

UP Health System – Marquette

School of Emergency Medical Technology



2023

EMS Education Policy & Procedure Manual

UP Health System – Marquette
School of Emergency Medical Technology
580 W. College Avenue
Marquette, MI 49855

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WELCOME

Welcome to the School of Emergency Medical Technology sponsored by UP Health System – Marquette. You are becoming a member of the School of Emergency Medical Technology community. We value and welcome every member of this community.

We are committed to working with you to assist you in achieving your academic and professional goals in emergency medical services and will do everything possible to support your success. Success in emergency medical services training is built on a partnership, forged through collaboration between you and our faculty specifically.

Many others stand ready to support you as well. We will expect nothing less than your best, as you should accept nothing less from us. We will challenge you, but we hope to inspire you as well.

Emergency medical services is more than a job or career path. It is a noble, important, lifesaving mission that is your privilege to pursue. Wherever you are on your career/life path, you are preparing to make a positive difference through serving your community and those that need you. We are delighted that you have chosen to be part of the School of Emergency Medical Technology community.

This manual is a vital resource for ensuring your success. It serves to welcome new students, but also stands as a source of information for all students at any time. It covers major program expectations, policies, and procedures within the school, and informs you of our history, organization, mission, and philosophy. It is a “how-to”, “where-to”, go-to guide, designed to answer many of your questions about completing your education while you are a student here. We hope that you will both use and benefit from the manual.

INTRODUCTION

The Student Manual is a source of information for School of Emergency Medical Services program students related to policies, procedures, and issues that are of concern to student academic and/or clinical life. It acts to supplement, not replace the policies and procedures to which all students of UP Health System – Marquette School of Emergency Medical Technology are subject, such as the:

- Current Course Schedule
- UP Health System – Marquette Policy and Procedure Manual
- Student Course Syllabi

It is the responsibility of each student to review the Student Manual regularly and to understand its contents. The Student Manual is to be used as a resource when questions arise and as a guide to academic/non-academic policies and procedures. The policies of the program are intended to provide a safe and professional educational experience for EMS students. It is important for each student to understand and follow both the letter and spirit of each policy. From time to time, situations will present themselves which are not covered by specific language of the policies and procedures. In such cases, students and program faculty will be guided by best judgement, best practices, professional ethics, and the intent of current written policies and procedures. Regardless of written language, students must, at all times, present themselves as a professional member of an elite community.

Students who fail to represent the pride, integrity, and wholesomeness expected of EMS Personnel- whether written or unwritten - will be considered in violation of School of Emergency Medical Technology Program Policies, and possibly removed from the EMS program depending on the seriousness of the offence. The standards of professionalism of the School of Emergency Medical Technology Program Student will be set by program administration, and not the student. A form for you to sign, stating that you have read this manual, understand all aspects completely, and agree to abide by the Policies and Procedures that govern the School of Emergency Medical Technology is found at the end of the manual.

The faculty reserves the right to modify, change or delete any or all these policies and procedures, in whole or in part with appropriate notification as to any updates to program participants.

A MESSAGE FROM THE SCHOOL OF EMT DIRECTOR

Welcome to the School of Emergency Medical Technology at UP Health System – Marquette. We are so proud of the rich history of the School, and glad you have decided to join us!

The mission of the School—to *help meet the needs of the Upper Peninsula of Michigan for out-of-hospital emergent medicine*—is integrated throughout our teaching, practice, and service to the area. Our faculty are committed to excellence and integrity in these interdependent areas.

As a student here, whatever the level of emergency medical services provider, you will become familiar with the interconnectedness of health, the environment, education, poverty, culture, economics, and how all these factors influence health.

The School of Emergency Medical Technology promotes the ethics and values inherent to all healthcare professionals. We believe in treating all people with civility, dignity, and respect; that emergency medical services specifically are accountable and responsible to communities; and we believe that diversity, equity, and inclusion should be an integral part of everything we do.

The School of Emergency Medical Technology faculty members are some of the most talented educators anywhere, with vast expertise in the field of EMS that truly is a rare resource for students. They are accessible, committed to students, and passionate about EMS.

As an EMS student, you are part of a very special community. Students here are preparing for valuable roles as EMS practitioners, and therefore, higher level thinking and leadership is woven into much of the experience.

The School of Emergency Medical Technology's leadership faculty and I are committed fully to our students' success and well-being. We listen to our students and make changes based on what is needed to help you be a success. We are here for you, and because of you. If you have a problem or have ideas about ways things may improve or be accomplished better, please tell us.

We believe in you and are excited to partner with you in your School of Emergency Medical Technology journey.

Warm Regards,



Katrina Rushford, Ph.D., EMS IC, NCEE, NRP
Director, School of Emergency Medical Technology
UP Health System – Marquette

GENERAL INFORMATION

4.1

STRUCTURE/ORGANIZATION

Program Sponsor:	UPHS – Marquette (DLP Marquette General Hospital)
Course Medical Director:	Shawn Brown, MD
School of EMT Director:	Katrina Rushford, Ph.D., NCEE, Paramedic
Program Director/Lead Educator:	Katrina Rushford, Paramedic I/C

Program Advisory Committee:

Bob Bower, Paramedic	Delta County	Rampart EMS
Shawn Brown, M.D.	School of EMT Medical Director	UPHS – Marquette
Anastasia Fiebig	Marquette	Graduate
Jeff Green	Marquette	Allied Universal
Roger Irie, AEMT I/C	Schoolcraft County Medical Control	Manistique
Gina Kasten	Ontonagon	Sonco Ambulance
Robert Kirkley, Paramedic I/C	Gogebic/Ontonogon Counties	Aspirus Medivac
Curt LeSage	Marquette	UPHS EMS
Janet Rozich, Paramedic IC	Houghton/Keweenaw Counties	Mercy EMS
Katrina Rushford, Ph.D., NCEE, NRP	Marquette-Alger MCA	Marquette
Jacob Smith	Delta County	Guardian Flight
Alyson Sundberg, Paramedic I/C	Marquette	Program Sponsor
Gary Wadaga, Paramedic I/C	Baraga County	Bay Ambulance
Tina Waldron, Paramedic I/C	Alger County	Alger County EMS

4.2

ADMISSION REQUIREMENTS

To be considered for admission to UP Health System – Marquette School of Emergency Medical Technology program, an individual:

- Must be 18 years of age.
- Must have a high school diploma or GED certificate—students requiring assistance in attaining this requirement can locate the contact person for Region 1: Adult Education Programs offered through the Michigan Workforce Development Agency at:
<https://www.michigan.gov/wda/0,5303,7-304-64362-395180--,00.html>.
- Completion of health examination and mandatory vaccinations.
- Valid, government-issued ID.
- You must be capable of meeting the Essential Requirements for the profession of Emergency Medical Services.
- You may be asked to complete a personal interview with an admissions committee.
- You must have reliable internet and email access throughout the program.
- The Applicant must provide completed School of EMT forms.
- You will be required to submit to a Criminal Background Check based on the applicant's social security number, with acceptable results to continue in the program upon receipt of the results by the School. You are also required to provide the results of the completed Criminal Background Check to the School of EMT to be maintained as part of any current student's active file. (*Results of a Background Check that are consistent with felony or misdemeanor convictions as identified in MCL 400.701 to 400.737, including 34(b) and 34(c), may result in disqualification for participation in the education program.*)
- Students are also strongly encouraged to view the NREMT policy on Criminal Convictions available at <https://www.nremt.org/Policies/Certification-Policies/Criminal-Conviction>.

- Must submit an approved UPHS Drug Screen at your own expense with acceptable results to continue in the program upon receipt of the results by the School **within 30 days** of course start date. You are also required to provide the results of the completed UPHS Drug Screen to the School of EMT to be maintained as part of any current student's active file. (Please call Occupational Medicine 225-4555)
- Paramedic applicants are required to be a currently certified Emergency Medical Technician (EMT) and must be willing to maintain this certification for the duration of training to be eligible for the Paramedic Program.

4.2A

ADVANCED PLACEMENT POLICY

PURPOSE:

The primary purpose of this policy is to establish the intent of the UP Health System – Marquette School of Emergency Medical Technology to follow a policy for admission of students requesting advanced placement into the paramedic program.

SCOPE:

This policy applies to any faculty, staff, and students of the UP Health System – Marquette dba Marquette General Health System both present and future.

PROCEDURE:

- Applicants with current licensure or certification in related medical fields may request advanced placement within the EMS program on a case-by-case basis. The plan of action will meet the requirements outlined by the Michigan Department of Health and Human Services, Bureau of Preparedness, EMS and Systems of Care, NREMT, and CAAHEP.
- The applicant's education and experience will be evaluated, and the student may be granted a waiver for parts of course, or clinical experience within the program. Students who are granted advanced placement will be required to complete cognitive and psychomotor testing to verify competence in the subject matter. This testing will be equivalent to current testing procedures for traditional students. Advanced Placement students will also be required to complete the field internship and paramedic capstone training requirements.
- Applicants wishing to "challenge" the Paramedic course must first hold current certification as an EMT or AEMT.

4.3

REFUND OF COURSE TUITION

The policy of the School of Emergency Medical Technology regarding refund of course tuition fees will be as follows:

- 100% if dismissed by the School of Emergency Medical Technology before the beginning of classes.
- 100% if the student drops out of the course before the second meeting (defined as notifying the School of Emergency Medical Technology Director, in writing, prior to the start of the second class).
- The student must request, in writing, within 48 hours of dropping the course, to the Director requesting the refund. The refund will be made after all required material has been returned to the Director (as appropriate).
- 75% refund if student elects to drop after the second meeting, but up to 14 days after the start of classes.
- 50% if 15 days or after and before 30 days.
- After 30 days no refunds will be provided. No refund of tuition fees will be provided to any student dismissed from the program for violation of the *Code of Ethics for EMS Practitioners*, Scholastic Dishonesty, or Professional Behaviors as defined in this Manual.

4.4

DIVERSITY STATEMENT

The best future for EMS depends on our ability to prepare a broadly diverse body of practitioners to become EMS practitioners, proponents of research, and future leaders and educators who will improve healthcare outcomes for all populations.

The preparation of a diverse EMS workforce is paramount to the delivery of effective healthcare in an increasingly diverse nation. A broadly diverse student body promotes an enriched environment and deeper learning for all which leads to a more capable healthcare workforce.

Broadly defined, respect and a genuine understanding of the many differences—including race, ethnicity, gender, age, socioeconomic status, national origin, sexual orientation, disability, religion, and veteran status—will enrich the EMS community. To that end, we feel it incumbent that each faculty member, and every student share the responsibility of creating and maintaining an environment of mutual respect and support.

The School of Emergency Medical Technology leadership believes that each student brings a unique set of personal attributes, characteristics, culture, and experiences but all students can contribute to the creation of a diverse and inclusive learning environment. These important elements are considered in combination with how the individual will contribute value as an EMS student and future practitioner.

The School strives to be an intentionally inclusive setting where students will thrive in learning. An inclusive environment empowers all participants to reach the highest potential possible, learn from one another, and develop a thoughtfulness that values perspectives outside one's own.

The School is committed to offering a nurturing and challenging intellectual climate, valuing and leveraging differences to inspire growth in our students.

4.5

PROGRAM PURPOSE

The purpose of the EMT Program at the UP Health System – Marquette School of EMT is to help meet the needs of the Upper Peninsula of Michigan for out-of-hospital emergent medicine. This is achieved through an integrated teaching structure between local hospitals, emergency services, and the School of Emergency Medical Technology.

The curriculum is designed to establish a competency-based program of instruction and educational practice experiences, which will prepare qualified students to apply their skills in the area of out-of-hospital emergency medicine, to become certified in their profession, to be licensed through the Michigan Department of Health and Human Services Bureau of Emergency Preparedness, EMS, and Systems of Care, and to become active citizens of the community in health related areas.

4.6

PHILOSOPHY

The faculty of the EMS Education Programs at the UP Health System – Marquette School of Emergency Medical Technology, believe that our students vary widely, with respect to their ethnic and cultural background, life experiences, learning styles, and levels of maturity. Our learning setting provides the opportunity for students and faculty to participate in cultural, intellectual, and social activities, which foster the continued self-growth of the individual.

The EMS Education Program believes in self-growth, including ongoing self-assessment and evaluation. We believe that education is an active process of imparting knowledge and assisting in the facilitation of student learning. The faculty utilizes a systematic problem-solving approach that builds on previously learned knowledge and experience. We believe that teaching is an ongoing process and an interaction between the instructor and the student. The faculty selects strategies, organizes content, arranges experiences and facilitates learning, taking into consideration cultural factors, ethnic background and individual learning styles of students. Learning is the process by which one gains new insight, understanding and ability through reinforcement, practice, and experience. We believe that adult students perceive learning experiences as meaningful when instruction is directed toward pertinent, applicable goals. Effective learning is measured by identifiable changes in the individual.

We believe that through the consistent application of the teaching-learning process in the educational environment, and with support services to assist them, our students will, upon completion of the program, have mastered all the necessary competencies to practice as an EMS provider.

Upon completion of the EMS Education Program, the student will be a highly competent healthcare professional and will hold the base knowledge to successfully handle any situation encountered in the field of pre-hospital emergency medicine at the chosen level of care for appropriate for that provider.

4.7

EXPANDED PHILOSOPHY

The EMS Education Program functions within the philosophical and administrative structure of the parent institution—UP Health System – Marquette School of Emergency Medical Technology. The program of instruction is designed to incorporate knowledge and skills applicable to life in a complex society and focusing on the educational and healthcare needs of the Upper Peninsula of Michigan. In keeping with the philosophical tenets, the faculty offers the following statements concerning our beliefs.

Humans

The faculty believes that humans are unique, holistic, and dynamic beings with physiological, psychological, sociocultural, developmental, and spiritual needs. We believe humans are fundamentally creative, resourceful, adaptive, and caring in nature. Individuals have spiritual-social-ethnic values and beliefs, which contribute to the perception of self, others, and the community. Humans have the right to make decisions and are responsible for those decisions. Individuals seek to meet human needs, which range from the most physical needs to self-actualization. Individuals seek to belong to some social group where interaction and nurturing can occur.

Environment

The faculty define environment as the aggregate of all internal and external elements interacting and influencing the individual and the community. We believe that society is a component of environment. Society is composed of interdependent individuals, groups, and cultures in which there are shared values and respect for differing values. Society's mission is to ensure survival through problem-solving applications, which may be facilitated through adequate care and educational preparation available to all humans regardless of their cultural diversity.

Knowledge

Knowledge is dynamic with common underlying principles and theories that constitute past and present learning. It provides the basis to plan and make wise decisions to adapt to the environment.

Learning

Learning occurs because of experiences, which may be physiological, psychological, sociological, and/or philosophical in nature. Learning is individual. It is an active and progressive process which usually results in changed behavior. We believe the learning process is enhanced by a positive self-concept and facilitated by the individual's potential. An open, accepting, caring environment facilitates learning which enables the individual to think critically, identify problems, and evaluate information objectively.

Health

We believe that health is a process of adaptive change within the life cycle. Health is relative in nature and the value of health is individually defined. Health is an individual's own perception of wellness. How the individual perceives his own wellness may be an indicator of his perception of his illness and the need for intervention by other individuals.

