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Thomas Jefferson University Hospitals and Jefferson Health System

From the earliest days, clinical facilities have been the primary setting for the learning experience of Jefferson students. As an academic medical center, Thomas Jefferson University Hospitals and its ambulatory facilities have traditionally provided this clinical setting. Nursing and health profession students, medical students, technologists, scientists and resident and attending physicians work together as a team to deliver a wide range of quality healthcare services.

Thomas Jefferson University Hospitals, a member of the Jefferson Health System, delivers health services with special expertise in Cancer, GI /Transplant, Heart and Vascular, Musculoskeletal, and Neuroscience at the following locations: in Center City Philadelphia, including the Jefferson Hospital for Neuroscience, at the Methodist Hospital Division in South Philadelphia, at a large multi-specialty ambulatory practice - Jefferson Health CARE Voorhees, at Jefferson Radiation Oncology sites and at physician offices throughout the Delaware Valley. Jefferson is one of only a few hospitals in the United States that is both a Level I Regional Trauma Center and a federally designated regional Spinal Cord Injury Center (together with Magee Rehabilitation). The Jefferson Kimmel Cancer Center is a National Cancer Institute-designated clinical cancer center.

Jefferson has 957 licensed acute care beds. Each year more than 46,000 people are admitted as inpatients, more than 92,000 emergency patients are treated and more than 452,000 outpatients are seen at the various facilities. More than 7,800 physicians, nurses, technologists and supporting staff serve the needs of the people who come to Jefferson University Hospitals for their healthcare needs. Jefferson continues to take pride in the quality and variety of healthcare services provided to citizens of Philadelphia and the Delaware Valley, while offering rich and varied learning experiences for the students of the University. Thomas Jefferson University Hospitals is fully accredited by the Joint Commission and is licensed by the Department of Health of the Commonwealth of Pennsylvania and has been granted MAGNET recognition for nursing excellence from the American Nurses Credentialing Center.

Samuel Parsons Scott Memorial Library/Administration Building

The Scott Building houses University administrative offices and the University Library. Scott Memorial Library offers a full range of services in support of students’ research, education and general information needs. The Library is a division of Academic Information Services and Research (AISR), which also includes Education Services, Learning Resources and Medical Media Services.

The Library is open and staffed 100 hours per week, but students have 24-hour access to workstations and the Internet. The Library’s collection is considered one of the finest in the region and reflects the University’s interest in the life sciences, clinical care, patient education and the history of the health sciences. The collection includes approximately 200,000 books and bound journals, more than 2,200 current periodical subscription (more than 1,000 in electronic format as well), leisure reading materials, the University Archives and a significant holding of rare books dating to the 15th century.

The Library manages learning resources centers in the Scott Library Building, Jefferson Alumni Hall and the Edison Building. These provide access to videos, slides, anatomical models, human skeletons, and a wide variety of education technologies. The Library manages public access computing labs and classrooms within the Scott and Edison buildings and Jefferson Alumni Hall. These facilities include digital scanning equipment, PDA synchronizing workstations, laptop computers with wireless capabilities and approximately 200 public computers. Staff is available to assist students and faculty in the use of all of technologies.

Thomas Jefferson University Hospital, Inc.

The Thomas Jefferson University Hospital, Inc. is a four-building complex comprised of the Thompson Building, Main Building, Foerderer Pavilion and the Gibbon Building, where emergency, in-
patient and out-patient ancillary facilities and offices are centered. Thomas Jefferson University Hospital, Inc. is a part of the Jefferson Health System.

**Commuter Services/Mass Transit/Parking**

Commuter Services provides mass transit and parking information and savings on these services to eligible Jefferson students and employees. Benefits include maps and schedules of bus and rail line routes; discounts on SEPTA, New Jersey Transit, and PATCO products; as well as discounts with selected local parking garages. Mass transit items, provided at discount prices include:

- SEPTA Tokens (5- and 10-packs); Trans/Trail Passes; and 10-Trip Regional Rail Line Tickets.
- PATCO Freedom Pass
- NJ Transit One-way and Monthly Tickets
- Discounted Campus Area Parking:
- Restricted daily and limited monthly parking is available at several locations on or near campus.

<table>
<thead>
<tr>
<th>Location:</th>
<th>Jefferson Bookstore at 1009 Chestnut Street.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hours:</td>
<td>Monday through Friday from 7:00 a.m. to 5:30 p.m.</td>
</tr>
<tr>
<td></td>
<td>Saturdays from 9:00 a.m. to 1:00 p.m.</td>
</tr>
<tr>
<td></td>
<td>Closed on Sunday and all University holidays.</td>
</tr>
</tbody>
</table>

For more information call 215-955-6417 or visit Commuter Services online at www.jefferson.edu/cso.

**Accreditation**

The Emergency Medical Technician – Paramedic program is accredited by the Commission on Accreditation of Allied Health Education Programs (www.caahep.org) upon recommendation of the Committee on Accreditation of Educational Programs for Emergency Medical Services Professions (CoA EMS).

Commission on Accreditation of Allied Health Education Programs
1361 Park Street
Clearwater, FL 33756
727-210-2350
www.caahep.org

**Admissions**

Students entering into the educational programs must meet the following admissions requirements:

- Be able to read and write English
- Can perform the functional job description of the program
- Does not have a positive criminal history
  - Provide state police or FBI abstract
  - Written approval by PA-DOH required for individuals with positive histories including DUI.
- Has obtained a Child Abuse Clearance
  - Provide state or FBI abstract
- Meets program specific requirements
Emergency Medical Technician – BASIC

- Must be at least 18 years of age
- Must be currently certified in CPR – Basic Life Support
  - CPR Certifications offered and reviewed the first two days of class
- Prior successful online course or patient care experience is required to participate in the EMT-Hybrid program

Paramedic

- Must be at least 18 years of age
- Must have a high school diploma or GED
- Current certification as an EMT or AEMT by the PA-Dept of Health
  - Individuals certified by another agency may apply for reciprocity to PA as an EMT
- Demonstrated competencies in English and Math at a college level
- Have completed Anatomy and Physiology I & II or their equivalent
- Current certification in CPR – Basic Life Support for the Health Care Provider or its equivalent as defined by PaDOH

Prehospital RN

- Must be at least 18 years of age
- Must be a currently licensed as a registered nurse by the Commonwealth of Pa
- Current certification in CPR – Basic Life Support for the Health Care Provider or its equivalent as defined by PaDOH
- Must have 3 years full time experience in a critical care setting or its equivalent

Experiential Learning

Credit for experiential learning are not available at this time.

Admission Process

Registration for admissions to the paramedic program can be completed online or in person.

Online Registration – www.jeffstat.org
  Follow links for Education Center and course description.

Registration – 833 Chestnut Street, Suite 940, Philadelphia, PA 19107
  Please call for appointment with course coordinator (215) 955-7534

Tuition and Fees

The following fee schedule shall apply for the 2014 – 2015 Academic Year. The academic year is defined as any course beginning on or after August 1st through July 31st of the following year.

Emergency Medical Technician Program:

<table>
<thead>
<tr>
<th>Service</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration Fee</td>
<td>$ 150</td>
</tr>
<tr>
<td>PA State Police Criminal Abstract</td>
<td>$ 10</td>
</tr>
</tbody>
</table>
Child Abuse Clearance | $ 10
Tuition (1) | $ 1,700
Nat. Registry of EMT’s Certification Exams** | $ 70 Per written attempt

Uniforms and textbooks supplies not included in tuition and fees noted above.

** Written certification fees established by National Registry of EMT’s and subject to change.

Textbooks and uniform costs variable

Financial aid is not available. Prospective students may seek personal loans from their financial institutions or pay the tuition in installments. Tuition payments are due the first day of the class.

Financial Assistance is available to Veterans.
Refund Policy

Tuition and fees may be refunded as follows:

Registration Fees:
Registration fees are used to offset preadmission testing of prospective students prior to admission to the EMS program.

