



2020-2021

EMERGENCY MEDICAL SERVICES STUDENT HANDBOOK
Associate of Applied Science Emergency Medical Services-Paramedicine
Emergency Medical Technician-Basic
Emergency Medical Technician-Advanced

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Introduction

This EMS Program Student Handbook is intended to supplement the policies, rules, and regulations applicable to students attending NWC and as provided for in the Northwest College Student Handbook. Differences exist between the Northwest College Student Handbook and the EMS Student Handbook relate to national and state standards of practice, hospital/facility polices and public safety. The provisions set forth in this handbook shall supersede previous versions of the NWC EMS Student Handbook.

Northwest College and the Nursing and Allied Health Department reserve the right to change without notice any of the material, information, requirements, regulations, or costs published in this handbook. In the event that revisions or additions to the EMS Handbook are required, they become effective immediately and students are notified in written form in a timely manner through Moodle.

It is the student's responsibility to read carefully the entire EMS Handbook and comply with all policies and handbook procedures. Students are required to sign a statement acknowledging receipt and awareness of the information found in this Handbook. Students are responsible for accessing their EMS Handbook on the EMS website for the most-up-to date information.

The Northwest College Associate of Applied Science Degree in EMS-Paramedicine Program is approved by:

Wyoming Department of Health
Office of Emergency Medical Services
6101 Yellowstone Road Suite 400
Cheyenne, WY 82002
307-777-7955
<https://health.wyo.gov/publichealth/ems/>

The Associate of Applied Degree in EMS-Paramedicine Program is also accredited by:

Commission on the Accreditation of Allied Health Education Programs (CAAHEP)
25400 US Highway 19 North Suite 158
Clearwater, FL 33763
727-210-2350
<https://www.caahep.org/>

Northwest College does not discriminate on the basis of race, color, national origin, sex, disability, age, religion, sexual orientation, gender identity, genetic information or veteran status in its programs and activities. We are an Equal Opportunity Employer and Institution (EOE/EOI). Student inquiries concerning disability services shall be directed to the Disability Support Services Coordinator, Student Success Center, 231 W 6th ST BLDG 4, Powell, WY 82435-1860; 307.754.6227. All other compliance inquiries shall be directed to the Compliance Officer, Orendorff Building, 231 W 6th ST BLDG 1, Powell, WY 82435-1895; 307.754.6098, or the Office of Civil Rights, U.S. Department of Education, Cesar E. Chavez Memorial Building, 1244 Speer Blvd. #310, Denver, CO 80204-3582; 303.844.5695; FAX: 303.844.4303; TDD: 800.877.8339; OCR.Denver@ed.gov. Title IX inquiries: Title IX Coordinator, Orendorff Building, 231 W 6th ST BLDG 1, Powell, WY 82435-1895; 307.754.6102; Title9@nwc.edu.

I. EMS Program Mission & Vision Statement

Mission:

The NWC EMS Program's mission is to prepare competent entry-level Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.

Vision:

The NWC EMS Program is focused on enhancing clinical judgment, skill, development, and fostering professional behavior that reflects evidence-based practice, while providing a seamless pathway for education and career mobility.

II. EMS Program Philosophy

We believe in the intrinsic value and worth of every person.

We believe that health is a state of homeostasis influenced by forces impacting on the person.

EMS is a practice-oriented discipline that uses evidenced-based knowledge derived from the biological, physical, and behavioral sciences to provide safe and humanistic care to persons, families, groups, and communities.

The art and science of EMS is the nucleus of the interdisciplinary health care system.

We believe the goal of EMS is to use clinical judgment to promote and maintain health, prevent disease and disability, care for and rehabilitate the sick, and support the dying. EMS education must have a strong clinical focus and allow opportunity to apply the theoretical component of EMS.

Learning is a dynamic lifelong process, occurring in the cognitive, psychomotor, and affective domains. Learning is the joint responsibility of the educator and the learner with each assuming the responsibility for learning and continued self-development.

The role of the educator is to facilitate learning and leadership by providing an environment wherein students have the opportunity to establish goals, examine various means of attaining them, and evaluate the course of actions selected. Paramedics, EMTs, and educators within these programs have a responsibility for professionalism and the mentoring of others.

The Paramedic and EMT is a role model for clients, families, and communities in terms of practicing appropriate health behaviors.

III. EMS Program Conceptual Framework

The curriculum is guided by the Standards and Guidelines set forth by the Committee on Accreditation for the Emergency Medical Services Professions (CoEMSP), standards in the National Highway Traffic Safety Administration’s National Emergency Medical Services Education Standards, and the professional standards and scope of practice for licensed Emergency Medical Services providers as directed by the Wyoming State Department of Health-Office of Emergency Medical Services.

The curriculum is organized with fourteen (14) core concepts that are defined and threaded through each course to provide the foundation to prepare students as EMS providers. The progressive simple to complex development of these concepts leads to achievement of leveled student learning outcomes. Each AAS Course Student Learning Outcomes (SLOs), which identifies the expectations of each AAS student from emergency medical responder to paramedic, is linked to the appropriate core curriculum concept and AAS program student learning outcome.

IV. NWC EMS Curriculum Core concepts & Outcomes

| | | | |
|---|--|---|--|
| AAS Program Student Learning Outcome | 1. Integrates comprehensive knowledge of EMS systems, the safety/well-being of the paramedic, and medical/legal and ethical issues which is intended to improve the health of EMS personnel, patients, and the community. | | |
| Levelled Course Outcomes | EMR | EMT | AEMT |
| | Uses simple knowledge of the EMS system, safety/well-being of the EMR, medical/legal issues at the scene of an emergency while awaiting a higher level of care. | Applies fundamental knowledge of the EMS system, safety/well-being of the EMT, medical/legal and ethical issues to the provision of emergency care. | Applies fundamental knowledge of the EMS system, safety/well-being of the AEMT, medical/legal and ethical issues to the provision of emergency care. |

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| AAS Program Student Learning Outcome | 2. Integrates a complex depth and comprehensive breadth of knowledge of the anatomy and physiology of all human systems. | | |
| Levelled Course Outcomes | EMR | EMT | AEMT |
| | Uses simple knowledge of the anatomy and function of the upper airway, heart, vessels, blood, lungs, skin, muscles, and bones as the foundation of emergency care. | Applies fundamental knowledge of the anatomy and function of all human systems to the practice of EMS. | Integrates complex knowledge of the anatomy and physiology of the airway, respiratory and circulatory systems to the practice of EMS. |

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| AAS Program Student Learning Outcome | 3. Integrates comprehensive anatomical and medical terminology and abbreviations into the written and oral communication with colleagues and other health care professionals. | | |
| Levelled Course Outcomes | EMR | EMT | AEMT |
| | Uses simple medical and anatomical terms. | Uses foundational anatomical and medical terms and abbreviations in written and oral communication with colleagues and other health care professionals. | Same as Previous Level |

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| AAS Program Student Learning Outcome | 4. Integrates comprehensive knowledge of pathophysiology of major human systems. | | |
| Levelled Course Outcomes | EMR | EMT | AEMT |
| | Uses simple knowledge of shock and respiratory compromise to respond to life threats. | Applies fundamental knowledge of the pathophysiology of respiration and perfusion to patient assessment and management. | Applies comprehensive knowledge of the pathophysiology of respiration and perfusion to patient assessment and management. |
| AAS Program Student Learning Outcome | 5. Integrates comprehensive knowledge of life span development. | | |
| Levelled Course Outcomes | EMR | EMT | AEMT |
| | Uses simple knowledge of age-related differences to assess and care for patients. | Applies fundamental knowledge of life span development to patient assessment and management. | Same as Previous Level |
| AAS Program Student Learning Outcome | 6. Applies fundamental knowledge of principles of public health and epidemiology including public health emergencies, health promotion, and illness and injury prevention. | | |
| Levelled Course Outcomes | EMR | EMT | AEMT |
| | Have an awareness of local public health resources and the role EMS personnel play in public health emergencies. | Uses simple knowledge of the principles of illness and injury prevention in emergency care. | Uses simple knowledge of the principles of the role of EMS during public health emergencies. |

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| AAS Program Student Learning Outcome | 7. Integrates comprehensive knowledge of pharmacology to formulate a treatment plan intended to mitigate emergencies and improve the overall health of the patient. | | |
| Levelled Course Outcomes | EMR | EMT | AEMT |
| | Uses simple knowledge of the medications that the EMR may self-administer or administer to a peer in an emergency. | Applies fundamental knowledge of the medications that the EMT may assist/administer to a patient during an emergency. | Applies to patient assessment and management fundamental knowledge of the medications carried by AEMTs that may be administered to a patient during an emergency. |
| AAS Program Student Learning Outcome | 8. Integrates complex knowledge of anatomy, physiology, and pathophysiology into the assessment to develop and implement a treatment plan with the goal of assuring a patent airway, adequate mechanical ventilation, and respiration for patients of all ages. | | |
| Levelled Course Outcomes | EMR | EMT | AEMT |
| | Applies knowledge (fundamental depth, foundational breadth) of general anatomy and physiology to assure a patent airway, adequate mechanical ventilation, and respiration while awaiting additional EMS response for patients of all ages. | Applies knowledge (fundamental depth, foundational breadth) of general anatomy and physiology to patient assessment and management in order to assure a patent airway, adequate mechanical ventilation, and respiration for patients of all ages. | Applies knowledge (fundamental depth, foundational breadth) of additional upper airway anatomy and physiology to patient assessment and management in order to assure a patent airway, adequate mechanical ventilation, and respiration for patients of all ages. |

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| AAS Program Student Learning Outcome | 9. Integrate scene and patient assessment findings with knowledge of epidemiology and pathophysiology to form a field impression. This includes developing a list of differential diagnoses through clinical reasoning to modify the assessment and formulate a treatment plan. | | |
| Levelled Course Outcomes | EMR | EMT | AEMT |
| | Use scene information and simple patient assessment findings to identify and manage immediate life threats and injuries within the scope of practice of the EMR. | Uses simple knowledge of the principles of illness and injury prevention in emergency care. | Same as Previous Level |
| AAS Program Student Learning Outcome | 10. Integrates assessment findings with principles of epidemiology and pathophysiology to formulate a field impression and implement a comprehensive treatment/disposition plan for a patient with a medical complaint. | | |
| Levelled Course Outcomes | EMR | EMT | AEMT |
| | Recognizes and manages life threats based on assessment findings of a patient with a medical emergency while awaiting additional emergency response. | Applies fundamental knowledge to provide basic emergency care and transportation based on assessment findings for an acutely ill patient. | Applies fundamental knowledge to provide basic and selected advanced emergency care and transportation based on assessment findings for an acutely ill patient. |

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| AAS Program Student Learning Outcome | 11. Integrates comprehensive knowledge of causes and pathophysiology into the management of cardiac arrest and peri-arrest states. Integrates a comprehensive knowledge of the causes and pathophysiology into the management of shock, respiratory failure or arrest with an emphasis on early intervention to prevent arrest. | | |
| Levelled Course Outcomes | EMR | EMT | AEMT |
| | Uses assessment information to recognize shock, respiratory failure or arrest, and cardiac arrest based on assessment findings and manages the emergency while awaiting additional emergency response. | Applies fundamental knowledge of the causes, pathophysiology, and management of shock, respiratory failure or arrest, cardiac failure or arrest, and post resuscitation management. | Applies fundamental knowledge to provide basic and selected advanced emergency care and transportation based on assessment findings for a patient in shock, respiratory failure or arrest, cardiac failure or arrest, and post resuscitation management. |
| AAS Program Student Learning Outcome | 12. Integrates assessment findings with principles of epidemiology and pathophysiology to formulate a field impression to implement a comprehensive treatment/disposition plan for an acutely injured patient. | | |
| Levelled Course Outcomes | EMR | EMT | AEMT |
| | Uses simple knowledge to recognize and manage life threats based on assessment findings for an acutely injured patient while awaiting additional emergency medical response. | Applies fundamental knowledge to provide basic emergency care and transportation based on assessment findings for an acutely injured patient. | Applies fundamental knowledge to provide basic and selected advanced emergency care and transportation based on assessment findings for an acutely injured patient. |

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| AAS Program Student Learning Outcome | 13. Integrates assessment findings with principles of pathophysiology and knowledge of psychosocial needs to formulate a field impression and implement a comprehensive treatment/disposition plan for patients with special needs. | | |
| Levelled Course Outcomes | EMR | EMT | AEMT |
| | Recognizes and manages life threats based on simple assessment findings for a patient with special needs while awaiting additional emergency response. | Applies a fundamental knowledge of growth, development, and aging and assessment findings to provide basic emergency care and transportation for a patient with special needs. | Applies a fundamental knowledge of growth, development, and aging and assessment findings to provide basic and selected advanced emergency care and transportation for a patient with special needs. |
| AAS Program Student Learning Outcome | 14. Knowledge of operational roles and responsibilities to ensure safe patient, public, and personnel safety. | | |
| Levelled Course Outcomes | EMR | EMT | AEMT |
| | Knowledge of operational roles and responsibilities to ensure safe patient, public, and personnel safety | Same as Previous Level | Same as Previous Level |

V. Measures of Program Effectiveness

The Northwest College EMS Program uses the following criteria as measures of the effectiveness of the program:

Meets the Standards of the College, Regulatory and Accrediting Agencies

The Associate of Applied Degree in EMS-Paramedicine program will continue to meet the standards of

- 1) Northwest College
- 2) Wyoming State Department of Health-Office of EMS
- 3) Commission on Accreditation of Allied Health Education Programs (CAAHEP)

Program Completion Rates

Associate of Applied Science Degree in EMS-Paramedicine Program:

Eighty percent (80%) of the students who begin the AAS will satisfactorily complete the program within three years with a 'C' or better.