ACADEMIC POLICIES, PROCEDURES, & SERVICES

5.1

AMERICANS WITH DISABILITIES ACT

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

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

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

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

The Essential Requirements, outlined in the following section, describe the skills and mandatory functioning requirements essential to EMS personnel. This description will guide all accommodations permitted for any student of a School of Emergency Medical Technology Program.

The following specific points pertain to EMS students:

- Students cannot be discriminated against based on a disability in the offering of educational programs or services.
- There can be **no** accommodation during screening, evaluation, or course examinations that will compromise or fundamentally alter the evaluation of skills that are required to function safely and efficiently in the EMS profession.
- Students who have received an accommodation during the course need to fully understand that there is a separate process for requesting an accommodation for the written certification examination; and eligibility for an accommodation is determined on a case-by-case basis. In other words, just because a student was allowed an accommodation during the course training, this does not guarantee an accommodation for the National Registry examination. Documentation confirming and describing the specific nature of the disability for which the accommodation is requested will be submitted to National Registry directly by the student for consideration. Please note that National Registry anticipates that requests for accommodation typically take up to six weeks to process.

5.1A

ALLOWABLE ACCOMMODATIONS

There are accommodations that are not allowed in the School of Emergency Medical Technology's EMS Education Programs because they are not in compliance with the Essential Requirements for EMS personnel. These include, but are not limited to:

- **Students are not allowed additional time for skills with specific time frames.**
 - Obviously, patients would suffer due to life-threatening conditions in emergent situations if treatment were delayed.
- **Students are not allowed unlimited time to complete written examinations.**

- This request is not considered reasonable because a candidate should be able to complete a test within a finite amount of time.
- Students will be allowed a maximum of time and one-half to complete written examinations with proper self-designation within the first two weeks of attending training.
- **Students are not allowed to have written examinations administered by an oral reader.**
 - The ability to read and understand small English print is an Essential Requirement for the EMS profession, and written examinations are designed, at least in part, to measure that ability.
- **Students are not provided a written exam with a reading level of less than grade eight.**
 - The EMS profession requires a minimum reading comprehension level of at least grade eight to work safely and efficiently.
- **Students must take all exams during the scheduled time, as a member of the enrolled course.**
 - The ability to utilize knowledge on the spur-of-the-moment is an Essential Requirement for the EMS profession.
 - Examinations are administered to elicit immediate recall and understanding of emergent situations.
 - Students will be permitted a private space to take an examination if deemed necessary.
 - Refer to the written examination policy of missed exams due to *excused* absences.
- **Students must answer all written test questions as written. No explanation of the question can be provided by the examination proctor or any other individual.**
 - Additional descriptions of examination questions would not be a reasonable accommodation because reading and comprehension of written English is an Essential Function of EMS communication.
 - The student must be able to understand and converse in medical terms appropriate to the EMS profession.

**Because of the critical nature of tasks needed in emergent situations, accommodation requests are considered very carefully, on a case-by-case basis. The safety and welfare of the community must be insured, while providing full protection of the students' rights. **

5.1B

ESSENTIAL REQUIREMENTS FOR EMS STUDENTS

The faculty has specified the following non-academic criteria, which all students are expected to meet to participate in healthcare education programs and professional practice. The student must be able to participate actively in all demonstrations, laboratory exercises, and clinical experiences in the clinical component and comprehend the condition of all patients assigned to them.

STANDARD	ESSENTIAL ACTIVITIES/TASKS (Not all inclusive)
Critical thinking ability sufficient for clinical judgment and decision-making.	<ul style="list-style-type: none"> • Use relevant data to support the decision-making process. • Identify priorities of care based on analysis of data. • Analyze and use assessment findings to plan care for clients. • Evaluate the plan of care and revise as appropriate. • Solve problems and make valid, rational decisions using logic, creativity, and reasoning. • Demonstrate ability to compute dosages and knowledge of pharmacology as appropriate to level of training.
Interpersonal abilities sufficient to interact with individuals, families and groups from a variety of social, emotional, cultural, and intellectual backgrounds.	<ul style="list-style-type: none"> • Establish rapport with clients and colleagues through speech, touch, and hearing. • Work effectively in small groups as team members and/or as lead. • Practice therapeutic (non-harmful) communication using hearing, speech, and judgement of appropriate responses.
Communication abilities sufficient for interaction with others in verbal, nonverbal, and including comprehension of small English print.	<ul style="list-style-type: none"> • Communicate therapeutically with clients, families, and groups in a variety of settings. • Communicate pertinent information in the English language both verbally and in writing to appropriate persons. • Document data and care completely and accurately using appropriate terminology. • Provide health teaching for clients, families, and groups.
Auditory abilities sufficient to monitor and assess health needs.	<ul style="list-style-type: none"> • Be able to hear alarms, emergency signals, cries for help, and answer/communicate clearly via radio and/or telephone. • Distinguish changes in tone and pitch such as in listening to patients breathing characteristics. • Able to hear and interpret communication in stressful situations such as when more than one person is talking at a time, or when they are talking in a loud voice.

<p>Gross and fine motor abilities sufficient to provide safe and effective care.</p>	<ul style="list-style-type: none"> • Calibrate and use equipment such as reading numbers on measuring cups, syringes and adjusting flow rates with oxygen equipment. • Maintain sterile technique when performing sterile procedures. • Hold skin taut with one hand while inserting needle in skin or vein with the other hand and perform other procedures requiring the use of two hands. • Maintain immobilization devices such as traction equipment and casts, feel for heat or wetness. Be able to use a computer keyboard. • Have good eye-hand coordination and manual dexterity to manipulate equipment, instrumentation, and medication as appropriate.
<p>Tactile ability sufficient for physical assessment and intervention</p>	<ul style="list-style-type: none"> • Palpation related to physical examination. • Perform therapeutic intervention (example-supraglottic airway insertion).
<p>Physical abilities sufficient to move from room to room, maneuver in small spaces, and accommodate stairwell when necessary.</p>	<ul style="list-style-type: none"> • Move around in patient's rooms, workspaces and treatment rooms. • Perform physical activities necessary to do basic skills such as put on sterile gloves, attach blood pressure cuff on patient's arm, hold one part of a patient's body while performing an action on another part of the body. • Provide or assist with activities of daily living such as bed bath, oral hygiene, and positioning patients. • Transport and transfer patients from various areas to other areas using stretchers, wheelchairs, walkers. Must be able to walk and crawl in less-than-ideal conditions and terrain. • Ability to withstand varied environmental conditions such as extreme heat, cold, or moisture is vital. The ability to work in low light, confined spaces, and other dangerous environments is required. • Must safely lift 125 lbs. independently or 250 lbs. with assistance. • Respond quickly in an emergency. • Able to stand or walk for 75% of a shift. • Gather a minimum of 3-4 pieces of equipment and carry to client's location.
<p>Visual abilities sufficient for observation and assessment necessary in EMS care.</p>	<ul style="list-style-type: none"> • Read numbers on dials, thermometers, gauges, measuring cups, etc. • Distinguish changes in color, size, and continuity of body parts. • Distinguish alterations in normal body activities such as breathing patterns, level of consciousness. • Observe safety features in environment such as water on the floor, obstacles in the path of patient. • Observe nonverbal responses of patients, families, bystanders, or coworkers. • Read and comprehend small English print (such as manuals or maps.) • Perform basic EMS skills (such as insertion of a suction catheter, counting respirations, preparing and giving medications.)

Demonstrate accountability and responsibility in all aspects of practice.

- Able to distinguish right from wrong, legal from illegal and act accordingly.
- Accept responsibility for own actions.
- Able to comprehend ethical standards and agree to abide by them.
- Demonstrate flexibility.
- Show concern for others.

POLICY OF NON-DISCRIMINATION

Policy: Non-Discrimination	Policy No: 7110-019
Distribution: School of Emergency Medical Technology	Effective Date: 08/2018
Authorized By: Katrina Rushford	Revision Dates: 08/2018

PURPOSE:

To establish a policy that pertains to the non-discrimination of any current or future students at the School of Emergency Medical Technology.

SCOPE:

This policy applies to all faculty, staff, present and future students at the School of Emergency Medical Technology.

PROCEDURE:

- The UP Health System – Marquette School of Emergency Medical Technology is committed to maintaining a safe and non-discriminatory learning and working environment for all members of the community- students, employees, and visitors.
- Academic and professional excellence can exist only when each member of our community is assured an atmosphere of safety and mutual respect. All members of the School of Emergency Medical Technology are responsible for the maintenance of an environment in which people are free to learn without fear of discrimination, harassment, or interpersonal violence. Discrimination diminishes individual dignity and impedes educational opportunities.
- The School of Emergency Medical Technology does not unlawfully discriminate in any educational activities. The School prohibits discrimination, harassment, or retaliation against any person for the good faith reporting of any prohibited forms of conduct or participation in any investigation or proceeding under School policy.
- The School adopts this policy with a commitment to:
 - Eliminating, preventing, and addressing the effects of prohibited behavior.
 - Fostering a safe, and respectful learning community.
 - Cultivating a climate where all individuals are well-informed and supported in reporting prohibited behaviors.
 - Providing a fair and impartial process for all parties in the investigation and resolution of such reports.

- Identifying the standards by which violations will be established, and disciplinary action may be imposed.
- It is the responsibility of every member of the School to foster an environment free of prohibited behavior. All faculty, staff, and students of the School are expected to take reasonable and prudent actions to prevent or stop an act of prohibited behavior. The School is committed to the support and assistance of anyone who takes such action.
- Faculty, staff, or students determined by the School to have committed an act of prohibited behavior is subject to disciplinary action, up to and including removal from the School. Retaliation against any individual who, in good faith, reports or participates in the reporting, investigation, or adjudication of prohibited behavior is forbidden.
- Any individual who feels s/he has witnessed or experienced behavior prohibited by this policy, or who has questions, concerns, or information regarding violations of this policy, should immediately report the circumstance(s) to the Director of the School of Emergency Medical Technology for investigation.
- Upon receipt of a report of discrimination, harassment, or retaliation, the Director of the School will conduct a prompt, thorough, and impartial investigation, evaluating all relevant information and documentation relating to the report.
 - The Director of the School will meet with the reporting party to discuss allegations and/or circumstances. Objectives of this initial meeting will be to stop the harassment, prevent the recurrence, and take steps to remedy the effects in the interim.
 - If following this investigation, no potential policy violations exist, the School Director will document the conclusion, including all elements of the initial meeting and interim remedial steps taken.
 - If, after an initial meeting between the School Director and the reporting party, it is determined that any part of the School’s policies may have been violated, a full investigation will be conducted. The Director of the School may elicit the services of additional faculty or staff members of the School, including the Advisory Committee and/or Medical Director, provided that it can be assured that no conflict of interest or bias exists. The investigation will be concluded promptly, within ten business days of the receipt of the report.
 - Investigations may take longer, however, based on a number of factors and variables, such as; nature and detail of the notice received, complexity of the investigation, and cooperation level of the parties and witnesses.
 - In most cases, investigations will be completed within sixty business days, though this timeline may be extended for appropriate cause as determined by the investigator.
 - Parties will be regularly updated as to the projected timeline for completion of the investigation. During the process, the reporting party and respondent will be given timely notice of any meetings at which either or both may be present, and have equal opportunity to present witnesses, provide evidence, and have equal access to information to be utilized during informal and formal disciplinary meetings and hearings.
 - The committee formed by the Director of the School will utilize a “preponderance of the evidence” (more likely than not) standard to determine whether or not there is a violation.
 - Written notice to the parties describing the findings of the investigation, including the determination of responsibility and sanctions, and available appeal procedures will be provided within five business days from the completion of the investigation.

- Sanctions for faculty members include but are not limited to:
 - Disciplinary Warning added to the Faculty Member’s Permanent File;
 - Probation;
 - Suspension without pay;
 - Termination.
- Sanctions for EMS students include but are not limited to:
 - Reprimand;
 - Disciplinary Warning added to the EMS Student’s File;
 - Probation;
 - Suspension;
 - Dismissal.
- Parties will have the right to appeal within five business days of receiving the findings. If the appeal is not timely, the original findings and sanctions will stand, and the decision will be considered final. If the appeal has standing, paperwork will be forwarded for consideration. The party requesting appeal must show error as the original findings and sanctions are presumed to have been decided reasonably and appropriately. The only grounds for appeal are as follows:
 - A procedural (or substantive) error that significantly impacted the outcome of the hearing (e.g., substantiated bias, material deviation from established procedures).
 - To consider new evidence, unavailable during the original hearing or investigation, which could substantially impact the original findings or sanctions. A summary of this new evidence and its potential impact must be included.
 - Sanctions imposed are substantially disproportionate to those previously imposed for similar violations. Right to appeal under this provision is for the responding party only. No other party has the right to appeal sanctions.
- Appeals must be submitted for review to the School Director to determine standing. Appeals with standing will be forwarded to a panel of peers without involvement in the previous investigation for review of the investigation. Findings will remain in effect for the review of the investigation findings and sanctions. Any sanctions imposed at the end of the investigation will remain in effect during the appeals process.
 - The appellate panel will rule on the appeal within fifteen business days. Any period beyond fifteen business days will be communicated to all parties along with an updated timeframe for the ruling.
 - In the event an appeal is upheld by the panel, the panel’s report will be submitted to the School Director for redetermination based on the panel’s findings. Written notice to the parties describing the revised findings of the investigation, including the determination of responsibility and sanctions, will occur within five business days of receipt of the appellate panel report.
- This is the final disposition of the investigation by the School of Emergency Medical Technology. Further appeals must be pursued through the Michigan Department of Health & Human Services (MDHHS), Bureau of EMS, Trauma, & Preparedness (BETP) Complaints and Disciplinary Action.
 - Additional Information on the official process can be located at:
 - https://www.michigan.gov/mdhhs/0,5885,7-339-73970_5093_28508_76847-132623--,00.html .

5.3

DISRUPTIVE ACTIVITIES

The School of Emergency Medical Technology may initiate disciplinary action against any student involved in disruptive activities. Any activity that interrupts scheduled activities or the process of education may be classified as disruptive. The following conditions shall normally be sufficient to classify behavior as disruptive.

- Participation in or inciting others to violent behavior such as assault, physical abuses, or threatened physical abuses to any person on School property or at any function off-grounds sponsored by the School of Emergency Medical Technology.
- Loud, vulgar, or abusive language, or any form of behavior acted out for the purpose of inciting others to disruptive action.
- Blocking, or any way interfering with access to any property associated with the School of Emergency Medical Technology or training affiliates.
- Conducting an activity which causes School of Emergency Medical Technology faculty to interrupt previously scheduled activities to intervene, supervise, or observe activities in the interest of maintaining order.

5.4

SCHOLASTIC DISHONESTY

At UP Health System – Marquette School of Emergency Medical Technology, scholastic dishonesty is unacceptable and is not tolerated. Any person who is a party to scholastic dishonesty as defined below will be disciplined as prescribed in the policy.

