Western Illinois University

Paramedic Program

Student Handbook

2026-2028

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Program Information Disclaimer

From time to time, various regulatory, accreditation, public health, or other operational requirements make changes to Program information and policies necessary. When this occurs, changes may be implemented during the term the student is enrolled in or the catalog year. In this situation, the staff will work with the students to meet and accommodate the new requirements when possible.

If changes are required during a program, those changes are communicated to students via email and/or posted on Western Online and supersede the original content.

Accreditation

"The Western Illinois University paramedic program has been issued a Letter of Review by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP). This letter is NOT a CAAHEP accreditation status, it is a status signifying that a program seeking initial accreditation has demonstrated sufficient compliance with the accreditation Standards through the Letter of Review Self Study Report (LSSR) and other documentation. Letter of Review is recognized by the National Registry of Emergency Medical Technicians (NREMT) for eligibility to take the NREMT's Paramedic credentialing examination(s). However, it is NOT a guarantee of eventual accreditation.

Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP)

214-703-8445

www.coaemsp.org

General Information

Western Illinois University Paramedic Program Goal

Our goal is to prepare Paramedics who are competent in cognitive (knowledge), psychomotor(skills), and affective(behavior) learning domains to enter the profession.

Standards

Western Illinois University EMS programs are taught to the standards found in the National EMS Education Standards; National Department of Highway Traffic Safety Administration curriculum and the National EMS Scope of Practice and are approved by the Illinois Department of Public Health. The program has been issued an approved site code.

Staff and Clinical Contacts

Staff	Title	Email
KC Robbins	Program Director	Kr-robbins@wiu.edu
Jason Arthur	Clinical Coordinator	Jason.arthur@gmr.net
Dr. Parkes	Medical Director	sparkes@concordmedicalgroup.com
Kaitlyn Damewood	MDH ER Director	kidamewood@mdh.org
Kory Nichols	EMS Coordinator	kenichols@mdh.org
Samuel Walter	Adjunct Staff	Samwalter376@gmail.com
Sadie Dutton	Adjunct Staff	Sadiedutton1994@gmail.com

Lifeguard Ambulance Field Evaluators

Paramedic Field Evaluators are Paramedics in the MDH EMS system with a minimum of 1 year of experience working full time on an ALS ambulance. They have completed an orientation program and ongoing training to enable them to mentor, instruct, and evaluate students during Capstone. They will also be utilized to assist in the classroom setting at times.

QAEMS System Field Evaluators

Paramedic Field Evaluators are Paramedics in the MDH EMS system with a minimum of 3 years of experience working full time on an ALS ambulance. They have completed an orientation program and ongoing training to enable them to mentor, instruct, and evaluate students during Capstone.

Facilities

Classrooms/Skill Labs

All classrooms and skills labs are located on WIU's campus, in Stipes Hall. Lectures will be held in 231 or 115 and skill labs are in 219 and 330. Classrooms and skill labs are equipped with ample seating, adequate lighting, and audiovisual equipment. Skill labs are equipped with supplies needed for simulations and scenarios. Wireless internet is available for student use using WIU Open.

Break rooms/Lounge

Students will have access to the microwave and fridge in room 330 during class times. It will be expected that the students will clean up after themselves and ensure that food that is stored in the fridge will be labeled with a name and date. Students can gain access to 330 for study purposes upon request.

Student Counseling Services

Students are encouraged to seek academic counseling from the Program Director, Adjunct Staff or Clinical Coordinator. Counseling includes anything that may potentially impact student success in the program. The Program Director is also available to answer questions regarding employment and/or employers in the EMS

industry. Students seeking professional counseling for personal issues should contact the Program Director for potential referrals. Students may also contact the University Counseling Center at 309-298-2453.

Miscellaneous

Course Structure

Courses are typically offered through an in-person format on the campus unless otherwise specified. Classes will follow Western Illinois University's academic calendar for breaks and holidays. If the university is closed due to weather or severe circumstances, classes will be postponed.

Periodically specific courses are designed to be delivered in a hybrid format and are advertised as hybrid. The typical format is remote synchronous delivery of instructional content. Skill sessions are scheduled either at specified, spaced intervals during the course or as an intensive session at the end of the didactic instructional content. A fully executed affiliation agreement must be in effect and an approved Medical Director will be responsible for the student during clinical and field assignments.

Security

During skill sessions and lunch hours, the classrooms are unattended. Those students wishing to secure personal valuables, (i.e., laptops, purses, etcetera) should contact your instructor to have these items placed in a secure location.

