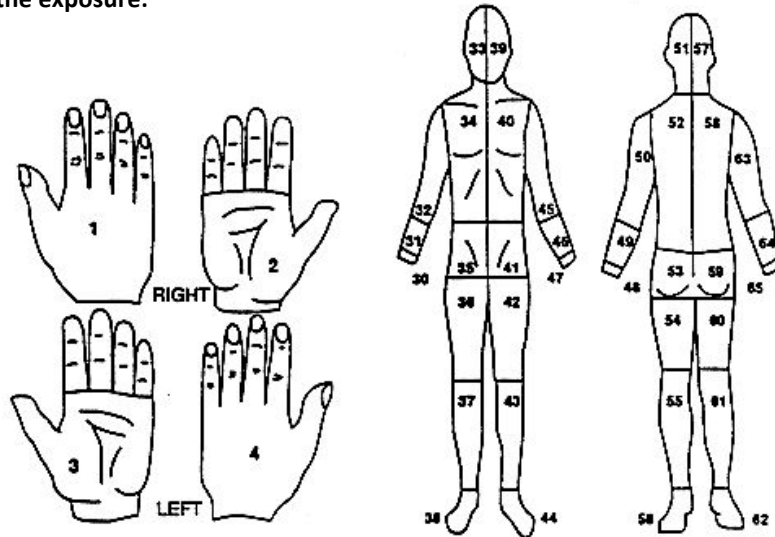
**Was the exposure the result of:** *(check one)*

- direct patient exposure
- touched contaminated equipment
- specimen container leaked/spilled
- touched contaminated drapes/sheets/gowns, etc.
- specimen container broke
- unknown

**Estimate the quantity of blood or body fluid in contact with your skin or mucous membranes:** *(check one)*

- small amount (up to 5 cc, or up to a quarter cup)
- moderate amount (up to 50 cc, or up to a quarter cup)
- large amount (more than 50 cc)

**Mark the size and location of the exposure:**



**Describe the circumstances leading to this exposure:**

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**Instructor comments:**

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Instructor Signature: \_\_\_\_\_ Student Signature: \_\_\_\_\_

## MEDICAL RELEASE FORM

To ensure student and patient safety, students who have been under a physician's care for an injury or surgery may be required to provide an Allied Health Program Medical Release Form from their physician or other healthcare provider before being readmitted to the Practicum Area.

Please have your healthcare provider complete the following Medical Release information prior to your return to the clinical environment.

Student Name: \_\_\_\_\_

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

Please check:

\_\_\_\_\_

Able to fully participate in EMT Program activities, including clinical, where lifting, walking, stooping, kneeling, and communicating (verbal and written) are required.

\_\_\_\_\_

Able to participate in EMT Program activities with the following limitations (please be specific):

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Duration of the above limitations: \_\_\_\_\_

Healthcare Provider's Name (please print): \_\_\_\_\_

Healthcare Provider's Signature: \_\_\_\_\_

Healthcare Provider's Phone Number: \_\_\_\_\_

Healthcare Provider's Address: \_\_\_\_\_

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## ALLIED HEALTH LABORATORY TEST RESULTS CERTIFICATE OF AGREEMENT

Under the suspicion of substance use/abuse, I understand that testing must occur within one hour and, if transportation to a testing facility is required, I may not transport myself.

I hereby authorize \_\_\_\_\_ to perform a urinalysis and blood tests to determine the use of alcohol and/or controlled substances on specimens provided by me. I authorize Walla Walla Community College Allied Health Program to receive these results and utilize the results of this test to determine suitability for continued enrollment in the EMT Program.

_____	_____
Name (Please Print)	Student Identification Number
_____	_____
Signature	Date
_____	_____
Witness	Date

I hereby refuse to agree to the above testing and realize that my refusal **will** result in immediate suspension from the program.

_____	_____
Student Signature	Date
_____	_____
Witness	Date
_____	_____
Witness	Date

## STUDENT SIGNAGE PAGES

**The following pages must be signed, dated, and returned to the EMT Lead Instructor by the due date announced/posted in the HO 130 Syllabus. Students may not attend practicum until all pages are signed and returned.**

### ACKNOWLEDGMENT OF INSURANCE COVERAGE

I am aware that during the practicum and/or lab experience in which I am participating under the arrangements of Walla Walla Community College, certain dangers may occur, including, but not limited to, the following:

**Infectious conditions, needle punctures, allergic reactions, musculo-skeletal injuries, etc.**

In consideration, and as part payment for the right to participate in this practicum and/or laboratory experience and the other services of Walla Walla Community College, I have and do hereby assume all the risks involved and will hold the State of Washington, Walla Walla Community College, its employees, agents, and assigns, harmless from any and all liability actions, causes of action, debts, claims, demands of every kind and nature whatsoever, which may arise from or in connection with participation in any activities arranged for me by Walla Walla Community College. The terms thereof shall serve as a release and assumption of risk for the heirs, executors, administrators, and members of my family, including minors.

All students are required to provide proof of personal health insurance with a minimum of catastrophic health insurance coverage.