SCHOLASTIC DISHONESTY is defined as misconduct including, but not limited to, **plagiarism, cheating, collusion, and the falsifying of any part of clinical documentation.**

5.4A

PLAGIARISM

Is defined as presenting as one's own the ideas or writings of another without acknowledging or documenting the source(s). Students are guilty of plagiarism when they do any of the following:

- Copy a word or words directly from a book, periodical, or electronic source without utilizing quotation marks and referencing the source material.
- Summarize or paraphrase the ideas or opinions of an author or utilize data collected by another without citing the author as a source.
- Submit papers or projects which do not reflect personal knowledge, voice and style, usually as a result of having another person (1) write, (2) rephrase, (3) rewrite, or (4) complete their ideas.
- Submit a paper or project which was written or prepared by another person for another class or another instructor implying the work is their original composition or project.
- Submit a paper or project which was previously submitted to fulfill requirements for another course, unless (1) the instructor permits students to draw from earlier work, or (2) the instructors of concurrent courses permit students to submit a paper or project in both courses to fulfill requirements in both courses.
- Download a paper or portions of text from an electronic source and (1) paste it into a paper, (2) retype the paper or portions of the paper and submit it as their own work, (3) retype phrases or sentences with a few changes, and submit the paper as their own work, or (4) summarize or paraphrase the ideas from one or more sentences without citing the source.
- Submit as their own work a paper (or parts thereof) purchased from a company or electronic source that offers catalogs of essays on different topics and/or for different courses.

5.4B**CHEATING**

Is defined as intentionally using, or attempting to use, unauthorized sources in examinations, or for other assigned coursework, beyond those authorized by the instructor in (1) writing papers, preparing reports, solving problems, or carrying out other assignments; (2) acquiring, without permission, tests or other academic material belonging to a member of the faculty or staff; or (3) engaging in any behavior specifically prohibited by a faculty member in the course syllabus or class discussion. Students are considered guilty of cheating if they do any of the following:

- Copy answers from another student's exam.
- Utilizing or attempting to utilize, any unauthorized materials (notes, study guides, "crib sheets", textbooks, electronic devices, etc.) during an examination.
- Exchange forms of a test with another participant (i.e., exchange Form A for Form B).
- Possess and/or use unauthorized copies of examinations or answer sheets/keys.
- Change answers or grades on a previously scored project.

5.4C**COLLUSION**

Is defined as intentionally aiding or attempting to aid another in an act of scholastic dishonesty. Students are guilty of collusion when they do the following:

- Provide a complete paper or project to another student.
- Provide an inappropriate level of assistance to another student in the form of (1) writing, (2) rephrasing, (3) rewriting, or (4) completing the assignment.
- Communicate answers to a classmate during an examination.
- Remove tests or answer key(s)/sheets from the authorized area.
- Knowingly allow a classmate to copy answers from his/her exam paper.
- Exchange forms of a test with a classmate (i.e., exchange Form A for Form B).

5.4D**FALSIFICATION OF DOCUMENTATION**

Is defined as falsifying any clinical experience, writing a false patient care report (PCR), or documentation of skills not performed. Falsifying documentation is also defined as omission of any events or skills performed within a PCR.

- Professional status as an EMS provider is earned and not given to those who choose this career. Students who earn their certification/license will be expected to recall information from their education on demand and immediately, often during times of extreme stress. There is no time to get your textbook and look up treatment – you must know and perform accordingly. To earn your way in the EMS profession in a less than ethical fashion may cause harm to those you serve through your own negligence. The Emergency Medical Services Code of Ethics shall be followed in its entirety. Falsification of any part of course paperwork is considered by Program Faculty to be in violation of the Code of Ethics governing the profession and will not be tolerated.

5.4E**PROGRAM RESPONSE TO SCHOLASTIC DISHONESTY**

Actions taken by the School in response to a case of scholastic dishonesty by a student will include one or more of the following:

- Assigning a grade of “Zero” for the paper, project, exercise, or examination.
- Requiring the student(s) to resubmit another paper, project, or exercise, or to retake the examination.
- In cases of serious, or repeated scholastic dishonesty offenses, the student(s) will be referred to the Program Director and School of Emergency Medical Technology Medical Director for disciplinary review; subject to continued disciplinary action as listed in the section titled “Disciplinary Procedure”.
- In cases of falsification of documentation, immediate program dismissal upon conclusion of appropriate incident investigation will result as listed in the section titled “Disciplinary Procedure”.

5.5

PROVIDER CERTIFICATIONS

All students are required to have a current CPR card prior to beginning any clinical/field internship training. The School of Emergency Medical Technology has chosen to accept only American Heart Association CPR training in BLS Provider as this is the certification required by National Registry. As this is a part of the curriculum, students will have the opportunity to obtain certification while enrolled in the course.

5.6

IMPAIRMENT & CHEMICAL SUBSTANCE USE

All students are required to submit to a 10-panel drug screen prior to acceptance to any School of Emergency Medical Technology program at the Occupational Medicine Office of UP Medical Center in Marquette. It is the intent of the School to maintain an environment that is drug and alcohol free. All students in the School should be free of any chemical impairment during participation in any activities related to client care in the classroom, laboratory, and clinical settings. The purpose of this policy is to provide safe and effective healthcare to clients by students that are drug and alcohol free.

Students are permitted to take legally prescribed and/or over the counter medications consistent with appropriate medical treatment plans. However, when such prescribed or over the counter medications affect the student’s safety, academic performance, and the safety of fellow students, faculty/staff, or patients, the student may be dismissed from the program. The School of Emergency Medical Technology has a more stringent policy than a college because students will be placed into ‘safety sensitive positions’ where a patient’s safety and wellbeing are in their hands. Students enrolled in any School of Emergency Medical Technology programs may be required to submit to drug and alcohol testing, including random testing and reasonable suspicion testing.

It is the policy of the School that all students are required to submit to a drug screen within 30 days of starting any designated program.

LIABILITY INSURANCE

Policy: Professional Liability Insurance	Policy No: 7110-016
Distribution: School of Emergency Medical Technology	Effective Date: 09/1975
Authorized By: Katrina Rushford	Revision Dates: 07/2006

PURPOSE:

The primary purpose of this policy is to provide professional liability coverage for employees and other specifically named agents of Marquette General Health System.

SCOPE:

This policy applies to any employees and students of the UP Health System dba Marquette General Health System.

PROCEDURE:

- Marquette General Health System (MGHS) is self-insured through a professional liability trust agreement and will provide professional liability coverage to its employees, authorized volunteer workers, students, and other agents of the Health System as named in the Professional Liability Self-Insurance Program.
- The MGHS Self-Insurance Program will pay all sums which MGHS becomes legally obligated to pay as damages because of injury to any person arising out of the rendering or failure to render professional services resulting in a malpractice claim as stated in the Self-Insurance Program.
- If any named insured under the Self-Insurance Program has another policy or policies covering a loss also covered by the Self-Insurance, MGHS coverage shall be excess over the amount set forth as the limit of liability under the other such policy or policies.
- MGHS-employed physicians who volunteer their professional services for a community function and do not have professional liability coverage other than the MGHS Self-Insurance Program may request professional liability coverage for these volunteer services. The physician should submit a written request to the MGHS Chief Executive Officer describing said services, and requesting authorization by MGHS. The Chief Executive Officer may then grant authorization and subsequent coverage as deemed appropriate.
- Program Management:
 - The Director of Safety and Risk Management manages the Professional Liability Self-Insured Program according to the terms of the Program under the supervision of the Assistant Administrator of Human Resources.

END OF POLICY

5.8 TRANSPORTATION

The School of EMT does not provide transportation to class, laboratory, or clinical agencies for students. Therefore, it is up to the individual student to arrange his/her own transportation.

5.9 SCHOOL CANCELLATION/INCLEMENT WEATHER

The EMS Education Program will follow the current policies of UP Health System – Marquette for closing during inclement weather. Students will be informed of the cancellation through email, phone, and social media methods when appropriate. Do not call the School of Emergency Medical Technology office about issues of class cancellation. During times of cancellation due to inclement weather, students will be excused from clinical rotations and will not be penalized for necessary re-schedules of this clinical time.

Cancellation of planned class meetings due to water or electrical issue(s) will not excuse the student from attendance at planned off-course clinical time or events.

5.10 THREAT ADVISORY

If you receive word, through any legitimate means that our Nation's Threat Advisory, issued by the Department of Homeland Security, goes to **Imminent Alert** (credible, specific, impending terrorism) do not go to clinical rotations. Students may be asked to leave clinical rotations if the threat is raised during the clinical shift.

This policy will be in effect as long as the Threat Advisor remains on **Imminent Alert** or until informed otherwise through official School of Emergency Medical Technology means of contact.

Please understand this is a serious time, and that local EMS providers, hospitals, fire departments, and law enforcement agencies will be on an extremely high level of alert. This policy is important for the security of the clinical sites as well as student safety.

5.11 INCIDENT/ACCIDENT REPORT

In the event of an incident/accident involving a student, the appropriate incident form supplied by the involved facility shall be completed according to the involved facility's protocol. An incident report shall also be submitted to the faculty on the student's first day back to campus to the Director of the School of Emergency Medical Technology. This form (see Appendix A) shall be kept in the student's file and a copy in the office of the School of Emergency Medical Technology.

5.12 ACADEMIC COUNSELING & ADVISING

The faculty is sensitive to the needs of students as they seek assistance to make career choices and utilize their ability to move through the program. The faculty participates in the continuous academic advising and counseling in the following ways:

- Faculty have open door policies for both enrolled and persons seeking information and guidance regarding a career in Emergency Medical Services.

- The faculty will provide course, progression and withdrawal advisement, and referral to other academic services as needed.
- Students will meet with their instructor regarding academic performance at least twice.
- Students are encouraged to review their progress in the clinical/field internship areas regularly. Faculty will provide counseling concerning clinical objectives completion and performance giving students immediate feedback.
- The program director will meet with students experiencing academic problems after the student has met with their instructor and may refer as necessary.
- Help is available for students, on an individual or group basis, in the Skills Lab and after normal class times by appointment upon student request.

5.13 ATTENDANCE/TARDINESS

Attendance at all scheduled classes, laboratories, conferences, seminars, clinical experiences, testing situations and other course activities **are required**. The faculty believes that all learning experiences are important; therefore, there are no excused absences. Attendance to lecture sessions may be at the student's approved education site, or via online format. Students wishing to attend online must sign in under their name as registered and keep cameras active at all times class is in session to receive credit.

5.13A FACULTY

This belief also applies to faculty attendance of planned class meeting/training setting. If, at any time, the faculty have not arrived within 15-minutes of the planned start time, students are free to leave and will not have this count as an absence. The School of EMT Director should be notified of this occurrence via email at Katrina.Rushford@mghs.org so the event can be investigated, and measures taken to prevent additional occurrences.

5.13B STUDENTS

All students are required to "sign-in" and "sign out" on the attendance rosters at least once per course session, or more often as prescribed by the instructor. A student who fails to sign the attendance sheet shall be designated absent and must comply with the absence policy.

School of Emergency Medical Technology faculty believe that excessive absenteeism will make it very difficult for the student to ultimately be successful in completing the program training objectives, and ultimately obtaining National Registry Certification. Any student who is absent 2 times from class meeting/lab sessions, or clinical will be advised of the number of absences from the program per the "At Risk" Policy. In the event the student is absent from classroom sessions/lab training, or clinical a total of 4 times, the student will be notified that continuance in the training program will likely result in unsuccessful completion. The student will be notified of this on the "Against Educational Advice" Student Counseling Form per program policy.

5.13C TARDINESS

Tardy is defined as arrival at a class or clinical site 15 or more minutes past the designated start time. All students are expected to be on time to class. Regarding clinical agencies, students should arrive 15 minutes prior to the designated start of the assigned shift. Arrival after the designated start time may result in the clinical preceptor marking the student as unprepared to begin work.

5.14 GROOMING/ATTIRE STANDARDS

5.14A CLASSROOM/LAB

A. Dress

Tee-shirts, jeans, and tennis shoes are acceptable for classroom sessions if they are clean. Dress will be informal. The practical portions of the course involve physical activity, bending, stooping, and laying on the floor as patients and caregivers. Low cut shirts, blouses, and pants are not allowed. Exposure of cleavage, breasts, and/or buttocks will not be tolerated. If dressed inappropriately, you will be asked to leave class, and will be marked absent. On occasion the class will be held out of doors. The student should dress appropriately for the weather conditions.

B. Hair

Hair is to be kept clean and well groomed. Extremes in hair color will be avoided.

C. Hands

Hands should be clean and free from open lesions. Maximum length of fingernails will not exceed past the top of the fingers. No artificial nails, including wraps and overlays of any length are permissible. Only clear nail polish that is neat, smooth, and unchipped is allowed.

D. Cosmetics

Make-up should be worn in moderation. The use of colognes, perfumes, scented lotions, and other heavily scented products are not to be worn as others may have sensitivities to such products.

E. Jewelry and Accessories

A wristwatch with a second hand is required. A stethoscope is recommended. A penlight and trauma shears are also recommended.

F. Personal Grooming

Cleanliness and personal hygiene are extremely important. Daily bathing and use of effective deodorant or antiperspirant are expected. Dental hygiene is essential.

G. Tobacco Use and Gum-Chewing

Use of tobacco in any form and gum chewing is not permitted in the classroom/lab or clinical rotation areas.

5.14B CLINICAL UNIFORM

EMS students' attire, grooming and manner serve to portray to patients, their families, and the community that UP Health System – Marquette School of Emergency Medical Technology students are preparing to become professionals. Program faculty will expect to inspect the students' clinical uniform a minimum of once prior to release for clinical. Faculty reserves the right to require additional clinical uniform inspections if initial inspection fails to meet established standard set by this manual.

A. Uniform

Student uniforms are to be neat, clean, well fitting, without tears, wrinkles, or stains. The uniform is to be worn only in the healthcare facility or for faculty approved activities in the community. A solid navy-blue T-shirt must be worn under uniform top. The uniform top is to be wrinkle free and fit appropriately so it remains tucked in neatly at all times. Pants are to be approved EMS pants; length should touch the top of the shoe at the instep and be tailored appropriately. A solid, black belt with a plain buckle is required as part of the clinical uniform. Appropriate underclothes should be worn and not be visible.

B. Shoes

Standard EMS boots that are constructed of materials that are impervious to liquids and contaminated materials are preferred to be worn, but **solid, black, leather** athletic shoes may be worn as a substitute. No open-toe or open heeled shoes are allowed. Specifically, no Crocks are allowed. Canvas tennis shoes are not acceptable. **Shoes must be polished, and shoestrings must be clean.** Plain black socks are to be always worn- no ankle socks allowed.

C. Hair

Hair is to be kept clean and well groomed. Extremes in hair color will be avoided. Hair should not touch the collar of the uniform while in the clinical area, nor should hair be allowed to obscure the eyes. Ribbons and colored hair barrettes are not permitted. Males who wear facial hair should keep it trimmed appropriately and well groomed. Mustaches may not fall over the upper lip; sides may not extend more than $\frac{3}{4}$ inch past the corner of the mouth or more than $\frac{1}{4}$ inch below the corner of the mouth. Sideburns may not extend more than $\frac{1}{2}$ inch below the auditory canal. Any beard must not extend beyond a maximum length of 2 inches below the jawline and must be kept neatly trimmed. Those who shave their facial hair should be clean-shaven. Hats may not be worn in the hospital clinical setting.