Emergency Medical Technician Students:

Eighty percent (80%) of the students who enter the sophomore year of the AAS program will satisfactorily complete the program within two years with a 'C' or better.

Licensure Rates of Graduates

The licensure pass rate for first time test-takers will be at least 80% for all EMS students.

Employment of Graduates

Ninety percent (90%) of newly certified EMS graduates seeking employment will be employed within one year after graduation.

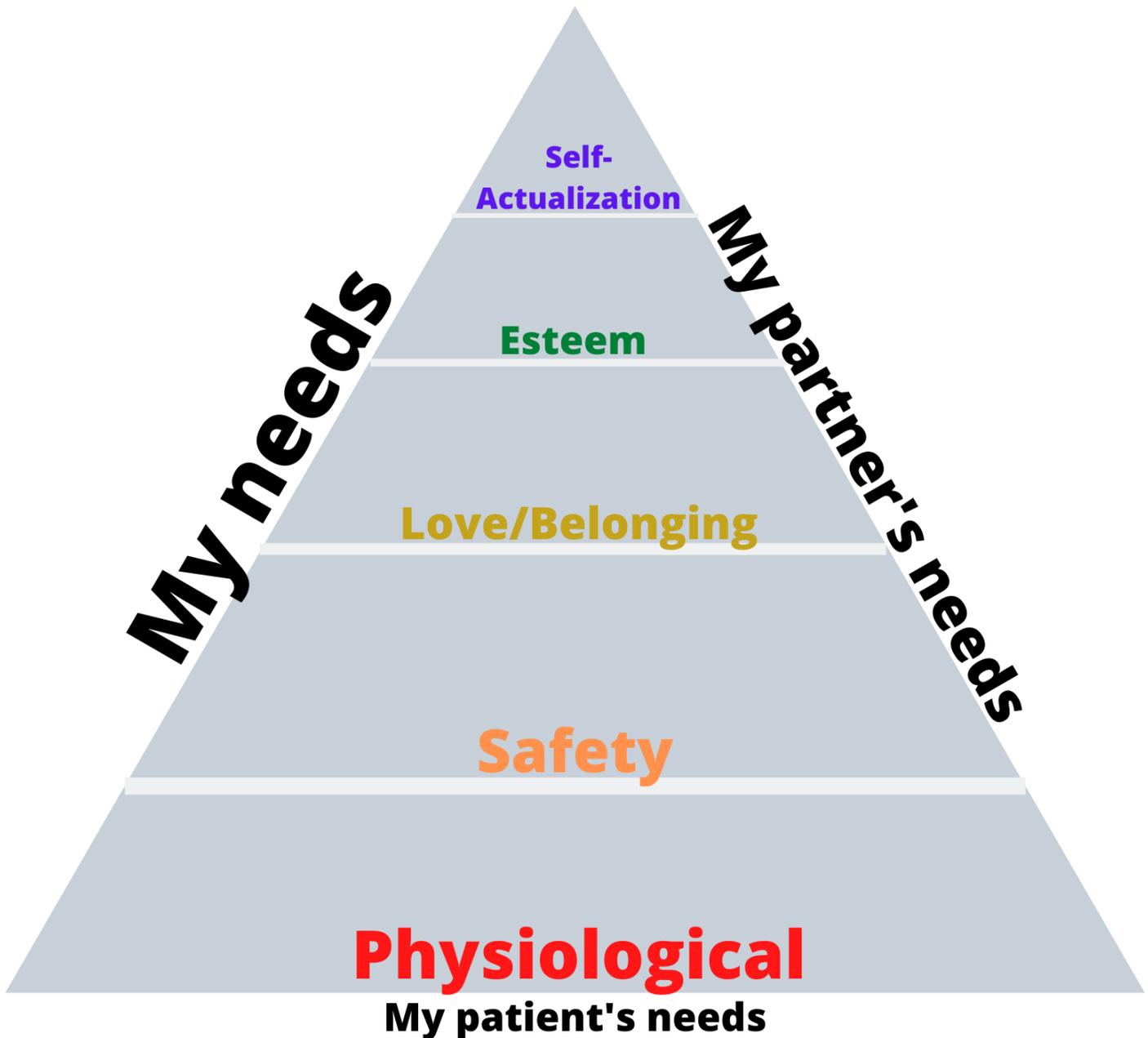
VI. Code of Ethics for EMS Practitioners

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

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

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

MASLOW'S HIERARCHY FOR EMS



VIII. Program of Study

All core EMS courses are sequential and students must successfully complete all EMS and general education requirements with an ‘S’, ‘Satisfactory’, ‘C’ or ‘80%’ or higher within each semester in order to progress to the next semester. All courses required for graduation from the EMS Program must be completed with a 2.0 or better. For course descriptions, visit the ‘[College Catalog](#)’ link on the Northwest College website.

Associate of Applied Science in Paramedic

Northwest College Academic Map

The AAS degree in Emergency Medical Services-Paramedicine program includes 65 credit hours that comprehensively prepares the Advanced Emergency Medical Technicians to advance to the next level of skill and career development to become a paramedic. The program is delivered in a hybrid fashion with didactic content occurring online, skill practice labs that occur face-to face in a block-fashion at the NWC Cody Center, and clinical experiences in emergency settings that are scattered across the NWC service area. The Paramedic program meets the requirement for candidates to be able to sit for the national exam to become a paramedic. This program provides the pre-requisites required to continue on for a Bachelor of Science, Community Paramedic, or potentially bridge to an RN program. In addition, at the end of the program, paramedic graduates will have their certification in Advanced Wilderness Life Support to function as a wilderness paramedic and able to function proficiently in expanded roles available in critical care areas such as the Emergency Room. Pre-requisites are current unencumbered EMT-A license and a Fisdap score of or higher.

Semester One

| Course | Type | Title | Credits |
|-----------|------|--------------------------------|---------|
| HLSC-1101 | | Allied Health 1st Year Seminar | 3 |
| ZOO-2010 | | Human Anatomy & Physiology I | 4 |
| ZOOL-2010 | | Human Anatomy & Phys I Lab | 0 |
| EMT-2600 | | Paramedic I | 10 |

Semester Two

| Course | Type | Title | Credits |
|-----------|------|--------------------------------|---------|
| ZOO-2020 | | Human Anatomy & Physiology II | 4 |
| ZOOL-2020 | | Human Anat & Physiology II Lab | 0 |
| MATH-1400 | | College Algebra | 4 |
| EMT-2625 | | Paramedic II | 10 |

Semester Three

| Course | Type | Title | Credits |
|-----------|------|---------------------------|---------|
| CHEM-1000 | | Introduction to Chemistry | 4 |
| ENGL-1010 | | English I: Intro to Comp | 3 |
| EMT-2650 | | Paramedic III | 8 |

Semester Four

| Course | Type | Title | Credits |
|--------------|------|-------------------------------|---------|
| HIST-1221 | FYS | The United States from 1865 | 3 |
| or POLS-1000 | | American & Wyoming Government | 3 |
| COMM-1030 | | Interpersonal Communication | 3 |
| or COMM-2010 | | Public Speaking | 3 |
| EMT-2700 | | Paramedic Capstone | 9 |

- Course Type Key:
- FYS = First Year Seminar,
- GOV = U.S. and Wyoming Constitutions,
- CM = Communications,
- QR = Quantitative Reasoning,
- PNW = Physical and Natural World,
- HC = Human Condition,
- CTY = Creativity,
- MR = Major Requirement,
- ME = Major Elective,
- GE = General Elective

- Career Information: Please visit nwc.edu/advising/careers/ for more information.
- ****Remedial education courses may result in additional semesters of study.**

IX. EMS Program Approximated Costs

Associate Degree EMS Program APPROXIMATE BREAKDOWN OF COSTS

Approximate Pre-Entrance Costs: \$ 265.00
(Background check, drug test, physical exam, and immunizations)

| FIRST YEAR | | SECOND YEAR | |
|--|------------------|-------------|--|
| Uniforms/Equipment | | | |
| 2 Polos (each level requires specific shirt) | \$ 70.00 | | |
| Field Guide for EMT-A | \$ 20.00 | | |
| Black Shoes | \$ 65.00 | | |
| Hemostat | \$ 6.00 | | |
| Bandage Scissors | \$ 6.00 | | |
| Stethoscope for EMT-B | \$ 80.00 | | |
| Watch | \$ 25.00 | | |
| TOTAL | \$ 377.00 | | |

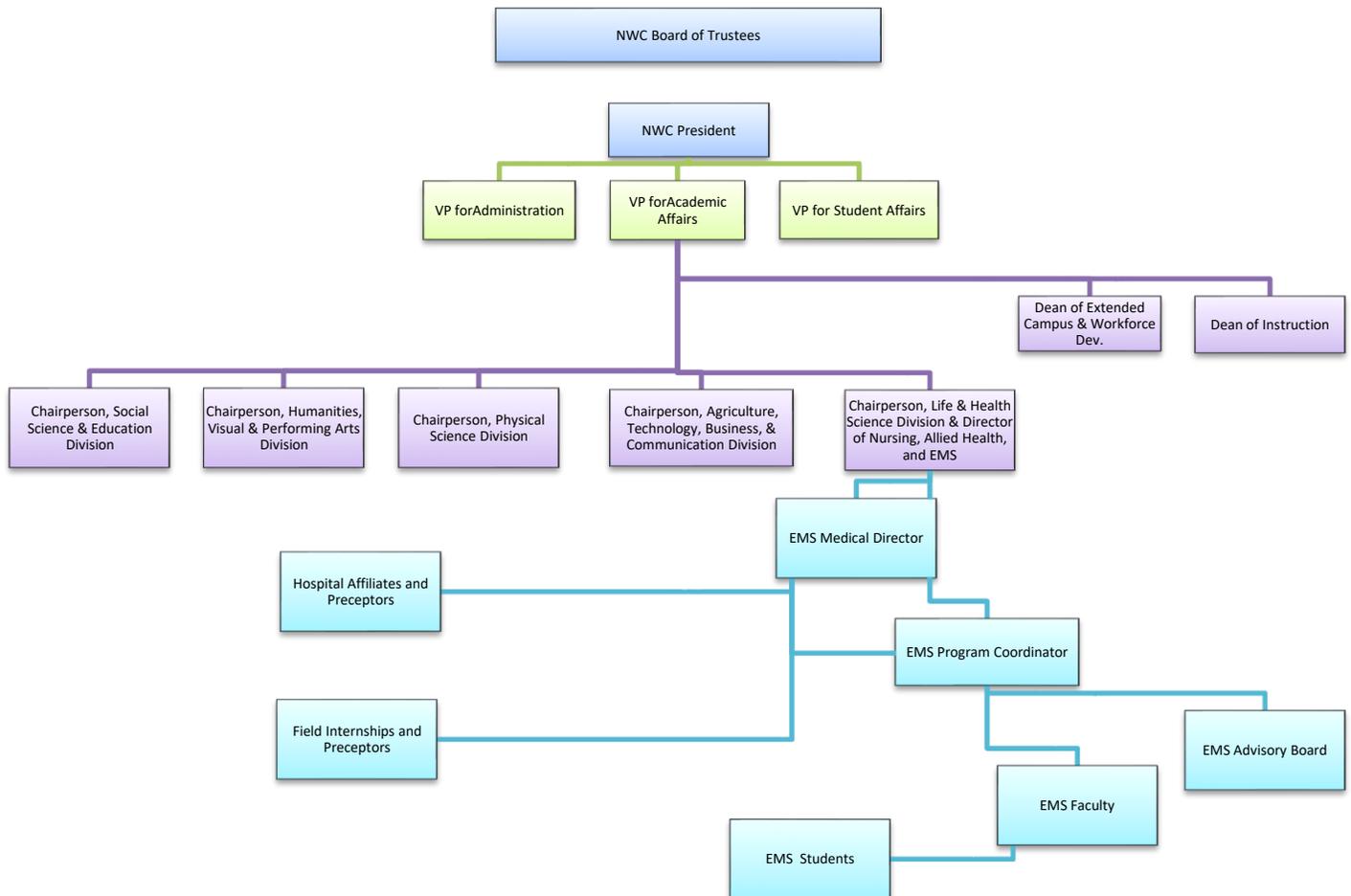
| | | | |
|---|---------------------|---|---------------------|
| Tuition/Fees/Books | | Tuition/Fees/Books | |
| Course Lab Fees | \$ 200.00 | Course Lab Fees | \$ 200.00 |
| Student Injury Insurance | \$ 72.00 | Student Injury Insurance | \$ 72.00 |
| College Tuition & Fees (In-State Resident) | \$ 2148.00 | College Tuition & Fees (In-State Resident) | \$2187.00 |
| Books | \$ 347.00 | Standardized Course Fees | \$210.00 |
| FISDAP resources | \$195.00 | | |
| TOTAL | \$ 2,962.00 | TOTAL | \$ 2,669.00 |
| Misc. Costs | | Misc. Costs | |
| Travel/Lodging* Clinical Experiences | \$ 700.00 | Travel/Lodging* | \$ 1,600.00 |
| Optional Books | \$ 170.00 | (*To/from clinicals for 2 semesters) | |
| TOTAL | \$ 870.00 | TOTAL | \$ 1,600.00 |
| Room/Board | \$ 6100.00** | Room/Board | \$ 6100.00** |
| APPROXIMATE COST 1ST YEAR | | APPROXIMATE COST 2ND YEAR | |
| Without Room/Board | \$ 4,209.00 | Without Room/Board | \$ 4,269.00 |
| With Room/Board | \$ 10,309.00 | With Room/Board | \$ 10,369.00 |

