

Dixie State University Paramedic Program



Student Course Policy Manual 2018

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Introduction

Welcome to the Dixie State University Paramedic Program. This Course Policy Manual governs your participation in the program and outlines various course policies for your reference. The Manual includes sections to inform you about the program instructors, contact information, course completion requirements, and program expectations. It outlines the classroom, clinical, and field internship phases of the program, which will be further reviewed at the beginning of each of these phases. In order to commence your education, you will be asked to sign a certification at the end of this policy manual indicating that you have read and understand these policies governing participation in the Program.

Program Objectives

The goal of the Dixie State University Paramedic Program is to produce competent, entry level Paramedics to serve in career and volunteer positions in the community.

Upon successful completion of the Dixie State Paramedic Program, participants will be able to demonstrate proficiency in the objectives along the three domains of learning.

Program Cognitive Objective:

At the completion of the program, the graduate of the Dixie State University Paramedic Program will demonstrate the ability to comprehend, apply, and evaluate the clinical information relative to his role as an entry level paramedic.

Program Psychomotor Objective:

At the completion of the program, the student will demonstrate technical proficiency in all skills necessary to fulfill the role of entry level paramedic.

Program Affective Objective:

At the completion of the program, the student will demonstrate personal behaviors consistent with professional and employer expectations for the entry level paramedic.

Course Design

The paramedic program consists of four components of instruction: didactic instruction, skills laboratory, clinical education, and field internship. The first three will occur concurrently, with greater emphasis being placed on the field internship during the last semester.

Didactic Instruction

The didactic instruction consists of primarily cognitive material. Although this is often delivered as lecture material, instructors frequently utilize alternate delivery methods (video, discussion, demonstration, simulation, etc.) as an adjunct to traditional classroom instruction.

Skills Laboratory

The skills laboratory is the section of the curriculum that provides each student with the opportunity to develop the psychomotor skills of the paramedic. The Laboratory Phase includes skills lab and scenario Lab components. The skills laboratory is integrated into the curriculum in such a way as to present skills in a sequential, building fashion. The skills lab component is the setting for educational imprinting, cognitive integration, frequent drilling and autonomic development of psychomotor skills. It provides students a contextual opportunity to demonstrate what they have learned in a simulated environment based upon the psychomotor skills established in the skills lab. Once students have demonstrated skill competency in the simulated environment, they progress to assessing and treating real patients in the clinical Phase with adequate supervision.

Clinical Education

Clinical education represents one of the most important components of paramedic education since this is where the student learns to synthesize cognitive and psychomotor skills. The Clinical Phase in a student's education includes "planned, scheduled, educational student experience with patient contact activities in setting such as hospitals, clinics, emergency centers, and may include the Field Experience". The purpose of the clinical education is to integrate and reinforce the didactic and skills laboratory components of the program. The ability to serve in the capacity of an entry level paramedic requires experience with actual patients. This process enables the student to build a database of patient experiences that serves to help in clinical decision making and pattern recognition.

The use of multiple departments within the hospital enables students to see an adequate distribution of patient situations. In addition to emergency departments, which most closely approximate the types of patients that paramedics see, clinical education will also take advantage of critical care units, OB/GYN, operating rooms/anesthesia, recovery, pediatrics, psychiatric, etc. This will help assure a variety of patient presentations and complaints. Additional clinical education may also take place in: morgues, hospices, nursing homes, primary care settings, doctor's offices, clinics, day care centers, well baby clinics, and community and

public health centers. Each clinical rotation has a required amount of hours for the student to be in attendance and a required number of patient contacts to be achieved. The full amount of time and patient contacts must be completed in the date range given. In addition, the National Curriculum requires a specific number of patient contacts in specified diagnosis areas. Students are required to document all patient contacts in the approved FISDAP program. *All clinical rotations must be completed in the date ranges given. Clinical rotations and/or number of contacts not completed as scheduled will result in incomplete assignments for that class. Students not completing all required assignments will not be permitted to continue to the next semester of class.*

Field Internship

The Field Internship represents the phase of instruction where students learn how to apply cognitive knowledge and the skills developed in skills laboratory and hospital clinical to the field environment. Field internship is held concurrently with didactic and hospital clinical instruction. The Field Phase includes the Field experience and mandatory Capstone Field Internship Components. Students will have a minimum number of shifts to complete with a required number of patient contacts.

Field instruction follows a logical progression where students will progress from observer to participant to team leader. The ability to integrate all of the didactic, psychomotor skills, and clinical instruction into the ability to serve as an entry level paramedic is conducted during the field internship phase of the program. The majority of the field internship occurs during the second and third semesters, with the Red Level Capstone Field Internship (final level) coming after the completion of all other instruction to assure that the student is able to serve as an entry level paramedic at its completion. During the field internship students are under the close supervision of a preceptor. Students are required to schedule regular run reviews with the program co-coordinator at regular intervals as outlined in the syllabus.

The amount of time that a student will have to spend in each phase will be variable and may depend on individual factors. One of the largest factors will be the amount and quality of previous emergency care experience. Students who have less than one year field experience prior to the beginning of the Paramedic program will be required to attend an additional 100 hours of Field Internship at the beginning of the first semester.

Each field rotation has a required amount of hours for the student to be in attendance and a specified number of patient contacts. The full amount of time and contacts must be completed in the time given.

All field rotations must be completed in the date ranges given. Field rotations not completed in scheduled dates given will result in incomplete assignments for that class. In addition, the National Curriculum requires a specific number of patient contacts in specified diagnosis areas. Students are required to document all patient contacts in the approved FISDAP program. *All field rotations must be completed in the date ranges given. Students not completing all required assignments will not be permitted to continue to the next semester of class.*

Student Assessment

Several methods for assessing student achievement are utilized. Quizzes of the cognitive and psychomotor domains are provided regularly and frequently enough to provide students and faculty with valid and timely indicators of the student's progress toward and the achievement of the competencies and objectives stated in the curriculum.

The primary purpose of this course is to meet the entry-level job expectations as indicated in the job description. Each student, therefore, must demonstrate attainment of knowledge, attitude, and skills in each area taught in the course. It is the responsibility of the educational institution, program director, medical director, and faculty to assure that students obtain proficiency in all content areas. If after counseling and remediation a student fails to demonstrate the ability to learn specific knowledge, attitudes and consistency in competency of skills, the program director and medical director will meet with the student to determine if dismissal from the program is necessary. The level of knowledge, attitudes and skills attained by a student in the program will be reflected in his performance on the job as a paramedic. This is ultimately a reflection on the program director, primary instructors, medical director and educational institution. The program director can only recommend qualified candidates for licensure, certification or registration.

Requirements for successful completion:

Cognitive: Students are required to demonstrate competency of all content areas. This is done using quizzes, regular topical exams, and some combination of comprehensive exams (mid-terms and finals). Psychometric principles will be incorporated whenever possible. Pass/fail scores are established with an understanding that the standard setting is at 80% unless otherwise specified.

Affective: Students must demonstrate professionalism, conscientiousness and interest in learning. Students who fail to do so will be counseled while the course is in progress in order to provide them the opportunity to develop and exhibit the proper attitude expected of a paramedic. Student will also be evaluated on their ability to adapt to various patient situations and needs.