D. Hands

Hands should be clean and free from open lesions. Maximum length of fingernails will not exceed past the top of the fingers. No artificial nails, including wraps and overlays of any length are permissible. Only clear nail polish that is neat, smooth, and unchipped is allowed.

E. Cosmetics

Make-up should be worn in moderation. The use of colognes, perfumes, scented lotions and other heavily scented products are not to be worn to the clinical areas.

F. Jewelry and Accessories

Body or facial jewelry is not accepted. No visible body piercing other than the earlobes. Any tattoos must not be visible. Students may not wear earrings. Only wedding bands or sets are allowed. A wristwatch with a second hand is required. A stethoscope is recommended. A penlight and trauma shears are also recommended.

G. Personal Grooming

Cleanliness and personal hygiene are extremely important. Daily bathing and use of effective deodorant or antiperspirant are expected. Dental hygiene is essential.

H. Tobacco Use and Gum-Chewing

Use of tobacco in any form and gum chewing is not permitted in the classroom/lab or clinical rotation areas.

I. Identification Badges

The UP Health System – Marquette School of Emergency Medical Technology Student I.D. badge must be worn at all times while in a clinical/internship with an agency. The badge should be clearly displayed with the name visible on the left front upper torso. Cell phones are prohibited from display on the clinical/field internship uniform and should always remain on silent.

J. Outer Wear

Jackets worn should be solid black or navy blue without decals or department lettering. Sweaters may not be worn under the clinical shirt. Program faculty may choose to approve additional clothing layers for use in EMS clinical during cold weather conditions. Hats are not permitted at any time other than conditions of extreme weather and shall be designed for protection from heat loss. Ball caps will not be permitted. Raincoats should be plain, without designs or statements. Reflective strips may be added to approved jackets and/or raincoats for added safety. Umbrella use is not appropriate in the EMS clinical setting. All EMS students are **required** to wear reflective **DOT vest** per the EMS clinical agency policy.

5.15

CELL PHONES/PAGERS/ELECTRONIC DEVICES

To eliminate distractions in the classroom the following policy will always followed by all students:

- Cell phones are not to be utilized in the classroom, laboratory, or clinical areas, or in hallways and common areas of the School beyond needs for activities or coursework. This includes use as a phone, text messaging device, music player, voice recorder, camera, video camera, messaging application, or any other function which interrupts learning in class or disrupts others at any time. This policy is not limited to devices sold as a cell phone. Any electronic device capable of functioning within the spirit of this policy is included.
- All cell phones, pagers, and other electronic devices which have audible alert function must be set to silent. Silent alerts are permissible if they are truly silent and do not elicit a response from the owner or others.
- Electronic devices that are utilized for audio recording and playback, or video recording and playback, are not to be utilized in the classroom, laboratory, clinical areas, or in hallways or common areas of the School. With the permission of the instructor, students may utilize audio records for the sole purpose of recording lectures **only**. When utilized, these recorders must be plainly displayed in the space occupied by the student.
- Electronic devices with game functions are not to be utilized in the classroom, laboratory, or clinical settings.
- Pagers and portable radios are only acceptable for those required to have them- on duty staff only. Pagers are not to be kept in the open or scan mode. They must be kept in the closed mode only during class, laboratory, or clinical meetings. Any “on duty” staff will need to notify the instructor at the beginning of the meeting. Material missed because of “call outs” is solely the responsibility of the student to obtain and complete.
- Students violating this policy will be asked to leave for that day on the first offense. A second offense will warrant reporting of the behavior for continued action as disruptive, which may result in dismissal from the program.

5.16

INFORMATION SECURITY & NONDISCLOSURE

It is the policy of UP Health System – Marquette School of Emergency Medical Technology that information, in all its forms, written, spoken, recorded electronically, or printed, be protected against accidental or intentional unauthorized modification, destruction, or disclosure. All computer equipment must be protected from misuse, unauthorized manipulation, and destruction. Protection measures may be physical or software oriented.

5.17

CLASSROOM/LAB SKILLS PRACTICE

During training, students will be taught skills necessary for the assessment and management of patients in emergent situations. It is essential that students practice and perfect these skills. All students are hereby advised that the practice of non-invasive skills will be practiced on classmates, and that classmates will be practicing the same on you. The purpose of these practice sessions is to develop the tasks, dexterity, and tactile feel necessary for each skill, in situations as real as possible, while under the control and supervision of faculty. The practice of these skills will involve limited physical contact with all areas of the human body, including the chest and pelvis.

The faculty are acutely aware of both the importance of hands-on human practice, and the inherent risk for inappropriate behavior. All students involved in these skill practice sessions, in the role of rescuer, the patient, or observer, are expected to display tact and professionalism, as well as behave under the ethical and legal guidelines that govern the profession.

At any time, should a student believe that the practice of a particular skill places themselves in an uncomfortable position, that student has the responsibility to make that belief known to the instructor at the earliest opportunity prior to beginning the skill practice session.

Additionally, if, at any time, should a student believe that the practice of a particular skill on themselves by another student, or as demonstrated by an instructor, crossed the line of professionalism into overt sexual contact, that student has the responsibility to report the incident circumstances as soon as possible. Any student who perceives that they have been treated in a discriminative manner on the grounds of sex may consult with the Director and/or file a written complaint requesting investigation.

Specific skills which will be practiced in this training on live simulated patients, and which may involve practice in or around the chest or pelvis as appropriate to the completion of the skill include:

- Traction Splinting
- Patient Assessment/Physical Examination of a Medical Patient
- Patient Assessment/Physical Examination of a Trauma Patient
- Blood Pressure Assessment
- Wound Dressing and Bandaging
- Splinting
- Auscultation of Breath Sounds
- Assessment of Pulse
- Assessment of Respirations
- Application of ECG Electrodes
- Sizing and Application of Cervical Collar
- Supine Spinal Immobilization

- Seated Spinal Immobilization

The practice of skills is a critical component of any successful EMS Education Program. Students must arrive to these training sessions fully prepared to practice skills and scenarios. Being prepared means appropriate grooming/dress per the Program Dress Code, having equipment and supplies ready and available (as listed below), and having an attitude and demeanor which do not detract from the scenario created. Remaining “in character”, communicating with the “patient” as if the situation were an occurrence in real-life, and performing skills as appropriate is critical to developing as an EMS provider.

5.18

COURSE ASSESSMENTS/EXAMINATIONS

All students will take exams at the time and place designated by the instructor. Books or other written materials, pagers, cell phones, scientific calculator, PDA's, pocket computers, and other electronic devices are not allowed during testing.

In the event a student is tardy, the student is allowed only the remaining time scheduled for the examination. No extra time will be allowed, and the examination will be graded as-is. The program attendance and tardy policies are listed in Attendance section.

Because the National Registry of EMT's written examination is utilized for Michigan licensure, all students are encouraged to always score a minimum of 70%. Module examinations are taken in successive order; therefore, no student may progress to the next module examination until all previous examinations are complete.

Tests will be scored and ranked with program faculty examining the ranks. Test items identified as the majority of course participants missed will be individually examined by faculty to determine if the test item is to be excluded. Instructors do reserve the right to submit these items to course participants again, especially when the content relates to critical concepts or training objectives.

At the faculty's discretion, a make-up written examination may be given if the following requirements have been met. The student is required to notify the appropriate instructor of pending absence prior to the examination time. The student must also, within 24-hours of absence, submit a written excuse for the absence and a written request to take a make-up examination. Failure to meet the above requirements may result in a grade of "0" for that written examination.

The course is broken into classroom (didactic and practical), affective (behavioral), and clinical work. UP Health System – Marquette School of Emergency Medical Technology training exceeds the National Standard Curriculum and the State of Michigan EMS Educational requirements. The School of Emergency Medical Technology utilizes State of Michigan EMS Educational Program Requirements throughout the program. The education program objectives are available at the under the EMS Education Section of the Bureau of EMS, Trauma, & Preparedness on the Michigan Department of Health and Human Services website or may be accessed directly at: https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/EMSFILES/Education/Michigan_Requirements_and_Objectives_for_Initialeducation_Programs_022022_748535_7.pdf?rev=a882fedc9143471587108439052ee080&hash=3E575DCE8F925D071F56E15EECFEA492 .

5.19

GRADING

Each EMS education program has three grading domains. A passing grade must be achieved in each domain to successfully complete the course and be eligible to test for National Registry certification examination. Scoring for each domain is as follows:

5.19A

CLASSROOM/LAB WORK

Classroom and lab work is considered as the cognitive portion of the course. The School of Emergency Medical Technology utilizes a total point system for the didactic portion of assigned coursework as provided in the syllabus. Cognitive coursework is unit examinations, assigned homework, quizzes, etc. Students must maintain a total calculated score of 70% to successfully complete the didactic portion of the course and be allowed to sit for the final written examination. For paramedic students, a total calculated score of 70% is required for each consecutive course.

Laboratory skills are a valuable component of EMS training. Since the School of Emergency Medical Technology faculty believe that high quality, safe patient care is best provided by providers that received sufficient instruction in practical skills application, it is the practice of this program that students will receive regular laboratory grading on the skills considered part of the EMS national standard curriculum as well as the additional skills relevant to practice in the State of Michigan as an EMS professional. All grades received by students in the laboratory setting will be assessed as a portion of the coursework as provided by the course syllabus. Laboratory skills will follow the training progression as outlined in the School of Emergency Medical Technology Laboratory, Clinical, and Internship Manual.

Final Practical skills have a **PASS/FAIL** component. Students will have many lab sessions during which feedback from practical instructors will allow for practice and correction of inappropriate techniques or application of skills. The student must successfully pass each required NREMT skill before moving on to complete the integrated skill evaluation, as well as the additional skills allowed by EMTs within the State of Michigan as applicable to successfully complete the course. The critical criteria differ between skills, but each attempt must pass with a base score of 70% or higher, as well as zero critical criteria to be deemed successful. Any student not meeting these parameters will be allowed one additional attempt on the final skills day for up to three skills. If more than three skills are required for re-test, or the student is not successful on the second attempt the remedial training by appointment with the School will be required before attempting to test the skills again.

5.19B LABORATORY, CLINICAL/FIELD INTERNSHIP MANUAL

Clinical/Internship is a PASS/FAIL component. You must pass these portions of the course to pass the overall program. Successful clinical and/or field internship-where applicable- completion is based on both minimum hours and minimum objectives, along with completeness of documentation. The School of Emergency Medical Technology Laboratory, Clinical, and Field Internship Manual will be issued that contains all required hours and objectives- for paramedic students this manual may also be called the paramedic student portfolio.

It is the responsibility of the student to accurately and completely document laboratory, clinical, and field internship experiences, in addition to completion of the Fisdap platform (paramedic only) to ensure minimum competencies are met. Students are prohibited from being in a working role while completing clinical time. The clinical component will run from defined start and end dates and will be announced at clinical orientation night. Laboratory, Clinical, and Field Internship Manuals will be made available to the Course Coordinator at regular intervals on request to determine if the student is completing hours and objectives at a reasonable pace conducive to successful course completion. The Laboratory, Clinical, and Field Internship Manual is expected to be brought to every in-person class.

5.19C AFFECTIVE EVALUATIONS

Affective evaluations are also a PASS/FAIL component. Students will be continuously observed and evaluated for required affective behaviors by the Program Director, Clinical Preceptors, Practical Evaluators, and peers. The evaluations will be documented on the Student Affective Evaluations. To successfully complete the course, the student must score “Competent” or above in all areas by the time of their final evaluation just prior to course completion.

5.19D

ROUNDING OF GRADES

Student grades will be rounded to the next higher number at the 0.5 or greater point.

Example:

91.5 rounds to 92

91.4 remains 91

5.19E

EXAMINATION REVIEW

The faculty believes review of examinations is an integral component of the learning process. Test review helps the student to understand reasons for incorrect as well as correct answers. It is also an opportunity for the student to learn test taking skills. It is for this reason that each module examination will be reviewed following in class following grading of that examination. Reviews will occur in a secure environment following the same guidelines for examinations. Any unruly behavior will result in termination of the review for the entire class. If the student attends the class review and needs further time to review the examination, the student can review each examination individually. The student must make an appointment with the instructor for individual review of the exam, which is only allowed following attendance of the class review. If the student does not attend the class examination review, review of the module examination will not be allowed unless mitigating circumstances exist and the course instructor approves the review.

5.19F

EVALUATION OF STUDENT BEHAVIOR

The faculty reserves the right to make a professional judgment on behavior that does not conform to the development of the personal qualifications necessary to become an effective EMS professional. The student may be dismissed from the program for inappropriate behavior. The following is the process for implementing this policy:

1. Inappropriate behavior (including, but not limited to displaying an uncooperative, belligerent, or non-productive attitude) will be documented by any faculty member and discussed with the student.
2. If inappropriate behavior continues, the student will have a conference with faculty and Director of the School of Emergency Medical Technology with a probationary period implemented. At that time the student will be placed on a written contract.
3. At the end of the probationary period, the Instructor, Director, and the student will meet to determine continuation in the EMS Education program.
4. Inappropriate behavior which threatens the safety or security of others or is significant breach of responsible behavior may go directly to the director of the School of EMT to determine whether the student will be allowed to continue in the program or be dismissed.

Students who exhibit documented unsafe behavior in the clinical setting according to “**Student Responsibility**” will receive unsatisfactory evaluations and may be dismissed from the EMS Education Program Program.

5.20

PROGRESSION STANDARDS

A student must maintain a grade of 70% or above and must satisfactorily complete all requirements in order to become eligible for progression.

Students must satisfactorily complete the required clinical and/or field internship hours, skills, and patient contacts. Failure to complete program requirements will result in dismissal from the EMS Education

Program. Failure to complete required clinical/field internship training objectives will result in the student receiving a grade of incomplete for the corresponding clinical as well as the inability to graduate and test for National Registry. See Incomplete Grade Policy below.

5.20A “I” OR INCOMPLETE STATUS

A grade of “I” may be submitted in lieu of a final grade when the student, because of illness, death in the student’s immediate family, or similar circumstances beyond the student’s control, is unable to complete required course work and/or clinical hours/training objectives. Course work must be completed within a designated period provided to the student at the time of receiving the Incomplete. Time periods extended to students for completion of program training requirements will be based on a case-by-case basis dependent upon need. Failure to remove the “I” in the designated time frame will result in dismissal from the School of EMT training program. Any student that is to receive a grade of “I” for any reason will be notified in writing of the decision via the Student Counseling Form. The Student Incomplete Grade Counseling Form will contain the mandatory work as well as the last date this work may be submitted in consideration for successful completion to the School of Emergency Medical Technology. Once the final date has past, no work will be accepted, and the student’s grade will officially be changed to a final grade of “F” for the course per program policy.

A student may be dismissed from the program for inappropriate behavior or for failure to demonstrate qualities necessary for safe and effective EMS provider care (see *EMS Policy & Procedure Manual, Expectations, Responsibilities, and Student Requirements*). Any student dismissed from an EMS program will receive a final grade of “F” for the course.