| | |
|------------------------------------|---------------------|
| APPROXIMATE COST BOTH YEARS | |
| Without Room/Board | \$ 8,478.00 |
| With Room/Board | \$ 20,678.00 |

**You must provide your own transportation between the clinical facilities including, but not limited to: Powell, Cody, Casper, and Cheyenne. In addition, you will have to plan for housing and food during some clinical experiences occurring outside the local area.*

*** Room & Board cost varies depending on room selection and meal plan. Amount shown is for a Super Single room, and the Trapper260 meal plan.*

X. NWC Administrative Organization Chart with EMS Program



POLICIES AND PROCEDURES

I. Admission Process

Students who are interested in becoming an EMT may apply each semester through the academic portal by searching appropriate level of EMT course and enrolling online. Students who are interested in enrolling in the Paramedic program must apply each spring for admission to the AAS in Emergency Medical Services-Paramedicine program that begins each fall in Cody. The application process and details for the student selection process is outlined in the application information available online at www.nwc.edu/EMS or in the EMS Department. Scores on the Fisdap test and the student's written essay of goal statement and rationale for applying to the Paramedic program along with one letter of recommendation are required for ranking applications for acceptance into the NWC AAS EMS-Paramedicine Program.

Applications are reviewed by the EMS and Paramedic Program Coordinator, Division Chair of the Life and Health Sciences Division, and faculty of the EMS Program after the submission deadline. Applications that are incomplete or submitted past the application deadline will not be considered. The NWC EMS Program is a hybrid program that consists of online coursework, and face-to-face labs and clinical experiences. Due to the hybrid delivery of the EMS Programs, students must be prepared for the instructional use of a variety of technology to support student learning. Computers are used extensively and students need to be aware that computer literacy is imperative. Technological requirements and technological support are available through NWC faculty and staff. Students applying to the Paramedic Program must meet with the EMS Program Coordinator or Director prior to application to assess readiness of online learning.

As part of a two-tiered application process, all students offered a place in the Paramedic Program are required to have a background check, drug screening, and meet technical and physical requirements as well as immunization requirement prior to final entry into the program. In addition, all students must be prepared for random drug screening while in the program.

Please see application information on the EMS website for the most up-to-date application information, portal for online application, and connect with a EMS advisor for any questions.

Associate of Applied Science Degree in EMS Program

A completed application must be submitted online within the EMS website online application portal by the first Friday in May in order to be considered for admission to the EMS Program.

Student Selection Process

1. Current certification as an EMT-Advanced provider.
2. Students have completed high school with diploma or graduation equivalent (GED).
3. Students have completed the Fisdap test and achieved a satisfactory score as compared to their peers.
4. Students have submitted a complete online application by application deadline.
5. Students have submitted written essay of professional goals and rationale for Paramedic Program application.
6. Students have submitted one letter of reference.

Students who have satisfactorily completed all the numbered items above will be ranked for consideration towards admission into the program.

Transfer Students or Re-entry Students:

Students who are requesting entry from a previous NWC AAS Paramedic cohort or students who have completed EMS coursework at another college or university will be evaluated for either the beginning or midpoint entry points for the program. The applicant must contact the EMS Program Coordinator and/or the Division Chair of Life and Health Sciences of their intent to enter or re-enter the program and bring official transcripts for evaluation. If it is determined that the most appropriate point of entry is the beginning, students will be required to meet the admission requirements and ranked alongside the applicant pool of potential incoming freshman students. If the EMS Program Coordinator and/or Division Chair determines student is appropriate for mid-point entry, and seats are available, potential students will need to meet the following criteria for mid-point entry:

A completed online application must be received in the EMS Department by the first Friday in May in order to be considered for admission to the EMS Program as initial entry or mid-point entry.

1. A minimum grade of a 'C' or better is required in all program-related course work and a minimum 2.5 cumulative GPA on EMS program of study pre-requisite courses must be reflected in official transcripts.
2. Satisfactory scores on FISDAP exams equal to the level of entry.
3. Enrollment and/or completion of all courses equal to 3rd semester Paramedic students.
4. EMS Skills Check-off scheduled during first few days of class in fall: Graded "Satisfactory"/"Unsatisfactory". If "Unsatisfactory", process for re-testing will follow handbook policy as outlined in the section entitled "Skill Demonstration".
5. If student does not meet criteria 1-4 or evaluation of transcripts do not indicate academic preparation for midpoint entry, then discussion with the Coordinator of EMS and/or the Division Chair of Life and Health Sciences will ensue regarding student's qualifications and ability to apply to enter as a beginning student in the first semester of the AAS Paramedic program.

II. Evaluation, Progression, Dismissal & Readmission

Regular On-going Evaluation for Progression

Students are evaluated regularly and in an on-going manner throughout their EMS education by a process of formal examination and quizzes, assignments, observation in the clinical laboratory, simulation, and classroom areas, and clinical evaluations completed by the student and the clinical instructor in relation to their progress toward meeting student learning outcomes.

Clinical learning experiences: The EMS faculty will be responsible for evaluating whether the student is meeting the learning outcomes and adhering to the policies and procedures of the EMS Student Handbook. The faculty, in conjunction with the EMS Program Coordinator and the Division Chair of Life and Health Sciences shall do so by the following:

1. Direct interaction with and supervision of the students in the clinical area related to clinical activities, including simulation, clinical pre and post conference.
2. Participation in collaborative conversations with other faculty to support student success.
3. Ensuring that each student in the clinical section completes a self-evaluation.
4. Conduct periodic meetings as needed with students to discuss evaluations and collaboratively develop a plan for needed changes.
5. Review Preceptor and Ancillary Staff feedback.
6. Midterm and End-of-Semester Evaluations.
7. Providing feedback to student regarding student skill performance or need for remediation.

Classroom and laboratory learning experiences: The EMS faculty will be responsible for evaluating whether the student is meeting the learning outcomes and adhering to the policies and procedures of the EMS Student Handbook. The faculty, in conjunction with the EMS Program Coordinator and the Division Chair of Life and Health Sciences shall do so by the following:

1. Direct interaction with and supervision of the students in the classroom areas related to activities, assignments, quizzes, assessments etc.
2. Attendance at the faculty meetings to communicate or receive information relating to concerns of student progress toward course student learning outcomes.
3. Ensuring that each student is provided timely feedback on activities, assignments, quizzes, assessments etc.
4. Conduct periodic meetings as needed with students to discuss evaluations, progress toward student learning outcomes, and develop a plan for improvement if needed.
5. Keep copies of student and faculty assessments and communications to help the program and students to document student progress and areas for needed growth.
6. Midterm and End-of-Semester Evaluations.
7. Skill lab check-off evaluation.

Semester Evaluation

Students are required to achieve a 80% overall final course average in each EMS course. Each student will be evaluated on their current progress toward the 80% overall course average and each student learning outcome on a midterm and end of semester basis by the Northwest College EMS Program faculty. Students will be informed in writing of the student's status and are required to sign the evaluations after reviewing them. Copies of evaluations are maintained in the student's file. At midterm and final exam timeframe, students meet with instructors to discuss each expected level of achievement and their performance toward that goal. Students who have achieved the final passing course grade, yet have unmet student learning outcomes, discuss plans for improvement with their instructor and bring documentation relating to the outlined plan to the next semester instructors for further discussion. Further unmet student learning outcomes may involve conversations with the EMS Program Coordinator and/or the Division Chair of Life and Health Sciences.

As Needed Evaluation

Faculty will meet with students with identified concerns to address areas of unmet learning outcomes or unmet expectations of behaviors as outlined in the EMS Student Handbook on an as needed basis. The student and faculty collaboratively develop a plan for improvement that addresses the areas needing improvement to support student success. The NWC EMS Program faculty, EMS Program Coordinator, and Division Chair of Life and Health Sciences will follow the protocol outlined below:

- 1. Problematic/disciplinary behavior documented.** Problematic behavior will be documented in writing by faculty, discussed with student and placed in the student's academic file. The student, EMS Program Coordinator and Division Chair of Life and Health Sciences will receive a copy of this written documentation.
- 2. Problematic/disciplinary behavior resulting in a Warning Letter, contract and possible probation.** If a pattern of problematic behavior or a single, very serious lapse in meeting the expectations outlined in the EMS Student Handbook becomes evident, the steps below will be followed:
 - a. Warning Letter:**
Warning Letter outlining the student's continuation of problematic behavior or lapse in meeting the expectations outlined in the EMS Student Handbook. The letter will be composed by the EMS Program Coordinator in conjunction with the faculty member initiating the Warning Letter.

b. Student is given Warning Letter and Contract:

The Program Coordinator, in collaboration with the EMS faculty, will prepare an individual student contract identifying what needs to be demonstrated in order to meet the learning outcomes and/or expectations outlined in the EMS Student Handbook and a time frame. The student and EMS Program Coordinator will review the Warning Letter and Contract. After the student reads and/or comments and signs the Warning Letter and contract, a copy of the contract is placed in the student's academic file and provided to the Division Chair of Life and Health Sciences.

c. Probationary Status & Contract:

Upon collaboration with the NWC EMS Program faculty and EMS Program Coordinator, the Division Chair of Life and Health Sciences may determine that the behavior of the student warrants placement on probation. If placed on probation, the student will be notified of their probationary status and will remain on probation throughout the duration of the program. Student may petition the faculty for removal from probation one semester from the point of the initial probation. For example, if the student was put on probation in the 4th week of the Spring semester, the student could petition for removal of probation after the 4th week of the subsequent Fall semester. If successful, the probationary status will be removed. If the petition is unsuccessful, the probationary status remains for the remainder of the program. While on probation, if the student has further unmet learner outcomes or failure to meet expectations outlined in the EMS Student Handbook, a meeting with the Division Chair of Life and Health Sciences will be scheduled to discuss progression or dismissal from the program.

d. Monthly Progress: The EMS Program Coordinator will collaborate with EMS faculty to determine student's performance/progress toward the goals outlined in the contract. Student will meet monthly with the Division Chair of Life and Health Sciences designee to receive verbal feedback and written documentation of their progress toward meeting the written plan outlined in the contract. If the student does not uphold the expectations within contract, a meeting with the Division Chair of Life and Health Sciences will be scheduled to discuss progression or dismissal from the program.

Student Suspension

Students who fail to comply with NWC EMS Program standards, policies and procedures will be contacted by faculty, EMS Program Coordinator, and/or the Division Chair of Life and Health Sciences to meet formally to address issues of non-compliance. If the student fails to respond to requests to meet with the faculty and/or EMS Program Coordinator and/or Division Chair of Life and Health Sciences, the student will be placed on suspension from EMS Program until the student has taken the proper and necessary steps to meet with the faculty and/or Director and resolve all issues of concern. Students placed on suspension will not be allowed to attend EMS classes, clinical learning experiences or other EMS Program activities until the issues are resolved. Examples of behaviors that can result in suspension include but are not limited to:

- Failure to comply with the NWC and/or EMS Student Handbook policies and procedures.
- Students who present an immediate danger to themselves, clinical clients/facility staff, or other students while in the classroom, clinical or lab setting.

Withdrawal

Should it become necessary for the student to withdraw from the program at any given point, the withdrawal procedures below must be completed.

- The student will be administratively withdrawn from the EMS program, however students will need go through the process of withdrawal from EMS courses and take care of financial aid/business office obligations.

- For withdrawal from EMS courses outside the withdrawal timeframe, students will need to contact the Registrar's office for withdrawal through the [Student Appeals Process outlined in the NWC Student Handbook](#).
- Formal notification to the EMS department is required if the student plans to seek readmission to the EMS Program.
- The student will be required to reapply for admission to the EMS Program following the 'Re-entry' process outlined in the EMS Student Handbook.

PROGRESSION

All EMS courses are sequential. Students must successfully complete all EMS courses with a final course average of 80% or higher and general education courses within the AAS program of study with a 'C', or higher each semester. Each semester's GE and EMS courses must be sequentially completed according to the academic plan in order to progress to the next semester.

Students who fail a non-EMS course, thus falling out of sequence with their academic plan, must immediately contact their advisor to determine ability to remain in the EMS program.

Failure to successfully complete (C or above) any EMS course within sequence within each semester renders the student ineligible to progress to the next semester.

An "S" (Satisfactory) is required for clinical skill check offs. If the student is unable to satisfactorily complete a required skill check-off after the third attempt, a meeting will be scheduled with the EMS Coordinator, and/or the Director of EMS for possible dismissal from the program.

DISMISSAL

Students exhibiting behaviors/actions outside the expectations outlined in the NWC EMS Student Handbook will result in the initiation of the 'As Needed Evaluation' protocol. If it is determined during the investigation that the breach is severe in nature or that multiple dismissible offenses have occurred, the Division Chair of Life and Health Sciences may choose to dismiss the student from the program immediately without continuing the 'As Needed Evaluation' protocol.

Dismissal from the NWC EMS Program does not impact classes outside of the EMS curriculum, unless there has been a breach of Northwest College Student Handbook policy. Dismissible offenses include but are not limited to the following:

1. Unprofessional attitude, conduct and/or behavior as outlined in the EMS Student Handbook.
2. Violation of Northwest College Student Handbook policy and procedures.
3. Violation of state or national standards of practice or actions outside the legal or ethical framework outlined by the NAEMT Code of Ethics.
4. Violation of facility or EMS Student Handbook policies that jeopardize facility relationships and/or penalize the NWC EMS Program from future facility experiences and opportunities.
5. Violation of the substance abuse policy resulting in positive screening result that is validated by medical professional documentation.
6. Federal HIPAA Violations
 - a. Tier one: unintentional violations will result in verbal and written reprimand with probation for the remainder of the program.
 - b. Tier two: intentional access will result in dismissal from the EMS Program without readmission option.

7. Failing to meet leveled learning outcomes in all EMS courses indicated by a final course average of 'C', 80% or 'S', Satisfactory.
8. Failing to obtain a "C", 'S', 'Satisfactory', or 80% or higher in core EMS courses after two attempts will result in dismissal without the option of re-entry.
9. Failing to complete coursework within designated deadline will result in the conversion of 'I' Incomplete grade to 'F' for final grade.
10. Behavior or action outside safe EMS practice as noted in the clinical and professionalism directives that jeopardizes the safety of patients, staff, or classmates. The unsafe behavior may be from isolated, related, or unrelated incidents, intentional or unintentional, resulting in harm or no harm to the client, facility/NWC staff, classmate, or faculty member.
11. Failing to obtain a "C" 75% or higher in a general education course required for the EMS Program degree after three (3) attempts results in dismissal without the option for readmission.
12. Violation(s) of Academic dishonesty policy or plagiarism as defined by Northwest College.
13. Consistent failure to comply with the policies and procedures set forth by NWC and/or the EMS Department or additional violations while in probationary status.

Re-entry following dismissal may be considered if evidence is presented that reflects that the problem or problems related to the dismissal have been or are being resolved. Re-entry may be denied based on past academic performance, past clinical performance, and/or the nature of the reason for dismissal. The decision to readmit a student to the EMS Program will be made by the Division Chair of Life and Health Sciences in collaboration with evidence presented by the EMS Program Coordinator and EMS faculty.

Student Due Process

The Northwest College EMS Department ensures student due process by adhering to the Northwest College [grievance and appeals process](#) outlined in the Northwest College Student Handbook. To initiate a grievance or appeal, students are expected to follow the following chain of command to resolve all concerns and issues:

1. The student will first go to the instructor(s) directly involved with the concern.
2. If the issue is not resolved, the student can choose to discuss the issue with the EMS Program Coordinator, followed by the Division Chair of Life and Health Sciences.
3. If the issue is not resolved with the Division Chair of Life and Health Sciences, the student can choose to discuss the issue with the Dean of Student Learning.
4. If the issue is not resolved, the student can choose to discuss the issue with the Vice President of Academic Affairs.
5. If the issue is not resolved, follow formal Northwest College appeals process as outlined in the NWC Student Handbook.

Completion Requirements/Graduation

Students of NWC's EMS Program are eligible for graduation upon successful completion of the program as evidenced by receiving a "C" or above in all academic courses and by completing any additional requirements requested by NWC.

Completion of NWC specific degree requirements (in good standing) permits a student to graduate from NWC and receive the appropriate degree/certificate which conforms to Wyoming State Board of EMS and Wyoming Community College Commission requirements.

Upon receipt of their degree, students will be eligible to take the National Registry Examination. A passing score on the examination allows them to use the title of their respective level and may seek employment in the state in which they are licensed.

III. Student Services & General Information

STUDENT SERVICES

EMS Students are encouraged to access a variety of [Student Services](#) via the Northwest College website.

Accident and Health Insurance

Students are strongly advised to purchase and carry their own personal health insurance.

Library and Reference

Students are urged to use the NWC Hinckley Library facilities and on-line data bases. Click on the [Hinckley Library](#) on the NWC website to find library hours, policies and instructions for access of library resources. Librarians are linked into each EMS course for easy student access. Transcripts will not be sent if there are outstanding library fines/fees.

EMS Computer Lab

The EMS Department in Cody houses computers explicitly for EMS, Allied Health, and Nursing student use. Students are expected to respect the no food and lids on drinks policy 'drink' and to keep the computer lab neat and orderly. EMS students may use the computer lab during any of the times available on the posted 'lab schedule' outside the computer lab entry door.

No children are allowed in the EMS computer lab during or after regular working hours without obtaining permission in advance from the EMS Program Coordinator or the Division Chair of Life and Health Sciences. Students are expected to be courteous to other users by using their own personal headphones and keeping the noise level down. Headphones are available for check out from the EMS instructors. For computer problems encountered in the computer lab during the regular work day, contact a NWC EMS Program faculty if available. If unavailable, follow protocol outlined on the [Computing Services](#) website.

Student Activities and Organizations

NWC provides extensive opportunities for participation in activities and student organizations. Students are encouraged to become involved with at least one organization or activity on campus. Visit the NWC '[Student Life](#)' website for more information.

Student Participation:

Each month the Division Chair of Life and Health Sciences will meet with each cohort as a whole to facilitate communication. The Division Chair of Life and Health Sciences will follow the SBAR format to obtain feedback from students, respond to students' comments, and use the information to inform program decisions, problem solve, and work alongside faculty to foster open communication among all students. Each academic year, each student cohort will be asked to select class a representative to attend the EMS Advisory Board meeting held bi-annually. The role of the representative is to share information about the cohort relating to clinical, lab and classroom activities and answer questions that any board member has during the meeting.

Financial Aid

Students at NWC may obtain scholarships and financial aid according to need and ability as determined by NWC or by the guidelines of the granting agency. Forms and inquiries concerning this aid may be obtained from the Director of Financial Aid at NWC. Northwest College is in compliance with Higher Education Re-authorization Act Title IV eligibility and certification requirements are maintained. For more

information visit [‘Financial Aid’](#) on the NWC website.

Tuition and Fees

The costs for attending Northwest College is located on the [‘Admissions’](#) section of the NWC website. Students in the EMS Program will incur additional expenses for travel, lodging, equipment, supplies and course fees. Approximated costs of the NWC EMS Program are outlined in the EMS Student Handbook and on the EMS website.

Students are encouraged to apply for available scholarships and are responsible for making the appropriate financial arrangements with the financial aid and business office. Official transcripts will not be sent from NWC until all financial obligations have been paid.

Academic Code of Conduct

Students are responsible for adhering to the [NWC Academic Code of Conduct](#). Violations in the academic integrity will follow the procedure outlined in the NWC Student Handbook.

Academic Advisement

All EMS students must be assigned a EMS advisor. Whenever possible the student will have the same advisor throughout the four semesters in the EMS Program. Students can request a change of advisor from the [Academic and Career Advising Center](#). All students are **required** to attend advising day each semester while in the EMS program to ensure that:

- Students are in sequence with required courses
- Grades for required courses are satisfactory; “S” or “C” 80% or higher
- Students are meeting program requirements for progression and continuation in the program

A degree audit must be completed and brought with the student during the fall semester advising day for sophomore RN students

Although sophomore RN students will not be registering for classes in the final semester of the program, students will still be required to attend advising day in the final/spring semester to:

- Review student’s program standing and eligibility for graduation.
- Review that students remain in sequence with required courses.
- Review grades for required courses are satisfactory; “S” or “C” 80% or higher.
- Discuss plans for preparing to take the NCLEX exam.

Additional advising appointments may be initiated by either the student or the faculty advisor at any time during the semester.

Academic Calendar

The NWC [Academic Calendar](#) is available on the college website.

Student Health Services

Student health services are not available on the campus of NWC. Please refer to NWC [Student Health & Safety](#) for more information regarding this service.

Counseling and Testing Services

The EMS faculty does not provide personal counseling. This service is available by appointment at the NWC Cody Center. The SSC has professionally licensed counselors who can provide personal, career, and crisis intervention counseling in a confidential atmosphere to any student requesting it. To find out how to

schedule an appointment or find out more information, visit the NWC [Student Success Center](#).

Students with Disabilities

Northwest College is dedicated to removing barriers and opening access for students with disabilities in compliance with ADA and Section 504 of the Rehabilitation Act. It is the student's responsibility to make an appointment with the Disability Support Services (DSS) Coordinator to provide documentation of a disability (whether it is psychiatric, learning, mobility, health related or sensory) and to inquire about accommodations for courses each semester. To contact the DSS Coordinator, call 754-6135 or stop by the Student Success Center located in the lower level of Colter Hall. Students can also visit the NWC [Disability Support](#) website for more information.

Computer Services

[Computing Services](#) information is available via the website with additional information and links for assistance.

GENERAL POLICIES

Employment Policy

Work and "being on call" is not considered an excuse for tardiness or absences. Students may not leave clinical, lab or class to go to work. Students may not accept 'on-call' duties while attending any learning experience. The student's departure to go to work or leave for 'on-call' will be considered as 'unexcused absence' and will follow policy as such.

Students should not schedule appointments or plan to leave any learning experience early unless prior special permission is obtained from the instructor, EMS Program Coordinator and/or Division Chair of Life and Health Sciences.

For the sake of client safety, a student cannot work a shift or "take call" just prior to the assigned clinical time. If the instructor determines that the student is excessively fatigued and cannot perform safely, the student will be sent home and it will be considered an unexcused clinical absence.

Should it become evident that excessive work hours are interfering with classroom and/or clinical performance, the student will be counseled initially by the faculty member(s) who are concerned. Further referral to the EMS Program Coordinator or Division Chair of Life and Health Sciences will ensue if concerns persist

Refund Policy

Students, who leave the program prior to completion, will receive a refund of tuition according to the refund schedule as shown in the Northwest College Catalog.

Student Use of Telephones (calls/texting/cameras)

Cell phones are to be turned off and put away during all learning activities unless using them to access EMS resources. Be prepared to show instructor that you are using your phone for learning at any point if asked. Cell phones may not be on person while in clinical experiences unless expressly given permission by your instructor. If permission is not obtained or the use of the cellular device is not connected to the learning activity, the instructor reserves the right to keep the phone until class, clinical or learning activities are complete. The student may not leave class, clinical experience or lab to answer a phone call unless extenuating circumstances necessitate and the student has made arrangements prior to lab/class with the instructor.

While participating in a field experience, there will be downtime between calls during which you may use your phone as needed. This is not to be in excess and should only be used after chores, studying, and other activities have been completed. When on a call, you may only use your phone to call the physician. No exceptions. Taking pictures, posting on social media, or sharing any details about the call are a violation of HIPPA and will result in immediate expulsion from the program.

Tobacco

Smoking, e-cigarettes (vaping) or any other form of tobacco use is not allowed in any buildings on the Cody or Powell campus or at clinical facilities.

Change of Name and Address

The student is responsible to notify the EMS office *and* the records office at the college of any changes in contact information for the duration of the program and immediately after graduation.

Computer Requirements

Because of the blended nature of the NWC AAS EMS Program coursework, it is essential that students have a properly functioning computer that has internet capabilities and the NWC recommended minimum hardware requirements. Students have multiple opportunities to utilize computer labs on campus and are provided with information relating to the computer resources on campus. Students are responsible for maintaining proper function of student's own personal computer and are provided with information to trouble-shoot problems through the NWC Information Technology department. Electronic/computer failure of a personal nature does not exempt students from assignment due dates, course work requirements, or examination deadlines.

Family Members on Campus

The EMS Program follows the [Northwest College Student Handbook policy](#) which discourages the extended presence of children or other family members in the learning and working environment on the campus. This includes the EMS labs, simulation lab, computer lab, medication administration area, debriefing area or classrooms.

IV. Student Health & Safety Responsibilities

Students must have the cognitive and physical ability to meet course outcomes and to render EMS care with reasonable skill and safety to clients and self. It is the student's responsibility to advise the faculty of pregnancy, allergy, any acute or chronic health conditions, infectious diseases or any such conditions that may interfere with academic or clinical progress. The faculty reserves the right to restrict the student's clinical practice when a health-related problem or potential problem exists. Students must adhere to the health and safety rules and regulations of assigned clinical agencies.

In the event of extended interruption of classroom or clinical activities due to hospitalization or health related circumstances, the student will be required to provide a written statement from a qualified health care provider regarding any restrictions or required accommodations before being allowed to resume classroom and clinical activities.

Immunizations & CPR Requirements

As a provision of the clinical education contract with the clinical facilities, current immunization documentation and CPR Certification are mandatory. Immunizations & CPR certification must remain

current throughout the program. Failure to remain current and provide documentation reflecting compliance results in an inability to attend clinical experiences. Student absences as a result of non-compliance will be considered unexcused and subject to the absence policy.

Substance Abuse Policy

EMS students must be free of chemical impairment during participation in any part of the NWC EMS Program including classroom, laboratory, and clinical settings.

The NWC EMS Program faculty defines the chemically impaired student as a person who, while in an academic or clinical setting, is under the influence of, has abused, either separately or in combination: alcohol, illegal drugs, over-the-counter drugs, inhalants, or synthetic designer drugs. Abuse of the substances includes episodic misuse or chronic use that has produced psychological and/or physical symptoms. The EMS faculty will intervene with the chemically impaired student in the established procedure.

I. Procedure for intervention when substance abuse is suspected in a student

A. Assessment

1. Completed any time student is in the student role and substance abuse is suspected.
2. Signs and behaviors to observe for substance abuse: *See observation checklist.*

B. Intervention

If one or more of the signs/behaviors on the observation checklist are observed in the student the faculty member will take the following action:

After obtaining a witness, the faculty member and witness approach the student suspected of substance abuse behavior follows this procedure:

- 1) Remove student to a private area to preserve confidentiality. With the witness present, question the student regarding the use of any substances and, if used, what, when, and how much used and by what route it was taken. Discuss the sign(s) and/or behavior(s) observed and allow the student to provide a brief verbal explanation.
- 2) If the signs and symptoms on the observation checklist provide probable suspicion of impairment, the student will be asked to immediately submit a urine test at the nearest lab facility. Students will be advised of their right to refuse such testing.
- 3) If a student refuses to immediately submit a urine sample for drug screening, this refusal is considered as a positive test for substances. The student will be sent home from clinical and suspended from engaging in clinical, lab, and classroom activities until further notice. The faculty will immediately notify the Director of EMS and the Director will consult with the Vice President of Academic Affairs regarding next steps.
- 4) If student agrees to submit for drug screening, a faculty member will call the Director of the EMS Program or designated other faculty member for immediate assistance (considering that the other students cannot be abandoned in the clinical, lab, or classroom setting).
 - a. Testing will take place as soon as possible at nearest testing facility. The faculty will follow the chain of custody protocol and the program will assume costs of drug screening. If student requires transportation to nearest lab facility for testing, student transportation is arranged according to faculty discretion in consultation with the Director of EMS or designee
 - b. The student is informed of the faculty's responsibility to excuse a student who appears physically or mentally unable to provide safe, effective supportive client care; the student is relieved of further classroom, clinical, or laboratory responsibilities for the day. The possibility of; a make-up clinical, lab or classroom

- activity may be given at the discretion of the faculty in consultation with the Director of EMS. The student is instructed to arrange for transportation home.
 - c. A report of observed student behaviors indicative of chemical impairment prepared by the involved faculty member is submitted to the Director of the EMS program. The director will inform appropriate faculty members also involved with the student on a “need to know” basis.
 - d. A copy of this report will be placed in the student’s file. The Division Chair and Vice President for Academic Affairs will confer on next steps.
- 5) Student with a positive test will have the following options:
- a. Students receiving a positive result from the drug screen for a properly prescribed and utilized medication may provide appropriate statement from their health care provider affirming that the medication was obtained legitimately. The Director of EMS, in conjunction with the EMS faculty, primary care provider and/or the medical director of the lab, will determine if the student is safe to practice in the clinical setting.
 - b. The student may choose to withdraw from the program.
 - c. A follow up drug screen will be conducted. The cost of the follow up drug screen is the responsibility of the student. The student will not be allowed to attend clinical until the follow up screen has been completed.
- 6) A negative result in the follow up drug screen allows the student to continue in the program, but placed on probation. A continued positive screen will result in dismissal from the EMS Program.

NORTHWEST COLLEGE TECHNICAL STANDARDS

The purpose of the EMS Program is to educate students to meet the program outcomes and to ensure that no graduate will pose a danger to the patient. EMS students will receive both classroom and clinical instruction in multiple EMS skill areas and will be required to demonstrate competency in each area.

The student must be able to demonstrate, with or without reasonable accommodation, physical, cognitive, and behavioral abilities required for satisfactory completion of all aspects of the program curriculum and clinical agency requirements. Any applicant who has met the necessary academic prerequisites and can, with or without reasonable accommodation, meet and/or perform the EMS Program Technical Standards will be accepted for admission.

Prior to entrance and for the duration of the program students must be free from communicable diseases, infection, psychological disorders and other conditions that present a threat to, or negatively impact the safety and wellbeing of faculty, other students, patients, or would prevent the successful performance of the responsibilities and tasks required in the NWC EMS Program.

Prior to entrance individuals will be asked to verify that they can meet the following EMS Program Technical Standards with or without accommodation(s) and complete a pre-entrance physical examination form verified by a health care provider.

Please carefully read the EMS Program Technical Standards.

| Functional Ability | Standard | Examples of Required Activities |
|--------------------|--|--|
| Gross Motor Skills | Gross motor skills sufficient to provide the full range of safe and effective patient care activities. | Move within confined spaces such as treatment room or operating suite. |

| | | |
|--------------------|--|--|
| | | Assist with turning and lifting patients. Administer CPR. |
| Fine Motor Skills | Fine motor skills sufficient to perform manual psychomotor skills | Pick up and grasp small objects with fingers such as insulin syringe, pills. Perform tracheotomy suctioning, insert urinary catheter. |
| Physical Endurance | Physical stamina sufficient to remain continuously on task for up to 12-hour clinical shift while standing, sitting, moving, lifting, and bending to perform patient care activities | Walk/stand for extended periods of time; turn, position, and transfer patients. Manually resuscitate patients in emergency situations. |
| Physical Strength | Physical strength sufficient to perform full range of required patient care activities | Push and pull 50 pounds. Lift/move heavy objects from 35 – 50 pounds. |
| Mobility | Physical ability sufficient to move from room to room and maneuver in small spaces; full range of motion to twist/bend, stoop/squat, reach above shoulders and below waist and move quickly; manual and finger dexterity; and hand-eye coordination to perform EMS activities | Move around in work area and treatment areas. Position oneself in the environment to render care without obstructing the position of other team members or equipment |
| Hearing | Auditory ability sufficient for physical monitoring and assessment of patient health care needs. | Hear normal speaking level sounds. Hear auscultatory sounds. Hear auditory alarms (monitors, fire alarms, call bells). Hear cries for help. |
| Visual | Normal or corrected visual ability sufficient for accurate observation and performance of EMS care. | See objects up to 20 feet away. Visual acuity to read calibrations on 1 ml syringe. Assess skin color (cyanosis, pallor). |
| Tactile | Tactile ability sufficient for physical monitoring and assessment of health care needs. | Feel vibrations (pulses). Detect temperature changes. Palpate veins for cannulation. |
| Smell | Olfactory ability sufficient to detect significant environmental and patient odors | Detect odors from patient (foul smelling drainage, alcohol breath). Detect smoke. |
| Communication | Oral communication skills sufficient to communicate in English with accuracy, clarity and efficiency with patients, their families and other members of the health care team, including non-verbal communication, such as interpretation of facial expressions, affect and body language | Give verbal directions to or follows verbal directions from other members of the healthcare team and participate in health care team discussions of patient care. Elicit and record information about health history, current |

| | | |
|---|---|--|
| | Demonstrate the development of mature, sensitive and effective relationships with patients and their families, supervisors and co-workers. | health state and responses to treatment from patients or family members. Convey information to patients and others as necessary to teach, direct and counsel individuals in an accurate, effective and timely manner. Recognize and report critical patient information to other caregivers. |
| Conceptual/Spatial Abilities | Conceptual/spatial ability sufficient to comprehend three-dimensional and spatial relationships. | Comprehend spatial relationships in order to properly administer injections, start intravenous lines, assess wounds of varying depths, and recognize normal/abnormal anatomy. |
| Emotional/ Behavioral & Professional Attitudes and Interpersonal Skills | Demonstrate honesty, integrity and ethical behavior including adherence to the professional EMS code of conduct. Present professional appearance and demeanor, compassion, concern for others, interest for the welfare of others. Demonstrate emotional stability and appropriate behavior sufficient to assume responsibility/ accountability for actions. Emotional health required to utilize their intellectual abilities fully, exercise good judgment, complete all responsibilities attendant to the EMS diagnosis and care of patients promptly, and safely. Must be able to adapt to changing environments, to display flexibility, and to learn to function in the face of uncertainties inherent in the clinical problems of many patients. | Establish rapport with patients, instructors and colleagues. Respect and care for persons whose appearance, condition, beliefs and values may be in conflict with their own. Deliver EMS care regardless of patient's race, ethnicity, age, gender, religion, sexual orientation or diagnosis. Conduct themselves in a composed, respectful manner in all situations and with all persons. Work with teams and workgroups. Establish and maintain therapeutic boundaries. Demonstrate emotional skills to remain calm and maintain professional decorum in an emergency/stressful situation. Demonstrate prompt and safe completion of all patient care responsibilities. Adapt rapidly to changing environment/stress. Exhibit ethical behaviors and exercise good judgment. Self-aware and able to determine when support or assistance is needed in order to properly and safely care for client. |

| | | |
|-----------------------------------|--|---|
| Cognitive/ Quantitative Abilities | Reading comprehension skills and mathematical ability sufficient to understand written documents in English and solve problems involving measurement, calculation, reasoning, analysis and synthesis. Follow instructions and safety protocols. | Calculate appropriate medication dosage given specific patient parameters. Analyze and synthesize data and develop an appropriate plan of care. Collect data, prioritize needs and anticipate reactions. Transfer knowledge from one situation to another. Accurately process information on medication container, physicians' orders, and monitor and equipment calibrations, printed documents, flow sheets, graphic sheets, medication administration records, other medical records and policy and procedure manuals. |
| Clinical Reasoning | Ability to reason across time about a patient's changing condition and/or changes in the clinician's understanding. | Evaluate patient or instrument responses, synthesize data, draw sound conclusions. |
| Flexibility | Adapt to EMS Department course scheduling policy. | Available to work the hours of an assigned schedule which could include any shift and day of the week. |

After entrance to the EMS Program, the student is responsible for notifying their EMS instructor of conditions that impact the student's ability to meet the EMS Program Technical Standards. Any change in the student's ability to meet and/or perform the EMS Program Technical Standards would require the student to provide appropriate documentation (as identified by the EMS Program) that they once again meet Technical Standards.

Reasonable Accommodations

Applicants who disclose a disability are considered for admission if they are otherwise qualified so long as such accommodation does not significantly alter the essential requirements of the curriculum and the educational program, or significantly affect the safety of patient care or others. When applicants or students disclose a disability, the provision of reasonable accommodations will be considered in an attempt to assist these individuals in meeting these required technical standards.

Reasonable accommodations will be made to facilitate successful completion of the EMS curriculum and preparation for the national registry examination. Students interested in determining accommodations may contact Kim Fletcher, Disabilities Coordinator at the Northwest College Student Success Services, 307-754-6135 Kim.Fletcher@nwc.edu. Whether or not a requested accommodation is reasonable will be determined on a case by case basis.

V. Academic Policy & Professional Guidelines

GRADING POLICY FOR THE EMS PROGRAM

The NWC EMS Program follows the letter-grading criterion as outlined in the Northwest College catalog. A minimum grade of 2.0 (C) is required in each EMS and AAS academic plan course requirement in order to progress in the program and graduate with an AAS degree. The grading scale, as published by Northwest College and adapted by this EMS Program, is as follows:

Grading Scale

| | | |
|----|---------------------------|------------|
| A | = 95 - 100% | 4.0 points |
| A- | = 90 - 94% | 3.7 points |
| B+ | = 87 - 89% | 3.3 points |
| B | = 84 - 86% | 3.0 points |
| B- | = 80 - 83% | 2.7 points |
| C+ | = 77 - 79% | 2.3 points |
| C | = 74 - 76% | 2.0 points |
| C- | = 71 - 73% | 1.7 points |
| D+ | = 68 - 70% | 1.3 points |
| D | = 65 - 67% | 1.0 point |
| D- | = 61 - 65% | 0.7 point |
| F | = Below 60% | 0.0 point |
| U | = Unsatisfactory | 0.0 point |
| S | = Satisfactory | 0.0 point |
| W | = Withdrawn | 0.0 point |
| WI | = Administrative Withdraw | 0.0 point |
| I | = Incomplete | 0.0 point |

Course Sequence Requirements

Students must successfully complete all EMS courses in sequence, per the AAS Paramedic Program of Study, with an "S", "Satisfactory", "C" or 80% or higher within each semester in order to progress to the next semester. All courses required for graduation from the EMS Program must be completed with a 2.0 or better. **Students who are out of sequence are required to meet with their advisor immediately to determine options for program progression or if dismissal and re-entry are required.**

ASSIGNMENTS AND GRADING

Many class assignments and learning resources are required to be submitted or viewed electronically; therefore, it is essential that students have a properly functioning computer that has internet capabilities and the NWC recommended minimum hardware requirements. These are listed in the computer requirements under the General Policies section of the handbook.

Although personal electronic/computer failure does not exempt students from assignment due dates, course work requirements, or examination deadlines, technical difficulties encountered by the student as a result of the NWC LMS problems or technical challenges with other vendors providing websites containing student assignments will be considered on a case-by-case basis by the faculty.

Classroom and/or Clinical/Lab/SIM Assignment Grading

To be eligible to receive full credit for assignments, the assignment must follow guidelines for completing the assignment. Assignments are to be submitted to the instructor of the course on the date and time specified to receive full credit.

- The first assignment submitted late (not to exceed 24 hours) will receive a score of 50% of grade earned. All subsequent late assignments will not be reviewed by faculty and will receive a score of “zero”.
- Extenuating circumstances for late assignments may be considered on an individual basis.

Exams

Course exams will be online and proctored. Students are aware of testing times prior to the beginning of each semester. The exams are calculated as part of the overall course grade according to the course syllabus.

Students are expected to take an exam on the day and location as scheduled. Students may not make-up a missed exam unless prior arrangements are made with instructor. Any missed exam without prior instructor approval cannot be made-up and will receive a score of zero. Students who are tardy to the exam will not be allowed to take the exam and will receive a zero.

Examination and Exam Question Review Policy

Testing Guidelines

1. Students are not allowed to have any electronic storage devices in their possession during an exam or exam question review. This includes but is NOT limited to cell phones, iPads, or advanced capability watches such as an Apple watch. Students will be asked to remove/store all electronic devices outside the testing area.
2. Faculty will provide calculators if questions require calculation.
3. Whiteboards will be provided to students by the instructor and must be returned at the end of the exam. No other paper, pens, or writing devices/equipment will be allowed during exams.
4. Downloading or reproducing any exam or any part of an exam is considered academic dishonesty and will be subject to disciplinary action.
5. Entering any area on Moodle other than the actual exam or program, window, etc. on your testing computer during or after the exam is considered academic dishonesty and will be subject to disciplinary action.
6. No hats, caps, or hoodies worn on the head are allowed to be worn during testing.
7. Students are given an opportunity to review exam questions after the completion of the exam with the intent to support student remediation efforts. Students will have the opportunity to review the exam immediately after taking the test, not to exceed 10 minutes. However, once the student exits the exam area and/or the exam closes, the exam questions will not be available. Faculty will review exam question statistics for errors and make grade adjustments as needed after the exam closes. Students may make an appointment with the instructor to discuss how to connect with resources that would facilitate their learning a concept. However, specific questions and answers on the test are not negotiable.
8. Students must leave the testing room immediately after reviewing the exam. You may not re-enter the computer lab until the testing period has ended.
9. Brain dumping is considered academic dishonesty and will be subject to disciplinary action. Brain dumping refers to congregating after the exam to attempt to reconstruct the exam with other examinees OR writing out as much information as you can remember on the white board prior to or when the exam begins.
10. When testing in Powell, all items are to be stored in personal vehicle or locker. When testing in Cody, all items are to be stored in personal vehicle or office across from computer lab.

Homework & Group Assignment Policy

From date that grades are posted in Moodle, students will have seven (7) days to make an appointment with their instructor to discuss scoring of homework assignment. After the deadline has passed, scoring will not be adjusted. For group assignments, all members of the group are required to turn in the required forms as outlined in the course syllabus in order for any of the members to receive a score. Failure to follow the group assignment guidelines results in a zero for each group member. Late submissions will follow the assignment grading policy.

Skill Demonstration Grading

EMS skills are introduced throughout the NWC EMS Program through lab experiences. Instructors will inform students of procedure for skill evaluation and time allowed for completion. Time will be formally established for students to practice skills and remediate with instructors. Informal skill practice in lab may be scheduled through an instructor. Instructor or designee must be present with students if the lab is used for skills practice.

Skills checklists will be provided to students prior to skill demonstration.

Checklists will indicate critical areas. Students cannot satisfactorily complete a skill demonstration if a critical area is omitted. Instructor discretion will be used to determine ‘Satisfactory’ completion of a skill demonstration when multiple non-critical elements are omitted, the student is disorganized or not prepared, exceeds time limits and/or other patient safety concerns arise.

Students who do not achieve a ‘Satisfactory’ score upon completion of the skill on the first attempt must remediate and schedule a repeat demonstration with different instructor. The repeat demonstration will be evaluated in the same way as the first attempt. If, on the repeat demonstration, the student does not achieve ‘Satisfactory’ completion, a different instructor will evaluate the student’s third attempt, using the same process of evaluation. If, on the third attempt, the student does not ‘Satisfactorily’ complete the skill, the faculty will give a recommendation to the EMS Program Coordinator for remaining in program with remediation or dismissal. The final determination will be made by the Division Chair of Life and Health Sciences.

Skills Demonstration Procedure

1. Students will report for demonstration wearing NWC Paramedic or EMT student uniform and following other dress code requirements.
2. Students will arrive on time and prepared for scheduled demonstration.
3. Instructor(s) will observe skill demonstration and evaluate student using provided skills checklist.
4. Use of checklists, notes, cues or peer-direction will be at the discretion of the instructor.
5. After the allotted time has passed, the skill will be stopped and the student will receive the grade earned up to that point.

FISDAP Requirement

The Northwest College EMS Department utilizes FISDAP as required content that supplements the curriculum. Students will be encouraged to successfully achieve proficiency at instructor determined benchmarks in all FISDAP proctored exams. Students scoring below the expected benchmark will be expected to remediate according to the instructor’s directions and required to take the FISDAP exam a second time. The student’s highest FISDAP proctored test score will be used to calculate the student’s final course grade. Consequences of students failing to meet the expected benchmark after the second attempt will be outlined by the course syllabus and their instructor.

CLINICAL EXPERIENCE

Post Clinical Conferences

Post-clinical conference discussions are a means of assisting students in evaluating their own effectiveness in the clinical area. They also serve to help faculty determine the student's level of understanding and response to clinical events in order to provide the student with appropriate, individualized learning experiences. Each student is expected to attend and participate in post-clinical conferences.

Forms of Clinical Experience

- I.** **Participatory Clinical Experiences:** Students may perform hands-on patient care and EMS care/skills under the direct supervision and assistance of an EMS Professional of the student's level or higher, an RN, or a physician. No more than one student in a clinical area at a time will be allowed. The Fisdap clinical evaluation tool will be used to grade participatory clinical experiences.

- II.** **Skill Lab/SIM Experiences:** Students will participate in the skills lab when held to cement learned concepts in a high-fidelity simulation environment. Fisdap will be used to evaluate Lab/SIM experiences that include hands-on skills and patient care scenarios.

Clinical/Lab/SIM Grading

Students will be evaluated using a progressive clinical evaluation tool that demonstrates clinical growth from program beginning to end. Students are expected to utilize skill and knowledge gained from previous semesters and experiences.

Objectives for individual clinical/lab/SIM experience, as well as any other coursework requirements are outlined in each course syllabus. Clinical/lab/SIM grades will be entered into course gradebook and are weighted per course syllabus.

Other forms of evaluation may include: Preceptor feedback, Ancillary Staff feedback, written outcomes grading.

Clinical Skills

Skills may only be performed with an instructor or preceptor designated by the instructor. Some skills may be performed independently, **ONLY** at the discretion of the instructor. **Students will not administer medications that are beyond their scope of practice or without the supervision of their preceptor.**

Skills documentation provides a means of tracking skills performed by the student which have been observed by their preceptor. Documentation of each performed skill is required to be done in Fisdap for that particular lab or clinical experience. A signature from the preceptor at the end of the day affirming these activities is required.

Clinical Incident Procedure

Clinical incident reports are required in the case where an actual or potential error occurred that jeopardized or could jeopardize a client's or student's safety in the clinical setting. The generation of an incident report prompts immediate remedial action by the EMS instructor in collaboration with the student and the facility where the incident occurred. The student is responsible for immediately reporting the incident to the EMS instructor and working with the EMS instructor to begin the paperwork process. The incident form is available from the EMS instructor and requires completion by the student and EMS instructor prior to forwarding to the EMS Program Coordinator.

ATTENDANCE POLICY

The EMS Department and Faculty of Northwest College will adhere to the following attendance policy:

Class or Clinical Absence

Regardless of the credit hours, EMS students are discouraged from missing any scheduled EMS course learning activity (includes clinical). If unavoidable, the absence will be determined to be ‘excused’ or ‘unexcused’ by the faculty who teach the course.

More than one ‘unexcused’ absence or two ‘excused’ absences per semester will result in the initiation of the procedure of ‘Problematic/Disciplinary Behavior’ as outlined in the EMS Student Handbook.

All clinical absences are required to be made up. Students who do not notify instructor and do not attend clinical are considered a “no call/no show” and will be immediately escalated to “Problematic/Disciplinary” protocol per the EMS Student Handbook.

Class or Clinical Tardy

Tardy is defined as arriving to class or clinical after the designated start time has passed. Students who are tardy to clinical learning activities or scheduled exams will be not be allowed to stay and will be marked absent. The EMS student may be tardy one time for classroom lecture per semester. The second tardy will initiate the “Problematic/Disciplinary” protocol per the EMS Student Handbook.

CLINICAL AND PROFESSIONAL DIRECTIVES

Violations of clinical and professional directions, which cause injury or potential injury to anyone, may result in the student being dismissed from the classroom, clinical/lab/SIM setting at the discretion of the faculty and the ‘As Needed Evaluation’ process will be initiated.

The discretion of the Director of EMS will be used to determine dismissal and/or the student’s eligibility for readmission.

Students may be sent home from a clinical experience and charged with an absence if instructor determines student is unsafe.

Safe EMS Practice and Clinical Directives

Unsafe clinical practice is grounds for dismissal from the EMS Program and is determined by the following:

1. Students will be required to adhere to national and state standards of practice and practice within legal and ethical frameworks.
2. Students will be held accountable to adhere to the NAEMT Code of Ethics.
3. Students will be held accountable to adhere to the Wyoming Emergency Medical Services Act and the Wyoming Office of EMS Rules and Regulations. <https://health.wyo.gov/publichealth/ems/rules-and-scope-of-practice/ems-rules-and-regulations/>
 - a. Students are required to adhere to individual facility policies at all times (Policies will be reviewed with students prior to and during clinical learning experiences).
4. Students must obtain instructor’s permission and receive instruction regarding skill performance prior to performing EMS skills. (See ‘Clinical Skills’).

5. Students must check in and out with their preceptor before leaving/entering the floor in clinical site experiences.
 6. The consumption of drugs or alcohol prior to attendance of any classroom, clinical/lab/SIM experience is expressly forbidden. The unlawful use, possession, or distribution of a controlled substance as defined in Section I-V of Section 303 of the Controlled Substance Act (21 U.S.C. 812) and W.S. S35-7-1011 through 1022 and amendments thereof is forbidden.
- ❖ Any student who appears to meet the definition of ‘chemically impaired’ as stated in the ‘Substance Abuse Policy’ of the EMS Student handbook will be immediately removed from the classroom, clinical/lab/SIM experience, and the ‘Substance Abuse Policy’ will be initiated by the NWC EMS Program faculty, EMS Program Coordinator and/or Director of EMS.

Professional Attitude, Conduct and/or Behavior

Unprofessional attitude, conduct and/or behavior is defined as the inability to work productively, constructively and cooperatively with others. Expectations of professional attitude, conduct and/or behavior are upheld in the classroom, clinical/lab/SIM environments, and also includes college-sponsored events on and off campus.

Examples of unprofessional attitude/conduct and/or behavior are (not limited to):

1. Continual antagonism of instructors or classmates, and/or repeatedly causing dissension among others.
2. Engaging in Facebook, SnapChat, Instagram, and other social media activities, gaming, shopping or browsing on any electronic device during testing, classroom, laboratory, clinical experiences or other learning experiences.
3. Profanity
4. Intoxication, on student’s free time, while attending college sponsored event to the point that endangers self or other students, displays belligerent or otherwise unprofessional behavior.
5. Presenting at the clinical or classroom experience less than fifteen (15) minutes prior to its start.
6. Breach in NAEMT Code of Ethics.

Behavioral Expectations for College Sponsored Experiences/Activities

EMS students are granted the privilege to represent Northwest College EMS Department, as well as the profession of EMS, at a number of off-campus experiences to include (but not limited to) community service events, health fairs, and EMS student conferences. While these experiences take place away from Northwest College campus, they are subject to all Northwest College Student Handbook and EMS Student Handbook policies.

During college-sponsored experiences/activities:

1. Students are required to act professionally and practice safely at all times as outlined in the EMS Student handbook and according to state and national standards. (See Professional Attitude, Conduct and/or Behavior in EMS Handbook)
2. Students are expected to be on time, be prepared for each experience with the appropriate supplies/paperwork and ready to actively engage in the planned off-campus experience.

Confidentiality

Students are required to keep any and all information relating to patients confidential.

1. Students must adhere to HIPAA regulations which will be reviewed with students by the faculty and a HIPAA content module must be completed and signed by each student during orientation at the beginning of each semester.

2. Texting, computer, cell phone communications and photos from smart phones, iPads, tablets, etc., as well as other forms of social media provide unintentional or intentional risks of breaching confidentiality and violating HIPAA regulations. Students are responsible for adhering to the guidelines as established by the NAEMT Code of Ethics.
3. Breach of confidentiality as defined in Federal HIPAA regulations and individual facility policies constitute grounds for dismissal from the program.
 - a. Tier one: unintentional violations will result in verbal and written reprimand with the student being placed on probation for the remainder of the program.
 - b. Tier two: intentional violations will result in dismissal from the EMS Program without possibility for readmission.

Professional Appearance

All students are required to wear the NWC EMS Student uniform during all clinical experiences, and as directed by NWC EMS Program faculty. Students may be dismissed from the experience and charged with an ‘unexcused’ absence’ by the NWC EMS Program faculty, EMS Program Coordinator, and /or Division Chair of Life and Health Sciences if professional appearance criteria are not followed.

NWC student uniforms are intended to be worn for NWC EMS Program experiences only.

The student uniform includes:

1. NWC student uniform with appropriate cohort label on left chest depicting EMS level status in NWC EMS Program.
2. Black trauma pants
3. Black socks
4. Black shoes, comfortable, well-fitting, which totally enclose the foot
5. The student’s own college-issued photo ID worn on uniform.
6. Watch with ability to monitor seconds

Additional Clinical Requirements:

1. Stethoscope with a diaphragm and bell
2. A black fine point ballpoint pen
3. Bandage scissors
4. Learning resources as directed by instructor

Tattoo Policy

All visible tattoos on the front or back torso must be covered with clothing. Tattoos on the hands, wrists, arms, head, neck and fingers may remain uncovered if depicting appropriate content. All inappropriate content must be covered.

Jewelry

Acceptable jewelry includes a wedding band only (no high profile rings or other rings are acceptable). One pierced post-style (stud) earring in each ear lobe is permitted. All other visible body piercings are not permitted and must be removed prior to entering the clinical site. Students are not permitted to wear bracelets (with the exception of Medic Alert bracelet), chains, necklaces, drop earrings or rings with stones in clinical environments.

Hair

Mustaches and beards are permitted per facility policy, but must be clean, trimmed, and well-groomed. Hair must be neatly styled and groomed. Hair longer than collar-length must be pulled back from the face and secured neatly in a manner to prevent hair from falling in the face (pony tail, braid, or bun). Long

braids or pony tails must be secured to prevent falling over shoulder. Bangs are acceptable as long as they are out of eyes.

Nails

Artificial nails/nail tips are strictly prohibited in all clinical environments. Nails must be natural, neatly maintained at length no longer than the fingertip, and kept free of debris and polish.

Hygiene

Good personal hygiene is a responsibility of each student and is respectful of patients and colleagues in the clinical environment. Students are expected to bathe regularly, to conduct proper oral hygiene, and in general to prevent offensive body odors. Scented soaps, lotions, perfumes and colognes may offend or illicit allergic responses among patients and clinical staff and should be avoided while students are engaged in clinical settings. Students must be clean and free of any offensive body odors, including cigarette odor.

Gum/tobacco

No gum chewing, vaping (use of e-cigarettes) or tobacco products allowed during clinical experiences. While on campus, students are expected to adhere to the [NWC Standards of Student Conduct Smoking Policy](#).

Off-Hour Clinical Site Behavior and Appearance

1. Students obtaining information for care plan development or clinical paperwork, outside the assigned clinical timeframe, must check in with the institution's supervisor upon arrival.
2. Students must be wearing a lab coat and/or student photo ID, indicating their student status, and state their purpose for being in the institution to the supervisor.
3. Students going to the clinical areas to get assignments or to do reference work from charts are prohibited from wearing blue jeans, tank tops, tee shirts, shorts, flip flops, bare midriffs, excessively tight clothing, low cut tops, and/or see-through fabrics.
4. Students must inform the supervisor of the institution prior to accessing the medical record and check out with the institution's staff when leaving.
5. Students may not perform any kind of hands-on patient care activity with the patients off-hours.
6. All confidentiality and professional behavior requirements apply.

Community Service

Community Service is a valued component of NWC mission and the EMS Program's desire to be a part of the community we serve. Therefore, community service is a required part of EMS coursework.

Community Service expectations will be outlined by the instructor and expected to be completed by each student with the appropriate documentation by the end of each semester. Failure to fulfill the community service expectation will result in an 'I'/'Incomplete' final course grade. Once the community service time is made up, the grade will be converted to the earned grade in the course. If the mutually agreed upon deadline has passed for the community service completion, the grade will convert to 'U', Unsatisfactory, resulting in a failure to progress in the program.

II. Wyoming EMS Scope of Practice

While functioning in a clinical setting, you are restricted to performing only the functions of the level you are training to. This includes all skills and medication administrations. Performing any skills or delivering any medications outside of this scope of practice is operating outside of the scope of your licensure and will be met with formal disciplinary action from the State of Wyoming EMS office.

Wyoming Office of Emergency Medical Services and Trauma

Scope of Practice for EMS Personnel

This document is an interpretive guideline regarding the authorized skills, interventions and medications for all levels of licensed EMS providers. It is not a “stand-alone” document. This guidance is subordinate to the provisions of the *Wyoming Emergency Medical Services Act of 1977*, and the Wyoming Department of Health’s *Rules and Regulations for Emergency Medical Services*. This document should also be read in conjunction with the National EMS Education Standards, the National EMS Scope of Practice Model, and other guidance provided by the Wyoming Office of EMS.

EMS personnel may not exceed the scope of practice for their license level as established by the *Rules and Regulations for Emergency Medical Services*. A physician medical director must authorize the individual’s scope of practice through standing orders and written protocols. The physician medical director may also limit an individual’s the scope of practice. However, a medical director or supervising physician **cannot authorize an EMS provider to perform skills or administer medications above the level of education and licensure.**

An individual may only perform a skill or role for which that person is:

- **Educated** (has been trained to do the skill or role), **AND**
- **Certified** (has demonstrated minimal competence as established by a training program), **AND**
- **Licensed** (has the legal authority issued by the State to perform the skill or role), **AND**
- **Credentialed** (has been authorized according to locally established standards in the skill or role).

Any skill performed or medication administered above the EMS provider’s level of education and licensure is a violation of W.S. §§ 33-36-101, the *Rules and Regulations for Wyoming Emergency Medical Services*, and is a **prosecutable offense under Wyoming Law.**

| Key to Provider Levels | | |
|------------------------|---|---|
| EMR | R | Emergency Medical Responder |
| EMT | E | Emergency Medical Technician |
| AEMT | A | Advanced Emergency Medical Technician |
| IEMT | I | Intermediate Emergency Medical Technician |
| PMDC | P | Paramedic |
| | | NOT AUTHORIZED |

NOTE: If a provider code (the single letter code from the table above) is listed for a skill, then that level of EMS Provider is permitted to perform the skill. An asterisk (*) or a plus sign (+) indicates a modification or clarification to the skill for that provider level.