For security reasons, students may not bring weaponry of any type to any classroom, skill room, clinical, or field setting.

Affirmative Action

Western Illinois University complies fully with all applicable federal and state nondiscrimination laws, orders, and regulations. The University is committed to providing equal opportunity and an educational and work environment for its students, faculty, and staff that is free from discrimination based on sex, race, color, sexual orientation, gender identity and gender expression, religion, age, marital status, national origin, disability, or veteran status.

Further, the University is committed to a comprehensive Affirmative Action program that ensures access and equity in educational programs, activities, and employment.

The Equal Opportunity & Access Office is responsible for administering and monitoring Western Illinois University's Equal Opportunity/Affirmative Action policies and procedures. Inquiries about or complaints alleging violation of the policies should be directed to Equal Opportunity & Access, 309-298-1977, eoa-office@wiu.edu. The Director of Equal Opportunity & Access also serves as the Coordinator for Title IX of the Educational Amendments of 1972 and its implementing regulations, and the Americans with Disabilities Act (ADA).

Academic Policies and Procedure

All policies and procedures can be found in Western Illinois University's Policy Manual, Official University Policy Manual: Western Illinois University - WIU.

Specific aspects of satisfactory academic progress such as attendance, grading, academic probation, leave of absence, and the consequences of failure to adhere to the standards as published are addressed in the manual and the course syllabi.

Program Responsibility

It is the responsibility of the Program Director and the lead faculty, in cooperation with the administrative staff, to maintain student records that allow monitoring of satisfactory academic progress.

Student Responsibility

The Paramedic Program is a challenging academic endeavor. Students must plan on dedicating study time outside the classroom. The typical expectation is two hours of study for every one hour of class time. Students are also encouraged to form study groups which can provide an opportunity to explore topics with fellow students. Equipment, supplies, and classroom space are available for practice outside of normal lab hours if scheduled with an instructor. The student who identifies the need for individual tutoring should contact the Lead Instructor or Program Director for options/resources.

Attendance

Student attendance and participation is necessary to complete any program. Satisfactory progress means students must meet academic and attendance requirements as identified in each course syllabus. Failure to meet this requirement will lead to dismissal. Attendance includes tardiness. Refer to the course syllabus and Clinical and Field Internship Manuals for specific attendance requirements during those courses. Make-up work does not equate to missed classroom hours.

Course Completion and Grading

Completion of the EMS program is subject to the following criteria:

1. Compliance with all attendance requirements
2. Completion of all assignments, including quizzes and other assignments, as specified in the course syllabus
3. Successful completion of all **major** section exams
4. Participation in practical sessions and successful completion of all skills exams, rated on a 'Pass/Fail' basis
5. Completion of the course didactic **final** cognitive exam with a minimum grade of 75%
6. Completion of the Program summative **capstone** cognitive exam with a minimum grade of 75%
7. Successful completion of the Program summative capstone psychomotor exam
8. Successful completion of the Program summative capstone affective evaluation
9. Completion of all requirements in the *Student Minimum Competency* (SMC)
10. Successful completion of ACLS, PALS, NRP and PHTLS, according to the pre-set guidelines of the courses

Policy for Psychomotor Testing

1. Students must complete the requirements for the *Student Minimum Competency* based on recommendations by CoAEMSP and the National Registry. The Student *Minimum Competency Recommendations* include both formative experience and evaluation of terminal competency.

2. The summative capstone psychomotor exam consists of one complex out of hospital scenario.
3. One retest of the capstone scenario is permitted.
4. Failure of the capstone scenario on retest constitutes failure of the Program.

Additional Completion Requirements

Successful completion of the clinical portion of the education program is required, including a minimum of 160 hours in the hospital setting, with satisfactory completion of all required skills and completion of a final clinical evaluation by a hospital preceptor. The student must also successfully complete a clinical review with the Clinical Coordinator prior to proceeding to the capstone field internship. The clinical portion of the education is to be completed prior to the capstone field internship. Exceptions must be approved by the Clinical Coordinator and based on unforeseen circumstances.

The field internship consists of two phases: field experience and capstone field internship.

Field Experience

Field experience may begin in the fourth semester and is defined as: planned, scheduled, educational student time spent on an EMS unit, which may include observation and skill development, but which does not include capstone field internship team leading and does not contribute to the CoAEMSP definition of capstone field internship. The anticipated minimum field experience rotations are 280 hours. 80 hours will be focused on skills and observation, 200 hours will be focused on being a team member progressing into being a team leader with assistance from the preceptor.