5.20B “AT RISK” STATUS

The faculty will evaluate academi and clinical/field internship performance on an ongoing basis. Formal evaluations willbe scheduled as required. Students are identified “at risk” for the following:

- A. Excessive tardiness/absences
- B. Skill performance deficits
- C. Failure to comply with admission requirements and/or requests for additional information
- D. Failure to complete minimum clinical/field internship hours, and/or training objectives

“At risk” students will be required to meet the following requirements:

- A. Develop a plan of action with appropriate timeline to correct the deficits identified which resulted in the student being placed in the “at risk” status
- B. Meet with their instructor every two weeks or as needed to plan methods to complete needed objectives or to assess progress. It is the students’ responsibility to schedule an appointment and meet with the instructor.

5.20C “AGAINST EDUCATIONAL ADVICE” STATUS

The faculty will evaluate academic and clinical/field internship performance on an ongoing basis. Formal evaluations willbe scheduled as required. Students are identified as “against educational advice” for the following:

- A. Excessive tardiness/absences
- B. Skill performance deficits
- C. Failure to complete minimum clinical/field internship hours, and/or training objectives

“Against Educational Advice” students will be required to meet the following requirements:

- 1 Sign the Against Educational Advice Student Counsel Form which will state the specific issues identified and addressed by faculty previously, corrective action plans, and results.
- 2 The Against Educational Advice Student Counsel Form will also notify the student what specific action is required as well as the time allowed for achievement of the action, to allow the student to successfully complete the program.

5.21 WITHDRAWAL

Registration for a course makes the student responsible for attending the class until the course is completed or until, with permission of the Director, the student is authorized to withdraw from that course. A student who withdraws from the program must file official withdrawal in the Director's office and complete the Exit Interview prior to abandoning responsibility for course completion.

5.22 DISMISSAL

A student may not be permitted to continue enrollment when the student has not met program completion requirements.

A student may be dismissed at any time from the program by the Director for any behavior determined to be unprofessional, unethical, unsafe, and illegal or for performance that is unsuitable for the practice of emergency medical services as illustrated by *The Code of Ethics for EMS Practitioners*, the School of Emergency Medical Technology Professional Expectations, and School of Emergency Medical Technology Student Responsibilities.

5.23 READMISSION

Any student who fails or withdraws from the EMS education course, regardless of the reason, may petition to be considered for readmission to a new School of EMT EMS education course. Course repetition will be based on instructor availability and program resources. The following areas are evaluated:

- Attendance
- Academic performance
- Clinical performance
- Responsibility and safety

For readmission the student must write a letter to the Director requesting readmission. The letter should include:

- How the student has changed the circumstances that led to the failure or withdrawal.
- If the student is employed in the health field, what is the position and how long has he/she been in the position.
- A brief plan for success in the program.

The student will be scheduled an interview with the Director of the School of EMT and/or one of the program faculty. The director will present the letter to the EMT Instructors prior to the interview. Following interview with the student, the School of EMT Director and EMT Faculty will discuss the merits of the request and the interview recommendation and vote on a recommendation for the student to be considered for admission.

Readmission to the EMT program is not guaranteed even if a student meets all requirements for readmission. Readmission may be denied due to but not limited to any of the following circumstances:

- Space is unavailable in the course to which the student wishes readmission. Students in regular progression have enrollment priority for clinical sites.
- GPA is less than 2.0
- Student has been dismissed from the program.

The decision to allow a student to return to the EMT program following documentation of unsafe or unethical EMT practice, resulting in clinical failure or withdrawal, rests with the program director in consultation with the EMT Instructors who evaluated the student as unsatisfactory.

Readmitted students must schedule a meeting with their instructor within two weeks of reentry into the EMS Education program. A regularly scheduled meeting time will be established with the student for the remainder course. Failure to comply with this requirement can result in administrative dismissal.

Students must submit evidence of current CPR and up-to-date immunizations. Any changes in the EMS Education curriculum or program policies and procedures which became effective while the student is out of regular progression will be applicable upon readmission. Prior tuition credit, or course fees are not granted to any student applying for readmission to the School of Emergency Medical Technology.

If a student fails or withdraws from the course twice the student will not be readmitted to the program. A total of two unsuccessful attempts (failure or withdrawal) from an EMS Education course will result in ineligibility for future EMS Education Programs.

5.24 PROGRESSION OF STUDENT GRIEVANCE PROCEDURE

An academic grievance is a dispute concerning some aspect of academic involvement arising from an administrative or faculty decision which the student claims is unjust, arbitrary, or capricious.

Please note, according to the School of EMT grades may not be grieved.

Before seeking formal resolution of an academic issue, the student must attempt to resolve the issue informally through course faculty, the course coordinator/program director, and the School of Emergency Medical Technology Director.

5.24A INFORMAL RESOLUTION

- The parties involved must first attempt to resolve the issue informally through scheduled meetings with the faculty and the program director. The student should make the appointment within 3 working days. The faculty member will prepare a summary of the points discussed and the outcome of the meeting. This documentation should be placed in the student's file and sent to the Director of the School of EMT.
- If the issue remains unresolved, the student may file a written statement with the director of the School of EMT within 1 working day. The student should send copies of the written statement to the **faculty, and the director**. The student may deliver the copies in person, email, or mail them to the attention of the appropriate parties through the School of Emergency Medical Technology at 580 W. College Avenue, Marquette, MI 49855. No faxed will be accepted. The Director shall arrange a meeting within 3 working days with the involved parties and attempt to determine the nature of the continued dissatisfaction and alternatives for the student.
- If the student is satisfied with the mutually agreed upon recommendations, the faculty will be notified in writing by the director of the School of EMT as to the recommendations and the actions taken.
- If the issue is not resolved to the satisfaction of the student, he or she may file a grievance with the Director of Risk Management, Compliance, and EMS within 10 days of the original occurrence for

which the grievance is being filed. The Director may be contacted at 850 W. Baraga Ave., Marquette, MI 49855 or via telephone at (906) 449-4949.

5.24B FORMAL RESOLUTION

Grievances by School of Emergency Medical Technology students arising from compliance with the provisions of Title VI of the Civil Rights Act of 1964 and its amendments, Part H of the Higher Education Act of 1965 and its amendments, Title IX of the Higher Education Act of 1965 and its amendments, Section 504 of the Rehabilitation Act of 1973 and its amendments, the Americans With Disabilities Act of 1990 and its Amendments, and other non-academic matters should first be formally presented to the Director of the School of EMT. The only academic matters that may be appealed by a student through due process are those that relate to charges of academic dishonesty.

- The grievance should be written and should be delivered either in person, by email, or by mail to the UP Health System – Marquette, School of Emergency Medical Technology Director, 580 W. College Avenue, Marquette, MI 49855.
- Upon receipt of a grievance under the provision of this policy, the Director will schedule a hearing before the School of Emergency Medical Technology Advisory Committee within fourteen (14) days. The meeting date will not inhibit nor restrict the student from completing required coursework – however, continuation of coursework by the student does not change the facts as presented in the initial written grievance at the time of filing.
- The committee and the grievant may call such witnesses as may be required to investigate the grievance. Further, the grievant may have an advisor present during the hearing. However, the advisor may only consult with the grievant and not speak for the grievant.

5.24C FINAL RESOLUTION

If the results and/or procedure of the Advisory Committee hearing are deemed unsatisfactory by the grievant, the grievant may contact the Michigan Department of Health & Human Services, Bureau of Emergency Preparedness, EMS, and Systems of Care at P.O. Box 30207, Lansing MI 48909. Additional contact information for the Bureau of EMS is available at www.michigan.gov/ems.

5.25 STUDENTS RIGHTS TO PRIVACY

UP Health System – Marquette School of Emergency Medical Technology follows provisions granted under the Family Education Rights and Privacy Act of 1974. Under this law, students enrolled in any educational institution are given certain rights concerning school records. The Program will protect the privacy of student records and student information. Educational records are defined as: records directly related to a student and maintained as a part of this course. This includes, but is not limited to, handwriting, print, film, electronic media, or micro- film.

The following rights are accorded to students under this act:

- Students are entitled to have access to school records upon request.
- Request for access to records concerning academic grades, transcripts and absences should be filed with the Director of the School of Emergency Medical Technology. Request for access to records concerning test scores administered by the School should also be filed with the Director.

- Students are entitled to inspect and review the contents of their school records and to challenge the contents if they feel the contents are inaccurate, misleading, or inappropriate, and submit addenda to their educational records from this program. The student has the right to limit any disclosure of information from the educational record.
- Before any school records will be released to third parties (college, potential etc.) who have requested copies of school records, the school must have the students' written consent. Exclusions from this include, law enforcement agencies, records pertaining to employment, records pertaining to the treatment by a physician, psychiatrist or other recognized professional, and only disclosed to those involved in the treatment to the student.
- Upon receipt of a subpoena or judicial order requiring the Director to supply a student's records, the requested action will be taken.
- Whenever a student seeks to enroll in another institution outside this district, the student must approve transfer of the record via completion of the School of Emergency Medical Technology Transcript Request Form.

Policy: Course Record Management, Texts, & Educational Tools	Policy No: 7110-013
Distribution: School of Emergency Medical Technology	Effective Date: 01/2018
Authorized By: Katrina Rushford	Revision Dates: 08/2018

PURPOSE:

The purpose of the Record Management Policy is to promote proper management, retention, preservation, and disposal of records of School operations, to ensure efficient current and future operations, preserve a historical record, comply with legal obligations, and eliminate outdated and unnecessary records. The policy also provides guidance to individual faculty regarding their obligations with respect to record retention and disposal.

SCOPE:

This policy applies to all faculty, staff, and students present and future of the School of Emergency Medical Technology.

PROCEDURE:**I. Course Record Management**

- Course records are to be maintained by the Course Coordinator/Program Director and will include but are not limited to:
 - All academic information related to student progress.
 - All demographic information, emergency contacts, course application, and relevant physical and vaccination history.
 - All clinical, practical, and affective evaluations.
 - Any student counseling (verbal and written) including date, who was present, and a summary of discussion.
 - Math or reading assessments, if appropriate.
 - Attendance records, specifically:
 - Date and time of course session
 - I/C or course instructor of record in attendance
 - Category and specific topic including any CE category
 - Any student evaluation copies
 - Signatures or name of all students present
 - Course records will be maintained electronically whenever possible during the course. Paper files will be minimized if not eliminated entirely.
 - Any satellite program records are due to the Course Coordinator/Program Director the following business day by the close of business.
 - This may be accomplished through scanning and emailing.
 - Hard copy records shall be sent once weekly via UPHS Courier Service.
 - At the completion of the program, all course records will be scanned and filed into one course e-folder. This folder is maintained by the UPHS network and will be

backed up after a 24-hour period.

- These records will be maintained electronically for an indefinite period, but no less than five years.
- 60 days after the course ends, all paper documentation related to the course may be destroyed.
- Paper records shall be maintained in the School of EMT, and will be maintained in the following format:
 - Program Files
 - Program Approval
 - Curriculum
 - Course Roster divided by Location
 - Course Attendance
 - Course Coordinator/Program Director
 - Course Schedule
 - Faculty Contracts
 - Clinical Site Contracts
 - Evaluations of Faculty or School
 - Student Counsel Files
 - Student Attrition Data (exit interview form, supporting documentation)
 - CE Activity
 - Enrolled Student Files by Location shall contain the following:
 - Admission Compliance Documentation (application, background check, drug testing within 30-days of EMS education program start date)
 - Policy and Procedure Manual Signatory Forms
 - Syllabi Signatory Forms
 - Grades
 - Cognitive Evaluations
 - Psychomotor Evaluations
 - Affective Evaluations
 - MIOSHA/Clinical Safety Training Documentation
 - Health Examination Report
 - Vaccination Documentation
 - Clinical Records
 - Completion Certificate Signed by Program Administration and Medical Director

II. Program Records:

- Course records shall include aggregate reporting of student attrition rates by level of licensure.
- Course records shall include faculty, Advisory Committee, and student evaluations of program resources once per year. Students shall complete weekly evaluations of class and laboratory faculty.
- The Advisory Committee will review aggregate reports and provide input on any suggested improvements.
- All instructor contracts will be maintained with course records electronically. This includes contracts, evaluations, and any counseling that may be required.
- Program records will be maintained for a minimum of seven years past the final course date applicable.

III. Course Texts, E-Testing Programs, Educational Tools

- Course textbooks will be made available to students through publisher websites, and the student may elect to utilize an e-book, paper copy, or rental. Discounts, where applicable, will be provided to the student.
- Electronic data bases or learning management systems (LMS) that are required by the course will be NREMT-certified, and harmonize with course texts, and the State of Michigan requirements when appropriate.
- Examinations shall be validated for reliability through educational publishing companies, review of the examinations by School faculty and the Advisory Committee, and statistical analysis.
- Use of electronic testing sites for computer-based examination development shall be limited to appropriate staff including the Program Sponsor, Course Coordinator/Program Director, School Director, Faculty, and students. No violation of e-licensing will be permitted by any course participant in authorized School programs.
 - As the NREMT is only offered as a secured examination via electronic format, and as the School wishes to prepare our students for this testing environment; computer-based testing shall be utilized to administer all examinations.

IV. Course Material Distribution

- Course admission materials are distributed to interested parties upon request via email. The course admission materials include but are not limited to the following:
 - School of EMT Application
 - School of EMT Course Flyer(s) with Curriculum and Admission Requirements
 - Health Examination Report with Essential Requirements for EMS Students
 - ADA Policy, Allowable Accommodations & Statement of Understanding
 - Information about Hepatitis B and HBV
 - Communicable Disease Information & Statement of Understanding
 - Program Policies on the following:
 - Tuition Refund Policy
 - Provider Certification Maintenance
 - Impairment & Chemical Substance Use
 - Classroom/Lab Grooming/Attire Policy
 - Clinical Uniform Policy
 - Classroom Skills Practice Policy
 - Grading Policy
 - Functional Position Description (MFR-Paramedic)
 - Qualifications (MFR-Paramedic)
 - Description of Tasks (MFR-Paramedic)
 - Required Materials/Equipment Policy
- Courses are announced via the Regional Medical Control Authority Networks, as well as Regional Trauma, and Regional Healthcare Coalition programs.
- All advertising related to the program will be credible, and follow hospital policy regarding compliance, liability, and fairness.
- No student shall be denied the ability to apply for the UPHS School of Emergency Medical Technology programs. UPHS School of Emergency Medical Technology are not to be re-broadcast, or re-distributed without the permission of UPHS – Marquette.
- Lecture materials shall be broadcast via web-based meeting software, with meeting information provided to students enrolled in the course. Any live lectures shall be recorded and placed on the class site for later review by enrolled students.

END POLICY

EXPECTATIONS, RESPONSIBILITIES, & REQUIREMENTS: STUDENTS

6.1

FUNCTIONAL POSITION DESCRIPTIONS

EMS skills and knowledge represent a continuum of complexity and risk. As the licensure level increases, the knowledge required to practice safely, the skill complexity (the difficulty in acquiring and maintaining skill competency), and the potential for harm increase.

6.1A

MEDICAL FIRST RESPONDER (MFR)/EMERGENCY MEDICAL RESPONDER (EMR)

The emergency medical responder's scope of practice includes simple skills focused on lifesaving interventions for critical patients. Typically, the emergency medical responder renders on-scene emergency care while awaiting additional EMS response and may serve as part of the transporting crew, but not as the primary care giver.