| Airway and Breathing Skills | | Levels | | | | | Interpretive Guidelines |
|-----------------------------|--|--------|---|----------------|----------------|---|---|
| 1. | Supplemental oxygen therapy | | | | | | |
| | a. Oxygen delivery devices | R | E | A | I | P | <i>This includes any type of cannula or mask designed for the delivery of supplemental oxygen.</i> |
| | b. Humidified oxygen | R | E | A | I | P | |
| 2. | Basic airway management | | | | | | |
| | a. Manual maneuvers to open and control the airway | R | E | A | I | P | <i>This includes procedures such as: head-tilt, chin-lift; tongue-jaw lift; modified chin lift; jaw thrust; Sellick's maneuver.</i> |
| | b. Manual maneuvers to remove an airway obstruction | R | E | A | I | P | |
| | c. Insertion of airway adjuncts intended to go into the oropharynx | R | E | A | I | P | |
| | d. Insertion of airway adjuncts intended to go into the nasopharynx | R | E | A | I | P | |
| 3. | Ventilation management | | | | | | |
| | a. Mouth to barrier devices | R | E | A | I | P | |
| | b. Bag-valve-mask | R | E | A | I | P | |
| | c. Manually triggered ventilators | R | E | A | I | P | |
| | d. Automatic Transport Ventilators | | | A | I | P | |
| | e. Ventilators | | | | | P | <i>Includes the use of Positive End-Expiratory Pressure (PEEP).</i> |
| 4. | Suctioning | | | | | | |
| | a. Upper airway suctioning | R | E | A | I | P | |
| | b. Tracheobronchial suctioning | | | A | I | P | |
| 5. | Advanced airway management | | | | | | |
| | a. Continuous Positive Airway Pressure(CPAP) and Bilevel Positive Airway Pressure(BiPAP) administration and management | | | A ¹ | I ¹ | P | ¹ AEMT and IEMT may only perform CPAP. |
| | b. Supraglottic Airway | | | A ¹ | I | P | ¹ Insertion of devices that do not require direct laryngoscopy. |
| | c. Endotracheal intubation | | | | I ¹ | P | ¹ This includes nasal and oral endotracheal intubation at the paramedic level *IEMTs may perform only oral intubation. |
| | d. Airway obstruction removal by direct laryngoscopy | | | | I | P | |

EMR **R** EMT **E** AEMT **A** IEMT **I** PMDC **P** Not Authorized

| Airway and Breathing Skills | | Levels | | | | | Interpretive Guidelines |
|-----------------------------|---|--------|--|--|---|---|-------------------------|
| | e. Percutaneous or Surgical Cricothyrotomy | | | | | P | |
| | f. Gastric decompression | | | | | P | |
| | g. Pleural decompression via needle thoracotomy | | | | I | P | |
| | h. Chest tube monitoring | | | | | P | |

| Assessment Skills | | Levels | | | | | Interpretive Guidelines |
|-------------------|--|----------------|---|---|---|---|---|
| 1. | Assessment skills | | | | | | |
| | a. Perform patient assessments | R | E | A | I | P | |
| | b. Obtaining vital signs manually and electronically | R ¹ | E | A | I | P | <i>This includes manual measurements and the use of non-invasive blood pressure monitoring devices, pulse oximetry measurement, blood glucose monitoring.</i> ¹ EMR does not measure blood glucose. |

| Pharmacological Intervention Skills | | Levels | | | | | Interpretive Guidelines |
|-------------------------------------|--|----------------|---|---|---|---|--|
| 1. | Fundamental pharmacological skills | | | | | | |
| | a. Use of unit dose commercially pre-filled containers or auto-injectors for the administration of life saving medications intended for self, peer, or patient rescue after exposure to nerve agents | R | E | A | I | P | Mark I kits. |
| | b. Assist patients in taking their own prescribed medications as approved by medical direction | | E | A | I | P | <i>Prescribed medications include the patient's Albuterol Inhaler; Nitroglycerine tablet, spray, or patch.</i> |
| | c. Administration of oral glucose (for hypoglycemia) and aspirin (for chest pain of suspected ischemic origin) with the approval of medical direction | R ¹ | E | A | I | P | ¹ EMRs may not administer oral glucose. |
| 2. | Advanced pharmacological skills: venipuncture/vascular access | | | | | | |
| | a. Obtaining peripheral venous blood specimens | | | A | I | P | <i>This is either through direct venipuncture or through an existing peripheral IV catheter.</i> |
| | b. Peripheral IV insertion and maintenance (includes removal as needed) | | | A | I | P | <i>This includes placement of a saline lock. Peripheral lines include external jugular veins, but does not include placement of umbilical catheters.</i> |
| | c. Intraosseous(IO) device insertion (includes removal as needed) | | | A | I | P | |
| | d. Access indwelling catheters and implanted central IV ports for fluid and medication administration. | | | | | P | |
| | e. Central line monitoring | | | | | P | |

EMR **R** EMT **E** AEMT **A** IEMT **I** PMDC **P** Not Authorized

| Pharmacological Intervention Skills | Levels | Interpretive Guidelines |
|--|--|---|
| 3. Administration of medications/fluids | | |
| a. Crystalloid IV solutions | R E A I P | IV solutions include 5% Dextrose in Water; Lactated Ringers; 0.9% Sodium Chloride Solution. |
| b. Administration of hypertonic dextrose solutions for hypoglycemia | R E A I P | |
| c. Administration of glucagon for hypoglycemia | R E A I P | |
| d. Administration of SL nitroglycerine to a patient experiencing chest pain of suspected ischemic origin | E ¹ A I P | ¹ EMTs only administer Nitroglycerin prescribed for the patient and with verbal orders from medical control. |
| e. Parenteral administration of epinephrine for anaphylaxis | R ¹ E ² A I P | ¹ EMRs may administer epinephrine via an auto-injector only. Auto-injector may be the patient's or supplied by the ambulance service. ² EMTs may utilize a syringe and needle to administer epinephrine in the treatment of anaphylaxis by IM route. |
| f. Inhaled (nebulized) medications to patients with difficulty breathing and/or wheezing | R E A ¹ I P | Inhaled (nebulized) means atomization of the medication through an oxygen/air delivery device with a medication chamber or through use of metered dose inhaler. ¹ AEMT may administer Albuterol; Atrovent; or Duo-Neb. |
| g. Administration of naloxone (Narcan) to a patient suspected of narcotic overdose | R ¹ E ¹ A I P | ¹ EMRs & EMTs – unit-dose, premeasured, intranasal or autoinjector |
| h. Administration of nitrous oxide (50% nitrous oxide, 50% oxygen mix) for pain relief | R E A I P | |
| i. Paralytic administration | R E A I P | |
| j. Administration of medications by Paramedics | R E A I P | Paramedics may administer any medication if they have been: Educated (has been trained to use the medication), AND Certified (has demonstrated competence in its proper use and side effects), AND Licensed (has legal authority issued by the State to use or perform), AND Credentialed (has been authorized by medical director to use or perform the skill or medication). |
| *All other levels shall refer to Appendix A. | | |
| k. Maintain an infusion of blood or blood products | R E A I P | |

| Cardiac/Medical Skills | Levels | Interpretive Guidelines |
|---|--|-------------------------|
| 1. Fundamental cardiac skills | | |
| a. Manual external CPR | R E A I P | |
| b. Use of an automated external defibrillator | R E A I P | |

EMR **R** EMT **E** AEMT **A** IEMT **I** PMDC **P** Not Authorized **R**

| Cardiac/Medical Skills | Levels | Interpretive Guidelines |
|--|---|---|
| 2. Advanced cardiac skills | | |
| a. Use of mechanical CPR assist devices | R E A I P | |
| b. 4 lead ECG monitoring and interpretation | E ¹ A ¹ I P | ¹ Obtaining and transmitting at EMT and AEMT level only. |
| c. 12 lead monitoring | E ¹ A ¹ I P | ¹ Obtaining and transmitting at EMT and AEMT level only. |
| d. 12 lead interpretation | I ¹ P | ¹ It is not expected that IEMTs be capable of interpreting and providing interventions for all possible arrhythmias. Rather, the focus of the Intermediate program is the identification of lethal arrhythmias and providing appropriate interventions with their scope of practice. |
| e. Manual cardiac defibrillation | I ¹ P | ¹ IEMT may only defibrillate a pulseless and apneic patient. |
| f. Emergency cardioversion, including vagal maneuvers | P | |
| g. Transcutaneous cardiac pacing | P | |
| 3. Emergency childbirth management | | |
| a. Assist in the emergency delivery of a newborn | R E A I P | |
| 4. Behavioral emergency skills | | |
| a. Manual and mechanical patient restraints for behavioral emergencies | R E A I P | Includes soft disposable restraints and leather restraints, as approved by the local EMS medical Director; with appropriate patient monitoring. |
| b. Chemical restraint of combative patients | P | See pharmacological intervention skills. |

| Trauma Care Skills | Levels | Interpretive Guidelines |
|--|--|--|
| 1. Managing injuries, including, but not limited to: | | |
| a. Manual cervical stabilization and cervical collar use | R E A I P | |
| b. Manual stabilization of orthopedic trauma | R E A I P | |
| c. Spinal motion restriction | R E A I P | Includes the use of commercial spinal motion restriction devices such as the KED®. |
| d. Splinting | R E A I P | This includes the use of traction splints. |
| e. MAST/PASG Use (only for the purpose of splinting) | E A I P | |
| 2. Managing other traumatic injuries, including, but not limited to: | | |
| a. Bleeding control | R E A I P | Includes use of tourniquets. |
| b. Wound packing | R E A I P | |
| c. Non-invasive eye irrigation | R E A I P | |
| d. Complex eye irrigation with the Morgan® lens | P | |
| 3. Movement/extrication of patients, including, but not limited to: | | |
| a. Emergency moves for endangered patients | R E A I P | |
| b. Rapid extrication of patients | R E A I P | |

EMR **R** EMT **E** AEMT **A** IEMT **I** PMDC **P** Not Authorized **R**

APPENDIX A – MEDICATION LIST FOR WYOMING EMS PROVIDER LEVELS: EMR, EMT, AEMT, IEMT

| | | | | | |
|---------------------------------------|----------------|----------------|----------------|----------------|---|
| Albuterol | | E ¹ | A | I | ¹ EMTs only administer Albuterol Inhaler prescribed for the patient and with orders from medical control. |
| Amiodarone | | | | I | |
| Aspirin | R ¹ | E ¹ | A | I | ¹ For patients with chest pain of suspected cardiac origin. |
| Ativan | | | | I | |
| Atropine | | | | I | |
| Dextrose | | | A | I | |
| Diazepam | | | | I | |
| Diphenhydramine | | | | I | |
| Epinephrine 1:1000 | R ¹ | E ² | A | I | ¹ EMRs Epi-Pen only. ² EMTs may utilize a syringe and needle to administer epinephrine in the treatment of anaphylaxis by IM route. |
| Epinephrine 1:10,000 | | | | I | |
| Fentanyl | | | | I | |
| Furosemide | | | | I | |
| Glucagon | | | A | I | |
| Glucose (oral) | | E | A | I | |
| Heparin Sodium | | | | I | monitoring, titrating, and discontinuing of infusion drips initiated by a hospital or healthcare facility |
| Ipratropium | | | A | I | |
| IV Crystalloid Solutions | | | A | I | |
| Lidocaine (bolus) | | | A ¹ | I | ¹ AEMT may use with IO for local anesthetic |
| Lidocaine (drip) | | | | I | |
| Mark I Kit | R | E | A | I | Approved for all levels for self and peer administration. |
| Morphine Sulfate | | | | I | |
| Naloxone | R ¹ | E ¹ | A | I | ¹ EMRs & EMTs – unit-dose, premeasured, intranasal or auto injector |
| Nitroglycerin (tablet, spray) | | E ¹ | A | I | ¹ EMTs only administer Nitroglycerin prescribed for the patient and with verbal orders from medical control. |
| Nitroglycerine Drip | | | | I ^P | ^P monitoring, titrating, and discontinuing of infusion drips initiated by a hospital or healthcare facility |
| Nitrous Oxide | | | A | I | |
| Ondansetron | | | | I | |
| Sodium Bicarbonate | | | | I | |
| Thiamine | | | | I | |
| Vasopressin | | | | I | |
| Xopenex | | | | I | |
| Monitoring other existing medications | | E ¹ | A ¹ | I | ¹ Individuals may only monitor medications that they are otherwise authorized to administer. |

EMR **R** EMT **E** AEMT **A** IEMT **I** PMDC **P** Not Authorized **■**

III. Faculty and Staff Contact Information

| Faculty and Staff | Room Number | Phone Number | Email Address |
|--|-------------|--------------|--------------------------|
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| Whitney Morgan | CC 2031 | 754-7820 | Whitney.Morgan@nwc.edu |
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| EMS Clerical Support | | | |
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| Division Chair of Life and Health Sciences Division | | | |
| Dr. Marneé Crawford | YB162 | 754-6474 | Marnee.Crawford@nwc.edu |
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NORTHWEST COLLEGE EMS PROGRAM

EMS Student Handbook

By signing below, I acknowledge that I have received an orientation to the Northwest College 2020 AAS EMS Program Student Handbook, and am aware of where to access it for future reference. I understand and acknowledge that these policies will be utilized in determining my fulfillment of the requirements of the program, my ability to continue in the EMS program. I understand I will be notified in a timely manner of changes and that it is my responsibility to access the handbook and ask the instructor for assistance in understanding the policies.

Signature

Date

Printed Name