Capstone Field Internship

The capstone field internship provides an opportunity for students to assess and manage patients in the prehospital environment where they progress to the role of team leader. The capstone field internship must occur after all core didactic, laboratory, hospital clinical, and field experience rotations are completed. The student must successfully meet all identified competencies, and team leads and achieve ratings of three in all categories on the final major evaluation completed by the preceptor.

During both the field experience and the capstone field internship the student is supervised by a program assigned preceptor and is a third rider on an advanced life support transporting unit. The student is never substituted for a scheduled crew member. The capstone field internship can be terminated at any time based on unsatisfactory performance.

If the student is not making satisfactory progress at any major milestone during the field experience or capstone field internship, remediation may be required. A performance improvement plan is developed by the Clinical Coordinator in conjunction with the Program Director and preceptor and is designed to correct an intern's deficiencies in psychomotor, cognitive, and/or affective domains. The plan identifies specific tasks and activities that must be completed by the student to continue with the internship. Students are expected to complete capstone field internship in the specified number of hours and time frame. Exceptions must be approved by the Clinical Coordinator and based on unforeseen circumstances.

The student may be dismissed at any point in the capstone field internship for failure to show satisfactory forward progression, failure to meet requirements established in a performance improvement plan, failure to obtain satisfactory ratings by the preceptor based on number of hours completed, failure to attend internship shifts as stipulated, failure to communicate with the preceptor and program Clinical Coordinator, unacceptable affective behavior, or other unsatisfactory performance.

Students are required to successfully complete all components of the Program (didactic, lab, clinical, field experience, and capstone field internship) and the final summative examinations in a period not to exceed 150% of the advertised course dates, beginning with the first day of the program and ending with the published on-time graduation date.

Student Minimum Competency (SMC) requirements

Recommended *Student Minimum Competencies* (SMC) are established by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP). The Program established the program requirements based on these recommendations. The Medical Director has approved, and the Advisory Committee has endorsed the Program specific minimum competency requirements. Students are provided with the required documents which are also specified in the web-based tracking system. The

competencies include live and simulated experiences. All minimum requirements must be met to successfully complete the program. The required numbers are minimums and students are expected to continue to seek and record skill and patient encounter opportunities.

Incomplete policy

An incomplete status may be considered for students who, because of illness or circumstances beyond their control, are unable to complete their course work within the schedule of the program. The student must be in good academic and administrative standing and have provided acceptable evidence to the Program Director that the student is unable to continue the coursework. Military deployments are eligible for an incomplete status.

If granted, both the Program Director and student must agree on terms of the incomplete status. This includes:

1. The work that must be submitted to complete the course.
2. The Program Director will establish reentry requirements. This may include, but is not limited to, cognitive and skill testing. An interview with the Medical Director may also be required.
3. The period in which the work must be completed which is not to exceed 150% of the advertised course dates, beginning with the first day of class of the Program and ending with the published on-time graduation date.
4. The grade assigned by the Program Director will be documented as an ‘I’ and the ‘I’ will be removed if the work is completed in the time-period previously established.
5. If the work is not completed as outlined in the incomplete process, the grade will revert to an ‘F’ and the student will be dismissed from the Program.

Cancellation and Withdrawal

Enrollment may be cancelled or withdrawn by presenting a written, signed, and dated copy of the “Notice of Cancellation” to the Program Director and Admissions Office.

Termination

A student may be terminated from a course due to excessive absenteeism, failure to meet grading criteria, inappropriate conduct, failure to meet affective behavioral expectations, violation of Program policies, unpaid tuition, falsifying application information, or academic dishonesty. Failure to attend three consecutive days of instruction, including scheduled clinical rotations or field internship, *without notifying the Program* will result in termination.

Dress Code Policy

Hospital Clinicals

1. Shirt: Approved Program shirt
2. Slacks: Appropriate dark blue or black uniform slacks
3. Shoes with socks are required, no sandals or flip-flops.
4. Jewelry:
    a. Watches and wedding rings are acceptable.
    b. Jewelry should be safe and unobtrusive.
5. Personal:
    a. Good body hygiene must be maintained.
    b. Extremes in fashion are to be avoided.
    c. Long hair must be worn away from the face and hair must be a natural color.
    d. No excessive makeup.
    e. Students must be clean-shaven, or facial hair must be neat and trimmed.
    f. Proper undergarments must be worn, but not visible,
    g. Artificial nails or extenders are not permitted.
    h. Avoid perfume or cologne. Patients, family members, and employees may be sensitive to these scents.