In many communities, emergency medical responders provide a mechanism to increase the likelihood that trained personnel and lifesaving equipment can be rapidly deployed to serious emergencies. In all cases, emergency medical responders are part of a tiered response system. Emergency medical responders work alongside other EMS and healthcare professionals as an integral part of the emergency care team.

The emergency medical responder's scope of practice includes simple, non-invasive interventions to reduce the morbidity and mortality associated with acute out-of-hospital medical and traumatic emergencies. Emergency care is based on assessment findings. Additionally, the emergency medical responder provides care designed to minimize secondary injury and comfort the patient and family while awaiting additional EMS resources.

A major difference between the lay person and the emergency medical responder is the "duty to act" as part of an organized EMS response.

In some systems, emergency medical responders serve as a part of the crew on transporting EMS units; however, the EMR is not intended to be the highest-level caregiver in such situations. They must function with an EMT or higher-level personnel during the transportation of emergency patients. The scope of practice model of an EMR is limited to simple skills that are effective and can be performed safely in an out-of-hospital setting with medical oversight.

After initiating care, the emergency medical responder transfers care to higher level personnel. The emergency medical responder serves as part of an EMS response system that ensures a progressive increase in the level of assessment and care.

6.1B

EMERGENCY MEDICAL TECHNICIAN (EMT)

The following general description for the Emergency Medical Technician (EMT) is provided as a guide for advising those interested in understanding the qualifications, competencies, and tasks required for certification as an EMT. It is the ultimate responsibility of an employer to define specific job descriptions within each Emergency Medical Services (EMS) entity.

The Emergency Medical Technician's scope of practice includes basic skills focused on the acute management and transportation of critical and emergent patients. This may occur at an emergency scene until transportation resources arrive, from an emergency scene to a healthcare facility, between healthcare facilities, or in other healthcare settings.

emergency patients.

The Advanced Emergency Medical Technician is the minimum licensure level for patients requiring limited advanced care at the scene or during transportation. The scope of practice model is limited to lower risk, high benefit advanced skills that are effective and can be performed safely in an out-of-hospital setting with medical oversight and limited training.

Advanced Emergency Medical Technicians transport all emergency patients to appropriate medical facilities. The Advanced Emergency Medical Technician is not prepared to independently make decisions regarding the disposition of patients. The Advanced Emergency Medical Technician serves as part of an EMS response system assuring a progressive increase in the level of assessment and care. The Advanced Emergency Medical Technician may make destination decisions in collaboration with medical oversight. The principal disposition of the patient encounter will result in the direct delivery of the patient to an acute care facility.

In addition to emergency response, Advanced Emergency Medical Technicians often perform medical transport services of patients requiring care within their scope of practice.

6.1D PARAMEDIC

The paramedic is a health professional whose primary focus is to respond to, assess, and triage emergent, urgent, and non-urgent requests for medical care, apply basic and advanced knowledge and skills necessary to determine patient physiologic, psychological, and psychosocial needs, administer medications, interpret, and use diagnostic findings to implement treatment, provide complex patient care, and facilitate referrals and/or access to a higher level of care when the need of the patient exceeds the capability level of the paramedic. Paramedics often serve as a patient care team member in a hospital or other healthcare setting to the full extent of their education, certification, licensure, and credentialing. Paramedics may work in community settings where they take on additional responsibilities monitoring and evaluating the needs of at-risk patients, as well as intervening to mitigate conditions that could lead to poor outcomes. Paramedics help educate patients and the public in the prevention and/or management of medical, health, psychological, and safety issues.

Paramedics commonly facilitate medical decisions at an emergency scene and during transport. Paramedics work in a variety of specialty care settings including but not limited to ground and air ambulances, occupational, in hospital, and community settings. Academic preparation enables paramedics to use a wide range of pharmacology, airway, and monitoring devices as well as to utilize critical thinking skills to make complex judgments such as the need for transport from a field site, alternate destination decisions, the level of personnel appropriate for transporting a patient, and similar judgments.

6.2 EMS SCOPE OF PRACTICE

Broadly defined, the scope of practice defines the healthcare services that a pre-hospital provider is authorized to perform by virtue of professional licensure. The scope of practice in Emergency Medical Services (EMS) is under the regulation of state-level licensure.

The National Highway Traffic Safety Administration (NHTSA) developed this scope based on a uniform educational curriculum and included knowledge and skills critical to each level of care, meaning any provider with that level of certification and licensure should be equipped to perform these skills. The NHTSA National Scope of Practice acts as a guide for States in developing their Scope of Practice legislation, rules, and regulation. The NHTSA model is meant to establish the minimum competencies for each level of EMS personnel to increase uniformity in EMS.

The NHSTA National Scope of Practice is available at: https://www.ems.gov/assets/National_EMS_Scope_of_Practice_Model_2019.pdf . Students are encouraged to familiarize themselves with the Scope of Practice, as educational standards and expectations are derived in part from these recommendations.

The State of Michigan Department of Health and Human Services Bureau of Preparedness, EMS, and Systems of Care has the Michigan EMS Scope of Practice available at: https://www.michigan.gov/-/media/Project/Websites/mdhhs/Folder50/Folder7/Michigan_EMS_Scope_of_Practice_022022.pdf?rev=0f66fa6b37fd4219a5f848d882fd309e .

Students of the EMS Education Programs at the School of Emergency Medical Technology will have a curriculum inclusive of all recommended national and state recommendations and/or requirements.

6.3 QUALIFICATIONS

To qualify for national certification through the National Registry of Emergency Medical Technicians (NREMT), and/or licensure with the Michigan Department of Health and Human Services (MDHHS), Bureau of Preparedness, EMS, and Systems of Care as an EMS provider, an individual must first successfully complete a BETP-approved course and achieve a passing score on the cognitive and practical examinations to obtain certification at the appropriate level through NREMT.

6.4 DESCRIPTION OF TASKS (not all inclusive)

Some examples of the tasks commonly performed by Emergency Medical Services Professionals include but are not limited to:

- Receives call from dispatcher, responds appropriately to emergency calls, reads maps, may drive ambulance to emergency site, uses most expeditious route depending on traffic and weather condition while observing all traffic ordinances and regulations.
- Determines nature and extent illness or injury, takes pulse, blood pressure, visually observes changes in skin color/condition/temperature, auscultates breath sounds, makes determination regarding patient status, establishes priority for emergency care, and renders appropriate emergency care.
- Utilizes equipment such as automated external defibrillators, oral/nasal airway adjunct devices, supraglottic airway devices to immediately defibrillate and/or open the airway and provide ventilator support to a critically ill or injured person.
- Assists in safely lifting, carrying, and transporting patients to an ambulance, for transport on to a medical facility.
- Reassures patients, family members, and/or bystanders. Avoids mishandling patient and undue haste, searches for medical identification emblems to aid in the provision of emergent care.
- Extricates patients from entrapment, assesses the extent of injury, and utilizes prescribed techniques and appliances for stabilization of identified injuries. Radios dispatch for additional assistance or services and continues to provide additional emergency medical care following established protocols.
- Complies with regulations in handling the deceased, notifies authorities, and arranges for protection of property and/or evidence located at the scene.
- Determines appropriate facility to which a patient will be transported, reporting the nature and extent of any illness/injuries accurately to the facility, and asks for direction from hospital physician or emergency department.
- Observes the patient during transport for changes in condition, and administers continued care as

directed by the physician or emergency department or standing protocol.

- Identifies diagnostic signs that require on-going communication with facility.
- Safely moves the patient into the emergency facility from the ambulance.
- Reports verbally and in written form concerning observations about the patient, care administered to the patient at the scene and throughout transport and provides assistance to emergency department staff as necessary with regard to patient information or care provided.
- Maintains familiarity with all EMS equipment.
- Replaces supplies, sterilizes utilized equipment following use as appropriate, checks ambulance unit and equipment/supplies for future readiness, maintains ambulance in clean, orderly, operable condition- checking the vehicle readiness by assessing oil and fuel levels, determining the level of functioning within the unit battery(ies), radiator, and tire pressure(s).

It is the responsibility of the student to follow institutional regulations, policies, and established guidelines as stated in this manual. Students are always accountable for their behavior.

6.5 THE CODE OF ETHICS FOR EMS PRACTITIONERS

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

- To conserve life, alleviate suffering, promote health, do no harm, and encourage the quality and equal availability of emergency medical care.
- To provide services based on human need, with compassion and respect for human dignity, unrestricted by consideration of nationality, race, creed, color, or status; to not judge the merits of the patient's request for service, nor allow the patient's socioeconomic status to influence our demeanor or the care that we provide.
- To not use professional knowledge and skills in any enterprise detrimental to the public wellbeing.
- To respect and hold in confidence all information of a confidential nature obtained in the course of professional service unless required by law to divulge such information.
- To use social media in a responsible and professional manner that does not discredit, dishonor, or embarrass an EMS organization, co-workers, other healthcare practitioners, patients, individuals or the community at large.
- To maintain professional competence, striving always for clinical excellence in the delivery of patient care.
- To assume responsibility in upholding standards of professional practice and education.
- To assume responsibility for individual professional actions and judgment, both in dependent and independent emergency functions, and to know and uphold the laws which affect the practice of EMS.
- To be aware of and participate in matters of legislation and regulation affecting EMS.
- To work cooperatively with EMS associates and other allied healthcare professionals in the best interest of our patients.

- To refuse participation in unethical procedures, and assume the responsibility to expose incompetence or unethical conduct of others to the appropriate authority in a proper and professional manner.

Originally written by: Charles Gillespie, M.D., and adopted by the National Association of Emergency Medical Technicians, 1978. Revised and adopted by the National Association of Emergency Medical Technicians, June 14, 2013.

6.6 TERMINAL OBJECTIVES

The mission and philosophy of the program is fulfilled through program outcomes. Since emergency medicine is a practice discipline, the outcomes reflect what the student will be able to do. At the completion of the program, the School of EMT student will:

- Synthesize knowledge from the arts, sciences, and humanities with EMS theory as the basis for making EMS practice decisions.
- Utilize critical thinking in using the EMS process to assess, diagnose, plan, implement and evaluate the care provided to individuals and families in a variety of settings.
- Apply pre-hospital EMS life-support theory to design, implement and evaluate therapeutic interventions to promote and/or maintain healthy outcomes for individuals and families with complex healthcare needs.
- Utilize a variety of communication techniques in the application of the pre-hospital EMS life-support to establish and maintain therapeutic relationships with clients.
- Develop and implement a variety of teaching-learning strategies in providing health teaching for individuals, families, and groups in a variety of settings within the pre-hospital environment.
- Utilize current research findings through evidence-based practice to improve pre-hospital EMS life-support care delivery.
- Use leadership, management, and collaborative skills as a member of a multidisciplinary team within the healthcare delivery system to develop, implement, and evaluate healthcare provided to clients.
- Exercise independent judgment and ethical decision making, and act as an advocate for consumers of healthcare services.
- Demonstrate accountability in learning and in pre-hospital EMS life-support actions, based on accepted standards of pre-hospital care and in accordance with standards of professional pre-hospital practice.

6.7

AFFECTIVE ASSESSMENT PARAMETERS

Any student failing to demonstrate personal qualities necessary for safe and effective EMS professional care may result in disciplinary action. The following areas of student responsibility will be evaluated:

- I. The student demonstrates responsibility for his or her own learning by:
 - A. Preparing for class by reading assigned material, completing homework assignments, completing computer testing activities, and viewing videos.
 - B. Evaluating own learning needs and discussing needs with instructor;
 - C. Turning in written work on time;
 - D. Participating in group discussions and lab exercises;
 - E. Prepares for critical requirements and passes the critical requirements on schedule;
 - F. Maintains ethical and professional behavior in class/lab and/or clinical settings.

- II. The student demonstrates responsibility in the clinical areas:
 - A. Follows agency regulations; follows uniform policy and dress code for clinical/field internship agency, utilizes cafeteria, designated parking, and any available lounge appropriately.
 - B. Notifies the assigned unit and the instructor if unable to attend clinical/field internship or will be tardy.
 - C. Is punctual and prepared with all required paperwork.
 - D. Recognizes own limitations and seeks appropriate help as often as needed.
 - E. Reports off to the staff when leaving the unit.
 - F. Reports to the staff any inability to carry out procedures.
 - G. Reviews chart of assigned client only.
 - H. Demonstrates behavior that does not cause harm to the client physically, psychologically, materially, or fails to meet standards of care.

- III. The student demonstrates responsibility for own health:
 - A. Maintains health with proper rest, sleep, exercise and diet.
 - B. Manages anxiety or stress at an acceptable level; and
 - C. Does not come to class or clinical lab under the influence of drugs or alcohol.

- IV. The student demonstrates responsibility for professional working relationships:
 - A. Considers feelings of others.
 - B. Is willing to accept responsibility for mistakes or actions.
 - C. Maintains good working relationships with others.
 - D. Accepts constructive criticism and takes appropriate action; and
 - E. Demonstrates respect of others by acknowledging that everyone has worth.
 - F. Refrains from disruptive, demeaning behavior in class/lab and/or clinical/field internship settings.

- V. The student demonstrates responsibility for practicing within the legal and ethical standards of the Emergency Medical Technician by:
 - A. Accepting the role of the EMS student.
 - B. Abiding by the NAEMT *Code of Ethics*; and

- C. Following the legal and ethical policies of the UP Health System – Marquette School of EMT and any facility with which they may be affiliated.
- VI. The student maintains confidentiality. The student does not repeat or discuss any privileged information regarding a client or clinical facility. **Any breach of confidentiality** by a student will result in corrective action up and through dismissal from the program.

6.8 PROFESSIONAL EXPECTATIONS

While in class, lab, or on clinical all students are expected to:

- Appear and conduct self in a professionally accepted and ethical manner. This includes proper dress, grooming, and use of vocabulary to reflect positively on the School and the EMS profession. The use of foul, profane, vulgar, sexually explicit/illicit words, or terminology that could be otherwise considered as abusive or offensive are specifically prohibited.
- Be cognizant of and adhere to the channels of authority.
- Refrain from any academic or professional dishonesty in assignments.
- Show respect for and be mutually supportive of fellow students, faculty, and staff.
- Accept responsibility for reporting to the proper person all errors, omissions in care and incidents of misconduct.
- Regard as strictly confidential all information concerning each client and refrain from discussing this information with any unauthorized individual.
- Show respect and consideration for the client, regardless of race, age, marital status, religion, sex, handicap, nationality, or economic status.
- Be always guided by concern for the welfare of clients entrusted to one's care.
- Be always guided by moral and ethical behaviors inherent in the healthcare profession.

Failure to meet a professional expectation will result in disciplinary action which includes immediate dismissal from the School of Emergency Medical Technology; possibly without written warning dependent on the severity of the offense.

6.9 REQUIRED COURSE MATERIALS/EQUIPMENT

Students are required to supply the following to ensure participation in any EMS course and/or training activities:

- Course Text
- Pen
- Notepad
- Watch
- Computer or Smart Device for FISDAP documentation
- Laboratory, Clinical, and Field Internship Manual (appropriate to level of training)

Failure to have all the required equipment available for practical skills will prevent the student from participating in the session. Repeated or continued evidence of failure to prepare for skills participation on the part of the student, as evidenced by three incidents of the behavior described, will be deemed by program faculty as an overall lack of commitment to the ethical practice required in EMS. Such behavior will result in additional action to correct or remediate the behavior.