Psychomotor: Students must demonstrate proficiency in all skills. A complete list of skill competencies expected to be completed within the program will be made available to each student. In order to ensure validity, multiple evaluators recording performance of a student will be made. Scenarios will be medically accurate and flow as they would in a typical EMS call. Semester finals and Course finals skills examinations will be administered. Special remedial sessions may be utilized to assist in the completion of a unit or module of instruction. Pass/fail scores are in accordance with the National Registry of EMT's testing guidelines or are outlined specifically in the Grading Section of this manual.

Students will be evaluated in all three domains in didactic, practical laboratory, clinical and field internship. For example, students' cognitive knowledge will be evaluated in the clinical setting by direct questioning or discussions. Secondly, if an IV is started on a patient, the psychomotor skill will be evaluated. Finally, the affective domain, the students professional attributes will be measured. This example also applies to skills laboratories. In the skills laboratory, the cognitive domain will be measured by asking questions about the skill, and the affective domain can be measured by their attitude in learning and practicing the skill.

General Attendance Rules

Attendance at all classroom, clinical, and field sessions is required. Students are allowed up to 6-excused absences from class or clinical/field rotations for the entire program. Attendance is verified by signing the attendance roster before the start of each class session. Students who are not signed in by 17:10 will be determined to be late or absent. Two “late” or “tardies” equal one absence and will be deducted from the overall 6 allowed absences. Clinical and field rotation attendance is verified through the assigned preceptors for that shift.

Absence: Any absence requires *prior notification* of the Program Director or Co-coordinator, either personally or by phone. A student’s failure to make appropriate notification (“no-show” or “un-approved absence”) will result in administrative probation after the first occurrence and termination after the second occurrence, cumulatively throughout the entire course to include classroom, clinical and field internship. Absences with proper notification (“approved absence”) will result in administrative probation after fourth occurrence and termination after the sixth occurrence. Absences will be excused only in the event of severe illness requiring hospitalization, family emergency, jury duty, military responsibilities, or comparable occurrence. Documentation of the emergency will be required. These strict attendance rules are necessary due to the limited duration of the program and the large number of hours that must be completed for National accreditation and State requirements. Any “no-show” or unexcused absence will require the student to write a letter to Paramedic Program Administration and to the agency or organization affected. A second offense at that same agency will result in the student being prohibited from doing clinical or field rotations at that site. Subsequent occurrences will result in the student being placed on probation with termination from the program possible.

Tardiness: is defined as arrival after the start of class, clinical or field shift. Students should arrive to class or clinical sites at least 15 minutes prior to the start time. A student who is more than fifteen minutes late for the start of class will be marked absent. The classroom door will be closed and locked promptly at 1700. Students arriving after 1700 will not be permitted until the instructor allows them to come in. The student may receive an unexcused absence for this class.

In the clinical and field internship phases, any tardiness or absence must be reported both to the clinical or field site and to the Paramedic Program Administration. Students may be sent home from a clinical or field rotation due to tardiness. Tardiness beyond fifteen minutes will result in the shift needing to be rescheduled and repeated at a later date. After three tardies (cumulatively throughout the Program), a student will be placed on administrative probation. The student may be terminated after the fifth occurrence.

Departure prior to the end of class or shift is also *prohibited*. Students leaving early must gain permission from the instructor/preceptor prior to leaving. Students leaving more than 2 hours

before the end of class or shift will be charged with an absence. Early departure between 30 minutes and two hours will result in the shift needing to be rescheduled and necessitate repeating the entire shift. Students leaving up to 30 minutes before the end of the shift will be charged with early departure. After three early departures, a student will be placed on administrative probation. The student may be terminated after the fifth tardiness/early departure.

Regularly scheduled breaks will be given throughout the class period. These breaks should be used for returning phone calls, using the restrooms, or obtaining snacks or beverages. Student should not leave class until the instructor excuses them for a break. Disrupting the class for any reason other than an emergency will not be tolerated. Special circumstances must be prearranged with the instructor.

Cell Phone Policy

Cellular phones and wireless devices must be *turned off* and *stowed away* during class and skills labs. Calls and text messages are not to be answered and students are not to leave the classroom during lecture or skills to receive or return calls. Use of cell phones during testing will be considered cheating and may result in expulsion from the program. Cell phones may be placed in a central location at the instructor's discretion.

Dress Standards and Uniforms

Classroom uniform

- Button down DSU Paramedic Program uniform shirt
- Black 5.11 pants or black skirt
- Black belt
- Polished black boots
- DSU Paramedic Program Student ID badge

Lab Uniform

The uniform required for lab days will vary due to the different activities that will be done that day. Students will be advised in advance which uniform they are required to wear; classroom uniform or PT gear. The PT uniform will consist of:

- DSU Athletic T-shirts
- DSU Athletic shorts
- DSU Track pants
- Running shoes and socks (in good condition)
- DSU Paramedic Program Student ID Badge
- Appropriate foundation undergarments

Clinical/Field Uniform

The required uniform for clinical and field rotations will be identical to the classroom uniform unless otherwise specified.

Note: Some areas of the hospital require hospital-provided scrub clothing. If this is the case, the hospital will provide you with such clothing to wear, NOT to keep. Do not assume scrubs are to be worn. Always arrive dressed appropriately.

General Dress and Grooming Standards

Appropriate attire is necessary to instill a professional attitude among students and create a professional appearance for visiting instructors, potential employers, prospective students and other health care professionals. Students must comply with the general policy listed below as well as any specific guidelines of the clinical and field internship agencies.

- Paramedic School Photo ID must be worn on the collar, and be clearly visible at all times while at the Paramedic School and during all clinical/field shifts.
- Students must be neatly groomed with clean hair, nails and clothing. Use of cosmetics must be appropriate and not excessive. Students must avoid excessive use of perfume, cologne and after-shave lotion. Fingernails must be clean, neatly trimmed and not too long to interfere with job duties. Nail polish is prohibited.

- Be aware, beards/goatees, and male long hair are prohibited by some ambulance service and fire department policies. All students must have hair secured off their face and base of their neck while in class and during clinical and field rotations.
- Students should be freshly bathed with hair and mustaches neat and clean. Body odor is to be controlled and deodorant used. Teeth should be clean.
- Conservative jewelry is permitted. Hoop earrings, visible necklaces. Rings (except for wedding bands) and all body piercings or gages are *not permitted* (for safety reasons).
- Students must wear shoes and socks. Shoes must be polished and shoelaces and socks must be clean. Athletic shoes are acceptable during PT. Flip Flop sandals, clogs, high heels, slippers and open-toed shoes are not acceptable for students at any time. Special dress requirements may be outlined for specific activities such as the anatomy lab or operating room clinical activities

Professionalism

Students will be required to exhibit professional behavior at all times. Failure to do so at **any** time may result in disciplinary action or dismissal from the program. Examples of professional behavior include but are not limited to:

- Consistent honesty
- Being able to be trusted with the property of others
- Being able to be trusted with confidential information
- Complete and accurate documentation of all patient care and learning activities
- Showing compassion for others
- Responding appropriately to the emotional response of patients and family members
- Demonstrating respect for others
- Demonstrating a calm, compassionate, and helpful demeanor toward those in need
- Taking initiative to complete assignments
- Taking initiative to improve and/or correct behavior
- Taking on and following through on tasks without constant supervision
- Showing enthusiasm for learning and improvement
- Consistently striving for excellence in all aspects of patient care and professional activities
- Accepting constructive feedback in a positive manner
- Taking advantage of learning opportunities
- Clothing and uniform is neat, clean, and well maintained
- Having good hygiene and grooming
- Demonstrating the ability to exercise good personal judgment
- Demonstrating and awareness of strengths and limitations
- Speaking clearly and writing legibly
- Listening actively
- Adjusting communication strategies to various situations
- Consistent punctuality
- Completing tasks and assignments on time
- Placing the success of the team above self interest
- Helping and supporting other team members
- Remaining flexible and open to change
- Not using derogatory or demeaning terms
- Behaving in a manner that brings credit to the profession
- Not allowing personal bias to interfere with patient care
- Placing the needs of the patient above self interest
- Protecting patient confidentiality
- Protecting patient dignity
- Mastering and refreshing skills
- Performing complete equipment checks

- Demonstrating careful and safe ambulance operations
- Following policies, procedures, and protocols

Integrity

Personal integrity is of the utmost importance in the Paramedic Program. It is a requirement that all students conduct be honest and above reproach at all times.

