



STUDENT HANDBOOK

Emergency Medical Services Professions Educational Program

Policies and Procedures

Including
Clinical/Internship Rules and Regulations



Established 1988

*Revised August 18, 2025
Effective August 25, 2025*

1) Department of Emergency Medical Services Professions (EMS)

Department Program Information

a) Welcome to Collin College EMS!

The Health Sciences and Emergency Services Division at Collin College (College) are committed to preparing healthcare professionals and first responders for optimal performance in challenging environments. The rules and regulations set forth in this handbook are designed to support the success of the student and will provide important information as you begin your coursework in EMS education. This handbook is constructed to be used as a supplement to the Collin College Student Handbook and serves to bridge the policies of the College with the policies specific to this program. A copy of the Collin College Student Handbook is available on CougarWeb in Student Resources.

b) Collin College Core Values

We have a *passion* for:

- i) Learning
- ii) Service and Involvement
- iii) Creativity and Innovation
- iv) Academic Excellence
- v) Dignity and Respect
- vi) Integrity

c) Emergency Medical Services Professions - Education Program Mission

The Department of Emergency Medical Services Professions at Collin College educates and develops quality emergency medical professionals in the science and art of pre-hospital emergency medicine. We accomplish this via blended instruction using advanced technology, experienced instructors, and evidence-based practices within a culture that emphasizes integrity, accountability, and responsibility. We offer the North Texas community proficient and patient-centered graduates who are prepared to meet the emergency needs of our neighbors.

d) Program Accreditation

The Texas Department of State Health Services and the Texas Higher Education Coordinating Board accredit the Collin College EMS education program. **The Collin College Paramedic program is accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).** We offer courses in the following areas: Emergency Medical Technician (EMT) - Occupational Skills Award (OSA) in EMS, Paramedic certificate program, and an Associate of Applied Science Degree (AAS) in EMS.

2) General Requirements for a Career in EMS

The description of the professions and the required psychomotor skills for EMS professionals is outlined in the National Scope of Practice. Below are the descriptions and psychomotor skills required of each discipline as outlined in that document.

a) EMT - Description of the Profession

- i) The Emergency Medical Technician's scope of practice includes basic skills focused on the acute

management and transportation of critical and emergent patients. This may occur at an emergency scene until transportation resources arrive, from an emergency scene to a healthcare facility, between healthcare facilities, or in other healthcare settings.

- ii) Emergency Medical Technicians' scope of practice includes basic, non-invasive interventions to reduce the morbidity and mortality associated with acute out-of-hospital medical and traumatic emergencies. Emergency care is based on assessment findings.

(1) **Psychomotor Skills** - The following are the minimum psychomotor skills of the EMT:

- (a) **Airway and Breathing**
 - (i) Insertion of airway adjuncts intended to go into the oropharynx or nasopharynx
 - (ii) Use of positive pressure ventilation devices such as manually triggered ventilators and automatic transport ventilators
- (b) **Pharmacological Interventions**
 - (i) Assist patients in taking their own prescribed medications
 - (ii) Administration of the following over-the-counter medications with appropriate medical oversight:
 - 1. Oral glucose for suspected hypoglycemia
 - 2. Aspirin for chest pain of suspected ischemic origin
- (c) **Trauma Care**
 - (i) Bleeding control
 - (ii) Fracture stabilization
 - (iii) C-Spine Immobilization

b) **Paramedic - Description of the Profession**

- i) The paramedic's scope of practice includes basic and advanced skills focused on the acute management and transportation of a broad range of patients who access the emergency medical system. This may occur at an emergency scene until transportation resources arrive, from an emergency scene to a healthcare facility, between healthcare facilities, or in other healthcare settings.
- ii) The paramedic's scope of practice includes invasive and pharmacological interventions to reduce the morbidity and mortality associated with acute out-of-hospital medical and traumatic emergencies. Emergency care is based on an advanced assessment and the formulation of a field impression. The paramedic provides care designed to minimize secondary injury and provide comfort to the patient and family while transporting the patient to an appropriate healthcare facility.

(1) **Psychomotor Skills** - The following are the minimum psychomotor skills of the paramedic:

- (a) **Airway and Breathing**
 - (i) Perform endotracheal intubation
 - (ii) Perform percutaneous cricothyrotomy¹
 - (iii) Decompress the pleural space
 - (iv) Perform gastric decompression
- (b) **Pharmacological Interventions**
 - (i) Insert an intraosseous cannula
 - (ii) Enteral and parenteral administration of approved prescription medications
 - (iii) Access indwelling catheters and implanted central IV ports for fluid and medication

- administration
- (iv) Administer medications by IV infusion
- (v) Maintain an infusion of blood or blood products
- (c) **Medical/Cardiac Care**
 - (i) Perform cardioversion, manual defibrillation, and transcutaneous pacing

iii) *It is the goal of Collin College EMS to prepare competent entry-level paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains, with or without exit points at the Advanced Emergency Medical Technician and/or Emergency Medical Technician, and/or Emergency Medical Responder levels.*

3) Americans with Disabilities Act – Allowable Accommodations

- a) The Americans with Disabilities Act (ADA) of 1990 has implications that pertain to licensure or certification.
- b) The law permits testing that requires the use of sensory, manual, or speaking skills where the tests are intended to measure essential functions of the profession. For example, an applicant with reading difficulties is required to take a written exam since the ability to read is an essential function of EMS. Exams are designed at least in part to measure the student's ability to read.
- c) Another example is dealing with skills proficiency verifications that must be performed within established time frames. Performing a skill within established time frames is required because the speed of performance is an integral part of patient care.
- d) Both the ability to read and the ability to perform skills within time frames are essential functions for an EMS provider. Therefore, in EMS, a person with a disability may not be denied the opportunity to take an examination, but this person shall be required to take a written exam and pass the skills proficiency verifications within established criteria.
- e) The Functional Job Description produced by the Texas Department of State Health Services, outlined at the end of this section, describes the required skills and job requirements essential to EMS personnel. This description will guide all accommodations permitted for the EMT and paramedic students.
- f) The following specific points pertain to those involved in EMS training and education programs:
 - i) Students *cannot* be discriminated against on the basis of a disability in the offering of educational programs or services.
 - ii) There can be *no* accommodation during screening, evaluation or course examinations that will compromise or fundamentally alter the evaluation of skills that are required to function safely and efficiently in the profession.
 - iii) Students who have received an accommodation during the course need to fully understand that there is a separate process for requesting an accommodation for the written certification exam, and eligibility for an accommodation is determined on a case-by-case basis. In other words, just because a student was allowed an accommodation during the course does not guarantee an accommodation for the National Registry exam. Documentation confirming and describing the disability should be submitted according to policy for consideration.

- g) There are accommodations that are not allowed in the EMS program because they are not in compliance with the essential job functions of an EMT or paramedic as outlined in the Functional Job Description. These include, but are not limited to:
- i) **Students are not allowed additional time for skills with specific time frames.**
 - (1) Obviously, patients would suffer due to life-threatening conditions in emergency situations if treatment were delayed.
 - ii) **Students are not allowed unlimited time to complete a written exam.**
 - (1) This request is not considered reasonable because a candidate should be able to complete a test within a finite amount of time.
 - (2) Students will be allowed one-and-a-half minutes per question on exams.
 - iii) **Students are not allowed to have written exams given by an oral reader.**
 - (1) The ability to read and understand small English print is an essential function of the profession, and written exams are designed, at least in part, to measure that ability.
 - iv) **Students are not provided a written exam with a reading level of less than grade eight.**
 - (1) The EMS profession requires a reading level of at least grade eight to work safely and efficiently.
 - v) **Students must take all exams during the scheduled time, as a member of the enrolled class.**
 - (1) The ability to utilize knowledge on the spur of the moment is an essential task for EMTs and paramedics.
 - (2) Exams are given to elicit immediate recall and understanding of emergency situations.
 - (3) Students will be permitted a private space to take the exam.
 - (4) Refer to the written examination policy of missed exams due to excused absences.
 - vi) **Students must answer all written test questions as written. No explanation of the question can be provided by the test proctor or any other individual.**
 - (1) Additional descriptions of test questions would not be a reasonable accommodation because reading and understanding written English is an essential part of EMS communication.
 - (2) The student must be able to understand and converse in medical terms appropriate to the profession.
- h) Because of the critical nature of the tasks needed in emergency situations, accommodation requests are considered very carefully on a case-by-case basis. The safety and welfare of the community must be ensured while providing full protection of the certification applicant's rights. The main question to be considered is: with the accommodation being requested, can this individual perform the essential functions of the job safely and efficiently?

For more information on the Americans with Disabilities Act, you may call the Governor's Committee for Persons with Disabilities at (512) 463-5739.

- i) **Collin College EMS Program Statement of Functional Ability EMT-P**
 - i) Emergency Medical Technician-Paramedic is a practice discipline with cognitive, sensory, affective, and psychomotor performance requirements. The knowledge, skills, and abilities required to safely and effectively practice emergency care span various areas. Adapted from the National Highway Traffic Safety Administration, the Collin College EMS program has identified the functional abilities an Emergency Medical Technician-Paramedic must possess to practice safely and effectively.

- ii) To ensure a student's decision to pursue a career in emergency medicine is the correct choice, the Emergency Medical Technician- Paramedic program asks all students to review the requirements carefully and sign the Statement of Understanding of Functional Abilities. These functional abilities are the non-academic requirements of the program, and they comprise the physical, emotional, and professional demands of EMS personnel. Students should consider whether they can perform the following functions, with or without accommodations.
- iii) Please review the functional abilities required to perform effectively in the EMS profession. After reviewing the functions, if a student determines they are unable to perform any of the skills listed and they have a documented disability, they need to determine if a reasonable accommodation can be provided. Throughout a student's educational program, they will find themselves in various learning experiences and need to consider the specifics of each situation to determine if reasonable accommodations can be provided. To request an accommodation, a student should contact the Office of ACCESS and present documentation of their disability. Functional abilities required to perform effectively in the EMS profession are listed below. This list is not all-inclusive, and other subtle necessities could be needed to adequately perform the essential duties of an EMS professional.

(1) **Gross Motor Skills:**

- (a) Move within confined spaces
- (b) Maintain balance in a standing position
- (c) Move the body from one side to another
- (d) Reach above the shoulder
- (e) Reach below the waist
- (f) Reach out front and to the side of the body

(2) **Fine Motor Skills:**

- (a) Pick up objects with your hands
- (b) Grasp small objects with hands
- (c) Write with a pen or pencil
- (d) Key/type
- (e) Pinch/pick/twist/squeeze with fingers
- (f) Good eye-hand & foot coordination
- (g) Simultaneous hand, wrist & finger movement

(3) **Physical Endurance:**

- (a) Walking and standing for extended periods (minimum of 8 hours)
- (b) Sustain repetitive motions (e.g., CPR)
- (c) Climbing and balancing
- (d) Stooping, kneeling, crouching, crawling

(4) **Physical Strength/Mobility:**

- (a) Lift, carry, and balance up to 125 pounds (250 pounds with assistance)
- (b) Carry equipment/supplies
- (c) Use upper body strength (CPR)
- (d) Squeeze with hands
- (e) Ability to squat or modified squat
- (f) Ability to move quickly
- (g) Ability to climb and descend a flight of stairs
- (h) Ability to walk independently without the assistance of a cane, walker, crutches, wheelchair, or the aid of another person

- (5) **Environment:**
 - (a) Work in cold or extreme heat with or without temperature changes
 - (b) Work in wet and/or humid conditions
 - (c) Work in noise and/or vibration
 - (d) Work in hazards
 - (e) Work in atmospheric conditions
 - (f) Tolerate exposure to common allergens
 - (g) Tolerate odors
- (6) **Senses: Vision, Hearing, and Smell:**
 - (a) See objects up to 20 inches away (small needles)
 - (b) See objects up to 20 feet away
 - (c) Use depth perception and peripheral vision
 - (d) Distinguish color and color intensity
 - (e) See in conditions of low light, no light, or bright flashing lights
 - (f) Hear and discriminate speech at normal conversational sound levels
 - (g) Hear faint voices and body sounds (shallow breathing)
 - (h) Ability to discriminate speech in noise
 - (i) Hear in situations when not able to see (back turned, mask)
 - (j) Detect differences in body and environmental odors
- (7) **Tactile:**
 - (a) Feel vibrations
 - (b) Detect environmental temperatures
 - (c) Feel differences in surface characteristics
 - (d) Feel differences in sizes & shapes
 - (e) Distinguish subtle differences through skin
- (8) **Reading:**
 - (a) Read medication/prescription labels
 - (b) Read and understand digital and computer displays
 - (c) Accurately read a road map
 - (d) Review written reports for accuracy
 - (e) Read and understand written documents, including professional journals
- (9) **Math:**
 - (a) Tell and measure time
 - (b) Ability to conduct essential math functions, including addition, subtraction, multiplication, and division, without using a calculator
 - (c) Compute fractions and decimals
 - (d) Perform quick and precise mathematical calculations using ratios and proportions
 - (e) Document numbers in records
- (10) **Interpersonal Skills:**
 - (a) Establish positive rapport with faculty, EMS personnel, patients, family members, and co-workers/peers
 - (b) Negotiate interpersonal conflict
 - (c) Demonstrate respect for diversity in culture, religion, sexual orientation, marital status, socioeconomic status, and abilities/disabilities
 - (d) Interact as a member of the healthcare team

(11) Communication Skills:

- (a) Exhibit & comprehend nonverbal cues
- (b) Speaks, writes, reads, and understands English
- (c) Listen & comprehend spoken/written word
- (d) Communicate verbally with diverse cultures and age groups
- (e) Collaborate with others
- (f) Use a telephone, radio dispatch, or other communication device for care coordination

(12) Emotional Stability:

- (a) Ability to interact with and support patients
- (b) Independent and confident
- (c) Adapt to changing environments
- (d) Establish professional relationships
- (e) Accept feedback appropriately
- (f) Accept responsibility for own actions
- (g) Ability to use good judgment and remain calm in high-stress situations

j) Collin College EMS Functional Job Analysis/Technical Standards Paramedic Characteristics

- i) The paramedic must be a confident leader who can accept the challenge and high degree of responsibility entailed in the position. The paramedic must have excellent judgement and be able to prioritize decisions and act quickly in the best interest of the patient, must be self-disciplined, able to develop patient rapport, interview hostile patients, maintain a safe distance, and recognize and utilize communication unique to diverse multicultural groups and ages within those groups. Must be able to function independently at an optimum level in a non-structured environment that is constantly changing.
- ii) Even though the paramedic is generally part of a two-person team, generally working with a lower skill and knowledge level Basic EMT, it is the paramedic who is held responsible for safe and therapeutic administration of drugs, including narcotics. Therefore, the paramedic must not only be knowledgeable about medications but must be able to apply this knowledge in a practical sense. Knowledge and practical application of medications include thoroughly knowing and understanding the general properties of all types of drugs, including analgesics, anesthetics, anti-anxiety drugs, sedatives and hypnotics, anti-convulsants, central nervous stimulants, psychotherapeutics that include anti-depressants, and other anti-psychotics, anti-cholinergics, cholinergics, muscle relaxants, anti-dysrhythmics, anti-hypertensives, anticoagulants, diuretics, bronchodilators, ophthalmics, pituitary drugs, gastro-intestinal drugs, hormones, antibiotics, antifungals, anti-inflammatories, serums, vaccines, anti-parasitics, and others.
- iii) The paramedic is personally responsible, legally, ethically, and morally for each drug administered, for using correct precautions and techniques, observing and documenting the effects of the drugs administered, keeping one's own pharmacological knowledge base current as to changes and trends in administration and use, keeping abreast of all contraindications to administration of specific drugs to patients based on their constitutional make-up, and using drug reference literature.
- iv) The responsibility of the paramedic includes obtaining a comprehensive drug history from the patient that includes names of drugs, strength, daily usage, and dosage. The paramedic must take into consideration that many factors, in relation to the history given, can affect the type of medication to be given. For example, some patients may be taking several medications

prescribed by several different doctors, and some may lose track of what they have or have not taken. Some may be using nonprescription/over-the-counter drugs. Awareness of drug reactions and the synergistic effects of drugs combined with other medicines and, in some instances, food, is imperative. The paramedic must also take into consideration the possible risks of medications administered to a pregnant mother and the fetus, keeping in mind that those drugs may cross the placenta.

- v) The paramedic must be cognizant of the impact of medications on pediatric patients based on size and weight, special concerns related to newborns, geriatric patients, and the physiological effects of aging, such as the way skin can tear in the geriatric population with relatively little to no pressure. There must be an awareness of the high abuse potential of controlled substances and the potential for addiction; therefore, the paramedic must be thorough in report writing and able to justify why a particular narcotic was used and why a particular amount was given. The ability to measure and re-measure drip rates for controlled substances/medications is essential. Once medication is stopped or not used, the paramedic must send back unused portions to the proper inventory area.
- vi) The paramedic must be able to apply basic principles of mathematics to the calculation of problems associated with medication dosages, perform conversion problems, differentiate temperature reading between centigrade and Fahrenheit scales, be able to use proper advanced life-support equipment and supplies (e.g., proper size of intravenous needles) based on patient's age and condition of veins, and be able to locate sites for obtaining blood samples and perform this task, administer medication intravenously, administer medications by gastric tube, administer oral medications, administer rectal medications, and comply with universal precautions and body substance isolation, disposing of contaminated items and equipment properly.
- vii) Effective January 2024, the paramedic must be able to apply knowledge and skills to assist overdosed patients to overcome trauma through antidotes, have knowledge of poisons, and be able to administer treatment. The paramedic must be knowledgeable as to the stages drugs/medications go through once they have entered the patient's system and be cognizant that the route of administration is critical in relation to the patient's needs and the effect that occurs.
- viii) The paramedic must also be capable of providing advanced life support emergency medical services to patients, including conducting and interpreting electrocardiograms (EKGs), electrical interventions to support the cardiac functions, performing advanced endotracheal intubations in airway management and relief of pneumothorax, and administering appropriate intravenous fluids and drugs under the direction of an off-site designated physician.
- ix) The paramedic is a person who must not only remain calm while working in difficult and stressful circumstances but must be capable of staying focused while assuming the leadership role inherent in carrying out the functions of the position. Good judgment, along with advanced knowledge and technical skills, is essential in directing other team members to assist as needed. The paramedic must be able to provide top-quality care, concurrently handle high levels of stress, and be willing to take on the personal responsibility required of the position. This includes not only all legal ramifications for precise documentation, but also the responsibility for using the knowledge and skills acquired in real-life-threatening emergency situations.
- x) The paramedic must be able to deal with adverse and often dangerous situations, which include responding to calls in districts known to have high crime and mortality rates. Self-confidence is

critical, as is a desire to work with people, solid emotional stability, a tolerance for high stress, and the ability to meet the physical, intellectual, and cognitive requirements demanded by this position.

k) Physical Demands

Aptitudes required for work of this nature are good physical stamina, endurance, and body condition that would not be adversely affected by frequently having to walk, stand, lift, carry, and balance (at times) in excess of 125 pounds. Motor coordination is necessary because over uneven terrain, the patients', the paramedics', and other workers' well-being must not be jeopardized.

l) Comments

- i) The paramedic provides the most extensive pre-hospital care and may work for fire departments, private ambulance services, police departments, or hospitals. Response times for the nature of work are dependent upon the nature of the call. For example, a paramedic working for a private ambulance service that transports the elderly from nursing homes to routine medical appointments and check-ups may endure somewhat less stressful circumstances than the paramedic who works primarily with 911 calls in districts known to have high crime rates. Thus, the particular stresses inherent in the role of the paramedic can vary, depending on place and type of employment.
- ii) However, in general, in the analyst's opinion, the paramedic must be flexible to meet the demands of the ever-changing emergency scene. When emergencies exist, the situation can be complex, and care of the patient must be started immediately. In essence, the paramedic in the EMS system uses advanced training and equipment to extend emergency physician services to the ambulance. The paramedic must be able to make accurate, independent judgements while following oral directives. The ability to perform duties in a timely manner is essential, as it could mean the difference between life and death for the patient.
- iii) Use of the telephone or radio dispatch for coordination of prompt emergency services is required, as is a pager, depending on the place of employment. Accurately discerning street names through map reading and correctly distinguishing house numbers or business addresses are essential to task completion in the most expedient manner. Concisely and accurately describing orally to the dispatcher and other concerned staff one's impression of the patient's condition is critical, as the paramedic works in emergency conditions where there may not be time for deliberation. The paramedic must also be able to accurately report orally and in writing all relevant patient data. At times, reporting may require a detailed narrative on extenuating circumstances or conditions that go beyond what is required on a prescribed form. In some instances, the paramedic must enter data on a computer from a laptop in an ambulance. Verbal skills and reasoning skills are used extensively.

Source: USDOT 1998 National Standard Paramedic Curriculum

m) Prior Learning Assessment

In accordance with College policy (see College Catalog [HERE](#)). Collin College's EMS program grants students the ability to utilize prior life experience/training for placement in our program. Students who have completed the requirements outlined in the College Catalog may submit their experience for audit to the EMS program director. Once evaluated, the results will be conveyed to the Office of Admissions for further processing.

n) **Pregnant and Parenting Students**

In accordance with the [Texas Education Code Section 51.982](#), Collin College provides reasonable modifications to a student who is pregnant, experiencing a pregnancy-related condition(s), and/or parenting if the student requests them and they are reasonably available. The Office of Title IX works with pregnant and parenting students to provide reasonable modifications on a case-by-case basis. Students who need to request reasonable modifications due to pregnancy, a pregnancy-related condition(s), and/or parenting should complete and submit the [Pregnant and Parenting Students Modifications Request Form](#), or contact Collin College's liaison officer for pregnant and parenting students at 972.599.3126, or athroop@collin.edu. To learn more about pregnant and parenting students' rights under state and federal laws, go to www.collin.edu/titleix/pregnantandparentingstudents.html.

o) **Artificial Intelligence**

i) **The use of generative AI tools to complete assignments is strictly prohibited.**

ii) Collin College's Scholastic Dishonesty Policy explicitly forbids students from presenting work that they did not do and representing it as their own. In this course, the use of a generative AI tool to produce a student submission for an assignment will be treated as an instance of academic dishonesty, since the thought process, organization of ideas, and written expression of an assignment are generated by the AI tool and not by the student.

4) Student Requirements and Expectations

a) **Uniforms:**

- i) **Students are required to be in uniform while on this campus for classes, labs, and during clinical/internships.** All students are to wear the baby blue Class B shirt. EMT students must have the Collin College EMS patch secured to their uniform per guidelines. Paramedic students must wear the Collin College EMS patch as well as the DSHS EMT patch per guidelines.
- ii) Uniform requirements are outlined on our [Uniform and Equipment website page](#).
- iii) Students are allowed to wear a plain, navy-blue jacket or long-sleeve navy-blue shirt in cold weather, or to cover tattoos. During lab, students may wear the Collin College EMS student t-shirts in lieu of classroom/clinical shirts.
- iv) **Students should comply with the following when in uniform:**
 - (1) No jewelry
 - (2) No artificial nails or bright nail colors
 - (3) No perfume/colognes
 - (4) No visible tattoos during clinical rotations
 - (5) During classroom and lab, visible tattoos may be left uncovered at the discretion of faculty
 - (6) Professional facial hair is acceptable
 - (7) No alcohol consumption or inappropriate social behavior in uniform
 - (8) Professional and considerate behavior is always expected while in uniform, representing the Collin EMS program.

b) **Code of Ethics for EMS Practitioners:**

- i) Collin College EMS students are expected to conduct themselves in accordance with the EMS Practitioner Code of Ethics as presented by NAEMT.ORG. It states:

- (1) 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:
- (a) To conserve life, alleviate suffering, promote health, do no harm, and encourage the quality and equal availability of emergency medical care
 - (b) 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
 - (c) To not use professional knowledge and skills in any enterprise detrimental to the public well-being
 - (d) 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
 - (e) To use social media in a responsible and professional manner that does not discredit, dishonor, or embarrass an EMS organization, co-workers, other healthcare practitioners, patients, individuals, or the community at large
 - (f) To maintain professional competence, striving always for clinical excellence in the delivery of patient care
 - (g) To assume responsibility in upholding standards of professional practice and education
 - (h) To assume responsibility for individual professional actions and judgment, both in dependent and independent emergency functions, and to know and uphold the laws that affect the practice of EMS
 - (i) To be aware of and participate in matters of legislation and regulation affecting EMS
 - (j) To work cooperatively with EMS associates and other allied healthcare professionals in the best interest of our patients
 - (k) 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

If students' actions are deemed to conflict with the EMS Code of Ethics, disciplinary actions will be initiated at the department level with the EMS program director.

c) **Scholastic Integrity:**

Collin College EMS students are expected to maintain the highest standards of academic integrity. Evidence of dishonest academic behavior will be referred to the EMS program director along with the Collin College dean of students. Please see the Collin College policies on scholastic dishonesty [HERE](#).

5) EMS Department Procedures

a) **Attendance**

- i) The Texas Department of State Health Services approves EMS courses based on the total number of course hours. Students who miss lecture, lab, and/or clinical hours due to absences or tardies would not meet the mandatory state requirements for certification and would not be eligible for course completion. Absences in the EMT and paramedic programs are closely monitored. It is the student's responsibility to refer to the syllabus for each course for the

specific number of allowed absences for that course. Exceeding the allowed absences may result in removal from the program. **In the event of an absence, students are required to email emsabsences@collin.edu.** Include your full name, cohort (e.g., P30), and reason for absence or tardiness in the email. Students will be marked absent in Canvas, and the student will complete an attendance form for the professor to sign upon returning to class. **Attendance will be checked at the beginning and end of each class. Students not present for both roll calls will be counted absent for the entire class unless prior permission is obtained.** That form will be signed by the EMS program director and filed in the student's personal file. It is the student's responsibility to notify the instructor of any foreseen absences, find out what material was covered during missed class time, and **make up any work missed within three (3) calendar days.** Class lecture material may be obtained from other students or by contacting the instructor. **If you are absent on a day that a quiz, exam, or skills exam, etc., is given, you will receive a grade of zero (0) for that activity unless you have an excused absence.** It is not acceptable to come to class to take a quiz, exam, or skills exam, then leave for the remainder of the class. In the event you are ill and come to class to take the quiz/exam and then leave, you will be required to produce a doctor's note upon returning to class. Without the doctor's note, the time missed will be recorded as an unexcused absence, and you will receive a zero (0) for that activity.

- ii) Should the need arise for classes to be moved to a hybrid or online environment, refer to your course syllabus for the most current attendance requirements.

b) **Excused Absences:**

- i) Excused absence is defined as illness, immediate family member death, College-approved religious holiday, court/jury summons, official military leave, extreme personal emergency, or FD or EMS agency written/physical ability exam. However, appropriate documentation must be provided within one class period of your return date to class. Appropriate documentation includes: **physician return to work/school form, statement of attendance at a funeral from a mortuary services provider, a certificate of attendance as a juror or witness from a court of law, official military orders, or official FD or EMS agency written/physical ability exam documents.**
- ii) **Important Note:** A verbal explanation is appreciated but will not suffice as documentation. Furthermore, a note from your parent, spouse, partner, significant other, or roommate does not constitute proper documentation. Additionally, routine dental/doctor's visits, sick spouse/child, elective medical procedures, family vacations, and court appearances resulting from your own negligence are not excused. This list is not all-inclusive as it is impossible to foresee every possible excuse. Extreme personal emergencies will be evaluated on a case-by-case basis. The EMS program coordinator/director reserves the right to determine what is and is not an excused absence.

c) **Tardiness:**

- i) Classes begin at their appointed time per the schedule. You are expected to arrive at every class on time. Tardiness will be handled as follows:
 - (1) 1 – 15 minutes late – Student will complete a yellow absence/tardy form.
 - (2) Any arrival after 15 minutes will be counted as an absence for that class. Submit the yellow absence/tardy form.
 - (3) **Three tardies will count as one (1) class absence.**

- ii) A student who is tardy for any reason will, upon entering the class, complete a yellow absence/tardy form and hand it to your instructor. Habitual or trending tardiness will result in a meeting with the EMS program coordinator/program director.
- iii) Absences/tardies will be reflected in the student's grade.

d) **Grading**

- i) Students should refer to their course syllabus for all grading inquiries. There are, however, broad grading policies that are universal for all Collin College EMS courses. If a student is absent on exam day, it **MUST** be an excused absence as outlined in your course syllabus. If the absence is unexcused, the student will receive a zero (0) for their exam grade. If the absence is excused, the student must test upon their return to class. The exam may have 25% more questions than the original or may be an exam "B" covering the same topics.
 - (1) A minimum score of 70% is required for all major exams. Students who score below 70% on an exam are eligible for one retest per class/module. **There are no retests allowed for module final exams.** See your syllabus for professor-specific instructions on retests.
 - (2) A minimum score of 75% is required for the comprehensive final exam that is taken at the end of Assessment-Based Management. Students who score below 75% on the final will be allowed one retest IF they have a course average of 80% going into the final. See your syllabus for professor-specific instructions on final exam retests. EMT students need to speak to their professor regarding the EMT final.
 - (3) Module final exam score must be a minimum of 75%. **There are no retests allowed for module final exams.**
 - (4) If a module final exam is below 75%, then the student does not continue with the Paramedic/EMT program. In order to advance to the next Paramedic/EMT program course, the student must make an 80% overall module average AND pass the module final exam with 75%. Both elements must be achieved to proceed with the program.
 - (5) A minimum average of 80% is required for each class/module of your Paramedic/EMT program course in order to advance to the next semester/mini-semester and continue the program. If a student scores a class/module final total average of below an 80% (C average), the student may have the following options: continue with the class for college credit, or, if possible, withdraw/drop the class. With both circumstances, the student will NOT proceed with the Paramedic/EMT program. The student is responsible for dropping present and/or future EMS program classes with the registrar. Failure to drop classes and remaining registered and on the class roster without attendance will result in an "F" for subsequent grades in the class.

e) **Professional Affective/Behavior Evaluation Policy**

- i) At the completion of the program, the student will be able to:
 - (1) Demonstrate personal behaviors consistent with professional and employer expectations for EMS providers
 - (2) Practice knowledge, attitudes, and skills reflective of professionalism
 - (3) Show an understanding of the roles and responsibilities of an EMS provider
 - (4) Acquire a commitment to providing excellent patient care
 - (5) Explain the concept of patients' rights
 - (6) Practice implementation of patients' rights in all care situations
 - (7) Illustrate the concept of acting as a patient advocate

- (8) Identify the needs of specially challenged patients
 - (9) Demonstrate the ability to act as a team leader
- f) Students will be evaluated on the affective/behavioral component during labs by their lab instructors and by their clinical preceptors for clinical rotations. The components of this evaluation are as follows:
- i) Key:
 - (a) Unacceptable performance
 - (b) Below expectations for experience level
 - (c) Acceptable performance for experience level
 - (d) Exceeds expectations for experience level
 - ii) Areas of evaluation:
 - (a) Ability to remain calm in stressful situations
 - (b) Interest in improving own medical knowledge
 - (c) Willingness to assist other healthcare workers
 - (d) Caring, non-judgmental attitude towards patients
 - (e) Professional attitude and appearance at all times
- g) Students are expected to display professional behavior at all times. In cases where behavior is not up to the standards of the EMS profession, a counseling form and meeting will take place.
- h) **Online and Hybrid Courses**
- i) Refer to the course syllabus for online/hybrid course attendance expectations.
 - ii) Exams and quizzes will be monitored through online monitoring software. The use of non-approved resources is prohibited. Use of non-approved resources will result in immediate removal from the program.
- i) **Online Course Instruction due to Unforeseen Circumstances:**
- i) If the college must discontinue face-to-face classes and move to an online format, your professor will provide updated requirements for completion of the class.
 - ii) Students are ultimately responsible for learning the material, despite the class format.
- j) **Student Minimum Competencies – (SMC)**
- The Student Minimum Competencies (SMC) is meant to measure student progress against certain educational goals representing a broad spectrum of patient ages, complaints, diagnoses, learning environments, and specific procedures. Paramedic students must show 100% compliance with all required goals in order to qualify for course completion.
- k) **Student Grievance Procedure**
- i) Students with an EMS education program complaint should follow the following chain of command:
 - (1) Speak with the professor regarding your concern
 - (2) Speak with the EMS program coordinator
 - (3) Speak with the EMS program director
 - (4) Speak with the dean of Health Sciences and Emergency Services

- ii) Students should refer to the Collin College Student Handbook for all other complaints. The handbook can be found [HERE](#)

l) Student Work Policy

While students are encouraged to focus solely on their academic work, we acknowledge the fact that some students must work to support themselves through school. Therefore, we do not prevent any student from working while attending any of our courses.

m) Guidelines for Non-Student/ Minor Children in EMS Classes

- i) It is not appropriate for non-student or minor children of any age to be in the classroom or laboratory at any time instruction is scheduled unless noted in the below-listed exception. These areas involve: a quiet learning environment for students, subject matter not appropriate for non-paramedic students, and hazards to children (equipment and some dynamic scenarios).
- ii) The exception for non-students or minor children: Trauma Day or specific laboratory scenarios. Under these two circumstances, prior approval from the EMS program coordinator and/or the EMS program director must be obtained.

n) Professional Conduct Demerit System

- i) If a student accumulates a total of 30 or more conduct points for the entire program, the student will be at risk of removal from the EMS program.
- ii) The following is a list of possible point deductions per offense:
 - (1) 5 Conduct Points will be assigned for the following:
 - (a) Disruptive or discourteous behavior
 - (b) Inappropriate appearance, e.g., hygiene, grooming, uniform issues, etc.
 - (c) Sleeping in class
 - (d) Failure to follow the instructions or directives of a faculty member, instructor, or clinical preceptor
 - (e) Failure to participate in an assignment or activity
 - (f) Failure to submit assigned make-up work
 - (2) 10 Conduct Points will be assigned for the following:
 - (a) Failure to follow the clinical or internship site schedule, rules, or instructions
 - (b) Inappropriate or discriminatory conduct or language
 - (c) Violation of any program rule, policy, or procedure (not specifically listed in this rule)
 - (d) Disrespect to an instructor, faculty member, or clinical/internship preceptor
 - (e) Out of uniform at classroom or clinical/internship sessions
 - (f) Failure to register and pay for courses within stated deadlines
 - (g) Failure to document the required laboratory, clinical, or field internship within the required time after the lab session or rotation
 - (h) Failure to follow the chain of command as directed in the EMS Student Handbook

(3) 15 Conduct Points will be assigned for the following:

- (a) Leaving class, skills practice, testing, or school grounds without the instructor's permission
- (b) Leaving a clinical or internship without permission from the preceptor and the Department of EMS' faculty or leadership
- (c) Misuse or abuse of any College property or equipment
- (d) Unsafe acts or safety procedure violations with no resulting injuries or property damage
- (e) Providing information to other students regarding recently performed simulations or scenarios.
- (f) Failure to upload immunization and clinical readiness documents within the stated deadline

(4) 25 Conduct Points will be assigned for the following:

- (a) Inappropriate conduct or use of Collin College affiliation or EMS uniform, on or off campus, including at clinical or internship sites
- (b) Willful and/or malicious abuse of any Collin College property or equipment
- (c) Willful and/or malicious unsafe acts or violations of safety procedures, with or without resulting injuries or property damage

(5) 30 points and/or dismissal

- (a) Inappropriate conduct, e.g., fighting, scholastic dishonesty
- (b) Harassment, e.g., sexual, racial, religious, etc.
- (c) Unsafe acts resulting in injuries and/or property damage
- (d) Attendance at class, labs, or clinical/internship while under the influence of illegal drugs or alcohol
- (e) Violation of any criminal law (in or out of class)
- (f) Violation of any Student Code of Conduct in the Collin College Student Handbook
- (g) Acting outside of scope of practice
- (h) Complaints from clinical/internship sites
- (i) Receiving a positive or non-contact positive result on a drug screen

iii) In the case of a student becoming violent, abusive, or exhibiting disruptive behavior, Collin College police will be notified, as will the College Dean of Students. The student will be removed from class until such time as the Dean of Students determines the consequence for said behavior.

o) **Final Program Completion**

- i) To successfully complete the program and establish eligibility for the certification examination, students must:
 - (1) Successfully complete all applicable classroom, clinical, and field internship requirements.
 - (2) Complete and document all applicable patient contact requirements as listed in the current records management system within the required time of the clinical shift.

- (3) Upload into the current records management system the completed and signed Preceptor forms to validate the hours on each shift. (Sterling Credentials is the current platform.)
- (4) Demonstrate and document skills competence as required in the laboratory, clinical, and field settings.
- (5) Discharge all financial obligations to the EMS education program and to the College.
- (6) not be under investigation or subject to disciplinary action with the department or College.

In addition,

- (7) Paramedic students must have a complete Student Minimum Competency (SMC) in the appropriate records management system, currently Sterling Credentialing, which includes a 100% graduation requirements report.
- (8) All students must complete and submit an application for Certificate of Completion to the Office of Admissions and Records.
- (9) All students must complete a Petition for Graduation and submit it to the EMS departmental administrative assistant.
- (10) All students must receive a grade of 80% in all sections of the program and pass the summative exam with a 75%.

p) EMS Program Readmission

If a current student scores below 70% on a major exam retest or does not pass an EMS course with a “B” or above, the student will be allowed to re-enter the section where they exited the program with the next cohort, space permitting. If a student receives permission to withdraw due to extenuating circumstances, readmission within six (6) months will be considered on a case-by-case basis.

Readmission is considered on a space-available basis. Readmission will be considered the student’s second admission into the EMS program. If the student withdraws, is dismissed, or fails again for any reason, the student is not eligible for another admission into the EMS program. A student who is removed from the program for anything other than academic performance will only be considered for readmission on a case-by-case basis.

6) Pre-Clinical Requirements

a) Immunization and Documentation Requirements

i) Required immunizations and documentation are as follows:

- (1) Measles, Mumps & Rubella (MMR) - documentation of 2 MMR vaccine doses or a positive titer result for all three
- (2) Varicella (Chicken Pox) - documentation of 2 Varicella vaccine doses or a positive titer result
- (3) Hepatitis B (Hep B) - documentation of 3 doses of Hepatitis B vaccine, 2 doses of Heplisav-B vaccine, or a positive titer
- (4) Tuberculosis (TB) test - 1 of the following three (3) TB tests must be completed within the period of 30 days before and up to the class start date.
 - (i) TB skin test (TST) - Documentation for the TST MUST include the date that the test was given (injected in the arm) & the date that the test was read (between 48 and 72 hours from the time the test was given).
 1. Test result must be NEGATIVE, and documentation must include a measurement in millimeters (mm), even if the measurement is zero (0).

- (ii) QuantiFERON®-TB Gold Plus (QFT-Plus) test or the T-SPOT®.TB (T-Spot) test
 - a. These are blood tests, so be sure to allow adequate time to receive the test result.
 - b. This is typically required for persons who have received a TB vaccine (BCG)
 - (5) Tetanus, Diphtheria & Pertussis (TDaP) vaccine – documentation must show a TDaP booster within the last 10 years - not to be confused with the DTaP or TD vaccines, they are not the same as the required booster.
 - (6) Influenza (Flu) vaccine - seasonal flu shots are required if a student will complete clinical shifts any month between October and May—early fall to late spring. Flu doses are not required for summer clinical courses.
 - (7) Health Insurance (FRONT AND BACK OF CARD) – proof of health insurance is required. If a student’s name is NOT on the card, the student will need to contact the insurance company or visit their patient portal to obtain a letter of Verification of Benefits with their name on it. Submissions will ONLY be approved if they include the front AND back of the insurance card. If you do not have insurance, please contact your clinical coordinator for options.
 - (8) CPR Certification - you must show certification in the American Heart Association (AHA) Basic Life Support (BLS) for healthcare professionals. **Our clinical partners DO NOT accept Red Cross certification.**
 - (9) Professional License: For paramedic students only - Upload a copy of your TDSHS EMT license that is current/not expired.
 - (10) Driver’s License or ID card – you must provide a copy of your state-issued driver’s license or ID card.
- ii) Please note: All students must have the correct documentation uploaded into the appropriate location by their class deadline date. This date will be given to students by the Clinical Coordinator at the beginning of the course. Due to the complex nature of clinical placement, along with the expectation of our clinical partners, students who do not meet the deadline will NOT proceed into the clinical portion of the course. Students will be notified approximately 15 days and five days prior to the deadline date as to whether or not they are in compliance. Any student who has not met the requirements by the deadline WILL BE removed from the class. It is the student’s responsibility to communicate with the Clinical Coordinator well in advance of the deadline if they have any issues, questions, or concerns.

b) **Background Check Process**

- i) All students will be required to pay for and pass a background check to qualify for the clinical portion of the class. This background check covers the following items:
 - (1) Felony convictions/deferred adjudications
 - (2) Convictions or felony deferred adjudications involving crimes against persons (physical or sexual abuse), illegal use or distribution of drugs
 - (3) Misdemeanor convictions or deferred adjudications related to moral turpitude (prostitution, public lewdness/exposure, theft under \$1500, computer crimes of fraud, etc.)
 - (4) Felony deferred adjudications for the sale, possession, distribution, or transfer of narcotics or controlled substances
 - (5) Registered sex offenders

- (6) OIG, GSA, and Medicaid sanctions
 - (7) Terrorist suspect list
 - (8) US Treasury Office of Foreign Asset Control (OFAC), List of Specially Designated Nationals (SDN)
 - (9) Pending charges and warrants for arrest
 - (10) Social Security number verification
 - ii) Please review the Collin College EMS Education program Background Check Policy found as an appendix to this handbook. The Department of EMS encourages students to divulge any issues that might be uncovered by the background check early in the program. Compliance with clinical site requirements, as well as state certification regulations, may need to be reviewed to ensure that the student can successfully complete the program and gain their state EMS license.
- c) **Drug Screen Process**
- Please refer to the Collin College EMS program Drug Screening Policy found as an appendix to this handbook. Students accepted into the Collin EMS Education program will be subjected to mandatory random drug screening. Proof of drug screen payment is a part of the clinical readiness documentation that is subject to the clinical readiness deadline. The drug screen collection may occur at any time from the orientation day up to the start of clinical/internship rotations. Students may be randomly drug tested at any time, with or without cause. Any student who fails a drug screen or refuses to be tested will be prohibited from attending any clinical activities. If a student is on prescription drugs that show a positive result on the drug screen, the student will be asked to contact the medical review officer and produce a verifiable prescription to be considered negative. If a student is absent on the day of the drug screen, the student will have 24 hours to report to the testing laboratory to submit their sample. If they do not comply within this timeframe, they will not qualify for clinicals. If you have any questions about the drug screen process, please contact the EMS Clinical Coordinator.

7) Clinical Expectations

- a) **Clinical Experience Overview**
- i) Clinical placement is a critical phase of EMS education, but it is also a privilege that should not be taken lightly by students. To qualify for clinical placement, students must maintain a minimum of an 80% average in all EMS education courses. Students with less than an 80% average are not eligible to attend clinical/internship rotations and, therefore, will not be eligible for certification. The protection of patients is the foremost responsibility of the Collin College EMS program and the clinical/internship sites. Students must have demonstrated acceptable professional conduct and clinical competence throughout their EMS program to be admitted to the clinical/internship sites. Students demonstrating questionable character or competence may not be allowed to begin or continue their clinical experience.
 - ii) Complaints from clinical/internship sites are taken very seriously and will result in suspension of clinical/internship privileges. Pending the outcome of an investigation, a determination will be made as to whether the complaint will result in a reduction of grade for the course and/or dismissal from the program.
- b) **Practicum/Capstone**
- i) The practicum experience represents the capstone of your paramedic training. Students are expected to act professionally and treat each preceptor with respect. You will abide by all rules

set forth by the department with which you are riding, in addition to the rules outlined in this student handbook. If you feel you are being treated unfairly or the department personnel have been abusive in any way, you are to bring this to the attention of your instructor, the EMS clinical coordinator, program coordinator, and program director immediately.

ii) **The student is required to have their preceptor complete a shift evaluation for that shift prior to leaving the station for the day, NO EXCEPTIONS!**

iii) There may be occasions where the student is not performing to a satisfactory level. In those instances, it may be necessary to give the student additional shifts in order to complete the practicum phase. In this event, the student will be counseled as to why the remediation was deemed necessary, and a performance improvement plan will be provided to and signed by the student, the EMS program coordinator, and the program director.

c) **Exposure Policy**

i) Due to the nature of Paramedic/EMT and emergency medical services in general, students (while on a clinical rotation) may unknowingly participate in procedures that would expose them to blood or body fluids from a patient with an infectious disease. Students must, therefore, be ever vigilant and exercise extreme caution while providing medical care.

ii) **INFECTION CONTROL:** It is the intent of Collin College that all students enrolled in a health-related curriculum meet the objectives necessary for the successful completion of that program. This enrollment is inclusive of clinical experiences, which entail potential exposure to individuals with communicable diseases and other dangers. Because the student must know how to prevent the spread of infectious diseases for his/her safety and for the safety of others, the policy of Collin College is that principles of infection control be included in the curricula of health occupation programs. It is then the responsibility of students to apply appropriate precautionary measures when providing services to all patients. These measures may include, but are not limited to, hand washing and the use of gloves, masks, protective glasses, and gowns as indicated by the circumstances involved in the treatment of a particular patient. Before beginning clinical rotations, each student must demonstrate a satisfactory understanding of the importance of body substance isolation, personal protection from airborne and blood-borne pathogens, and the reporting/notification process for exposure to infectious patients. Students assigned to affiliated clinical sites must comply with the infection control policy of the entity to which they are assigned. As new information becomes available, instructors will disseminate the findings to all students.

iii) Skill-practice sessions will be conducted with the intent of preparing students for the practice of patient care on known or suspected infectious patients. All students will always wear gloves when they are in skills-practice sessions. Eye protection will be worn during all skills practice/testing, especially the practice of airway control procedures, peripheral venipuncture, medication administration, or other procedures that could potentially expose the student to the splash or spray of blood or body fluids. At the completion of each skill-practice session, students must remove their gloves and wash their hands before handling personal equipment. Gloves should not be worn in the hallways between practice sessions.

d) **DEFINITIONS:**

i) **INFECTIOUS MATERIALS:** Pathogenic microorganisms or viruses that are present in human blood, emesis, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva, in some instances sweat, and/or any

other body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids and/or other potentially infectious material that can cause disease in humans are considered infectious materials. These pathogens include, but are not limited to, Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV), or Ebola Virus Disease.

- ii) **EXPOSURE INCIDENT**: A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with any potentially infectious material that results from the employee's performance of their duties.
- iii) **DECONTAMINATION**: The use of physical or chemical means to remove, inactivate, or destroy human pathogens to the point where they are no longer capable of transmitting infectious particles, and the surface or item is rendered safe for handling, use, or disposal.
- iv) **BIOHAZARD WASTE**: Waste products such as body fluids/tissue or any contaminated disposable equipment that may have the risk of carrying human pathogens.
- v) **DEFINITION OF AN EXPOSURE**:
 - (1) An exposure occurs when a patient's blood or other bodily fluids enter the employee's body either:
 - (a) percutaneously - through the skin from a blood-contaminated needle or a break in the skin (cut, abrasion, healing wound, etc.).
 - (b) mucocutaneous - through the mucus membrane by the spraying or splattering of blood or other body fluids into the eye, nose, or mouth.
 - (2) An Inhalation Exposure:
 - (a) Inhalation of bacteria, viruses, or other products directly or indirectly during patient contact. Examples include, but are not limited to, meningitis, tuberculosis, etc.
 - (3) Examples of Non-exposure Events:
 - (a) Blood on intact skin
 - (b) Blood on clothing or equipment
 - (c) Touching an infected person
 - (d) Talking to an infected person
- vi) **If an Exposure Occurs**:
 - (1) Students involved in incidents that result in personal injury, injury to another person, or damage to property should report the incident to the appropriate person as described in the reporting process in this policy. Clinical sites should provide emergency treatment in case of accident or illness to students while on-site for clinical training. Students, however, are responsible for personal insurance coverage and/or charges related to treatment, if any.
 - (2) While on clinical/internships, the incident reporting procedure for the clinical entity involved will be followed. This is in addition to the EMS program documentation, which will be available upon request. Students are hereby mandated to become aware of the necessary process for the clinical site(s) to which they are assigned. The EMS program coordinator must be notified as soon as possible. As soon as any danger or threat has passed, the student must complete an incident report outlining the events immediately preceding, during, and any action taken following the incident. This report must be submitted to the EMS clinical coordinator as soon as practical.

e) **HIPAA Considerations for Students**

- i) In 1996, HIPAA was passed and made patient health information legally private and secure.

Please review the HIPAA website for any questions related to the HIPAA Act: [HIPAA Guidelines for Healthcare Professionals](#)

- ii) A violation of patient privacy is a federal offense that carries substantial fines as well as the potential loss of professional licenses.
- iii) The department will investigate any complaint of a student violating HIPAA privacy laws and could result in removal from the program.

f) **Third Rider and Ride-Along Policy:**

- i) Students enrolled in the Collin College EMS education program may accept invitations to ride with EMS agencies as community citizens. However, students will not be considered by the Collin College EMS education program to be conducting a clinical rotation and are not permitted to wear the Collin College EMS education program clinical uniform or represent the Collin College EMS education program in any fashion.
- ii) Violations of this policy may result in the immediate removal of the student from further clinical rotations, which would prevent the student from completing the EMT or Paramedic program.
- iii) While on clinical rotations:
 - (1) Students are to be dressed in the Collin College clinical uniform (see Uniform Policy for additional information).
 - (2) Students are to display a professional attitude while seeking out learning opportunities without interfering in the emergency care of patients or infringing on patient confidentiality.
 - (3) Students must NOT participate in any amorous or sexual behaviors toward preceptors, patients, or others encountered.
 - (4) Students must function in the student capacity, regardless of previous affiliations or employment with the clinical site.
 - (a) Although employers are free to compensate students for clinical rotations, students must function 100% of the time as students or interns. Students are not to be substituted for paid personnel.
 - (5) Students are allowed to leave the assigned unit of the clinical site to eat lunch or dinner. Students will be given 30 minutes to eat and must eat on the campus of the clinical site.

g) **Support for Students Who Have Responded to Traumatic Incidents:**

- i) Students exposed to traumatic incidents have a high risk of developing long-term issues that may affect their career path and/or home life. Such incidents may include, but are not limited to, the following types of calls: Pediatric CPR, Pediatric Abuse, Mass Casualty Incidents, Fire Department, or LEO-involved traumatic injury or death.
- ii) To ensure the students have the correct tools to process these incidents, the Collin College EMS Program has adopted the policy with the same title as this section. This policy can be found in the appendix section of this handbook.
- iii) Students are **highly encouraged** to communicate any signs of an adverse response to a call to their faculty, any EMS staff member, other faculty, or an instructor so that the proper steps can be taken to ensure student well-being.

8) Student Resources

- a) **Collin College Resources**
 - i) Library Services

Collin College libraries hold more than just books—they are hubs for collaboration, innovation, and enrichment. As a member of the Collin community, the library can provide research support, print and digital resources, computer labs and printers, and knowledgeable, helpful librarians and staff to assist you. Log in to CougarWeb to access the online sources and more information on what the library has to offer.

ii) Computer Labs

Students have access to the computer lab in the Health Science building on the 2nd floor, along with any library on any campus, and various other computer labs across the Collin district.

iii) Counseling Services

- (1) Once you begin classes at Collin College, you are eligible for counseling services. Collin College counselors aim to support student success by offering counseling services to help maintain a safe and healthy learning environment.
- (2) Students seek counseling for a variety of reasons that include, but aren't limited to, depression, anxiety, relationship issues, trauma, general wellness, domestic violence/abuse, academic concerns, alcohol/drug addiction, gender identity, eating/body image, stress, etc.
- (3) All issues are taken seriously, and no problem is "too small" to discuss. Please refer to the Counseling Services website for more information or to schedule a session: [Collin College Counseling Services](#)

iv) CougarAlert System

When an emergency occurs, the CougarAlert system can send email, text messages, and voice messages to students and employees in as little as 90 seconds. CougarAlerts will be sent in emergencies that require unscheduled closure or evacuation of a campus or the district. This includes, but is not limited to, weather closures, power outages, police emergencies, catastrophes, and/or hazardous exposures. All students should go to [Sign up for CougarAlert](#) and ensure they are enrolled to receive alerts.

b) Fair Practices – Safeguards

- i) This Fair Practices and Safeguards statement is to emphasize that the health and safety of patients, students, faculty, and other participants associated with the educational activities of the students must be adequately safeguarded. The Collin College EMS program recognizes that many Collin College students have the good fortune of being sponsored by their agencies for their educational requirements. Many of these students have the ability to continue to work for their employer while still attending paramedic school. The Collin College accrediting body, the Committee on Accreditation of Educational Programs for the Emergency Medical Professions (CoAEMSP) has mandated that while a student is still engaged in active coursework in the Collin College EMS program, they may not count work experience towards the completion of their coursework and graduation requirements. Their official statement on this is as follows: ***“All activities required in the program must be educational and students must not be substituted for staff.”*** This directive applies to three situations:
 - (1) If a student is employed and is covering shifts, on duty, for that employer on days they are not in school, they may not document patient encounters and/or skills performed on the Student Minimum Competencies (SMC) while executing those duties.
 - (2) If a student is performing their assigned Field Experience shifts with their employer, they are to act as a third-rider and not be counted in official staffing in any way. They are to

document all patient encounters in the Sterling software. Their downtime at the station is to be utilized documenting their calls and working with their preceptors on weaknesses identified in the Field Experience, not executing “rookie” duties.

- (3) If a student is performing their Capstone Experience with their employer, the same rules apply as stated for the Field Experience. In the Capstone Experience, the student is to perform in the Team Lead role as outlined in the Preceptor Training and document all encounters in the Sterling software. Their station downtime should be spent with their preceptors evaluating their experiences and correcting any deficiencies observed.
- ii) When students are practicing in the Field Experience and Capstone activities, they are practicing under Collin College Medical Direction and are entitled to all malpractice insurance, rules, policies, and protections. The Collin College EMS program does whatever is necessary to protect the learning environment and the student.

c) **National Registry**

i) EMT and Paramedic Students:

The process for student clearance that is conducted at the end of the student’s clinical experience is as follows:

- (1) Students create an account with the National Registry, <https://www.nremt.org/rwd/public>, then create an application for certification and **pay for the exam**.
- (2) Students then bring their clinical badge and vest to the Department of EMS, where they attest that they have completed all course requirements by completing the course completion form.
- (3) The completed form is given to the clinical professor, who grades the coursework and verifies that all requirements have been fulfilled.
- (4) Once a grade has been assigned to the student, the professor gives the completion form to the EMS program coordinator, who approves the student for testing with the National Registry.
- (5) Upon approval from our department, the National Registry will email the student with detailed instructions on how to schedule the National Registry Cognitive Exam with Pearson Vue.
- (6) The student takes the National Registry exam and may expect results to be emailed to them within 24-48 hours.

d) **Texas EMS License and Certification**

Once students have successfully received their National Registry Certification, they will need to obtain their Texas EMT/Paramedic license. Please visit the Texas Department of State Health Services and follow the instructions to apply. Their website is: [Texas DSHS EMS License Application](#).

e) **FERPA**

- i) FERPA is a Federal law (Act) that protects the privacy of student education records. It provides students the right to:
 - (1) inspect and review their education records;
 - (2) request to amend inaccurate or misleading records;
 - (3) consent to disclosures of personally identifiable information contained in their records;
 - (4) file a complaint with the US Department of Education concerning alleged failures by the

institution to comply with this law

- ii) While FERPA gives parents certain rights with respect to their children's education records, these rights transfer to the student when they reach the age of 18 or begin attendance at Collin College, either on site, through distance learning, or in high school as a dual enrollment student (regardless of age).
- iii) Parents may obtain directory information only at the discretion of the institution. Parents may obtain non-directory information only with the written consent of the student.
 - (1) **Directory Information** - public information considered not harmful or an invasion of privacy. The following information has been defined as directory information at Collin College, and can be given to third parties without written consent from the student:
 - (a) Student name, address, and home telephone number
 - (b) Major field of study
 - (c) Participation in officially recognized activities and sports
 - (d) Weight and height of athletic team members
 - (e) Dates of attendance/enrollment
 - (f) Most recent educational institution attended
 - (g) Degrees and awards received
 - (h) Photograph
 - (2) **Non-Directory Information** - any student education record not listed above. Disclosure to anyone without the written permission of the student is not permissible.
 - (3) **Request for Non-Disclosure** - Student may submit a request, in writing, to the Office of the Registrar to prevent the release of directory information to third parties. This request remains in effect until the student revokes it in writing. However, Collin College may disclose this information to college staff that has a legitimate educational interest.
 - (4) **Legitimate Educational Interest** - the justifiable need of a college official to view an educational record to enable them to complete their job responsibilities as defined by the institution.
 - (5) Please contact the Office of the Registrar if you have a question about how to prevent the release of student records, the process to review or amend your educational records, or how to revoke your statement of non-disclosure.

Due to FERPA regulations, all EMS faculty and staff will use Collin College email to contact and correspond with students. We ask that all students use their Collin College email address or Canvas to contact the EMS department by email.

Appendices to the Collin College EMS Program Student Handbook

1. Collin College EMS Program Background Check Policy
2. Collin College EMS Program Drug Screening Policy
3. Support for Students Who Have Responded to Traumatic Incidents Policy

Collin College EMS Program Background Check Policy

Collin College's EMS Program is committed to maintaining a safe, healthy, and productive environment for our students. The program is also committed to adhering to the DFW Hospital Council's Community Standards for Drug Screening, Background Checks, and Immunizations, which are required for all clinical students. Furthermore, we are committed to contractual compliance with our clinical partners.

Therefore, students accepted into any clinical course within the Collin College EMS Program must pass a criminal background check that adheres to the DFW Hospital Council's standards and those of our clinical partners. This will occur before placement in the clinical setting. Students must purchase this background check from the designated vendor providing this service to the EMS Program. No other screening will be accepted. Failure to purchase the screening by the deadline for the student's cohort will result in disciplinary action, up to and including dismissal from the program.

Each student's criminal history will be checked, at a minimum, for the following:

- Felony convictions/deferred adjudications
- Misdemeanor convictions or felony deferred adjudications involving crimes against persons (physical or sexual abuse), illegal use or distribution of drugs
- Misdemeanor convictions or deferred adjudications related to moral turpitude (prostitution, public lewdness/exposure, theft under \$1500, computer crimes of fraud, etc.)
- Felony deferred adjudications for the sale, possession, distribution, or transfer of narcotics or controlled substances
- Registered sex offenders
- OIG, GSA, and Medicaid sanctions
- Terrorist Suspect List
- U.S Treasury Office of Foreign Asset Control (OFAC), List of Specially Designated Nationals (SDN)
- Pending charges and warrants for arrest
- Social Security Number verification

This search will include the cities and counties of all known residences of the student, not just those in the DFW area.

If the report contains negative findings, the student will be disqualified from participation in the clinical rotation. All negative findings will be reviewed by the EMS Program Director, who may determine that the student should be immediately administratively withdrawn from the program.

Collin College EMS Program Student Drug Screening Policy

Collin College's EMS Program is committed to maintaining a safe, healthy, and productive environment for our students. The program is also committed to adhering to the DFW Hospital Council's Community Standards for Drug Screening, Background Checks, and Immunizations, which are required for all clinical students. Furthermore, we are committed to contractual compliance with our clinical partners.

Students in the clinical setting must remain free from the use of illicit drugs, alcohol, or other drugs with the potential to impair clinical judgment and performance. Students accepted into any clinical course with the Collin College EMS Program will be subjected to mandatory random drug screening. This screening will occur prior to placement in the clinical setting. Students are required to purchase this screening from the designated vendor performing the testing. No other testing will be accepted. Failure to purchase the screening by the deadline for the student's cohort will result in disciplinary action, up to and including dismissal from the program.

Students will be screened for the presence of the following prohibited substances:

- Amphetamines
- Barbiturates
- Benzodiazepines
- Cocaine Metabolites
- Marijuana Metabolites
- Methadone
- Opiates
- Phencyclidine
- Propoxyphene/metabolites
- Synthetic opiates

Any student who is on a prescription medication that would show a positive result on the drug screen will have the opportunity to verify the legitimate prescription with the designated vendor's Medical Review Officer (MRO).

Any student with a positive drug screen or who refuses to be screened will be prohibited from attending clinical assignments and EMS experiences. After due process, the student will be administratively withdrawn from the program and may be subject to further disciplinary action by the college. Per the DFW Hospital Council Community Standards, students with a positive drug screen or who refuse to submit to a reasonable suspicion drug screen will not be allowed to attend any clinical rotation for a minimum of 12 months, and they must complete a negative drug screening through the approved vendor before readmission to the program. The student will be responsible for the cost of the readmission screening.

Any student who is absent on the date of the random screening for their cohort will be required to present to the designated vendor's location within 24 hours of the cohort's on-site screening. Failure to complete the screening within the required deadline will be treated the same as a positive drug screening.

Any student who displays behavior suspected to be related to the use of drugs or alcohol while in the clinical setting may be subjected to drug screening. The decision to require the student to submit to screening will be made in collaboration with the Program Director. This screening will be completed at the designated vendor's location on the same business day as notice to the student (or within two hours of the site opening if after hours). Failure to complete the screening within the required deadline will be treated the same as a positive drug screening.

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Collin College EMS Education

Support For Students Who Have Responded to Traumatic Incidents

When a student is exposed to a traumatic incident, they have a high risk of developing long-term issues that may affect their career and or home life. To ensure that students have the correct tools to process these incidents, the Collin EMS program has adopted the following policies.

The student will notify the Clinical Coordinator/Program Coordinator if they are called to any of the following: Pediatric CPR, Pediatric Abuse, Mass Casualty Incident, Fire Department, or LEO-involved traumatic injury or death. Or any other calls determined to be traumatic by the EMS program.

If any employee becomes aware of a student making one of the above calls, they will contact the Clinical Coordinator/Program Coordinator to ensure they are aware.

When notified of an incident, contact will be made with the host agency to determine what steps they are taking following the incident.

If needed, an EMS employee will pick the student up from the scene/station.

If a debrief is provided by the host agency, the student will participate in the debrief as a participant of the call.

The student will then be referred to one of the EMS program's Mental Health Partners

The student is required to speak to the counselor for a confidential consultation.

If the student needs further assistance, the EMS program will assist in locating the appropriate resources.

Approved by: _____
Greg Cox, BS, LP, TP-C
Program Director, EMS Education

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