6.10

PROFESSIONAL BEHAVIORS

Because EMS students are legally responsible for their own committed or omitted acts and EMS instructors are responsible for their students in the clinical area, it is therefore necessary for the student and the EMS faculty to conscientiously identify any behavior that is unsafe.

Unsafe clinical behaviors, which may result in failure to pass clinical, include but are not limited:

- 1.) Violates or threatens the *physical* safety of the client.
 - 2.) Violates or threatens the *psychological* safety of the client.
 - 3.) Violates or threatens the *microbiological* safety of the client.
 - 4.) Violates or threatens *chemical* safety of the client.
 - 5.) Violates or threatens the *thermal* safety of the client.
 - 6.) Inadequately and/or inappropriately uses the concepts learned for appropriate management of patients in the pre-hospital environment.
 - 7.) Violates previously learned principles/objectives in carrying out EMS care, skills or therapeutic measures.
 - 8.) Assumes inappropriate independence/dependence in action or decisions.
- 1.) Neglects use of side rails, restraints, inadequate supervision of patients at risk, places client in dangerous situation when in hospital clinical. Or could entail allowing a patient who is critically ill to walk to the stretcher, dropping a patient, or not treating a patient.
 - 2.) Uses clichés repeatedly. Speaks inappropriately in front of client and significant others. Unable to communicate therapeutically.
 - 3.) Unrecognized violation of aseptic technique; Comes sick to clinical. Fails to follow hand washing techniques. Exhibits unhygienic appearance.
 - 4.) Violates the “5 Rights in Administering Medications”; Gives medications without consideration of drug side effects and/or client lab values. Fails to check client’s armband, failure to ask patient about medication allergies.
 - 5.) Burns client with heating lamp; leaves unreliable client alone while smoking during hospital clinical. Failure to recognize serious heat/cold emergencies and take steps to manage them during field rotations.
 - 6.) Text assessment not completed before doing client care. Clinical or Field Rotation Paperwork not completed. Fails to observe and/or report critical assessment regarding clients. Makes clinical decisions that endangers client. Unable to provide scientific rationale for EMS care. Fails to follow orders.
 - 7.) Fails to seek help when situation is out of control or in an emergency. Unable to make independent decisions or makes inappropriate decisions. Unable to provide safe EMS care without constant direction. Performs skills without first notifying instructor or preceptor for appropriate supervision.
 - 8.) Does not inform instructor or preceptor of change in client condition. Failure to maintain confidentiality. Records false information. Unprepared for clinical or field rotation. Is dishonest. Does not assume responsibility for actions.

Unsafe clinical performance will result in initiation of a mastery agreement, problem-solving record, probation, or clinical/internship failure, depending on the severity of behavior.

Any student coming to clinical or field rotation unprepared will receive a grade of “F” for the day. Should a student come to the clinical or field rotation experience unprepared, she or he will be sent home, it will be documented and placed in the student’s file in the program office and the Director will be notified. **Three** documented incidents of unpreparedness throughout the program indicate a lack of accountability for client care and the students’ learning and may result in dismissal from the program. Being unprepared to care for a client may include incomplete/absent manual, or being unprepared/unwilling to perform clinical skills.

6.11 CODE OF CONDUCT: SOCIAL MEDIA/NETWORKING

UP Health System – Marquette School of Emergency Medical Technology’s position on social media includes Facebook, My Space, Twitter, and YouTube, and is based on the policies outlined in the School of Emergency Medical Technology *Student Manual* for student behaviors. The School promotes building a community atmosphere where all persons can be together without harassment, exploitation, embarrassment or intimidation. The School community members (Students) are expected to act within the School value system of honesty, integrity, and respect for the rights, privacy, sensibilities, and property of others. The policies entitled: *Professional Expectations* and *Evaluation of Student Behavior* provided in the School of Emergency Medical Technology *Policy and Procedure Manual*, should be used as a guide when utilizing these Social Medias. Upon acceptance into the School comes the acceptance of the EMS core values of acceptable behavior. Any posting by a student that violates these values are subject to reprimand as per the *Student Manual* guidelines for the Policies and Code of Conduct for EMS students.

The School of Emergency Medical Technology defines the following:

- **Social Media/Social networking Devices:**
Any means by which all types of information including writing, photographs, audio, or video are shared through various electronic or mass media sites or devices such as websites, blogs, tweet, live feeds, forums, webcasts, podcasts, net casts, recordings or other similar present or future avenues of social media/networking, recording devices. These include any still photographs, representations, video, live video, and/or audio images and reporting from local, regional, federal news services in accordance with their respective copyright laws.
- **Social Networking:** Any means by which an individual or individuals may either professionally or privately share, post or disclose information combined with social media using a variety of means such as, but not limited to, Snap Chat, Facebook, Twitter, LinkedIn, Instagram, TicToc or other similar present or future avenues.

Social Media/Networking Code of Conduct

Students engaging in social media or social networking activities will maintain a high level of professionalism while attending the School of Emergency Medical Technology, adhering to the ethical obligations of learning in the public trust. Students shall not engage in speech or written expression that is false, deceptive, libelous, slanderous, misleading or causes harm to others, including speech or actions or written word that constitutes hate speech or actions, defamatory, derogatory or could be construed as harassment. *The publication of any statement, comment, imagery or information through any medium of communication indicated in this section, which is potentially adverse to the operation, morale or*

efficiency of the School of Emergency Medical Technology or our clinical sites/affiliate agencies will be deemed a violation of this policy with penalties up to and including dismissal from the EMS Program.

Students shall not use any imagery, video, photo, or video chat on social media/social networking that display:

- Clinical Site/Affiliate Agency facilities,
- Clinical Site/Affiliate Agency employees in their agency uniforms,
- Clinical Site/Affiliate Agency logos or identifying signs,
- Clinical Site/Affiliate Agency vehicles or identifiable equipment as a backdrop

Social Media Privacy

Students must recognize and acknowledge there is no reasonable expectation of privacy in any electronic communication, comment, file, data, image, video, audio file or posting placed in any form of social media, or mass communication system.

Electronic Devices in Clinical Assignments

The School of Emergency Medical Technology and/or Clinical sites are not responsible for lost/stolen/damaged personal property. PICTURES ARE NOT ALLOWED ON A CLINICAL ASSIGNMENT.

Electronic Devices Involving Violation of HIPAA Patient Confidentiality

Students are not allowed to take a picture and/or recording during any Clinical session due to HIPAA considerations. This rule also must cover even the appearance of any inappropriate use of any electronic device. Students will not violate HIPAA policies; pursue patients, patient information (such as addresses or phone numbers from any source) and/or take still or video pictures of any patient or scene. Doing so are grounds for IMMEDIATE expulsion from the EMS Program. You may also be at risk of being held liable by the party involved. You are responsible for reading, understanding, and abiding by the School of Emergency Medical Technology Information Security Acknowledgement and Nondisclosure Statement (Appendix E), as well as the Confidentiality Policy (Page 42). You must complete the Signature Acknowledgement Forms that accompany each form (Appendix D & E) and return to your course instructor within the first (2) weeks of attending class.

Classroom Pictures

Students may take pictures during their lecture or lab sections, only if prior permission was attained by the lead instructor. Students who take pictures shall be considerate of other students who may not wish to participate. All students will follow the Social Media/Networking Policy at all times. Faculty and staff members reserve the right to take pictures, take audio and/or video recordings for the purposes of reviewing performance or for training/marketing materials.

Publication of College Testing/Evaluation Materials

All students are prohibited from publishing, distributing or disseminating any School of Emergency Medical Technology owned images, photos, videos or testing/evaluation materials through any type of social media or medium of communication without permission.

Students found to have shared or received these materials will be dismissed from the EMS Program.

6.12

CONFIDENTIALITY

The School of Emergency Medical Technology complies with federal legislation (Health Insurance Portability and Accountability Act of 2013, HIPAA). The student does not repeat or discuss any privileged information regarding a client or his/her medical record, or the clinical facility. Students must adhere to the following policy:

1. Except in the structured, teaching-learning situation, all aspects of the clients' medically-related information and/or date shall not be discussed with any other person or persons under any circumstances.
2. Proper identification as stated in the Uniform Policy is required before reading charts/records.
3. Under no circumstances are students to photocopy and or tape record any part of a clients' chart or record.
4. The client will not be identified by name or initials on any written paperwork of the student.
5. Failure to honor these EMT ethical client rights may result in the immediate dismissal of students from the program.

6.13

STANDARD PRECAUTIONS GUIDELINES

All students shall adhere to standard precautions while providing patient care. Blood and certain body fluids of ALL patients are considered potentially infectious for HIV, Hepatitis B virus (HBV) and other blood borne pathogens. The following guidelines are intended to prevent parenteral, mucous membrane, and non-intact skin exposure.

General Guidelines:

1. Use standard precautions for all clients.
2. Use appropriate barrier precautions routinely when in contact with any blood or other body fluids of any client.
3. Change gloves after each contact with clients, followed by handwashing after gloves are removed.
4. Wear mask and protective eyewear during any procedure that is likely to generate droplets or sprays to prevent exposure of mucous membranes of mouth, nose, and eyes.
5. Wash hands and other skin surfaces immediately and thoroughly if contaminated with blood or other body fluids.
6. Refrain from all direct client care if you have exudative lesions or weeping dermatitis until the condition resolves.
7. Use mouthpieces, resuscitator bags or other ventilation devices to reduce the need for mouth-to-mouth resuscitation.
8. Always use gloves when giving injections, changing wound dressings, or starting IV's or heparin locks.
9. Take care to prevent injuries when using needles, scalpels or other sharp instruments.
10. Do not recap used needles. Discard needle unit uncapped and unbroken into sharps containers after use. Use needle-less systems wherever possible.
11. Notify your instructor immediately if you receive an injury from a contaminated needle or other sharp instruments.

12. Fill out an incident report immediately following any accident or incident involving contamination from body fluids, needle stick injuries, or any potentially harmful occurrence to either you or your client(s). It is your responsibility to adhere to the policies and procedures of the clinical agency regarding completion of incident reports.

Neither the clinical agency nor the college is responsible for the cost of the care that is involved in the treatment, management or surveillance of exposure to blood or body fluids. For this reason, the School of Emergency Medical Technology strongly recommends that all students have personal health insurance. An incident report shall be completed (see Appendix A).

6.14

EMS CLINICAL/INTERNSHIP GUIDELINES

Students of UP Health System – Marquette School of EMT are required to complete hospital and ambulance clinical/field internship as part of the required field of study if enrolled in EMS courses. Students completing MFR courses are required to complete clinical training, though the requirements are much less. EMS students will be required to complete clinical in various departments of clinical affiliate partners, as well as field internship training with different ambulance services. Students will be expected to work with many different people with various levels of expertise and training, to develop a better sense of the importance of the different branches of the healthcare team to the overall patient care continuum. It is the intention of the faculty that students get exposure to unfamiliar knowledge and training, as well as to develop the confidence of the student through working in surroundings not familiar to them.

General requirements for the successful completion of program clinical/field internship are addressed by the training requirements, to include the requisite hours per section and training objectives as required. Specifically, the training objectives may be completed during hospital clinical or field internship respectively unless otherwise stipulated. Other general requirements applicable to either clinical area are as follows:

- A.) It is the responsibility of the School of EMT student to follow agency regulations; follow uniform policy and dress code.
- B.) If **for any reason** the student is unable to attend a scheduled clinical or will be tardy, the student is to let the clinical site **and** the faculty know as soon as possible. Failure to do so will result in an unexcused absence for this rotation- resulting in a grade of “0” and the clinical must be rescheduled.
- C.) The School of EMT student is to be punctual, and prepared. Every clinical should result in the student completing in some way the following paperwork:
 - Clinical Log
 - **MFR** Student Clinical Training Objectives (to be completed throughout the clinical experience)
 - **10** Initial Assessments
 - **5** History & Physical Examinations
 - **10** Complete Sets of Vital Signs on an Adult
 - **5** Complete Sets of Vital Signs on Infant/Pediatric Patient
 - **EMT** Student Clinical Training Objectives (to be completed throughout the clinical experience)
 - Successful documentation of **at least**:
 - **10** Initial Assessments
 - **5** Focused History & Physical Examinations

- 45 Auscultation of Lung Sounds
- 45 Complete Sets of Vital Signs on an Adult
- 10 Complete Sets of Vital Signs on Infant/Pediatric Patient
- 3 Airway Adjuncts
- 3 Ventilations with BVM
- 5 Oxygen Administration via Nasal Cannula
- 5 Oxygen Administration via Non-Rebreather Mask
- 3 Albuterol Treatments via Nebulizer
- 1 Supraglottic Airway Insertion
- 3 Suctioning of the Oropharynx and/or Nasopharynx
- 3 Assist with Metered-Dose-Inhaler Treatment
- 1 Assist/Participate in Cardiac Arrest Management
- 1 Defibrillation with Automated External Defibrillator
- 1 Identify Clinical Presentation Consistent with **each** of the following:
 - Pulmonary Edema/Congestive Heart Failure (CHF) - 1
 - Acute Coronary Syndrome (ACS) - 4
 - Pulmonary Disease (COPD) - 1
 - Asthma - 1
 - Stroke - 1
 - Hypoglycemia - 1
 - Hyperglycemia - 1
 - Head Injury/Traumatic Brain Injury (TBI) - 1
 - Poisoning/Overdose - 1
 - Hypothermia - 1
- Student Self Evaluation completed at the conclusion of each clinical training.
- The **Advanced EMT** Clinical Training Objectives (to be completed throughout the clinical experience):
 - Successful documentation of **at least**:
 - 15 Initial Assessments
 - 5 Focused History & Physical Examinations
 - 45 Auscultation of Lung Sounds
 - 45 Complete Sets of Vital Signs on an Adult
 - 10 Complete Sets of Vital Signs on Infant/Pediatric Patient
 - 3 Airway Adjuncts
 - 3 Ventilations with BVM
 - 5 Oxygen Administration via Nasal Cannula
 - 5 Oxygen Administration via Non-Rebreather Mask
 - 3 Albuterol Treatments via Nebulizer
 - 5 Supraglottic Airway Insertion
 - 3 Suctioning of the Oropharynx and/or Nasopharynx
 - 3 Assist with Metered-Dose-Inhaler Treatment
 - 1 Assist/Participate in Cardiac Arrest Management
 - 1 Defibrillation with Automated External Defibrillator
 - 2 Application of Quantitative and Qualitative Capnography and/or Capnometry Devices
 - 15 Successfully Documented Medication Administrations
 - 4 Apply 4-Lead ECG Monitoring
 - 4 Obtain 12-Lead ECG
 - 25 Successfully Documented Venous Access

- Endotracheal Intubation – 5
 - Cardiac Monitoring – 25
 - Acquisition of 12-Lead ECG – 15
 - Miscellaneous Skills not listed – Students should attempt to gain as much experience and document successful completion of any skills EMT-paramedic.
- D.) The student is to recognize own limitations and seek appropriate help from the preceptor; to include refusal to complete invasive procedures outside the scope of practice or any procedure they have not yet received clearance to perform.
- E.) The student is to be able to accept constructive criticism from a preceptor with professionalism.
- F.) The student is to report always leaving a clinical or field clinical site to the preceptor.
- G.) The student is to report to the field clinical preceptor **and** the instructor any inability to carry out procedures or orders. (I.E. Skills or Material that have not yet been covered)
- H.) It is not the responsibility of the clinical preceptor to answer questions that may arise regarding obscure disease processes or uncommon medications.

6.14A

HOSPITAL CLINICAL

- A. The **EMT** student is required to complete a *minimum* of **20** scheduled clinical hours in the Emergency Department at an approved School of Emergency Medical Technology Clinical Agency. Additional hours may be approved at the request of the student at clinical agencies, subject to availability of resources.
- B. The **AEMT** student is required to complete a *minimum* of **20** scheduled clinical hours in the Emergency Department at an approved School of Emergency Medical Technology Clinical Agency. Additional hours may be approved at the request of the student at clinical agencies, subject to availability of resources.
- C. The **Paramedic** student is required to complete a minimum of **324** scheduled clinical hours in various areas of the hospital with an approved School of Emergency Medical Technology Clinical Agency. The exact requirements for each area will be broken down in the Laboratory, Clinical, and Field Internship Manual within the appropriate training term. Additional hours may be required if the student has not met skills and/or patient contact requirements subject to availability of resources.
- D. The EMS student is strongly encouraged to obtain relevant Clinical Preceptor Signatures for Clinical Training Objective verification at or as soon following the completion of the clinical training objective as possible and prudent. Clinical Preceptors are not expected to provide signature verifications at any time following the conclusion of the clinical training session during which the event occurred. Shift change/handoff time is busy for any preceptor, and as such they should not be flooded with shift-end signature verification requests either.

6.14B

EMS CLINICAL/FIELD INTERNSHIP

- A. **MFR** Student Clinical Training Objectives (to be completed throughout the clinical experience) Completion of a *minimum* of **10** scheduled EMS clinical hours at an approved School of Emergency Medical Technology EMS Clinical Agency. Additional hours may be approved at the request of the student at EMS clinical agencies, subject to availability of resources.
- B. The **EMT** student is required to complete a *minimum* of **20** scheduled EMS clinical hours at an approved School of Emergency Medical Technology EMS Clinical Agency. Additional hours may be approved at the request of the student at EMS clinical agencies, subject to availability of resources.
- C. The **AEMT** student is required to complete a *minimum* of **60** scheduled EMS clinical hours at an approved School of Emergency Medical Technology EMS Clinical Agency.
- D. The **Paramedic** student is required to complete a *minimum* of **220** Field Internship hours at an approved School of Emergency Medical Technology EMS Field Internship Agency during the program terms. During the final term of paramedic training, students are required to complete a *minimum* of **50** prehospital team lead calls verified by the EMS Agency Preceptor. Failure to complete these calls will result in an incomplete training portfolio and inability to complete the program.
- E. The EMS student will arrive promptly at the EMS agency and complete any requested paperwork by that agency. It is expected that whatever tasks the EMS crew is completing during the assigned period, the student will participate in those tasks unless specifically prohibited by EMS agency policy.
- F. The EMS student should complete a School of Emergency Medical Technology Patient Care Report, or electronic documentation equivalent, on all patient encounters that generate patient contact. Lack of appropriate documentation will result in failure to count that toward completion of Laboratory, Clinical, and Field Internship requirements. The program staff also strongly encourage students to maintain the Verification of Clinical Training Objectives in addition to the Patient Care Report. Signature verification is only required on the Verification of Training Objectives Log, though students are encouraged to review patient care reports with the EMS Clinical Preceptor throughout the clinical hours for verification of accuracy and preceptor feedback.
- G. The EMS student is to attempt to submit the Preceptor Evaluation of the Student to the clinical field preceptor at any point approximately half-way through the clinical shift. It is up to the preceptor to choose the appropriate time to grade the student, at the convenience of the preceptor.
- H. The EMS student is to **immediately** report any difficulty obtaining required paperwork that is to be evaluated by the clinical/field preceptor. Should a preceptor refuse to score the Student Evaluation or the PCRs, **to include** partial scoring, it is the responsibility of the student to see that their instructor knows, so that the situation can be resolved without affecting the student's ability to obtain appropriate credit for that rotation. Do not refuse the Preceptor Evaluation or act disrespectful at any time.
- I. It is the responsibility of the EMS student to accurately **and** truthfully document all patient contacts to the best of the ability by that student. If, **at any time**, care was given by a clinical preceptor that the student feels should have been handled in another way, it is the responsibility of the student to document the care that the student feels should have been given. The student may also document the occurrence on the School of Emergency

Medical Technology Incident Report (Appendix A). The student is to **in no way** interact with the clinical preceptor regarding a particular care that was given. (I.E. Medical malfeasance)

6.15 CONFLICT RESOLUTION

The School of Emergency Medical Technology recognizes that students will, from time to time, encounter disheartening, unpleasant, and occasionally hostile situations. These situations may stem from interaction between individuals, groups of other students, faculty, clinical preceptors or clinical agencies, the public, or the witnessing of emotionally traumatic events.

While the School cannot protect students from the dangers and harsh realities of the world encountered on clinical, the program faculty will make every effort to give the student the knowledge and skills necessary to protect themselves. The student must take the responsibility to use the tools at the appropriate place, and at the appropriate time, but most importantly for the appropriate reason. This includes situations in which the language, attitude, and behavior of students, clinical personnel, or program faculty may innocently, or maliciously be offensive or derogatory based on race, religion, gender, ethnic background, national origin, age, veteran status, or disability. In the best interest of all involved, students enrolled in the School of Emergency Medical Technology must abide by the following procedures.

- The first step in any of these cases is to notify the involved party of the offense.
- Conflicts Occurring in the Classroom are expected to be handled in the following manner/chain of command:
 - Handled between the parties involved.
 - In the event peaceful resolution cannot be reached between the individuals or groups, the Program Faculty and/or Director should be notified.
 - The situation will be resolved by the Faculty following established program policies, grading criteria, instructional content, and course objectives.
- Conflicts resulting from instruction and/or skills practice shall be handled in the following manner/chain of command:
 - Handled between the parties involved.
 - In the event peaceful resolution cannot be reached between the individuals or groups, the Instructor/Faculty present at the time of the incident should be notified.
 - The situation will be resolved by the Faculty following established program policies, grading criteria, instructional content, and course objectives.
- Conflicts arising during clinical training are expected to be reported immediately to the student's immediate supervisor at the site, and progress up the chain of command for that site.
 - In the event the situation involves the immediate supervisor, an attempt at problem resolution should be made without moving further up the chain of command.

- The next person in the chain of command should only be contacted in the event the clinical supervisor is unable to resolve the situation.
- Issues regarding differing treatment protocols, treatment modalities, or patient care philosophies should be addressed and resolved with an openness for these differences; taking into consideration the wide variety of “correct” treatments for differing healthcare professionals.
- If the event cannot be resolved at the clinical site, the student should report the situation to School of Emergency Medical Technology faculty at the earliest opportunity. Reporting the problem directly to faculty without consulting the clinical personnel is not permitted without documentation of extenuating circumstances. The definition of extenuating circumstances will be defined by the course instructor.
- Students should understand that the EMS Program is concerned with conflicts encountered while on clinical training. However, students should also appreciate that the agencies have a vested interest in resolving the issue internally.
- It will be at the prerogative and responsibility of the site to report problems and resolution decisions to the School of Emergency Medical Technology.
- The following chain of command will be followed for problems encountered at the clinical training site:
 - Handled between parties involved.
 - Handled between parties involved and clinical preceptor.
 - Reported to supervisory staff if failure to resolve by the preceptor.
 - Reported to School of Emergency Medical Technology Faculty if failure to resolve by the agency supervisory staff.
 - Reported to the School of Emergency Medical Technology Program Director if failure to resolve by program faculty.

6.16

SUCCESSFUL PROGRAM COMPLETION

Completers will receive a Certificate of Completion and are eligible to take the National Registry Examination appropriate to the level of training completed (NREMT Exam).

Passage of NREMT Exam designates the individual as certified. After successful completion of the NREMT Written and Practical Examinations you will be certified with all rights and privileges, the same as with any other similar training program. This assures the individual may apply to acquire their license to practice within Michigan in that capacity for a period designated. The time depends on when the test was taken. Licenses are renewable for a three-year period if the provider keeps licensure requirements current.

The candidate should access the Michigan Department of Health & Human Services, Bureau of Preparedness, EMS, and Systems of Care licensing Portal at: <https://www.michigan.gov/emsis.org/licensure/portal#/login> .

APPENDICES

7.1 APPENDIX A

**UP HEALTH SYSTEM – MARQUETTE
School of Emergency Medical Technology**

INCIDENT REPORT

DATE & TIME OF INCIDENT:

WHERE INCIDENT OCCURRED:

DETAILED DESCRIPTION OF EVENT:

FACULTY COMMENTS:

FACULTY SIGNATURE _____ Date _____

STUDENT SIGNATURE _____ Date _____

Program Follow-Up:

7.2 APPENDIX B
UP HEALTH SYSTEM – MARQUETTE
School of Emergency Medical Technology

Release of Information Form

_____ I authorize UP Health System – Marquette School of EMT to release information to
Initial perspective employers regarding my clinical/field internship training and academic
performance.

_____ I authorize any employers to complete follow-up evaluations of my performance after I
Initial have graduated from the UP Health System – Marquette School of EMT program.

_____ I understand that I cannot rescind this permission without providing a written request to
Initial the Director of the School of Emergency Medical Technology that includes the reason(s) I
am rescinding this permission. I also understand that if I received any grant/scholarship
funding to attend this course, rescinding this permission may result in my being financially
responsible for repayment of the funds previously received. I understand that permission
to contact my employer may not be rescinded due to program reporting requirements.

Printed Name of School of EMT Student

Date

Signature of School of EMT Student

School of EMT Faculty

Date

7.3 APPENDIX C

**UP HEALTH SYSTEM – MARQUETTE
School of Emergency Medical Technology**

PROGRAM MANUAL & SYLLABI SIGNATURE FORM

Initial I have read the policies of the School of EMT contained in the Policy and Procedure Manual.

Initial I have also received copies of the course syllabi, and Laboratory, Clinical and Field Internship Manual.

Initial I have been given sufficient time to ask any questions that I may have, and the faculty were willing to address any concerns that I had.

Initial I understand and agree to abide by the policies addressed in the School of EMT manuals.

Initial By signing below, I agree to accept and abide by all rules and regulations and policies as stated for the duration of the course. Should I violate one or more of these regulations, intentionally or unintentionally, I understand that I would be subject to possible immediate removal from the program with no release from my full financial obligations to the program fees. Should these regulations be changed, I understand that the Course Coordinator/Program Director will inform me of these changes in writing within 48 hours of the change.

Printed School of EMT Student Name

Date

Signature of School of EMT Student

Signature of Faculty Covering Manual

Date

Signature of Faculty Covering Syllabi

Date

7.4 APPENDIX D

**UP HEALTH SYSTEM – MARQUETTE
SCHOOL OF EMT**

CONFIDENTIALITY ACKNOWLEDGEMENT

I understand that I must hold in confidence all information to which I become privy during my student activities. Any information that I divulge related to patients, or their families and any breach of confidence written, verbal, or through electronic means that I may make will result in permanent dismissal from the School of EMT.

Printed Name of School of EMT Student

Date

Signature of School of EMT Student

Signature of Faculty

Date

7.5 APPENDIX E

UP HEALTH SYSTEM – MARQUETTE
School of Emergency Medical Technology

EXPECTATIONS, POLICIES, & PROCEDURES ACKNOWLEDGEMENT

_____ I have read and understand the UP Health System – Marquette School of Emergency
Initials Medical Technology Policies regarding clinical uniform requirements, performance,
paperwork, *and* student responsibilities.

_____ I agreed to follow the guidelines set forth in the UP Health System – Marquette School
of Initials Emergency Medical Technology Policies regarding clinical/internship
uniform requirements, performance, paperwork, and student responsibilities.

Printed Name of School of EMT Student

Signature of Student Date

Signature of Faculty

Date

7.6 APPENDIX F
UP HEALTH SYSTEM – MARQUETTE
School of Emergency Medical Technology

INFORMATION SECURITY & NONDISCLOSURE ACKNOWLEDGEMENT

It is the policy of UP Health System – Marquette School of Emergency Medical Technology that information, in all its forms, written, spoken, recorded electronically, or printed, be protected against accidental or intentional unauthorized modification, destruction, or disclosure. All computer equipment must be protected from misuse, unauthorized manipulation, and destruction. Protection measures may be physical or software oriented.

As a student of the School of Emergency Medical Technology at UP Health System – Marquette, I understand and agree to abide by the following:

- A. I understand that during my training, I may come in contact with confidential or sensitive information contained in written records, documents, ledgers, internal verbal communication and correspondence, computer programs and applications or some other medium pertaining to patients, other students, or facility faculty/staff. I agree not to disclose any confidential or sensitive information unless release of such information is directly related to the performance of my assigned responsibilities. This non-disclosure agreement is binding during and after my affiliation with the School. On termination of affiliation with the School, I will return all School information and data including, but not necessarily limited to, confidential, sensitive, and public information and data.
- B. All passwords to information are confidential. It is a computer crime to use another person's password or disclose a password to another for the purpose of obtaining unauthorized access to computer systems. I will not disclose any password that I am assigned or create, and I will not write such a password or post it where it may be viewed by another. I understand that use of a password not issued specifically to me is expressly prohibited. I understand that I am responsible for all computer activity performed with the use of my password.
- C. I will not attempt to circumvent the computer security system by using or attempting to use any transaction, software, files, or resources that I am not authorized to use.
- D. I will not deliberately sabotage computer equipment or software. I will not make or distribute unauthorized copies of computer software. I will not load unlicensed software or software not authorized by the School in any computer that belongs to School.
- E. I understand that access to confidential information is granted only as needed to fulfill my student responsibilities. I understand that approved access to confidential information does not authorize the indiscriminate browsing of such information. Access is only authorized for specific and legitimate "need to know" information that is required for completion of assigned tasks as a School student.
- F. I understand and agree to comply with all policies, standards, and procedures adopted to safeguard information and associate information resources as set forth in the School policies. Further, I acknowledge that I have received, read, and understand the security policies outlined above, in the course(s) materials, syllabus, and program manual.
- G. I understand that failure to comply with any of the conditions noted herein will result in disciplinary action, up to but not limited to dismissal dependent on the seriousness of the offense.
- H. I understand that facilities to which I am assigned for completion of educational task(s), whether clinical or field internship, etc., are considered an extension of the School of Emergency Medical Technology and are covered by this policy.

7.6 Appendix F
UP HEALTH SYSTEM – MARQUETTE
School of Emergency Medical Technology

Student Signature Form

INFORMATION SECURITY & NONDISCLOSURE ACKNOWLEDGEMENT

My signature below represents my acknowledgement that I understand and agree to abide by the security policies outlined in the Information Security Acknowledgement and Non-Disclosure Agreement and as contained in the School of Emergency Medical Technology documentation.

Printed Name of School of EMT Student

Signature of School of EMT Student

Date

Signature of School of EMT Faculty

Date