- Integrity means solid, firm, stable and thorough; showing good sense or judgment based on valid information.
- It means fairness and straightforwardness of conduct; adherence to the facts.
- It implies a refusal to lie, steal, or deceive in any way.
- It suggests an active or anxious regard for the standards of one's profession, calling, or position.
- It implies tried and proven honesty or truthfulness.
- It implies trustworthiness and truthfulness to a degree that one is incapable of being false to a trust, responsibility or pledge.
- It also finally means being incapable of corruption; not subject to decay or dissolution; incapable of being bribed or morally corrupted

Unprofessional Conduct

Paramedic student behavior (acts, knowledge, or practice) that do not conform to the policy listed as “Professionalism” will constitute unprofessional conduct. These incidents will be investigated and documented and a copy will be placed in the students file. Unprofessional conduct is grounds for expulsion from the Paramedic Program. Unprofessional conduct includes, but is not limited to:

- Cheating (see below)
- Violating HIPPA in any manner
- Violating confidentiality of a patient or contracted agency
- Verbal or physical abuse of patients, preceptors, or instructional staff or violation of the sexual harassment policy
- Failure to follow policies of Dixie State University or the DSU Paramedic Program
- Performing procedures beyond the authorized scope of practice.
- Performing skills or procedures without being properly educated and prepared by the program instructional staff.
- Being unfit to perform due to the use of alcohol, drugs, sleep deprivation, or otherwise because of physical or psychological impairment.
- Falsifying patient records in any manner.
- Obtaining medication, narcotics or any medical supplies from a Hospital or agency that is intended for patient use, for your own personal use or to supply your personal jump kit.
- Removing protected patient information from an agency
- “No Call, No Show”
- Leaving a clinical or field rotation without proper authorization or prior to the end of your scheduled shift.
- Permitting or allowing another person to use your student security ID for any purpose.
- Sharing passwords or account access (i.e. Canvas or FISDAP)
- Downloading materials from the internet or World Wide Web and submitting them for credit as one’s own work

Cheating

Academic Dishonesty: All forms of academic misconduct, including but not limited to cheating, fabrication, plagiarism, multiple submissions, or facilitating academic dishonesty. For the purposes of this policy, the following definitions apply:

Cheating: Cheating includes, but is not limited to, the use of unauthorized materials, information, or study aids in any academic exercise; or helping another student commit an act of academic fraud; or the failure to observe the expressed procedures or instructions of an academic exercise (e.g., examination instructions regarding alternate seating or conversation during an examination).

Fabrication: Fabrication includes, but is not limited to, falsification or invention of any information or citation in an academic exercise.

Plagiarism: Plagiarism includes, but is not limited to, the use of another's words or ideas as if they were one's own; including but not limited to representing, either with the intent to deceive or by the omission of the true source, part of or an entire work produced by someone other than the student, obtained by purchase or otherwise, as the student's original work; or representing the identifiable but altered ideas, data, or writing of another person as if those ideas, data, or writing were the student's original work

Multiple Submissions: Multiple submissions includes, but is not limited to, the resubmission by a student of any work which has been previously submitted for credit in identical or similar form in one course to fulfill the requirements of a second course, without the informed permission/consent of the instructor of the second course; or the submission by a student of any work submitted for credit in identical or similar form in one course to fulfill the requirements of a concurrent course, without the permission/consent of the instructors of both courses.

Forgery: Forgery, alteration, or misuse of any program document, record, key, electronic device, or identification. This policy applies to any individual for whom the program maintains records, regardless of current student status. Signing an attendance roster for another student or signing a clinical evaluation for a nurse are examples of forgery.

Theft: Theft of, conversion of, misappropriation of, or damage to or destruction of any property of the program or university or property of others while on program or university premises or at official program functions; or possession of any property of the program or others stolen while on program premises or at official program functions.

Computers: Theft or other abuse of computing facilities or computer time, including but not limited to unauthorized entry into a file to use, read, or change the contents or for any other purpose; unauthorized transfer of a file; unauthorized use of another individual's identification

or password; use of computing facilities to interfere with the work of another student, faculty member, or program official; use of computing facilities to interfere with a program computing system.

Unauthorized Conduct: Unauthorized possession of, receipt of, duplication of, or use of the Program's name, insignia, or seal. Unauthorized entry to, possession of, receipt of, or use of any Program properties, equipment, resources, or services. Selling or distributing course lecture notes, handouts, readers, or other information provided by an instructor, or using them for any commercial purpose, without the express permission of the instructor.

Other acts of dishonesty include but are not limited to: making false statements, providing false information, or identification, forgery or misuse of university documents, forms, records, and identification cards. Any of the above offenses is grounds for termination from the program and may result in further discipline from Dixie State University.

Confidentiality

Patient Confidentiality/HIPAA:

The Dixie State University Paramedic Program requires each of its students to strictly adhere to the HIPAA confidentiality requirements as listed below. Prior to beginning internships, students are required to read and sign an agreement which legally binds them to this policy. Students are prohibited from removing any identifying material (name, address, phone number etc.) from the agency they are precepting at. Verbal release of this information without prior written permission is also prohibited. Any violation of this policy will result in immediate suspension until after a formal hearing at which disciplinary action, including possible expulsion from the program will be determined.

HIPAA Policy: As a student of the Dixie State University Paramedic Program, you are required to learn about the health information privacy requirements of a federal law called HIPAA (Health Insurance Portability and Accountability Act). The health information privacy requirements are known as the HIPAA Privacy Rule. When you are at a health care facility or field site for training, you are covered by the Privacy Rule as a member of that facility's workforce. In addition to this training, your training site (i.e. Intermountain Healthcare) may require you to complete Privacy Rule training specific to that site. **When you are at a training site, you must follow that site's policies and procedures, including those concerning health information privacy.**

PHI (Protected Health Information) is health information or health care payment information that identifies or can be used to identify an individual patient. When in doubt, you should assume that any individual health information is protected under the Privacy Rule. You may use PHI, without patient authorization, at the clinical or field site for purposes of treatment and your training at that site. However, you may not further disclose PHI in any form to anyone outside of the training site, without first obtaining written patient authorization or de-identifying the PHI. This means that **you may not discuss or present PHI from a clinical or field site with or to anyone, including classmates or faculty, who was not directly involved in your training at that facility, unless you first obtain written authorization from the patient.** Therefore, it is strongly recommended that whenever possible, you de-identify PHI, as described below, before presenting any patient information outside of the training facility.