1. Registration fees may be refunded to a prospective student provided:
   1. A request is received in writing and
   2. Pre-admission testing has not been attempted.
   3. A $25 administrative fee will be charged and deducted for all registration fee refund requests.
   4. Veterans who are returned to active duty prior to the start of the course who have made registration payment will receive a full refund of their registration fee.
   5. Registration fees may not be refunded after the first day of the program, or after attempting / completing the preadmission testing.

Tuition may be refunded using the following schedule:

1. Emergency Medical Technician Program
   1. 100% refund for withdrawal prior to the start of the course
   2. 75% refund for withdrawal during the first week
   3. 50% refund for withdrawal during the second week
   4. No refunds issued after the third week of class

2. Paramedic Program
   1. 100% refund for withdrawal prior to the start of the course
   2. 75% refund for withdrawal during the first week
   3. 50% refund for withdrawal during the second week
   4. No refunds issued after the third week of class

3. Pre-hospital Registered Nurse Program
   1. 100% refund for withdrawal prior to the start of the course
   2. 75% refund for withdrawal during the first week
   3. 50% refund for withdrawal during the second week
   4. No refunds issued after the third week of class

Students wishing to withdraw from an EMS program must submit their request in writing. The effective date will be the date received by the training center, coordinator or their designee.

Non-Discrimination

The JeffSTAT EMS Training Center is committed to providing equal educational and employment opportunities to all persons without regard to race, color, national or ethnic origin, religion, gender, sexual orientation, age, disability, or veteran's status.

Criminal History Reporting

All students are required to complete a criminal background check for the Pennsylvania Department of Health by the Pennsylvania State Police prior to orientation into the EMT, Paramedic or PHRN courses.

If the Criminal History check comes back positive students may be accepted into the class but must be notified that the state may not approve them for state certification.

If the incident occurred out of state students must complete a Request for Criminal History from the state in which the incident occurred and the Pennsylvania State Police Request for Criminal History check.
Failure of the student to disclose a prior criminal history may be grounds for immediate dismissal from class without refund of any tuition monies paid. Criminal History Abstracts and Child Abuse clearance abstracts may be obtained from the following websites for the Commonwealth of Pennsylvania: https://epatch.state.pa.us/Home.jsp & http://www.dpw.state.pa.us/ucmprd/groups/webcontent/documents/form/s_001762.pdf

Transfer of Students from Outside Educational Programs

JeffSTAT EMS Education center will accept successful completion of paramedic training components provided:

1. The program is accredited by CoAEMSP.
2. The student demonstrates cognitive and/or psychomotor competency for the requested course work being transferred.
3. The completed course work must have been completed within the prior 36 months.
4. Non-CoAEMSP accredited programs shall be evaluated on a case-by-case basis.
5. All admissions requirements must be met.
6. State Police Criminal History Abstracts and Child Abuse Clearance documents must have been obtained within the prior 6 months.

Procedure:

1. The student shall provide an official college transcript showing the completed course.
2. The student shall provide a course description or course syllabus for the completed course work.
3. The program director shall review the content to permit acceptance of the completed course work.

Reentry Policy and Procedure

Students who are dismissed for academic reasons may reapply for readmission to the program. Students who are dismissed from the program for reasons other than academic performance are not eligible for readmission.

EMT Program:

1. Students may reapply through the course coordinator for readmission into the EMT program.
2. The coordinator shall review goals and make recommendations for successful outcome for the student.
3. The application fee may be waived for readmission to the next scheduled program.
4. The tuition for readmission to the program shall be the current tuition in force at the time of application for readmission.

Paramedic and PHRN Programs:

Students may re-apply to the program following one of the two options below:

1. Students may apply for re-admission into the program at the point where the class was failed. Should this choice be made, the student must complete a final written and practical evaluation from the previous course along with a successful skills demonstration as determined by the
program director and medical director. This will insure that the student is competent to re-enter the program as the selected point.

2. The student may apply for re-admission from the beginning of the program. Should this choice be made, the student must complete the application process as required for all initial students.

In all instances, students must pass the failed units / modules to progress in the program.

The most current grade, higher or lower, shall replace the original grade for that unit / module.

Under no circumstance shall a student who has reapplied for the program and failed to complete that program be permitted to re-apply a second time.

Students receiving VA benefits should consult their certifying official for benefits eligibility.

Course Completion Requirements

Students are required to successfully complete these criteria in order to qualify to take the Pennsylvania Department of Health through National Registry examinations. Please view certification requirements posted by National Registry of EMT’s at www.nremt.org.

Emergency Medical Technician Program

1. Students must pass all module exams with a grade of 75% or above. If a unit test grade of 75% is not achieved, a retest must be taken within one week of completion of the remediation program. Students who fail the retest will be required to reenter the program following the Program Re-entry Policy.

2. Students must demonstrate the ability to complete all psychomotor skills as set forth in the Emergency Medical Technician Functional Position Description and must satisfactorily complete a basic life support (BLS) skills evaluation.

3. Students must not miss more than ten percent (10%) unexcused hours of coursework.

4. Students must successfully complete sixteen (16) hours of clinical experience with a satisfactory evaluation from a field preceptor. This may be in a hospital emergency department or with an emergency medical services organization.

Paramedic Program

1. Students must pass each written evaluation with a grade of 75% or above. If a unit test grade of 75% is not achieved, a retest must be taken within one week of completion of the remediation program. Students who fail the retest will be required to repeat and pass that course.

2. Students must demonstrate the ability to complete all psychomotor skills as set forth in the Emergency Medical Technician-Paramedic Functional Position Description and must satisfactorily complete an advanced life support (ALS) skills evaluation.

3. Students may not miss more than ten percent (10%) unexcused hours per semester.

4. Students must complete all didactic, clinical, and field components with a satisfactory evaluation in each section from their preceptor / coordinator.

5. All didactic and clinical components must be completed prior to the field internship.

6. Field internship and initial certification examination must be completed within one calendar year (12 months) from the date of course completion.
7. Course completion date is defined as the end date stated on the course application and as approved by the PaDOH.

**PHRN Program**

1. Students must attend each lecture and practical session and demonstrate the ability to complete all psychomotor skills as set forth in the Advanced Life Support Provider Functional Position Description. Student must also satisfactorily complete an advanced life support (ALS) skills evaluation at the conclusion of the PHRN program.
2. Students must complete clinical time as directed by the PADOH in the operating room and demonstrate proficiency with airway management skills.
3. All didactic and clinical components must be completed prior to the field internship.
4. Students must complete field internship time, as directed by the PADOH, with an approved 911 ALS provider. Students must receive satisfactory evaluations from their preceptor.
5. Course completion date is defined as the end date stated on the course application and as approved by the PaDOH.
6. Field internship and initial certification examination must be completed within one calendar year (12 months) from the date of course completion.

**Functional Job Description**

**Emergency Medical Technician**

The following is a position description for the Emergency Medical Technician (EMT). This document identifies the minimum qualifications, expectations, competencies and tasks expected of the EMT.

**Qualifications for Certification:**
To qualify for state certification, the applicant shall at a minimum:

1. Meet minimum state entry requirements.
2. Meet requirements, such as attendance and grades.
3. Successfully complete all certifications examinations.
4. Have a valid skills verification form signed.

**Competencies:**
The EMT must demonstrate competency in handling emergencies utilizing basic life support equipment in accordance with the objectives in the U.S. Department of Transportation National Standard Curriculum for EMT and other objectives identified by the Department, to include having the ability to:

- Verbally communicate in person and via telephone and telecommunications using the English language.
- Hear spoken information from co-workers, patients, physicians and dispatchers and sounds common to the emergency scene.
- Lift, carry and balance a minimum of 125 pounds equally distributed (250 pounds with assistance), a height of 33 inches, a distance of 10 feet.
- Read and comprehend written materials under stressful conditions.
- Verbally interview patient, family members, and bystanders and hear their responses.
- Document physically in writing all relevant information in prescribed format.
- Demonstrate manual of dexterity and fine motor skills, with ability to perform all tasks related to quality patient care.
- Bend, stoop, crawl and walk on uneven surfaces.
• Meet minimum vision requirements to operate a motor vehicle within the state.
• Function in varied environmental conditions such as lighted or darkened work areas, extreme heat, cold and moisture.