Field Internship

6. Shirt/jackets: Program shirt, no agency uniforms, patches, or logo
7. Slacks: dark blue or black: no denim jeans

8. Shoes: sturdy shoes with socks: no sandals, open-toed shoes, clogs, canvas shoes, cowboy boots, or Crocs.
9. Jewelry:
    a. Watches and wedding rings are acceptable.
    b. Jewelry should be safe and unobtrusive.
10. Personal:
    a. Good body hygiene must be maintained.
    b. Extremes in fashion are to be avoided.
    c. Long hair must be worn away from the face and hair must be a natural color.
    d. No excessive makeup.
    e. Students must be clean-shaven, or facial hair must be neat and trimmed.
    f. Proper undergarments must be worn, but not visible,
    g. Artificial nails or extenders are not permitted.
    h. Avoid perfume or cologne. Patients, family members, and employees may be sensitive to these scents.

Program ID Badge

The Program ID is to be worn while actively participating in Program activities with the picture visible.

Cold or Wet Weather

1. Jackets should be navy blue or black if possible. If a navy-blue uniform jacket is not available, any jacket or coat which is free of patches is permitted. A white, black, or navy-blue long sleeve shirt or turtleneck may be worn under the uniform shirt in cooler weather. Sweaters are not permitted.
2. Rain jackets should be plain, without designs or logos. Scotchlite® strips are recommended.

Following the Dress Code

Students are to abide by the following guidelines when dressed in the Program uniform.

1. While dressed in uniform and in public view, whether on a clinical or field rotation, in school, before or after class, or before or after a clinical rotation, all policies regarding the dress code will be followed.

2. The uniform is not to be worn in public venues, in other than in an official capacity.
3. At no time should the uniform be worn where alcohol is served or consumed, other than while on a call during field rotation.
4. While in the public view:
    a. The uniform shirt must be properly buttoned and tucked.
    b. The uniform must have a clean and professional appearance.
    c. Boots are to be properly laced or zipped.
5. Students may wear the uniform to restaurants for meals while in class or on clinical rotations but must represent the Program and EMS appropriately.

Failure to Follow the Uniform Requirements

Students are to report to clinical and field sites dressed in uniform. Students who are not in proper uniform will be asked to leave. Students who are reported by clinical or field sites, or other third parties, to have been out of the proper uniform must repeat the entire rotation. Students who fail to represent the EMS Program through unethical, immoral, or illegal actions while dressed in uniform will receive a failing grade.

Requirements of Faculty

1. Present the course outline, requirements, and expectations at the beginning of the Program.
2. Provide students with cognitive, psychomotor, and affective objectives.
3. Review and discuss exams, practical experiences, and evaluations with the students.
4. Provide academic counseling/advising, conduct student conferences, and provide additional resources, as necessary.
5. Maintain an appropriate student-to-instructor ratio in classroom skills instruction.

Student Injury/Exposure/Incident Reporting

Students involved in incidents which result in personal injury, injury to another person, blood borne exposure, or damage to property should report the incident to the appropriate person. When such incidents occur while on clinical or field internship rotations, the incident report procedure for the facility or agency involved should be followed as well as the Program procedure. The Program should be notified as soon as possible. As soon as any danger or threat has passed, the student must complete an incident report outlining the details of the event and any action taken following the incident. This report must be submitted to the Program Director or Clinical Coordinator as soon as practical.

1. Any exposure or incident that could result in injury or other consequences must be reported to the Program Director or Clinical Coordinator within 24 hours of occurrence.
2. Failure to report within the required time may result in the student becoming 100% responsible for any expense incurred.
3. Contact should be made with the Program Director or Clinical Coordinator as soon as possible. If the injury is significant, the student will be taken to the closest emergency department.
4. Even if an injury does not require medical evaluation, the student will report to the Clinical Coordinator within 24 hours of the occurrence.
5. The student must follow the procedure outlined above. Any deviation results in the student becoming financially responsible for treatment.

Classroom Skills Practice

During the Program, students are taught skills necessary for the assessment and management of patients in emergency situations. It is essential that students practice these skills using human subjects. Both non-invasive and invasive skills are practiced on classmates. Practice sessions develop the task, sequence, dexterity, and tactile feel necessary for each skill, in situations as real as possible, under the control and supervision of Program instructors. Skills practice involves limited physical contact with all areas of the human body including the areas of the chest and pelvis.