In order for PHI to be considered de-identified under the Privacy Rule, all of the following identifiers of the patient or of relatives, employers, or household members of the patient, must be removed:

Name;

Geographic subdivisions smaller than a state (i.e., county, town, or city, street address, and zip code) (note: in some cases, the initial three digits of a zip code may be used);

All elements of dates (except year) for dates directly related to an individual (including birth date, admission date, discharge date, date of death,

Phone numbers;

Fax numbers;

E-mail addresses;

Social security number;

Medical record number;

Health plan beneficiary number;

Account number;

Certificate/license number;

Vehicle identifiers and serial numbers;

Device identifiers and serial numbers;

URLs;

Internet protocol addresses;

Biometric identifiers (e.g., fingerprints);

Full face photographic and any comparable images;

Any other unique identifying number, characteristic, or code; and

Tips for safeguarding PHI:

The Privacy Rule requires you to "safeguard" PHI at your training site. Use the following practices to ensure Privacy Rule compliance.

Remove any information that could be used alone or in combination with other information to identify the individual.

If you see a medical record in public view where patients or others can see it, cover the file, turn it over, or find another way to protect it.

When you talk about patients as part of your training, try to prevent others from overhearing the conversation. Whenever possible, hold conversations about patients in private areas. Do not discuss patients while you are in elevators or other public areas.

Never remove the patient's official medical record from the training site.

Student Privacy/FERPA:

1. What is FERPA?

- The Family Educational Rights and Privacy Act of 1974 also known as the Buckley Amendment.

2. What does it cover?

- The act guarantees confidentiality of information in a student's education record that is not classified as "open directory". FERPA also grants students the right to inspect and review their educational records, to seek to have records amended, and to have limited control over the disclosure of information contained in the records.

3. What is "Open Directory" Information?

- Usually, it is information that is not considered harmful if released. DSU releases such information as: the student's full name, address, date and place of birth, major field of study, photograph, etc. (A detailed list is available at: <http://www.dixie.edu/reg/ferpa.html>) Or you may see a detail of the school policy at: <http://www.dixie.edu/humanres/policy/sec5/518.html> .

4. Are there any exceptions to when confidential information can be released?

- Yes, generally there are two:
 - Where the student is claimed as a dependent for federal income tax purposes, parents can have access to non-directory student information.
 - Institutions may disclose information with the written consent of the student. Such consent must include specific records that may be disclosed, purpose of the disclosure, and the person to whom the disclosure may be made. "Blanket disclosures" are not acceptable under this act.
 - There are a number of other exceptions to the disclosure restriction with regard to educational organizations. Again, they can be reviewed at the above web site.

5. For the Paramedic Program, Program Instructors and Preceptors, the following will apply:

- Adjuncts, preceptors or program administrators will not discuss quiz scores, test scores, performance records or the performance of one student with another student or with fellow employees or employers where a private or non- university agency is involved.
- Adjuncts, preceptors or program administrators will discuss with a student their performance and quiz scores only in areas where there is a reasonable expectation of privacy. Conversations will not be held in areas where the likelihood of being overheard by "the public" exists. Where more than one crew member has worked an incident with a student and can enhance the educational experience of the student, all involved in the incident may discuss the call with the student in a group discussion setting (tailboard training, debriefings, etc.). However, performance ratings and scores will in all respects be considered private and protected.
- Questions concerning the appropriateness of a disclosure should first be addressed with the Director of EMS at DSU before any student performance information not addressed above is disclosed.
- All other issues regarding the confidentiality of student information will be handled as outlined in the university's policies and procedures (Section 5, Policy 18; revised 5/20/03).

Responsible Use of Computers

DSU Paramedic program requires the use of a Laptop computer or a tablet device for instruction, clinical, and research work. The Hurricane Education Center, as well as all buildings on main campus, have been equipped for wireless internet. Computer users must not use any communications systems of any kind to send material that is obscene, illegal, discriminating, or intended to defame or harass others or to interfere with their work on the computer. Students must not access the files or information that belongs to another user or operating system without permission.

Copy right and patent laws will be strictly adhered to. This includes:

- Software.
- All passwords are to be kept confidential.
- Computer games are NOT permitted during lecture/lab time.
- Copying files from another computer is not permitted without permission
- Installing software on a university computer is not permitted without permission
- Downloading materials from the internet or World Wide Web and submitting them for credit as one's own work is not permitted and constitutes cheating.
- Instant messaging during class/lab time is not allowed
- Surfing the web during lecture or lab

Social Media: Because EMS is a profession that is constantly in the public eye, it is vital that ALL social media (i.e. facebook, Instagram, etc.) are kept appropriate. Although the Dixie State University Paramedic Program cannot regulate your activities outside of the class/clinical/field setting, any behavior posted on social networking sites that cast negative light on the program or its participants may be cause for disciplinary action. Any media that depicts students engaging in illicit or illegal behavior will subject the student for immediate counsel with the Paramedic Program Director and Medical Director and possible dismissal from the program.

FISDAP: All patient care reports and documentation of clinical and lab skills and scheduling are done on FISDAP. This documentation is part of your assignments and is to be kept current. Students have 72 hours to complete all post clinical entries. Students who are chronically late with FISDAP entries will be removed from all field and clinical shifts until work is caught up. This also applies to portfolio assignments.

Email: Email is the primary form of communication with students outside the classroom. Students are required to supply Program Administration with a valid email address. It is the student's responsibility to regularly check their email for notifications that may be made via

email. Additionally, please keep all email correspondence with instructors and class members appropriate.

Copy Machine: Copy machines are available for student use outside the classroom throughout main campus. A credit card or a DSU Student ID card (with money on the account) is required to use the copier. Copiers and printers located in faculty offices and workrooms are for faculty and staff use only.

Certifications

Utah state EMT or AEMT certification must be maintained during the entire length of the program or the student will be immediately dismissed. This requires current BLS certification as well. Additional certifications will be earned throughout the course. A copy of all certifications held by a student should be on file with the department secretary. All new EMS provider certification will be completed through the National Registry.

Tuition Policy

Tuition: Students are expected to pay tuition/fees prior to the first day of class. Students will be dropped from class January 10, 2018, May 9, 2018, & August 22, 2018, for non-payment. If a student is dropped from the class for non-payment, they will not be allowed to attend class until all tuition and fees have cleared through the accounts payable dept. Students will be marked absent for the classes missed and will be required to make up the hours missed according to DSU paramedic program policy. See Attendance section.

Please note that students will *not* be mailed a Billing Statement. Students can view their statements and pay online. A tuition payment plan is also available for students who may need a more flexible payment schedule.

It is not the right or responsibility of the Program Director or any program staff to allow non-complying students to attend class.

Malpractice Insurance

It is the responsibility of each student to obtain malpractice insurance for coverage as a student at Dixie State University. The students will submit a copy of the insurance policy to the Program Director **PRIOR** to the beginning of the program. Insurance can be obtained from Healthcare Providers Service Organization at www.hpsso.com or by calling 1-800-982-9491. Applications will be provided to the student. Students should first apply for a policy as an EMT or AEMT. Once the policy is secured the student will need to call the HPSO and change the policy to a “Paramedic Student” policy. The total cost of the insurance is approx. \$120.00. Paramedic Student policies must be \$1,000,000/\$3,000,000 policy.