**Description of Tasks**

• May function alone or as a member of a multi-member team.
• Receives calls from dispatcher, verbally acknowledges the call, reads road maps, identifies of the most expeditious route to the scene, and observes traffic ordinances and regulations.
• Upon arrival at the scene, insures that the vehicle is parked in a safe location, performs size-up to determine scene safety including the presence of hazardous materials, mechanism of injury or illness, determines total number of patients. Performs triage and requests additional help if necessary.
• In the absence of public safety personnel, takes safety precautions to protect the injured and those assisting in the care of patient(s).
• Using body substance isolation techniques, protects the patient(s) and providers from possible contamination.
• Inspects for medical identification, emblems, bracelets or cards that provide emergency care information.
• Determines nature and extent of illness or injury, checks respiration, auscultates breath sounds, takes pulses, blood pressure by auscultation and palpation, (including proper placement of the cuff), visually observes changes in skin color, establishes priority for emergency care.
• Based on assessment findings, renders emergency care to adults, infants, and children.
• Skills performed include but are not limited to: establishing and maintaining an airway, ventilating patients, cardiac resuscitation, use of automated external defibrillators where applicable. In addition, provides prehospital emergency care of single and multiple system trauma such as controlling hemorrhage, treatment of shock (hypoperfusion), bandaging wounds, spinal immobilization, and splinting of painful swollen or deformed extremities.
• Manages medical patients to include but not limited to: assisting in childbirth, management of respiratory, cardiac, diabetic, allergic, behavioral, and environmental emergencies and suspected poisonings.
• Performs interventions and assists patients with prescribed medications, including sublingual nitroglycerin, epinephrine auto injectors, and metered dose inhalers.
• Responsible for the administration of oxygen, oral glucose and activated charcoal.
• Measures patients and bystanders by working in a confident, efficient manner.
• Functions in varied environmental conditions such as lighted or darkened work areas, extreme heat, cold and moisture.
• Performs in situations that create stress and tension on a regular basis.
• Where extrication is required, assesses extent of entrapment and provides all possible emergency care and protection to the patient. Uses recognized techniques and equipment for removing patients safely (to include proper strap placement).
• Communicates verbally for additional help as needed. Following extrication provides additional medical care and triaging the injured in accordance with standard emergency procedures.
• Complies with regulations for the handling of crime scenes and prehospital deaths by notifying the appropriate authorities and arranging for the protection of property and evidence at the scene.
• Carries and places patient in the ambulance and assures that the patient and stretcher are secured, and continues emergency care enroute in accordance with local protocols.
• Determines most appropriate facility for patient transport. Reports to the receiving facility the nature and extent of injuries, the number of patients being transported.
• Observes patient en route and administers care as directed by medical control or local protocol.
• Able to maneuver to all points in the patient compartment while transporting with a stretchered patient. Assists in lifting and carrying patient and appropriate equipment from ambulance and into receiving facility.
• Reports verbally and in writing, observations and emergency care given to the patient at the scene and in transit to the receiving staff for record keeping and diagnostic purposes. Upon requests, provides assistance to the receiving facility staff.
• Disposes of contaminated supplies in accordance with established guidelines, decontaminates vehicle interior, sends used supplies for sterilization.
• Maintains ambulance in operable condition which includes cleanliness, orderliness and restocking of equipment and supplies.
• Determines vehicle readiness by checking oil, gas, water in battery and radiator, and tire pressure.
• Checks all medical equipment for future readiness. Maintains familiarity with all specialized equipment.
• Attends continuing education and refresher training programs as required by EMS agency medical direction, and or certifying agency.
• Meets qualifications within the functional position description of the EMT.

Source: PA Prehospital Personnel Manual - Attachment 2, January 2010

Paramedic and Prehospital Registered Nurse

Qualifications
The following is a position statement for the Emergency Medical Technician - Paramedic, Prehospital R.N., and Health Professional (hereafter referred to as an ALS Provider). This document identifies the qualifications, competencies and tasks expected of the ALS Provider.

Qualifications for Certification
To qualify for state certification, the applicant shall at a minimum:

1. Meet minimum state entry requirements.
2. Meet requirements, such as attendance and grades.
3. Successfully complete all certification examinations.
4. Have a valid skill verification form signed.

Competencies
The ALS Provider must demonstrate competency in handling emergencies utilizing advanced and basic life support equipment in accordance with the directives in the U.S. Department of Transportation National Standard Curriculum for Emergency Medical Technician-Paramedic, Prehospital R.N., or Health Professional, or other objectives identified by the Department to include having the ability to:

• Verbally communicate in person and via telephone and telecommunications using the English language.
• Hear spoken information from co-workers, patients, physicians and dispatchers and sounds common to the emergency scene.
• Lift, carry and balance a minimum of 125 pounds equally distributed (250 pounds with assistance), a height of 33 inches, a distance of 10 feet.
• Read and comprehend written materials under stressful conditions.
• Verbally interview patient, family members and bystanders and hear their responses.
• Document physically in writing all relevant information in prescribed format.
• Demonstrate manual dexterity and fine motor skills, with ability to perform all tasks related to quality patient care.
• Bend, stoop, crawl and walk on uneven surfaces.
• Meet minimum vision requirements to operate a motor vehicle within the state.
• Function in varied environmental conditions such as lighted or darkened work areas, extreme heat, cold and moisture.
• Interpret written, oral and diagnostic forms of instruction.
• Perform in situations that create stress and tension on a regular basis.

Description of Tasks

• Be capable of performing all EMT basic skills and using BLS equipment.
• Be able to perform in accordance with all behavioral objectives of the ALS curriculum approved by the department and other objectives identified by the department.
• May function alone or as a member of a multi-member team.
• Receives calls from dispatcher, verbally acknowledges the call, reads road maps, identifies the most expeditious route to the scene, and observes traffic ordinances and regulations.
• Upon arrival at the scene, insures that the vehicle is parked in a safe location, performs size-up to determine scene safety including the presence of hazardous materials, mechanism of injury or illness, determines total number of patients. Performs triage and requests additional help if necessary.
• In the absence of public safety personnel, takes safety precautions to protect the injured and those assisting in the care of patient(s).
• Using body substance isolation techniques protects the patient(s) and providers from possible contamination.
• Inspects for medical identification, emblems, bracelets or cards that provide emergency care information.
• Determines nature and extent of illness or injury, checks respiration, auscultates breath sounds, takes pulses, blood pressure by auscultation and palpation; (including proper placement of the cuff), visually observes changes in skin color, establishes priority for emergency care.
• Calculates drip rates and drug calculations, renders appropriate approved intravenous drugs or fluid replacement as directed by a physician, performs endotracheal intubation to open airways and ventilates patients.
• Performs cardiac monitoring, interprets EKG tracing, and transmits rhythm to emergency department if required by medical control. Inflates pneumatic anti-shock garment.
• Complies with regulations on the handling of crime scenes and prehospital deaths by notifying the appropriate authorities and arranges for protection of property and evidence.
• Extricates patient from entrapment, assesses extent of injury, uses prescribed techniques and appliances, radios dispatcher for additional assistance of services, provides light rescue if required, provides additional prehospital emergency care.
• Determines most appropriate facility for patient transport unless otherwise directed by medical control. Reports the nature and extent of injuries the number of patients being transported and destination to assure prompt medical care in accordance with local protocols.
• Observes patient enroute and administers care as directed by medical control. Able to maneuver to all points in the patient compartment while moving with a stretchered patient. Assists in lifting, carrying, and transporting patients to ambulance and onto medical facility.
• Reassures patients and bystanders.
• Avoids mishandling patients and undue haste, searches for medical identification emblem to aid in care.
• Reports verbally and in writing, observations and emergency care given to the patient at the Scene and in transit, to the receiving staff for record keeping and diagnostic purposes.
• Upon requests, provides assistance to the receiving facility staff.
• After call restocks and replaces patient care supplies, cleans all equipment following appropriate decontamination or cleaning procedures, makes careful check of all equipment to insure availability of ambulance for next run. Maintains ambulance in efficient operating condition.
• Attends continuing education and refresher training programs as required by employers, medical direction, and or certifying agency.
• Meets qualifications within the functional position description of the EMT and ALS provider.