The Program is aware of the importance of hands-on human practice and the risk of inappropriate behavior. All students, in the role of the responder, the patient, or as an observer, are expected to display tact and professionalism, as well as to behave ethically.

If a student believes that the practice of a skill by another student or as demonstrated by an instructor crosses the boundary of professionalism the student has the responsibility to make that situation known to the instructor and the Program Director as soon as possible.

The practice of skills is an essential part of the EMS Program. Students must come to laboratory sessions prepared to practice skills and scenarios. Being prepared means presenting in appropriate attire. Additionally, scenario practice requires an attitude and demeanor which does not detract from the scenario created. Students are to remain 'in character' communicating with the 'patient' and performing all skills as appropriate, following acceptable procedures.

Discipline, Counseling, and Dismissal Process

Professionalism is required of all EMS professionals. The following list is illustrative of, but not inclusive of, all situations that may result in discipline and/or sanctions up to and including Program dismissal. Infractions will result in counseling by the Program Director. Any violation of medical ethics for patient care and patient confidentiality will result in a meeting with the Program Director and Medical Director.

1. Any incident of intoxicated or impaired behavior
2. Possession of drugs or alcohol on school premises
3. Testing positive for a controlled or illegal substance (by Federal law)
4. Possession of weapons on school premises
5. Behavior creating a safety hazard to other individuals
6. Dishonesty pertaining to investigations, documentation, examinations, or other evaluations
7. Any form of academic dishonesty, including copying the work of others and plagiarism
8. Submitting work developed through AI or another individual as the student's own
9. Disobedient or disrespectful behavior to other students, staff, or faculty members

10. Disruptive behavior in class and failure to modify that behavior when requested
11. Vulgarity or profanity during classroom, lab, hospital clinical, or field rotations
12. Breech of patient confidentiality/privacy
13. Falsification of documents
14. Theft or destruction of school property
15. Violation of Program policy
16. Inappropriate behavior unbecoming to an EMS professional

Academic honesty

Academic honesty and integrity are essential in healthcare professions. Western Illinois University's policy on Academic dishonesty can be found in the policy manual. All instances of observed or suspected violation of the policy must be reported to the Program administration.

Progressive Discipline

The progressive discipline policy provides a structured corrective action process to improve and prevent a recurrence of undesirable behavior or performance issues. Students may be counseled for any of the following: this list is not exhaustive.

1. Academic performance including failure of major exams and retests
2. Failure to complete quizzes and other assignments in the prescribed time frame
3. Failure to enter skill and patient contact data in the tracking system in the prescribed time frame
4. Failure to enter clinical and field internship shift schedules in the tracking system in the prescribed time frame
5. Any other academic performance issues
6. Lack of progression or failure to achieve skill mastery
7. Failure to develop competency in the management of patient care scenarios, both in simulation or clinical or field environments
8. Any of the behaviors identified in the Student Conduct section
9. Failure to respond to communication from the Program at any time as required by Program policy

Process

1. Verbal counseling/warnings may be in the form of discussion with one of the faculty or an instructor. There should be a counseling form documented and reviewed with the student, or, at a minimum, a notation is made in the *Student Progress Note*.
2. Written counseling is documented, reviewed by the Program administration, and then reviewed with the student. Depending on the nature of the issue, a *Performance Improvement Plan* (PIP) may be developed with the student.
3. If a second similar incident occurs, a second, and counseling occurs with the same documentation process.
4. If a third similar incident occurs, the student is dismissed.
5. While the events and/or behaviors that require counseling may be disparate, they may be judged to be cumulative by the Program administration and lead to dismissal. Patterns of behavior and performance influence the progressive discipline process.
6. Some events are of such seriousness that immediate dismissal results, even without prior counseling: for example, testing positive for a controlled substance, acts of violence during any Program activities, or falsification of documentation.
7. Any behavior that is illegal will be reported to law enforcement.

Conflict Resolution: Grievance Procedure

The Program desires to assist all students in finding fair and equitable solutions to problems related to their education. Issues can usually be resolved through the normal administrative structure, beginning with the course Instructor. The Program desires prompt resolution of any grievance. Students and staff are expected to make every effort to resolve problems as they arise. This procedure does not avoid the normal channels of communication: I.E., first speak to the individual involved in the issue.

A grievance is an educational or interpersonal issue that a student believes to be unfair, inequitable, or discriminatory. A student has the right to grieve an action or decision that violated Program policies and procedures. Grades and other academic decisions cannot be grieved. This includes failure of the clinical and field internship phases of the Program.

The student should first attempt to resolve the issue with the individual involved. If the student is not satisfied with the result, a grievance may be filed following the steps listed below. The grievance process must be initiated within 30 days of the occurrence.

A student who has filed a grievance is expected to continue in the Program until the grievance is resolved unless they have been otherwise suspended or dismissed.

Step 1: A student with a complaint relating to a particular class or instructor should discuss it first with that instructor. If the complaint is not resolved satisfactorily, within ten (10) working days, the student must present the complaint as outlined in Step 2.

Step 2: The student must present the grievance to the Program Director. All grievances will be submitted in writing. If a satisfactory solution is not achieved within another ten (10) working days, the student may proceed with Step 3.

Step 3: The student may then present the grievance to the program Dean. All grievances must be submitted in writing within thirty (30) days following completion of Step 2 and a final decision will be made within another twenty-one (21) business days business days of receipt.

Appeal Following Dismissal

Once dismissed from the Program, a student may no longer attend any class, clinical, or field internship assignments.

A student has the right to appeal dismissal resulting from an action or decision that violated Program policies and procedures. Grades and other academic decisions cannot be appealed. This includes failure of the clinical and field internship phases of the Program. All appeals must be submitted following Western Illinois University Policy.

Drug Screening of Students

This section provides guidelines for situations when students are required to undergo drug and alcohol screening and defines the process to conduct testing of

students in situations in which drug or alcohol use, tampering, diversion, or theft is suspected and/or there is concern for student or patient safety.

Reasonable Suspicion for Drug Testing

The Program may require a student to undergo screening for drugs and/or alcohol. Students are expected to perform in various situations and environments, all requiring complete sobriety and complicated decision-making. Any impairment or intoxication by a substance, legal or illegal, may endanger the student, the patient and those around them. If the student has a prescription for medication, they are required to obtain medical evaluation by their personal physician. Following the results of the drug screening process, a counseling session with the Program Director will determine the appropriate course of action. Drug and alcohol policies can be found in Western Illinois University's policy manual.

When an instructor perceives the odor of alcohol, marijuana, or observes behavior such as, but not limited to; slurred speech, unsteady gait, confusion, or other signs of impairment or intoxication, the following actions will be taken:

1. The instructor will remove the student from the classroom, skills, clinical, or field setting.
2. After obtaining student consent, the student will be transported to the closest appropriate medical facility by appropriate personnel.
3. The student will be required to provide identification to the facility staff and will be tested for alcohol and/or drug use.
4. Drug screening is required even if the student admits to drug or alcohol use.
5. Fees for drug testing, transport, and other associated costs will be the responsibility of the student.

If the results of the test(s) are negative, a mandatory meeting with the Program Director is required within 24 hours. The meeting will discuss the circumstances related to the impaired behavior and determine if the student is able to return to the class or clinical or field setting.

If the results are positive for drugs and/or alcohol the student will be terminated from the Program.

<u>If the student refuses drug testing:</u>

1. The instructor will remove the student from the classroom, skill, clinical, or field setting pending a full investigation.
2. The instructor will arrange transport from the classroom or clinical site. If the student refuses, law enforcement will be contacted for assistance. Transportation costs, if any, are the responsibility of the student.
3. Students may not participate in classroom, lab, clinical, or field settings until the investigation is complete.

The student that refuses a drug test will be considered to have a positive result and will be subject to the appropriate disciplinary action including dismissal from the Program.

Student File Security and Access

An individual file is maintained on each student. Contents of each file include:

1. Receipt of *Student Handbook* acknowledgement form
2. All completed clinical and field experience and capstone field internship forms
3. Results of all tests, quizzes, and practical skills evaluations
4. Completed skills evaluations.
5. Student *Academic Advising* forms
6. *Student Counseling* forms
7. Documentation of any disciplinary action
8. Any other correspondence between the student and the Program Director, Instructors, and/or the Program

FERPA (Federal Education and Privacy Act of 1974) requires that the contents of each student file are confidential. The Program staff, state and/or regional regulatory staff, and accrediting agency representatives may be granted access to a student file on an as-needed basis. Any other person or persons desiring access to a student's file must be granted written permission by the student. If any student desires to view the contents of his/her file, an appointment must be scheduled with the Program Director. After course completion, students will be charged a processing fee when requesting copies of any documentation from their student file. Student progress or standing may not be discussed with any family member, employer, or other individual without written consent of the student.