Drug Testing

A nine panel drug screen is required through “Precheck” **PRIOR** to the beginning of the program. A **RANDOM drug screen MAY BE DONE at some point during the school year.** Any student who tests positive for controlled substances without proper medical documentation, or tests positive for illegal substances, will be immediately expelled from the program. Due to the sophisticated nature of drug screening, it is likely that the random drug test will also test for substances similar to “Spice’ and “Ivory Snow”. Use of any of these “smoke shop” type drugs is **STRICTLY** prohibited by the Paramedic Program and is also grounds for immediate dismissal.

Reprimand/Academic Counseling/Student Termination

In the event of behavior inconsistent with the expectations of this program, the student will be asked to meet with the instructor and program director. The specific problem will be discussed with the student. The student will be given the opportunity to present his/her side of the matter. A time-lined remediation plan will be developed. Students are expected to comply with the plan within the stated time. The meeting will be documented and filed with the student's records. In the event of a second incident, the student will be required to meet with the Medical Director, Program Director and the Co-Coordinator. At this time the Medical Director may make a recommendation of time limited with a remediation planned probation/suspension. Any recurrence of similar incidents or problems will lead to termination from the program. Certain acts or behaviors may be so severe that they subject the student to immediate dismissal or other disciplinary action without progressive discipline. All incidents will be documented and filed in the students records. Please refer to DSU policy 5.33.7 "Student rights and responsibility code, Discipline" For more information

Misconduct

Forms of misconduct include but are not limited to the items listed below. Any student engaging in misconduct will be subject to reprimand and/or dismissal from the Program.

Stalking: Stalking is behavior in which an individual willfully, maliciously, and repeatedly engages in a knowing course of conduct directed at a specific person which reasonably and seriously alarms, torments, or terrorizes the person, and which serves no legitimate purpose.

"Fighting Words": The use of "fighting words" by students to harass any person(s) on Program property, on other property to which these policies apply, or in connection with official Program functions or program-sponsored programs. "Fighting words" are those personally abusive epithets which, when directly addressed to any ordinary person are, in the context used and as a matter of common knowledge, inherently likely to provoke a violent reaction whether or not they actually do so. Such words include, but are not limited to, those terms widely recognized to be derogatory references to race, ethnicity, religion, sex, sexual orientation, disability, and other personal characteristics. "Fighting words" constitute "harassment" when the circumstances of their utterance create a hostile and intimidating environment which the student uttering them should reasonably know will interfere with the victim's ability to pursue effectively his or her education or otherwise to participate fully in Program programs and activities.

Hazing: Hazing or any method of initiation or pre-initiation activity which causes, or is likely to cause, bodily danger, physical harm, or personal degradation or disgrace resulting in physical or mental harm to any student or other person.

Obstruction or Disruption: Obstruction or disruption of teaching, research, administration, disciplinary procedures, or other program activities.

Disorderly Conduct: Disorderly or lewd conduct.

Failure to Comply: Failure to identify oneself to, or comply with directions of, a program official or other public official acting in the performance of their duties while on program property or at official program functions, or resisting or obstructing such program or other public officials in the performance of or the attempt to perform their duties.

Sexual Harassment: Sexual Harassment is defined as: Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when:

- Submission to such conduct is made either explicitly or implicitly a term or condition of instruction, employment, or participation in other Program activity;
- Submission to or rejection of such conduct by an individual is used as a basis for evaluation in making academic or personnel decisions affecting an individual; or

- Such conduct has the purpose or effect of unreasonably interfering with an individual's performance or creating an intimidating, hostile, or offensive Program environment.
- In determining whether the alleged conduct constitutes sexual harassment, consideration shall be given to the record of the incident as a whole and to the totality of the circumstances, including the context in which the alleged incidents occurred.

Disability Policy (Americans with Disabilities Act)

If you are a student with a medical, psychological or a learning difference and requesting reasonable academic accommodations due to this disability, you must provide an official request of accommodation to your Professor(s) from the Disability Resource Center within the first two weeks of the beginning of classes. Students are to contact the Center on the main campus to follow through with and receive assistance in the documentation process to determine the appropriate accommodations related to their disability. You may call (435) 652-7516 for an appointment and further information regarding the Americans with Disabilities Act (ADA) of 1990 per Section 504 of the Rehabilitation Act of 1973. Our office is located in the North Plaza Building (NE corner). Hours are Monday – Friday 8:00 a.m. – 5:00 p.m.

Grading

The minimum acceptable score is 80% for ALL divisions in the Paramedic Program. Students who do not achieve an 80% or better will not be allowed to move on to the next division in the program. The progression of this course is outlined in the course schedule.

Quizzes are comprised of questions from the text, lectures, and additional reading assignments. Quizzes will be given at the beginning of the next class period. Quizzes must be passed with a minimum score of 80%.

A mid-term exam and final exam, written and practical, will be given each semester. The written and practical composite scores of the mid-term and the final examinations must be passed with a minimum score of 80%. If a score of less than 80% is achieved the student will be required to meet with the program director.

Note: Quizzes and Exams WILL NOT be graded on a “curve”.

Quizzes, attendance, workbook assignments, mid-term exam, and final exams are weighted together to determine your grade. The grading program considers the weight of each category, quizzes, mid-terms, etc. The grading scale is:

95-100%	A	87-89%	B+	77-79%	C+
90-94%	A-	83-86%	B	74-76%	C
		80-82%	B-	70-73%	C-

Extra Credit

Extra credit in any course is always at the discretion of the instructor. If extra credit is available, the following program policies apply:

- 1) Extra credit must be available to all students in the course;
- 2) Extra credit may be used to improve a student's grade by no more than one “level,” e.g. from an A- to an A or from a B+ to an A-;
- 3) Extra credit CANNOT be used to bring a B- to a B (you cannot maintain good standing in the program by using extra credit in a course in which you would otherwise fail to earn a “B” or better grade);
- 4) Community service opportunities for extra credit (i.e. health fairs, career fairs, student recruiting activities, student government, etc.) may occur during a semester on short notice and will be announced in class.

Grade Change Requests

Grade changes may be made if a grade was miscalculated, entered incorrectly in the Banner system, or issued unfairly or not consistently with the syllabus. Grade changes will not be made to improve a student's overall GPA or enhance his/her eligibility for financial aid, employment, or graduate education.

If you wish to request a grade change, you **must** submit a **WRITTEN** request to the faculty within one week.

Incomplete (“I”) Grades

Incomplete grades are intended to be used in extraordinary situations in which a student in good standing is unable to complete the required work for a course within the specified semester (or before grades must be issued). Students must sign a request for an “I” *Incomplete+ grade and the conditions for completing the course and receiving a grade are specified on the Incomplete Grade Form.

Students must request an “Incomplete” grade and contact the course instructor regarding the circumstances that would justify this grade. This request **MUST** be made prior to the end of Finals Week for the course involved.

Late Work and Late Examination Penalties

All assignments are due at the beginning of the class on the date they are due (according to the syllabus). All late assignments will be penalized by 10% per day late; if an assignment is due in a class that begins at 0830, it is considered late (10% deduction) at any time after 0830 on the due date. If an assignment is due on Thursday, and is not turned in until Monday, both Saturday and Sunday will count as penalty days (i.e. the assignment would be reduced by 30%). No work will be accepted for credit nor graded by the instructor if it is turned in more than 5 days beyond the due date.