I have provided proof of my insurance to the Allied Health office (information below):

**Insurance Information:**

Policy Holder's Name: \_\_\_\_\_ Policy # \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Student Name (please print): \_\_\_\_\_

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

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

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printing**

## INVASIVE PROCEDURES CONSENT FORM AND STUDENT AGREEMENT FOR USE OF PRACTICE AND INVASIVE KITS

I, \_\_\_\_\_, have read and understand my ethical responsibilities the WWCC Allied Health Policy/Procedure: Invasive Procedures.

In accordance with these principles, I agree to use kits intended for practice on manikins only on those manikins and on equipment intended for that purpose. I also agree to use invasive kits for peer practice on my peers only **and** in the presence of a WWCC instructor only. I understand that the intentional misuse of this equipment will be considered unethical conduct and such conduct will be brought before the Level for disciplinary action, up to and including possible dismissal from the EMT Program.

I understand the risks, discomforts, and benefits listed in the Allied Health Student Policy/Procedure: Invasive Procedures and my questions have been answered. I agree to participate as a subject in these optional learning experiences.

### Check all that you agree to:

- Finger stick to check glucose
- Subcutaneous injections
- Intramuscular injections

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Instructor Signature

### OR

I, \_\_\_\_\_ **do not agree to participate as a subject** in any learning activities involving invasive procedures. I understand I must complete an Alternative Learning Activity. It is the responsibility of the student to contact the instructor to arrange alternative learning activities.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Instructor Signature

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**WWCC ALLIED HEALTH STUDENT AFFIRMATION FORM**  
(Adapted from NWOSU Student Affirmation Form 6/8/11)

- \_\_\_\_\_ I understand that as an EMT student I am a member of a profession which places me in a position of confidence requiring the utmost discretion and professionalism to protect those with and for whom I work. I acknowledge that as a member of the EMT profession I have a responsibility to act in a manner consistent with the essential attributes of the profession. In this regard:
- \_\_\_\_\_ I agree to protect the privacy of faculty, peers, patients and family members of patients by not inappropriately disclosing confidential information about faculty, peers, patients or their family members that is disclosed to me in my capacity as a WWCC EMT student. In addition, I agree not to inappropriately disclose confidential information about my agency or institution that is disclosed to me in my capacity as a WWCC EMT student. I will adhere to HIPAA guidelines.
- \_\_\_\_\_ I will not share assigned Electronic Health Record (EHR) log-in information with another student or staff member.
- \_\_\_\_\_ I will read the syllabus for the EMT course. I understand that the grading criteria for each course is explained in the syllabus.
- \_\_\_\_\_ I will maintain and uphold the policies of WWCC related to academic integrity, ethics, and professional conduct. I will not condone or participate in any activities of academic dishonesty including, but not limited to, plagiarism, cheating, stealing or copying another's assigned work, lying about any situation, and/or forgery of another person's name.
- \_\_\_\_\_ I understand that signing the name of my instructor, or other health care professional, to any document constitutes forgery.
- \_\_\_\_\_ I will not recreate any items or portions of any test/quiz for my own use, or for use by others during my enrollment in the WWCC EMT Program.
- \_\_\_\_\_ I will not accept or access any unauthorized information related to any test/quiz administered during my enrollment in the WWCC EMT Program.
- \_\_\_\_\_ I will sign my own papers and other documents and will not sign or initial any other student's name to anything, including class roster.
- \_\_\_\_\_ I will not allow any student access to any of my paperwork for the purpose of copying.
- \_\_\_\_\_ I will not discuss or post any information about faculty, peers, patients, family members, or any clinical facility on any electronic venue (i.e. My Space, Facebook, Twitter, cell phones, etc.). Nor will I leave/save any patient, family, faculty, clinical facility or student information on any open access desktop or hard-drive.
- \_\_\_\_\_ I understand that marijuana is defined as an illegal substance by the Federal Government.
- \_\_\_\_\_ I understand that a clinical agency may require me to take a random drug screening test as a requirement for participating in clinical.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Printed Name

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## EMT STUDENT HANDBOOK ACCEPTANCE STATEMENT

Having read all of the WWCC EMT Student Policies and Procedures as specified in this EMT Student Handbook, I understand and accept the responsibilities of my role as an EMT student at Walla Walla Community College. I agree to abide and be bound by these policies as a condition of enrollment in and graduation from the program. I have had an opportunity to have my questions satisfactorily answered by an EMT faculty member or the Director of Allied Health and Safety Education.

Printed Name: \_\_\_\_\_

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

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

## EMT STUDENT RESPONSIBILITY FOR COMPLETING REQUIRED DOCUMENTATION BY SPECIFIED DUE DATES

As an EMT student, I recognize that it is my sole responsibility to ensure that I have provided the required documentation by the posted due date for the following:

- Criminal Background Check (due date posted in the EMT Application)
- AHA Basic Life Support for Healthcare Provider card (due date posted in the EMT Application)
- Documentation of ALL required immunizations (due date posted in the quarterly HO 130 syllabus)

I further understand that if I do not provide the required documentation by the posted due date that I will not be able to attend the practicum portion of this course, even if I supply the documentation after the due date. At that time, I may choose to withdraw from the class (if prior to the last day to drop classes that quarter at WWCC) or continue to attend the didactic portion of the class but receive a failing "F" grade for HO 130.

Printed Name: \_\_\_\_\_

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

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