Source: PA Prehospital Personnel Manual Attachment 3, January 2010

ADA Compliance and Accommodations Policy

To insure the JeffSTAT EMS Training Center staff complies with the Americans with Disabilities Act (ADA) of 1990 P.L. 101-336 and to identify a uniform method for identifying persons who qualify for accommodation under the Act.

Registration

1) Instructors may not discuss or inquire about a student's potential disability prior to admission at any course sponsored by the Training Center. Aptitude or diagnostic testing may only be performed as specified by the Pennsylvania Department of Health Pre-Hospital Personnel Manual and if used, must be required of all students enrolled in the training course or program.

2) On the first day/night of class, the course coordinator shall distribute a copy of the Pennsylvania Department of Health's Functional Position Description to each student. Once this Description has been distributed, students will be given the opportunity to ask questions relating to the Position Description. When the student has reviewed the Position Description, the course coordinator will ask them to sign a statement which indicates that they understand the requirements of the Position.

3) If after reviewing the Position Description, a student believes he or she has a documented disability that will negatively impact their performance on the state written or practical examination, the student shall complete a confidential Pennsylvania Department of Health accommodation request form (Appendix K) and submit it to the course coordinator. The course coordinator will then forward the completed form to the Pennsylvania Department of Health for review and consideration.

4) No student shall be excluded from participation in a training course or program sponsored by the JeffSTAT EMS Training Center solely on the basis of disability. If unable to perform all required skills, the student may still audit a program and receive a certificate of attendance.

5) Instructors will not be permitted to allow any accommodation during the course of instruction or for the certification or recognition examinations unless written approval is received from the Department of Health.

Practical Skills and Examination

1) In accordance with the standards set forth by the Pennsylvania Department of Health, practical skills evaluations are required for successful course completion and/or certification.

2) At their discretion, students may use performance aids or equipment, which could be readily available
to them in the pre-hospital setting. The student is responsible for providing any personal aids that would assist them with completing a specific task(s). No accommodation will be made in a training program that is not reasonably available in a pre-hospital environment.

Written Examination

1) In accordance with the standards set forth by the Pennsylvania Department of Health, students are required to pass written examinations to be certified as a First Responder, Emergency Medical Responder, EMT-B, Advanced EMT, EMT-P, Paramedic, Physician Extender or PHRN. It is the policy position of the Department of Health that an essential function of all prehospital personnel is the ability to read and understand small English print under highly stressful conditions.

2) If a student believes they have a disability, which will interfere with their ability to take the written examination, the student will be required to take the approved Pennsylvania Department of Health certification examination. The accommodations for written certification examination will be defined by the Pennsylvania Department of Health - EMS Office or the National Registry of EMT's, which ever may be applicable.

Accommodations during screening, evaluations, or examinations that may compromise or functionally alter the evaluation of skills that are required to safely and efficiently in the profession are not permitted. These include:

1. Additional time for skills performance with specific time frames
2. Unlimited time to complete a written exam
3. Providing oral examinations
4. Written examinations with reading level less than grade eight
5. Explanation of questions or definition of terms on written exams

Course Descriptions

EMS 101 - Emergency Medical Technician
Prepares students to handle emergencies using basic-life support equipment in accordance with objectives of the US Department of Transportation National Standard Curriculum. Prepares students for the Pennsylvania Department of Health Emergency Medical Technician-Basic (EMT-B) examination process. Includes American Heart Association (AHA) Basic Cardiac Life Support (BCLS).

EMS 103 – Introduction to Emergency Medical Services
An overview of the EMS system and the roles and responsibilities of the paramedic. Introduces well-being, injury prevention, legal aspects of emergency care and ethics as applied to the EMS profession.

EMS 104 – Physical Examination and Patient Assessment
Prepares students to handle emergencies using basic-life support equipment in accordance with objectives of the US Department of Transportation National Standard Curriculum. Prepares students for the Pennsylvania Department of Health Emergency Medical Technician-Basic (EMT-B) examination process. Includes American Heart Association (AHA) Basic Cardiac Life Support (BCLS).
field impression. Includes instruction and practice in communication with patients and other healthcare providers, including radio communication.

**EMS 106 – Pharmacology and Medication Administration**
Examines basic concepts in pharmacology, drug laws and terminology. Reviews basic drug math and appropriate techniques of administration. Teaches intravenous line initiation and management and urinary catheter insertion. Reviews drugs common to pre-hospital emergency medicine and American Heart Association’s Advanced Cardiac Life Support (ACLS).

**EMS 107 – Airway Management**
Presents basic and advanced airway management techniques, including oral and nasal intubation, various percutaneous and surgical management options, breath sound interpretation, and naso-gastric tube insertion.

**EMS 109 – Pathophysiology and Disease Process**
Examines basic concepts of disease processes, the effects of altered status/growth and development on disease process and the pathophysiology of the human systems.

**EMS 120 – Clinical Rotation I**
Stresses IV access, phlebotomy, vital signs, breath sounds, airway management, EKG acquisition and endotracheal intubation/laryngeal mask intubation. Students rotate through emergency, anesthesia and other sites. **Prerequisites: EMS 106 & EMS 107 & EMS 104**

**EMS 203 – Cardiac Pathophysiology and Interpretations**
Examines anatomy and physiology of the cardiovascular system with emphasis on cardiovascular disease, including acute myocardial infarction (AMI), stroke, atherosclerotic heart disease, aortic aneurysms and peripheral vascular disease. Emphasizes electrical conduction and rhythm interpretation. Presents treatment modalities for cardiac emergencies following American Heart Association guidelines. Skill labs include electrical therapy (defibrillation, cardioversion and transcutaneous pacing), clinical interpretation of 3- and 12-lead EKGs, basic hemodynamics and balloon pumps, external jugular and central IV access phlebotomy. **Prerequisites: EMS 106 & EMS 107 & EMS 104**

**EMS 204 – Medical Emergencies**
Presents infectious diseases, pulmonary diseases, allergies and anaphylaxis, and respiratory, neurological, endocrinological, gastroenterological, urologic, hematological, toxicologic and environmental emergencies. Skill sessions include sterile technique and isolation procedures, blood glucose determination and related scenarios. **Prerequisites: EMS 106 & EMS 104**

**EMS 215 – Patient Management across the Lifespan**
Addresses obstetrics, gynecological emergencies, general pediatrics, geriatrics and life span development, including entire curriculum of Pediatric Education for Prehospital Providers (PEPP) and behavioral emergencies, including abuse and assault and personal safety. Presents acute interventions for chronic care and challenged patients, including acid/base balance and basic ventilator, Continuous Positive Airway Pressure (CPAP and BiPAP) theory and management, gastrointestinal and genitor-urinary (GI/GU) devices such as feeding tubes, Percutaneous
Esophageal Gastrostomy (PEG) tubes and Jejunal feeding tubes (J Tubes), and vascular access devices such as PICC lines and mediports. Skill sessions include emergency childbirth, geriatric sensitivity, intraosseous infusion, pediatric airway management, pediatric assessment, mental health assessment, restraint techniques, personal safety, firearm recognition and safety and violence del-escalation techniques. **Prerequisites:** EMS 106 & EMS 107 & EMS 104

**EMS 220 – Clinical Rotation II**
Stresses Emergency Department patient assessments, stressing cardiac and pulmonary assessments and treatments. Continues rotations through emergency and critical care areas. **Pre/corequisites:** EMS 203 & EMS 204 & 215

**EMS 301 – EMS Operations**
Presented ambulance operations and procedures and appropriate responses to scenarios involving mass casualties, hazardous materials and crime scenes, bioterrorism and natural disasters.

**EMS 307 – Trauma Emergencies**
Investigates trauma care and rapid assessment, including kinematics, head, spine, thoracic, abdominal, extremity and soft tissue trauma assessments and management. Introduces assessment and acute management of burns, trauma in pregnancy, pediatrics, geriatrics and traumatic cardiac arrest. Skill sessions include spinal immobilization, rapid extrication, helmet removal, traction and general splinting, airway and cardiac arrest management as applied to trauma patients. **Prerequisites:** EMS 104

**EMS 308 – Assessment Based Management**
Addresses patient management based on comprehensive assessment findings. Utilizes scenarios from trauma and medical emergencies as applied across the life-span and patient types. **Prerequisites:** EMS 106: Pharmacology and Medication Administration; EMS 107: Airway Management; EMS 111: Patient Assessment and Communications; EMS 307: Trauma; EMS 203: Cardiac Pathophysiology and Interpretation; EMS 204: Medical Emergencies; and EMS 215: Patient Management across the Lifespan

**EMS 310 – Comprehensive Review**
Continues with patient assessment and management with comprehensive review of local treatment protocols. Includes specialty course certification such as PHTLS, AHA’s ACLS and PALS certification.

**EMS 320 – Clinical Rotation III**
Continues Emergency Department Patient assessments, stressing cardiac trauma assessments and treatments. Focuses on obstetric, psychiatric disorder and pediatric patient assessments and treatments. **Prerequisites:** EMS 215 & EMS 307
EMS 350 – Pre-Hospital Field Experience

Field internship immerses students in the real world of pre-hospital emergency care. Students serve as crewmembers and team leaders on pre-hospital ASL (Advanced Life Support) units. Includes advising sessions and monitoring and preparation for National Registry examinations.

Prerequisites: EMS 302 & EMS 307 & EMS 308 & EMS 310 & EMS 320
Academic Policies

Academic Integrity

The Administration and Faculty of the JeffSTAT EMS Education Center believe that academic integrity is one of the most important values and behaviors that should be practiced by students during their academic and clinical education. Integrity and honesty are especially valued in the healthcare professions because accurate diagnosis and treatment of patients are greatly dependent upon a health professional’s honest and capable assessment of symptoms and diagnostic tests. This assessment can be rendered only by the practitioner who has “real” knowledge obtained as a student who answered test questions independently, thereby identifying and correcting mistakes. The successful practitioner can communicate important diagnostic and therapeutic information in writing because as a student, such skills were developed and/or enhanced by completing writing assignments independently. The practitioner who was dishonest in his or her educational pursuits is at great risk for making diagnostic and therapeutic mistakes and such errors can mean that someone’s health care is mismanaged. Because we are committed to educating practitioners who provide the highest quality of health care, the Administration and Faculty are equally committed to mandating and enforcing the practice of academic integrity by all students. The following policy on academic integrity defines dishonesty and describes the procedures for responding to charges of academic dishonesty in the program.

FORMS OF ACADEMIC DISHONESTY

Plagiarism

As stated in the American Medical Association Manual of Style, “in plagiarism, an author passes off as his or her own the ideas, language, data, graphics or even scientific protocols created by someone else, whether published or unpublished.” When a student submits work for credit that includes the words, ideas or data of others, the source of that information must be acknowledged through complete, accurate and specific references, and, if verbatim statements are included, through quotation marks as well. By placing his or her name on work submitted for credit, the student certifies the originality of all work not otherwise identified by appropriate acknowledgments.

Examples of plagiarism include, but are not limited to:

1. Quoting another person’s actual words, complete sentences or paragraphs, or entire pieces of written work without acknowledgment of the source.
2. Using another person’s ideas, opinions or theories, even if they are completely paraphrased in one’s own words, without acknowledgment of the source.
3. Noting the original source of only a part of what is borrowed.
4. Borrowing facts, statistics or other illustrative materials that are not clearly common knowledge without acknowledgment of the source.
5. Copying another student’s essay test answers.
6. Copying, or allowing another student to copy, a computer file that contains another student’s assignment and submitting it, in part or in its entirety, as one’s own.
7. Working together on an assignment, sharing the computer files and programs involved and then submitting individual copies of the assignment as one’s own individual work. Students are urged to consult with individual faculty members if in doubt.
Fabrication

Fabrication is the use of invented information or the falsification of research or other findings with the intent to deceive. Examples include, but are not limited to:

1. Citation of information not taken from the source indicated. This may include the incorrect documentation of secondary source materials.
2. Listing sources in a bibliography not directly used in the academic exercise.
3. Submission in a paper, thesis, lab report or other academic exercise of falsified, invented or fictitious data or evidence, or deliberate and knowing concealment or distortion of the true nature, origin or function of such data or evidence.
4. Submitting as one’s own any academic exercises (e.g., written work, printing, sculpture, etc.) prepared totally or in part by another.

Cheating

Cheating is an act or an attempted act of deception by which a student seeks to misrepresent that he or she has mastered information on an academic exercise that he or she has not mastered. Examples include but are not limited to:

1. Copying from another student’s test paper or allowing another student to copy from a test paper.
2. Using the course textbook or other material such as a notebook brought to a class meeting but not authorized for use during a test.
3. Collaborating during a test with any other person by receiving information without authority, or collaborating with others on projects where such collaboration is not expressly permitted.
4. Using or possessing specifically prepared materials during a test, e.g., notes, formula lists, notes written on the student’s clothing, etc., that are not authorized.
5. Taking a test for someone else or permitting someone else to take a test in one’s place.
6. Tapping pencils or other objects or otherwise signaling in code.
7. Entering any office or opening a file to obtain a test or answer key.
8. Viewing test materials on a secretary’s or faculty member’s desk.
9. Passing quiz/test questions or answers from one student to another, even after the test is completed.
10. Copying a posted answer key without permission.
11. Discussing test questions or answers outside the examination room while the test is in progress.
12. Use of any electronic device during an examination including but not limited to answering or viewing cell phones or PDA’s.

Academic Misconduct

Academic misconduct is the intentional violation of School policies, by tampering with grades, or taking part in obtaining or distributing any part of an un-administered test. Examples include, but are not limited to:

1. Stealing, buying or otherwise obtaining all or part of an un-administered test.
2. Selling or giving away all or part of an un-administered test including answers to an un-administered test.
3. Bribing any other person to obtain an un-administered test including answers to an un-administered test.
4. Entering a building or office for the purpose of changing a grade in a grade book, on a test or on other work for which a grade is given.
5. Changing, altering or being an accessory to the changing and/or altering of a grade in a grade book, on a test, in a computer, on a “change of grade” form or other official academic records of the University which relate to grades.
6. Entering a building or office for the purpose of obtaining an un-administered test.
7. Continuing to work on an examination or project after the specified allotted time has elapsed.
8. Signing into classes for others.

**Academic Dishonesty in Clinical Settings**

Academic dishonesty in a clinical setting is characterized by deliberate, deceitful intention to (1) obtain information from another source and claim as one’s own, (2) fabricate clinical data or information, or (3) misrepresent one’s own actions or the actions of another in order to avoid sanctions. Examples include, but are not limited to:

1. Looking up in a log book, equivalent source or consulting a professional for a diagnosis or treatment plan on an assigned unknown case without authorization from the clinical instructor.
2. Reporting results without performance of a test or procedure.
3. Providing unauthorized information to other students on clinical assignments.
4. Misrepresenting one’s own or another’s identity.
5. Feigning illness or emergency to avoid a clinical rotation or assignment.
6. Signing into rotation for another student when absent.
7. Communicating confidential information to a person not involved in the patient’s care without authorization.
8. Misrepresenting any aspect of patient care or documentation.
9. Not completing a clinical rotation or assignment and submitting same as completed.

**SANCTIONS**

Two possible sanctions exist for cases of academic dishonesty. Option A outlines adjudication of cases at the discretion of the faculty. Cases may also be referred directly to the Training Center Manager for adjudication under Option B of these guidelines.

**Option A**

Option A is limited to one or more of the following, by choice of the faculty member:

- a verbal reprimand
- a written reprimand
- a grade of zero for an assignment or examination
- a requirement that the student repeat the work affected by the academic dishonesty

When the instructor chooses to have the student repeat the assignment, the instructor will tell the student the maximum grade that may be assigned for the repeated assignment. For example, it is acceptable for the instructor to assign no more than a minimal passing grade to a repeated assignment, if successfully completed by the student.

**Option B**

The student may contest the instructor’s allegation by requesting a hearing with the Training Center Manager. Any such request must be made within five (5) working days from the time the student has been informed of the charge and the instructor’s recommended resolution. The instructor’s initial penalty will be considered in assessing a penalty for a guilty finding by Manager.
Attendance:
Purpose: To establish a uniform attendance policy for students enrolled in JeffSTAT's Emergency Medical Technician (EMT) and Paramedic training programs.

Emergency Medical Technician (EMT) Program

1) The JeffSTAT Medical Director dictates that a student enrolled in the EMT training program may miss no more than ten percent (10%) of course work during the training program. Students who exceed this allotment shall be dismissed from the EMT program.

2) EMT students are responsible for signing the attendance roster at the beginning of every class. If a student does not sign this attendance roster, it is assumed that he or she was absent for that day. Students are forbidden from signing the attendance roster on behalf of another student. If a student is found to be involved in this action he or she will be dismissed immediately from the course.

3) EMT students are responsible for making up all course work that is missed. Arrangements shall be made with the EMT instructor and are subject to approval by the Course Coordinator.

4) Consistent lateness will not be tolerated as it distracts other students. EMT students who are late more than three (3) times during a training program will be dismissed from the program.

5) Students dismissed from the EMT training program for attendance reasons are not entitled to a refund of tuition.

Paramedic Program

1) The JeffSTAT Medical Director dictates that a student enrolled in the paramedic training program may miss no more than ten percent (10%) of course work during the training program. These hours include didactic, practical, clinical, and field experience training. Students who exceed this hours allotment shall be dismissed from the paramedic program.

2) Paramedic students are responsible for contacting their respective course coordinator when unable to attend didactic, practical, clinical, and field experience training session. Students shall provide notification at least one hour prior to the start of the training session.

3) Paramedic students are responsible for signing the attendance roster at the beginning of every class. If a student does not sign this attendance roster, it is assumed that he or she was absent for that day. Students are forbidden from signing the attendance roster on behalf of another student. If a student is found to be involved in this action he or she will be dismissed immediately from the course.

4) Paramedic students are responsible for making up all course work that is missed. Arrangements shall be made with the course coordinator.

5) Consistent lateness will not be tolerated as it distracts other students. Paramedic students who are late more than six (6) times during a training program may be dismissed from the program.

6) Paramedic students shall not be permitted to reschedule more than two (2) clinical rotations per quarter.
7) Students dismissed from the paramedic training program for attendance reasons are not entitled to a refund of tuition.

**Inclement Weather – Cancellation of Classes**

To identify when scheduled classes will be cancelled due to inclement weather; to specify how students will learn that classes have been cancelled.

1) The JeffSTAT EMS Training Center will follow the cancellation standards of the Philadelphia School District. When Philadelphia Public schools are closed, the Training Center shall be closed.

2) All instructors shall be responsible for reviewing this procedure with their students at the beginning of each course. Instructors shall provide written notification of this procedure in the student handbooks. Students registered for one or two-day courses such as ACLS, BCLS, and PALS shall receive written notification of this procedure when the registration materials are mailed out.

**Leave of Absence**

To specify the procedure a student shall follow when he or she requests a leave of absence from a JeffSTAT EMS Education Center educational program for personal or military reasons.

A leave will be granted for a period from one semester to a full academic year. Students who are subject to dismissal for academic or disciplinary reasons are not eligible for a leave of absence. A student who has been placed on academic probation and is subsequently granted a leave must satisfy the terms of the probation upon returning. All leaves must be approved by the Program Director and/or Medical Director.

Procedure:

1. The student shall submit a request for a leave of absence to the course coordinator. This request shall include the reason for the leave and the estimated return date.
2. The student shall be required to be current with tuition payments prior to obtaining final approval for the leave.
3. The students shall be required to return to the program at the start of the module when the leave was granted.
4. All academic grades and completed/submitted clinical records will carry into the next program. Course requirements not submitted at the time of the leave will not be accepted.
5. Current tuition fees and academic requirements shall apply when the student returns. Tuition fees shall be pro-rated to the closest quarter upon return.
6. All curriculum components must be completed.
7. It shall be the student's responsibility to communicate with the course coordinator regarding readmission dates and requirements.
8. Depending upon the length of the leave, the student may be required to demonstrate cognitive and/or psychomotor skills competency to reenter the program.
9. Students returning from a medical leave of absence must resubmit a health physical completed by their family physician stated that the student is capable of performing all job functions as stated in the functional job description for the course. Should accommodations be required to meet the functional job description which did not exist prior to the leave, an application and approval by the PaDOH will be required prior to returning to the program.
10. A leave of absence may not exceed one full calendar year. Exceptions shall be reviewed by the program coordinator and medical director on a case by case basis.
11. Upon return from a medical leave, the medical director shall review the students ability to perform the functional job description for program reentry.
12. A request for a military leave of absence must include a copy of the orders for deployment.
13. Military Leave for Two Week Active Duty Training shall automatically be granted for Reservists and National Guard members.

Withdrawal and Dismissal

Student may withdraw or be dismissed from a course offered by the JeffSTAT EMS Education Center; to specify the procedure by which a student shall be dismissed.

1. Students wishing to withdraw from a training program should do so in writing by submitting a letter or e-mail to the manager, course coordinator, administrative secretary or their designee. Students should refer to policy # 2000.271 Tuition Refund Policy for applicable refunds.
2. A student may be dismissed from a course for any of the following reasons:
   a. Failure to complete course registration forms
   b. Failure to provide copies of professional certifications when requested by the course coordinator
   c. Failure to comply with any student related policy and procedure
   d. Failure to comply with the student rules of conduct
   e. Failure to meet the academic standards of the training center
   f. Failure to comply with any standards or polices issued by the Pennsylvania Department of Health or the Philadelphia Regional EMS Office
   g. Failure to comply with the attendance policy guidelines
   h. Academic dishonesty (see Academic Integrity Policy)
   i. Failure to disclose a criminal history
3. Failure to follow the Waiver of Liability criteria
4. The course coordinator is responsible for maintaining a file for each student and shall maintain written records of all student incidents that occur.
5. The course coordinator shall notify the Manager when a disciplinary problem has been identified and when formal discipline is warranted.
6. The Manager will schedule a meeting with the course coordinator, the student, and any other appropriate party to discuss the student's situation or incident. The student will have the opportunity to provide factual information as it relates to the situation or incident. After reviewing the relevant documentation and speaking with the student and the course coordinator, the Manager shall determine if the disciplinary action will be taken, this may include dismissal from the course. The Manager shall notify the student of the decision.
7. The student has the right to contest their dismissal or disciplinary action in accordance with the JeffSTAT EMS Training Center Grievance Policy.
8. If a student is dismissed from a class for conduct unbecoming of a JeffSTAT student, re-application for a future program is prohibited.
9. Students are not entitled to a refund if dismissed from the program for any of the reasons listed above or on the Waiver of Liability Form

Dress code / Uniform Policy

To specify the dress code and uniform policy to be instituted during didactic, practical, clinical, or field internship training.

General

1. Students are expected to be clean and neat in appearance at all time
2. It is recommended that students dress in a casual and comfortable manner during didactic and practical training sessions. Consult course coordinator for specific program uniform requirements.

3. Students are not permitted to wear skirts during practical scenarios nor wear clothing classified by the instructors as improper, revealing, or distracting to other students.

4. Students shall wear their Jefferson identification badge at all times. This shall be predominately displayed on the outside of the student's clothes or uniform.

5. Students in violation of this dress code policy will be dismissed from the training program for the day and will not receive credit for the hours that are missed.

Clinical

1. All students must wear the appropriate uniform identified by the Education Center Program.
2. All hair should be pulled back and off the collar to ensure the safety of the student and his or her patients when providing care.
3. All hanging items, such as jewelry that can become entwined while caring for his or her patients, are not permitted.
4. Sneakers or closed toed shoes must be worn during all clinical rotations.
5. Students shall limit the use of cologne or perfume during clinical rotations so that the clinical symptoms patients are experiencing are not exacerbated.

Field Internship

1. Students shall wear black or blue EMS pants, the JeffSTAT EMS Training Center Shirt, black boots, and a black belt.
2. Students shall comply with sections 2-5 listed above under "clinical."
3. Visible tatoos which may be offensive must be covered
4. Students shall comply with Field Internship Host's dresscode policy.

Accident and Injury Policy

To specify the procedure EMT and paramedic students shall follow when injured during didactic, practical, clinical, or field experience training.

1. For life threatening emergencies, regardless of where they occur, students shall dial 9-1-1 and seek transport to the closest appropriate hospital emergency department.
2. For non-life threatening emergencies, during business hours, students shall seek medical care at the Thomas Jefferson University Hospital emergency department at 125 S. 11th Street.

Students are responsible for immediately notifying the director, the course coordinator, or the lead instructor when an accident or injury occurs. Students are also responsible for providing the director or course coordinator with a written summary of the events that transpired within forty-eight (48) hours of the incident.
**Rights and Responsibilities**
To specify the rights and responsibilities of students enrolled in educational programs sponsored by the JeffSTAT EMS Training Center.

The student will:

1) Comply with the policies and procedures of the training center.

2) Practice academic integrity at all times.

3) Respect the dignity of the other students, instructors and patients.

4) Respect the rights and property of others.

5) Participate actively in the learning process, both in and out of the classroom, doing all the reading and homework assignments before coming to class.

6) Attend all lectures, practical skills sessions and testing sessions.

7) Maintain patient confidentiality.

**Confidentiality of Patient Information**
All patient information is confidential. Students of the JeffSTAT EMS Education Center are not permitted to discuss or share sensitive patient information with other students, co-workers, family members, or other personnel, nor may copy medical records without obtaining direct written consent from the patient. Students in violation of this policy are subject to immediate dismissal from the training program.

**Confidentiality of Student**
It is the intent of the Training Center to provide students with a confidential environment in which they may seek counseling services. All issues surrounding academic and vocational counseling will become a permanent part of the student's academic record. All information concerning personal counseling through UHS will be kept on file at UHS and will not become a part of the student's academic record.

**Rules of Conduct**
Purpose: To provide guidelines for expected behavior for students taking educational program.

Policy: Students are expected to behave in a professional manner at all times.

1. Appearance - Students are expected to be clean and neat in appearance when reporting to the classroom or a clinical site. Students must wear the approved JeffSTAT uniform at all clinical sites. A student who is found to be out of uniform will be asked to leave the clinical site and will forfeit any hours accrued for the day.

2. Attendance - Students are expected to comply with the attendance policy at all times. Deviation from this policy may result in expulsion from the course.

3. Behavior- Students are expected to behave in a mature professional manner at all times. Horseplay, roughing, foul language, sleeping, or harassment will not be tolerated.

4. Dress Code - students shall abide by the dress code / uniform policy as specified for their program / discipline.
5. Drugs/Alcohol - At no time are students permitted to consume alcoholic beverages or use any illegal drugs while in class, during lunch or breaks, or at a clinical site. If a student arrives with an odor similar to that of alcohol and appears to be mentally impaired, the course coordinator will immediately remove the student from the class and counsel him/her. Disciplinary action, up to and including expulsion from the program may be imposed.

6. Eating - A break room is provided for students. Eating or drinking is permitted in the break room. Eating and/or drinking in the classroom is prohibited with the exception of water.

7. Smoking - Thomas Jefferson University Hospital maintains a smoke-free environment in all of its buildings. Smokers are responsible for placing their cigarette and cigar butts in the ashtrays located near all of the buildings entrances. Smoking is not permitted within 50 feet of any entrance to the buildings.

8. Weapons and Firearms - Under no circumstances will students be permitted to openly carry or conceal weapons of any type, even if the student possesses a permit to carry such weapon. Off duty law enforcement officers required to carry a firearm at all times must check their firearm at the security desk immediately upon entering the building. Failure to comply with this rule will result in immediate dismissal from the program.

Harrassment – Students

Purpose: To ensure students receive education in an environment that is free of harassment of any kind; to specify how incidents of harassment will be managed should they occur.

A) Definition-Inappropriate acts can be, but are not limited to: students engaging in inappropriate sexual or hostile physical contact; making sexual, abusive, or threatening verbal statements; or explicitly or implicitly creating and intimidating, hostile or offensive environment during class, clinical, field internships, written or practical examinations.

B) Harassment by a Candidate- Classroom, Clinical or Field Internship

1. Inappropriate Acts
   a) If at any time during class, clinical or a field internship, an instructor perceives that a student is acting in an inappropriate manner, it is the duty of that instructor to address the situation immediately. The instructor shall immediately report the incident to the director.
   b) The director will immediately investigate the incident, meet with the student, and counsel the student (if appropriate) regarding the report of the alleged actions. A written report will be placed in the student's file.
   c) If the student was at fault, the student will be informed that any further acts will result in the immediate removal of the student from the class they are enrolled in.

2. Egregious Act
   If during class, a student performs an egregious act, the student will be immediately removed from the class.

3. Disposition
   Any further acts of harassment will result in immediate expulsion from the class. In such instances, a full written report will be submitted to the regional EMS council and the Department of Health.

C) Harassment by a Candidate - State Practical Examination

1. Inappropriate Acts
   a) If a practical examination evaluator, or patient actor perceives an examination candidate is acting in an
inappropriate manner, it is the duty of the evaluator to address the situation immediately.
b) The examination candidate(s) will be immediately counseled by the practical examination administrator regarding the report of the alleged actions. The practical examination administrator will inform the examination candidate(s) that the allegations will be reported to the regional EMS council and any further acts at the practical examination will result in the immediate removal of the examination candidate(s) from the practical examination site. If this occurs, a full written report will be submitted to the regional EMS council and the department.

2 Egregious Acts
If an examination candidate(s) perform an egregious act, the examination candidate(s) will be immediately removed from the practical examination site. A full written report will be submitted to the regional EMS council and the department.

3. Disposition
If an examination candidate(s) is dismissed from the practical examination site, it will be the decision of the Department of Health if a candidate will be eligible to participate in any future practical examinations.

D) Harassment by Evaluation Team Member/Patient Actor
If there is a perception that a member of the evaluation team or patient actor acted in an inappropriate manner, it is the duty of the practical examination administrator to immediately address the situation.

1. Inappropriate Acts
An evaluation team member or patient actor will be immediately counseled by the practical examination administrator regarding the report of alleged actions. The practical examination administrator will inform the evaluation team or patient actor that the allegations will be reported to the regional EMS council. The practical examination administrator will be immediately dismiss the evaluation team member or patient actor from the practical examination site. A full written report will be submitted to the regional EMS council and the Department.

2. Disposition
If an evaluation team member or patient actor is dismissed from the practical examination site, a complete investigation will be conducted by the regional EMS council. The regional EMS council will identify the appropriate sanctions, based on the regional EMS council personnel manual. The Department will be notified of the allegations, the investigation results and the disposition by the regional EMS council.

Counseling

To identify the student counseling services provided by the JeffSTAT EMS Training Center; to specify how these services may be accessed by students.

JeffSTAT EMS Training Center will provide academic, vocational, and personal counseling to all students enrolled in the program.

Counseling Services Referral

1) Students shall notify the course coordinator or director when counseling services are desired.

2) Students may request counseling services at any time during the course of their enrollment at the Training Center. Counseling services will be provided to address any issue that threatens to interfere with
the health or well-being of the student.

3) Course instructors, the Course Coordinator, the Director or the Medical Director may refer a student for counseling. The referral may be in response to changes in academic performance, continuous poor academic performance, personality conflicts with faculty/students, or any other situation which administration feels may impact the health or well-being of the students or the student's potential patients.

**Academic & Vocational Counseling**

Academic and vocational counseling will be provided through the Course Coordinator and/or Medical Director of the training of the training institute. The intent will be to provide short-term counseling to help students' address academic and vocational concerns and develop a plan to positively manage all related issues.

**Personal Counseling**

Personal counseling for all students will be provided through Thomas Jefferson University Health Services (UJHS). UHS provides confidential, personal counseling for students of Thomas Jefferson University and all of its related programs. Counseling services are provided through license psychologists and psychiatrists and may be provided on a short or long-term basis while a student is enrolled at the training institute.

**Remediation**

**Purpose:**

To specify the remediation services provided by the Training Center instructors.

**Policy:**

1. Counseling shall be performed between the student and the course coordinator to identify student needs (cognitive knowledge, psychomotor skills, clinical skills, etc.), the time in which it shall be accomplished and with whom.
2. Remediation sessions may be one-on-one or group sessions based on needs assessments as determined by the course coordinator.
3. Course coordinators shall develop an academic contract identifying the expected parameters for the remediation, signed by both the course coordinator and the student. Copies of this contract shall become part of the student file.
4. Coordinators shall keep up-dates on the progress of the remediation.
5. Remediation shall be terminated when the student has meet the stated goals or at the end of the remediation agreement, whichever occurs first.
6. All remediation must be completed by the scheduled end date of the program.

**Grievance Procedures – Student**

**Purpose:** To ensure students enrolled in educational programs at the JeffSTAT EMS Education Center have the opportunity to contest the content of written or practical examinations, testing conditions, instructor/evaluator conduct, or any disciplinary action imposed upon the student.

**Procedure:**
1. The student shall inform the course coordinator that he/she has as concern about the content of a written or practical examination, testing condition, instructor/evaluator conduct, or disciplinary action imposed upon the student. If the complaint involves the course coordinator, the student shall contact the director.

2. The course coordinator shall review the student's complaint and conduct an investigation.

3. Once the investigation has been completed, the course coordinator will contact the director and review the nature of the complaint and the results of the investigation.

4. The director shall review the complaint and the investigative findings and shall decide on the appropriate action to be taken. The director shall notify the student of said actions.

5. Grievances pertaining to examinations administered by the Pennsylvania Department of Health shall be grieved in accordance with their established policies and procedures.

6. All grievances will be reported to JeffSTAT's Performance Improvement Committee for review and discussion.

ACADEMIC PROBATION AND DISMISSAL

A student who does not maintain a passing grade will be placed on academic probation for one semester. At the end of the probationary period:

1. The student achieves the minimum passing grade point average and is reinstated in good standing, or

2. The student fails to achieve the minimum grade point average at the end of the probationary period and is dismissed from the program for academic underachievement, or

3. In extraordinary cases, where the student has made significant progress toward achieving the minimum grade point average, the Course Coordination or School Manager, as appropriate may recommend granting one additional probationary semester. If, at the conclusion of the extended probationary semester, the cumulative grade point average is still below a passing grade, the student is dismissed for academic underachievement.

Actions related to the College academic probation and dismissal must be reviewed by both the Course Coordinator and the Department Manager before action can be taken.

Students who fail to meet school and/or departmental regulations pertaining to academic standing will be placed on School/departmental academic probation or be dismissed and are subject to the policies regarding progression within their respective program to regain or retain student status.
Appendix 1 – Paramedic Clinical Graduation Requirements

Clinical rotations are designed to provide students exposure to a variety of patients with various complaints.

Students must successfully perform patient assessments and complete skills and interventions on a variety of patients during their clinical rotation as noted below. Students should refer to the class syllabus for the recommended hours and locations for clinical rotations.

Patient assessment by Age
- 5 - New Born (0-28 days old)
- 5 - Infants (1 month - 1 year old)
- 5 - Toddlers (1 - 3 years old)
- 5 - Preschooler (4 to 6 years old)
- School Age (6 to 13 years years old)**
- Adolescent (13 to 18 years old)**
  - **10 patient encounters between these two groups
- 50 - Adult (18-64 years old)
- 30 - Geriatric (65 years old and over)

Patient assessment by Complaint
- 30 - Chest pain / discomfort
- 20 - Altered Mental Status
- 20 - Abdominal complaints
- 10 - Change in Responsiveness
- 20 - Respiratory complaints
- 8 - Respiratory in Pediatrics

Patient assessment based on Impression
- 40 - Trauma
- 20 - Psychiatric / Behavioral
- 10 - Obstetrics

Required Skills / Interventions
- 15 - Medications administration
- 25 - Venous Access
- 20 - Patient ventilation
- 5 - Endotracheal Intubation
- 50 - Airway Management

Field Internship Team Leads
- 50 - Successful Team Leads
Appendix 2 - Definitions

**Airway Management:** Airway management includes the use of any adjunct to assure an open and patent airway including the use of nasopharyngeal airways, rescue airways such as the King Tube, endotracheal intubation, needle or surgical cricothyrotomy, and bag mask ventilation.

**Field Experience:** Field experience is defined as that experience students receive while performing a rotation in a prehospital setting including 911 emergency responses, out-of-hospital ambulance transport services and aeromedical services. Students may perform any and all interventions they have demonstrated competency in a lab or hospital clinical setting.

**Field Internship:** Field internship is completed after all program didactic and clinical experience have been completed. Field internship implies that the participants have receive all knowledge and clinical experiences to manage any patient encounter. Team lead calls can only be attempted and completed during the field internship and not during their field experience rotation.

**Patient Assessment:** A patient assessment includes initial assessment to identify life-threatening problems, a focused history and physical examination, a detailed exam with ongoing reevaluation as required based on patient needs.

**Patient History:** A patient history is a chief complaint presented by the patient and includes medications, allergies, events leading to the complaint including interventions attempted, and responses to those attempts. A description should include (when indicated) the onset, pain / palliative care, quality, radiation, severity and duration (time) of the complaint. Social history should also be evaluated to include smoking, drinking, recreational drugs and sexual activity as appropriate.

**Physical Exam:** Physical exam includes determination of level of consciousness, obtaining vital signs including heart and pulse rate, respiratory rate, lung sounds and pulse oximetry, skin color, texture and temperature, pupillary response, determination for the presence of JVD, tracheal shift, drainage and other evidence of physical injury. Patient’s weight should be included during the assessment.

**Scene Survey:** Steps taken when approaching a patient or emergency call to determine and identify potential hazards, noting a mechanism of injury or nature of illness, determining the number of patients and deciding whether additional resources are needed.

**Successful Team Lead:** Successfully completing a patient encounter including scene survey, patient interview and physical assessment, patient management, and transferred to a receiving facility including a verbal report to the receiving physician or nurse. To be successful during team lead evaluations, students should not require or receive any prompt from the preceptor.
Appendix 3 – Airway Management Competency

The paramedic student shall establish airway competency by mastering the following:

- Adequately assess, establish, maintain and monitor the airway throughout patient contact.
- Perform basic airway management, including the use of basic maneuvers and airway adjuncts.
- Prepare and perform advanced airway management.
- Demonstrate psychomotor skill proficiency related to all levels of airway management.
- Perform airway management in various environments, including laboratory, clinical and field.
- Verify correct placement of airway devices utilizing the following assessments and adjuncts: direct visualization (preferred), capnography (preferred), indirect visualization, chest sounds, abdominal sounds, oxygen saturation, changes in level of consciousness, skin color, and vital signs.
- Demonstrate critical thinking and clinical judgment regarding total airway management decision making.

Based on current research, the paramedic student shall have no fewer than fifty (50) attempts at airway management across all age levels (neonate, infant, pediatric and adult). And, in order to demonstrate airway competency, the student shall be 100% successful in their last twenty (20) attempts at airway management. Airway management may be accomplished utilizing any combination of live patients, high fidelity simulations, low fidelity simulations, or cadaver labs.

These recommendations have been recommended by the Advisory Committee and approved by the Medical Director.