Examinations will be scheduled by the instructor and stated in the course syllabus; exams may be administered in class or in the Testing Center. Examinations will be available only during scheduled times. Exceptions to this policy may be allowed under extraordinary circumstances if approved by the instructor; late examinations will be subject to the same penalty as late work (10% per day).

Interviews

Student Interviews: Students are expected to meet with the Program Director and/or a staff member on a monthly basis for the purpose of reviewing progress in the classroom, clinical, and field areas. It is the responsibility of the student to arrange these monthly interviews.

Run Reviews: Run Reviews are done after the student completes one level of their field internship and is ready to move onto the next level. Run reviews are also conducted mid-level during their Green and Red levels. It is the responsibility of the student to schedule Run Reviews with the Clinical or field Coordinator

Infection Control Plan

Purpose:

The Department of Labor Occupational Safety and Health Administration has guidelines for exposure to blood borne pathogens. The following document reflects the written exposure control plan of the Paramedic Program of Dixie State University which is designed to eliminate or minimize student exposure to the following: blood, tears, sweat, saliva, sputum, gastric secretions, urine, feces, CSF, semen, and breast milk. It is intended to comply with all OSHA requirements and university policies and procedures.

Task/Risk identification:

The following is a list of typical tasks in which students could be called upon to perform which have the potential of causing an exposure.

Assessment Procedures:

- Performing head to toe exams on the ill or injured
- Glucose stick or other diagnostic procedures
- Application and transmission of ECG's
- Treatment Procedures:
 - Airway adjunct equipment placement:
 - Nasal & Oral Tracheal Intubation and Securing Devices, Oral Airways, Nasal Airways, Bite Sticks, Mouth Screws, Maintenance of Stomas, Cricothyrotomies & Transtracheal catheterization.
 - Obstructed Airway Procedures:
 - Opening the airway with manual maneuvers, clearing the airway with finger sweep, suctioning of bodily fluids in and around nasal, oral and stoma openings; Extraction of foreign bodies using a laryngoscope and Magill forceps; and during assistance given to vomiting patients.
- Application and removal of Anti-Shock garments
- Bleeding Control Measures:
 - Application of direct pressure; elevation, pressure points and tourniquets; bandaging of all open wounds.
- Chest Decompression Procedures
- Defibrillation or Cardioversion Procedures
- Intravenous Catheterization Procedures:
 - Starting peripheral and central IV lines and monitoring; blood draw; arterial line maintenance.
- Maintenance of Chest Tubes
- Obstetrical Emergencies:
 - Deliveries, complications thereof
 - Fetal and placenta care
- Oral Medication and Lavage Administration Procedures:
 - Placement and removal of lavage tubes nasally or orally

- Lavaging, administering medications through sublingual, endotracheal or lavage routes.
- Oxygen Therapy and Breathing Assistance:
 - Application of oxygen with the use of masks, cannulas, or attached to bag valves, ventilators and nebulizers
- Parenteral Medication Administration:
 - IV, IM, subcutaneous or infusion routes
- Spinal Immobilization Procedures
- Splinting Procedures
- Suctioning Procedures:
 - Any procedures requiring suction of any bodily fluid
- Transport of an blood, bodily parts or fluid
- Vagal Maneuvers
- When caring for an unruly or combative patient or during restraining measures by the student, there exists the potential for scratches, human bites, spitting, sneezing, coughing, lacerations and other possible injuries/or exposure of the patient's bodily fluids to come in contact with the students bodily fluids.

Prevention Measures:

The Paramedic Program will provide necessary training/education of new students and supplement that education with updates regarding modification of, or institution of, new tasks or procedures that affect the students' exposure potential during their educational experience at Dixie State University. In addition, the Paramedic Program will cover blood borne pathogens, general explanation of the epidemiology and symptoms, modes of transmission and the exposure control plan in general. Education records will include dates, contents, names of instructors, attendees and will be kept for a period of 7 years as required by Dixie State University. For as long as the budget allows, the program will also provide safety glasses for the students to use in their clinical rotations (paid by lab fees assessed to the students). The intent of providing glasses is to create a positive habit in the student that they will carry with them throughout their careers.

Vaccinations:

The Paramedic Program requires the following vaccinations designed to decrease or eliminate the risk of transmission of infectious diseases. (NOTE- each student will need to provide results of a flu shot and TB test at the beginning of the program and in the 3rd semester prior to clinical rotations) Each one will be outlined in detail.

- **MMR** – two (2) Measles-Mumps-Rubella (MMR) immunizations OR documentation of positive antibody titer to demonstrate immunity.
- **Tdap** – one (1) dose of Tdap with TD booster every 10 years.
- **Tuberculosis (TB)** – WITHIN ONE YEAR (must remain current during course). Initial testing should be a two-step tuberculin skin test (intradermal PPD) or one-time BAMT (blood test).
- **Hepatitis B** – complete three (3) dose series.

- **Varicella (chicken Pox)** – two (2) doses of varicella vaccine given at least 28 days apart; OR positive titer.
- **Influenza** – current, annual influenza vaccine.

TB Skin Test:

The policy of the Paramedic Program will be to recognize that an individual of 10 millimeters or more is considered a positive test. It is understood that induration is the hardened area, not the redness of the area. Upon acceptance into the Paramedic Program, students will be directed to have a TB skin test at the local health department, hospital or by a private physician. Exceptions are for specific medical reasons; (i.e., the student has evidence of a positive test or has received a BCG treatment in the last five years).

The TB skin test is a two-step skin test. If the student's test is positive, the student will be required to seek treatment before continuing on in the paramedic program. Treatment may include chest x-ray, INH therapy, individual counseling, sputum testing or other treatments concurrent with the standard medical practice. Students may continue in the program when proof of treatment is rendered.

Because the paramedic program is a yearlong program, students will be required to have a TB test done at the end of the program to maintain the certification requirements.

Hepatitis B Series:

Upon acceptance into the Paramedic Program, each student was directed to receive the Hepatitis B vaccination with the first dose within 10 days of acceptance into the Paramedic Program. The second vaccination will occur 4 weeks later, and the third will be given 6 months after the initial vaccination.

- **Exception:** the student has been previously vaccinated and can provide documentation of completion of the series to the Program Administrator.

Operational Procedures:

Students in the Paramedic Program will use universal precautions when coming in contact with any patients regardless of the risk of contact with any blood or bodily fluids. All bodily fluids will be considered as “potentially infectious materials”. Protective equipment is intended to eliminate or minimize student exposures. Students are issued eye protection at the beginning of the program and are expected to use them for all clinical and field rotations.

Hand Washing Practices:

As soon as possible following patient care and the removal of personal protective equipment, students will wash exposed body parts with antiseptic materials. Upon returning to the agency with whom the student is riding, students will also wash those same areas using soap and water. The Paramedic preceptor or Paramedic partner assigned to the student will see that this

takes place. If contact of blood or bodily fluid takes place with student's skin or mucous membrane, those exposed areas should be washed with water as soon as feasible.

Station hand washing following a call will not be done in food preparing sinks.