Health and Safety

It is the intent of the Program that each student meets the objectives necessary for successful completion of the Program. Enrollment is inclusive of clinical experience which entails potential exposure to individuals with communicable diseases.

1. Immunization Requirements: proof of immunity or vaccination:

    a. Measles, mumps, rubella (MMR): 2 shot series or positive titer
    b. Tetanus/diphtheria: Tdap: within the last 10 years
    c. Hepatitis B: 3 shot series or positive titer
    d. Chicken pox (varicella): 2 shot series or positive titer
2. TB testing is required prior to attending clinical or field internship rotations.
    a. TB/PPD test is a two-step process. If you test positive for tuberculosis, the student must present a negative chest x-ray.
    b. Requirements for timing and repeat testing vary by clinical site and information is provided by the Clinical Coordinator.

All students enrolled in the Program are required to have a physical exam on file. This physical must be performed by a physician or mid-level practitioner and must attest to the above immunizations or titers. These immunizations and tests are requirements of the Program and clinical affiliates. They are non-negotiable, nor may they be deemed unnecessary by your physician. No student may begin clinical rotations without these immunizations and/or screening.

Students are required to complete a drug and alcohol screen as part of the background check prior to admission. The drug screen must be clear of any substance that potentially causes impairment, including marijuana/cannabis. Possession of a medical marijuana card does not provide an exemption, and the applicant or student must test negative for cannabis.

The principles of infection control are included in the EMS curricula. It is the responsibility of students to apply appropriate precautionary measures when providing care to patients. Measures may include, but are not limited to, handwashing and the use of gloves, hand sanitizer, masks, protective eyewear, and gowns as indicated by the circumstances involved in the treatment of a particular patient.

Before beginning clinical rotations, each student must demonstrate a satisfactory understanding of the importance of body substance isolation, personal protection from airborne and blood borne pathogens, and the reporting/notification process for exposure to infectious patients.

Students assigned to affiliated clinical sites must comply with the infection control policy of the facility or agency to which they are assigned.

Skill practice sessions are conducted to prepare students for patient care on known or suspected infectious patients. Students always wear gloves when in skills practice sessions. Eye protection is worn during the practice of airway control procedures, peripheral venipuncture, medication administration, or other procedures which could potentially expose the student to the splash or spray of blood or body fluids. At the completion of each skill practice session students must remove their gloves and wash their hands before handling personal equipment.

Maintenance of Certification

Students must have a current CPR card and be certified/licensed by the State as an Emergency Medical Technician or as an Advanced Emergency Medical Technician while enrolled in the Program. It is the responsibility of the student to keep their certification current. Any lapse of certification/licensure will result in immediate dismissal.

Patient Confidentiality

Patient information obtained during clinical rotations is considered confidential both ethically and legally. Discussion with preceptors and instructors is permitted when used for educational purposes only and when in a private setting. Any other open or public discussion of confidential patient information outside the clinical setting is prohibited. Pictures/photos/videos may not be recorded of any patients, bystanders, agency personnel or other individuals, or clinical or field sites/locations/scenes. Confidential patient information is defined as any information which would specifically identify an individual. This includes, but is not

limited to name, address, Social Security number, date of birth, or driver's license number. At times this may also include specific details, not known to the public.

Use of Social Media

Under no circumstances may any information, including photos, regarding patient contacts or clinical or field encounters be posted, discussed, or to alluded to on a social media platform or email, regardless of whether names, locations, or circumstances are identified. In other words, even if the student feels that the situation or incident is not recognizable, no information may be posted. Sharing of information is also a HIPAA violation and is prohibited by law. Posting information that is discriminatory, defamatory, or malicious regarding patients, other students, or the Program will result in the progressive discipline process.

Requirements of Students

It is the responsibility of the student to comply with the following requirements. Certificates of course completion are not issued until all program requirements are met.

1. Comply with the attendance policy.
2. Students must report promptly for class. If the student anticipates being late, notification to the appropriate individual is required. Sleeping in class is prohibited.
3. Demonstrate competency in all the skills included in the course. All skills must be evaluated and verified by an instructor and submitted to the Program Director prior to course completion.
4. Demonstrate acceptable affective behavior as measured by evaluation tools and observed behavior. Students must always conduct themselves in a professional manner. Unprofessional conduct in the classroom may result in dismissal from the program. This includes any form of harassment.
5. All skills and patient contacts must be entered into the tracking system within 72 hours of completion of any laboratory/skill session, clinical shift, or field internship rotation.

6. In the event of any illness or injury which precludes a student from participation in classroom, clinical or skills activities, documentation from the student's physician stating 'release with no restrictions' must be received by the Program Director prior to the student's return to the classroom, skill session, or clinical or field internship site.
7. It is the student's responsibility to report to their sponsoring agency regarding exam grades, evaluations, and progress in the course.
8. If a retest exam is necessary, it is the responsibility of the student to schedule an exam retest with the Lead Instructor or Program Director.
9. Students are required to inform the Program Director of changes in contact information during the course including contact phone number, email address, and mailing address.
10. Classrooms must be left clean in the order found.
11. Evaluations of speakers and of the course must be completed as requested.
12. All certifications required as prerequisites to the course must be maintained throughout the course.
13. The student must successfully complete all course requirements prior to the summative written and psychomotor exam and affective assessment.
14. The student must follow the appropriate grievance mechanism and lines of authority in the event of grievance.
15. The student must comply with all financial obligations and payment plans.

Evaluations

Students are periodically requested to provide the Program with honest, constructive feedback on the faculty, program organization, program resources, clinical and field internship preceptors and sites, and other pertinent recommendations. In addition, graduates and their employers are surveyed approximately six months after program completion for feedback on their preparation as entry level providers.

Accommodation for Students with Disabilities

The Program provides reasonable and appropriate accommodations for students with a documented disability. In accordance with the Americans with Disabilities Act (ADA), it is the student's responsibility to notify the Program, in writing, of any diagnosed disability and provide the appropriately prescribed accommodations requested. This documentation must be provided at the time of enrollment and at least 15 business days prior to the first day of the Program. All requests will be viewed by Western Illinois University's Office of Equal Opportunity and Access and associated ADA officers.

Please note: The Program may provide accommodations during the course. However, there is a separate process for requesting accommodation for the National Registry of EMT (NREMT) exam. Receiving accommodation from the Program does not necessarily mean the graduate will receive accommodation from the NREMT for their exam.

Because of the critical nature of the tasks needed in emergency situations, accommodation requests are considered carefully on a case-by-case basis. The safety and welfare of the public must be ensured while providing protection of the candidate's rights.

Recognizing Stress

Students involved in clinical and field rotations encounter uncontrolled situations. These situations, either individually or through accumulation, can prove difficult to manage for both inexperienced and veteran personnel alike. Students who encounter an emotionally traumatic event or who begin to feel the accumulation of these events should notify their Clinical Coordinator or Program Director as soon as possible. Students should be aware that the following may be symptoms of emotional distress:

1. Isolation
2. Inappropriate use of humor
3. Depression
4. Difficulty eating/lost appetite

5. Irritability with family and friends
6. Inability to concentrate
7. Indecisiveness
8. Difficulty sleeping and nightmares

It is the goal of the Program to provide each student with the tools and resources to deal with emotional stress related to critical incidents.

State or National Registry Certification or Licensure

The Program does not guarantee certification by NREMT or certification/licensure by the State for the legal privilege to practice prehospital emergency care. Completing this course of study prepares the student for cognitive examinations by the NREMT and/or the State.

Receipt of Student Handbook Acknowledgement

This certifies that the undersigned student has received and read the *Student Handbook*. This document has been explained and is understood. A copy of the *Student Handbook* was provided, and I accept the terms as stated therein.

Name (please print) _____

_____

Signature Date

Consent to Use Name/Photograph/Film/Interview

_____ _____

Name (printed) Date

I hereby consent to have my name listed in any Program medium. I also consent to be interviewed or have photographs or video footage taken of me by a representative of the Program for the purposes of publication in newsletters, webpages, brochures, or other publications related to the Program (collectively the "Materials"). I hereby unconditionally and irrevocably grant the Program the right to use, reproduce, distribute, publish, display (whether in whole or in part and whether sequentially or non-sequentially) and publicly or privately perform or otherwise commercially use all such Materials bearing my likeness, voice or name in and to such Materials and hereby release Program from any claims I may have arising from the use of my likeness, voice or name in the Materials.

This signed consent covers the use of all digital and print media, including, without limitation, still photographs, videos, and other types of recordings.

I understand this consent also covers the release of general information about me. I understand that I will receive no compensation for the listing of my name by the Program. I also understand that I will not receive compensation for the use of my image by the Program.

I understand that the use of my name, interview, photo, or video sessions are being carried out with my consent and so assume full responsibility.

Signature Date