Contaminated Needles:

All needles which have been used on any person shall be considered contaminated. Needles will **not** be bent, recapped or sheared except for the following reasons allowed by OSHA:

1. If a special medical procedure requires it.
2. That no alternative was feasible at the time. If this is the case, it should be documented and brought to the attention of the EMS programs Administrator to evaluate the practice to determine if modifications in the practice should be implemented.
3. Any recapping of a needle that is required due to special situation will be done by using a **one handed technique only**. The one-handed technique will be done by sliding the needle into the cap without holding onto the cap. The boot method and scoop method are the two approved techniques.
4. Students will use sharps containers supplied by the various agencies which can be brought to the patient care area. The sharp container should be one that meets federal requirements. It is imperative that as soon as feasible, once completing a task with a needle or sharp instrument, the instrument is placed in the protective container to eliminate the risk of an exposure. **This is one area of great risk, and historically has been a cause of health care work exposure. Use extreme caution with the handling of any needle or sharp instrument.**

Medical Procedures:

All procedures for patient care shall be performed in such a way to minimize splashing, spraying, spattering, and generation of droplets of bodily substances/fluids. Mouth pipetting of medical devices is prohibited (Example: checking the location of an endotracheal tube placement by direct mouth contact on the end of the tube is prohibited).

Transport of Blood or Potentially Infectious Material:

All blood tubes drawn or the transport of body specimens or parts will be transported using universal precautions. In addition, once the transport begins from patient encounter to destination, the sample shall be transported according to agency policy and procedure. If no procedure exists, the sample will be placed in a leak proof container such as a plastic closable bag with either a bio-hazard label or red in color. If contamination of the primary container occurs, another container will be used to place the original container in it.

Decontamination Procedures:

Where no policy or procedure exists, the student will use the following:

Any equipment suspected of being exposed to bodily fluids or other potentially infectious material will require decontamination with a disinfectant. Some equipment will require prior scrubbing or repeated soaking and scrubbing depending on the extent of contamination. The equipment must be thoroughly rinsed and air dried. Equipment that cannot be submerged (stethoscope, ECG leads, monitor, etc...) shall be cleaned using disinfectant disposable towels if available.

To prevent cross contamination or spread of contagious disease, appropriate protective clothing shall be worn when washing equipment. This will be done to protect the student from inadvertent splashing of contaminated water onto the student's clothing, skin or mucous membranes. Contaminated clothing should be changed as soon as possible. Items should be washed with an approved detergent solution, rinsed and air dried. A disinfectant detergent is preferable when washing contaminated clothing. Boots and leather goods may be brush scrubbed with soap and hot water to remove contaminants.

It is the responsibility of the student to see that their clothing is properly handled and cleaned

Decontamination of Durable Equipment and Clothing:

All reusable equipment or personal clothing which becomes contaminated with blood or other potentially infectious materials will be decontaminated as necessary according to local agency policy and procedure. Where no such policy exists, the student will use the following guidelines:

All contaminated small durable goods should be placed in a bio-hazard identifiable container such as a red bag as soon as patient care is complete. All large contaminated equipment such as backboards, stretchers, and ambulance patient compartment areas should be decontaminated at the receiving facility if permissible. If this is not feasible, the equipment should be taken to the agency station for decontamination procedures. Decontamination will be done by the personnel (including the student) responsible for the contaminated equipment following agency policy and procedure. All equipment designated for the decontamination area shall be used only in that designated area and not used for any purpose other than decontaminating equipment. All cleaning gowns, gloves, head and boot covers, and disposable towels should be discarded with all other bio-hazard waste.

Housekeeping:

All areas of responding vehicles, stations, and decontamination areas will be kept in a clean and sanitary condition. At the beginning of each shift and after every incident which could potentially contaminate any of these areas, students will assist in the decontamination of the vehicle, equipment, and facilities in question. Students will use decontamination procedures of the local agency. Contaminated work surfaces will be cleaned with appropriate disinfectant

after completion of medical procedures as soon as feasible. Any broken glass or sharp objects will be cleaned up by using mechanical means such as a brush and dust pan and discarded appropriately.

All contaminated disposable protective equipment will be considered as contaminated regulated waste and will be disposed of in appropriately labeled bio-hazard waste containers in either responding vehicles, stations or receiving facilities. The definition of regulated and/or biohazard waste is as follows:

1. Liquid or semi-liquid blood or other potentially infectious liquid materials;
2. Contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed.
3. Items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; and
4. Contaminated sharps (Needles, Scalpels, etc...) Students will remove contaminated personal protective equipment prior to leaving the patient or when patient care ceases.

Personal Protective Equipment:

Students in the Paramedic Program will be issued eye wear that meets OSHA splash protection requirements and will use program provided gloves and eye wear during all lab functions. Student will use the issued eye wear and gloves provided by the agency or facility with which the student is participating whenever contact with a patient is made by the student. Most personal protection equipment will be disposable and one-time use only. Students should seek advice and instruction from the Paramedic preceptor and follow the agency policies and procedures when there is a need for masks, face shields or other types of personal protection.

The Incident commander, Paramedic preceptor or Paramedic partner to the student will ensure that the appropriate protection is utilized when the potential of contamination of blood or potential for contamination is present. When working during an inter-agency event, the safety officer will hold this responsibility to insure compliance with local policy and procedures. **In any event, it is the personal responsibility of each student to consistently use personal protective equipment that eliminates or minimizes the risk of exposure.**

If under rare circumstances, the student determines the use of personal protective equipment prevents the student from delivering appropriate care or use poses an increased hazard to the safety of the student, **and the paramedic preceptor or partner agrees**, the personal protective equipment can be removed. This will be documented and brought to the attention of the EMS Programs Administrator for review. Review results will be forwarded to the university Risk Manager, student and Agency head (Fire Chief, Agency Owner, etc...)

“Needle Sticks” or Other Exposures to Blood Borne Pathogens (Exposure Protocol):

While enrolled at Dixie State University, students are covered by the worker’s compensation plan. In the event that a significant exposure occurs during the student’s clinical experience, the student will comply with the following procedure completing all necessary forms for the receiving facility, the program and the university. A significant exposure is an exposure to blood and/or blood contaminated body fluids to an open wound or to skin which is chapped, abraded or dermatitis. Exposure is also significant if the blood comes into contact with mucous membranes such as eyes or the mouth.

Significant exposures also include needle punctures.

OSHA Guidelines Following a Significant Exposure:

1. Wash the exposed area with soap and water immediately.
 2. Cleanse the exposed area with alcohol wipe or antiseptic towelette.
 3. Advise the Paramedic Preceptor or Supervisor for the exposure.
 4. Take or have the source individual accompanied to the emergency center to have a consented blood draw.
 5. The student will then go to the nearest Instacare facility for handling worker compensation claims, or if accompanying a patient to the hospital, will initiate treatment at the hospital.
 6. The student will then advise the charge nurse of the emergency department who will then contact the hospital’s infection control educator.
 7. The student will follow or submit to all testing or procedures recommended by the infection control educator or emergency department physician or Instacare facility physician.
- Additionally:
8. The student will notify the program administrator, program coordinator, or a faculty member of the exposure as soon as possible and before the student finishes their shift with the agency.
 9. The student will keep all documentation given to him/her by the hospital and supply a copy of such to the paramedic program administrator.
 10. The student will complete the program’s Exposure Report Form and submit it to the program administrator within 24 hours of the injury/exposure along with all other documentation.
 11. Upon receipt of information of a student injury or exposure, the program administrator will notify the Director of Human Resources and Risk Management of Dixie State University. All paperwork supplied by the student will be copied and a complete copy will also be forwarded to the directors mentioned above. A complete copy will also be placed in the student’s confidential file. The copy sent to Human Resources will be maintained for as long as required by law.
 12. The Paramedic Program Administrator will meet with the Director of Risk Management to discuss the exposure and determine what corrective measures, if any, should be implemented to prevent similar future exposures.

Forms:

1. Dixie State University Exposure Report Form
2. Worker's Compensation First Report of Injury or Illness, Form 122 (available at the hospital or Insta-care Facility)

Student Blood Testing:

72 Hours – Hepatitis B

12 Weeks – HIV

6 Months – HIV

Procedures for Court Ordered Blood Draw: (Follow Local Protocol)

1. Request the person to submit to a voluntary blood draw. Do not use force or threats.
2. Review UCA 78-28-102, reference petitioning for a court order following an exposure.
3. All tests are confidential. The designated agent will be notified by the Department of Health by case number.
4. If the patient refuses to be tested, the receiving facility's Infection Control Educator will begin procedures under new state law HB 78 to require testing.

Policy Review:

This policy will be reviewed by risk management, advisory committees, etc... on a regular basis to ensure its applicability and relevance to the program. Documentation of such review will be kept by the administrator of the Paramedic Program

Dixie State University
Paramedic Program
Consent or Refusal of HIV and HBV Infectivity Testing
(By Source Individual)

Date: _____

Individual's Name: _____

Individual's Phone Number: _____

I understand that employers are required by law to attempt to obtain consent for HIV and HBV infectivity testing each time an employee or a student is exposed to blood or bodily fluids OF ANY INDIVIDUAL. I understand that a DSU Paramedic Student has been accidentally exposed to my blood or bodily fluids and that testing for HIV and HBV infectivity is requested. I am not required to give my consent, but if I do, my blood will be tested for these viruses at no expense to me.

I have been informed that the test to detect whether or not I have HIV antibodies is not completely reliable. This test can produce a false positive result when and HIV antibody is not present and follow up tests may be required.

I understand that the results of these tests will be kept confidential and will only be released to those required by law to receive said results, and that the Department of Health will release information only by case number and not by name as required by law.

I hereby consent to:

HIV Testing: _____

HBV Testing: _____

I hereby *refuse* consent to:

HIV Testing: _____

HBV Testing: _____

Signature: _____

____ Source Individual could not be identified

Signature of Department Supervisor: _____

(Verifying that the source patient could not be identified)

Dixie State University
Paramedic Program
Incident Report Form

Student Name: _____

Date of Incident: _____

Date Reported: _____

Type of Injury: _____

Explanation of Occurrence:

Treatment Received:

Treatment Date: _____ Treating Facility: _____

Treatment Given By: _____

Witness of Event: _____

Preceptor: _____

Student Signature: _____

**Dixie State University
EMS Programs
Exposure Report Form**

This information is to be obtained when students enrolled in Emergency Medical Services programs at Dixie State University of Utah experience significant exposures to potentially infectious body fluids. **This form is strictly confidential.** This form and appropriate hospital or Instacare forms should be given to the Director of Emergency Medical Services Programs within 24 hours of the incident.

Please print the following information:

STUDENT NAME: _____ DOB: _____ SEX: _____

ADDRESS: _____ STATE: _____ ZIP CODE: _____

HOME PHONE NUMBER: _____ ALTERNATE PHONE NUMBER: _____

DATE OF EXPOSURE: _____ TIME OF EXPOSURE: _____

REPORTED TO: _____ AGENCY: _____

AGENCY INCIDENT NUMBER: _____ AGENCY: _____

TREATED AT (FACILITY): _____

PLACE OF EXPOSURE: (Check One)

Private Residence, Injury Scene, Transport (In Ambulance), Protective Custody
Jail, Other Public Location (Specify): _____

BODY FLUIDS PRIMARILY INVOLVED IN EXPOSURE:

Blood Bloody Body Fluids (Describe): _____

Other (Describe): _____

HOW WERE YOU EXPOSED TO BLOOD OR OTHER BODY FLUIDS? (Check All That Apply)

Bite/ Splash in Eye /New Cut or Abrasion/ Needle Puncture /Splash in Nose/Mouth

Previous Cut,/ Abrasion or Dermatitis Contact/ Other: _____

WHAT PERSONAL PROTECTIVE EQUIPMENT WERE YOU USING AT THE TIME OF THE EXPOSURE? (Check All That Apply) Ambu Bag/ Light Gloves (Latex or Vinyl) /Protective Eye Wear/Mask/ Heavy Gloves (Leather, Other) Resuscitation Mouth Piece/None

SIGNATURE: _____

STUDENT APPEALS AND GRIEVANCE PROCEDURES

Mission Statement: Our mission is to provide optimal and quality education to the EMT, AEMT, and paramedic candidates and to provide a professional and caring environment that is honest, loyal, ethical, and treats all individuals with respect and dignity. By providing leadership education and the science of EMS and Para medicine, we serve the community by advocating for the highest educational and clinical standards.

GRIEVANCE POLICY

The Dixie State University Paramedic Program subscribes to the Student Rights and Responsibilities Code 5.33 which specified grievance procedures for students. In order to be fair and equitable to students in the paramedic program we have identified a procedure for resolution of grievances that is in harmony with the philosophy of the university.

A student may file a complaint against a faculty or staff member for violating the student's rights as delineated in the Student Code. If at any time, a formal complaint about an academic action is filed, the matter shall be processed through the Academic Appeal Process also described within the Student Code. All complaints that can be handled between the parties involved are encouraged to be resolved at this level. The student should seek to resolve the complaint with the involved faculty/staff member if possible. If resolution is not possible, the student may seek redress with the Dean of Health Sciences. If the concern cannot be resolved at that level, the student has the option to enter the grievance process where other university administration is involved depending upon whether the complaint is academically or non-academically related.

To be considered a formal complaint: All complaints that are not in written form are not considered formal complaints and will be handled individually by those involved, or they will be encouraged to enter the formal complaint process. **Email is not considered a written formal complaint.** Until these complaints enter the formal process, there is no audit trail to show resolution.

Chain of Command: The DSU EMS programs follow the paramilitary standards. These standards involve a chain of command for all program problems, complaints, or grievances. The chain of command is as follows:

Core Instructor
Assistant Coordinator
Program Director
Dean

If a problem, complaint, or grievance occurs, the student is required to document the issue on the program complaint form. The form must be completely filled out and signed by the student. The student then submits the document to a Core Instructor. The Core Instructor will then address the issue, document his involvement, and sign the form. If the issue is beyond the Core instructor's ability to handle, the document and issue is then taken to the Assistant Course Coordinator. The Assistant Coordinator will document his involvement, and sign the form. If the issue is beyond the Assistant Coordinator's ability to handle, the document and issue will then be taken to the Program Director.

Students are encouraged to give suggestions that will help improve our programs. Suggestion forms are available for this purpose.

Your Possible solutions:

Form Given to: _____ **Date and Time:** _____

Tracking and Feed Back

Date & Time	Chain of Command:	Signature:
	Core Instructor: (REQUIRED)	
	Assistant Program Director: (REQUIRED)	
	Program Director: (REQUIRED)	
	Department Dean: As Needed	
	Medical Director: As Needed	

ACTION TAKEN AND FEED BACK

Corrections/Feedback:

Notification of Actions:

Signature:	Date & Time:
-------------------	-------------------------



Comments:

