***Regional Training Institute, a Consortium of Regional Paramedical Services and Sumiton Fire and Rescue***

***Paramedic Student Handbook***

Updated & Revised: 1/6/2023

Note: All information contained in this handbook is subject to change by the appropriate officials of Regional Training Institute (RTI) without prior notice.

*It is the official policy of Regional Training Institute that no person shall, on the grounds of race, color, disability, sex, religion, creed, national origin, or age, be excluded from participation in, be denied the benefits of, or shall be subject to discrimination under any program, activity, or employment.*

This information is furnished to you by the Regional Training Institute paramedic program. We have put this handbook together to provide you with the information you will need to succeed in your paramedic courses. This booklet covers the expectations we have of you, and what you can expect from us. Students are required to obtain and/or have access to a copy of the Handbook on admission to the program. Students are responsible for knowing and abiding by this information presented in the Handbook. Any changes in policy will be disseminated.

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**Mission Statement**

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| “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.” |

Regional Training Institute, a Consortium of Regional Paramedical Services and Sumiton Fire and Rescue were formed under CoAEMSP Standard I.B., Consortium Sponsorship with Sumiton Fire and Rescue meeting the CoAEMSP Standard I.A.4., Sponsoring Institution as a governmental agency.

**Accreditation Statement**

RTI has received a Letter of Review from The Commission on Accreditation of Allied Health Education Programs (CAAHEP) subdivision The Commission on Accreditation of Allied Health Education Programs (CoAEMSP).

**Commission on Accreditation of Allied Health Education Programs**

9355 - 113th St. N, #7709

Seminole, FL 33775

727-210-2350

[www.caahep.org](http://www.caahep.org/)

**CoAEMSP:**

8301 Lakeview Parkway, Suite 111-312

Rowlett, TX 75088

214-703-8445

Fax: 214-703-8992

[www.coaemsp.org](http://www.coaemsp.org/)

** **

Regional Training Institute (RTI) EMS Education Program has an articulation agreement with Columbia Southern University (Southern Association of Colleges and Schools (SACS) accredited) to award post-secondary credits for EMS education offered by RTI upon transfer to Columbia Southern University.

**Faculty and Staff**

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**Program Description – Certificate in Paramedic**

The Paramedic program will cover the roles and responsibilities of a paramedic within an EMS system, applying the basic concepts of development, pathophysiology, and pharmacology to assess and manage patients with emergency medical needs. The student will learn how to maintain a patient’s airway, oxygenate and ventilate a patient, be able to take a proper history, and perform a comprehensive physical exam. Students will be able to properly administer medications and communicate effectively with other healthcare providers including physicians, nurses, and other allied health personnel. Students will also be able to integrate pathophysiology principles, assessment findings, and critical thinking skills to formulate a field impression and implement a treatment plan for trauma and medical patients of all ages. Graduates will be eligible to sit for the Paramedic certification exam administered by the National Registry of Emergency Medical Technicians.

**Emergency Medical Services Program**

The Paramedic Program is taught in accordance with the Department of Transportation curriculum, which has been approved by the Alabama Department of Public Health.

Students can find the DOT Curriculum and objectives at the following link: <http://www.nhtsa.gov/people/injury/ems/FinalEducationAgenda.pdf>

The objectives for the curriculum come straight from the relevant DOT Curriculum. Those objectives are on the basis for every question in the National Registry exam. Students can find the DOT Curriculum and objectives at [www.nhtsa.gov](http://www.nhtsa.gov).

**Graduation Criteria**

34 semester credit hours totaling 930 contact hours with a 2.0 grade point average (GPA) is required for graduation. The listed Terminal Competencies are required in completeness and satisfactory standing. Students must achieve a 76% average on all didactic, laboratory, clinical and field internships, and achieve 25 satisfactory team leads in the Capstone Internship. Students have 24 months to complete the program from the initial program start date.

**Paramedic Curriculum**

All courses, 34.00 semester credit hours, are required.

**Semester 1 Session A (8 weeks)**

Course # Course Description Credits Hours Location

EMS 240 Paramedic Preparation and Operations 2 30 Hybrid

EMS 241 Paramedic Pharmacology 2 45 Campus

**Semester 1 Session B (8 weeks)**

Course # Course Description Credits Hours Location

EMS 242 Cardiovascular Electrophysiology 3 45 Hybrid

EMS 243 Patient Assessment and Management 2 45 Hybrid/Campus

EMS 251 Clinical Preceptorship 4 180 Clinical

**Semester 2 Session A (8 weeks)**

Course # Course Description Credits Hours Location

EMS 244 Medical Emergencies 3 60 Hybrid

EMS 245 Cardiovascular Patient Management 2 45 Hybrid/Campus

**Semester 2 Session B (8 weeks)**

Course # Course Description Credits Hours Location

EMS 246 Special Populations 2 45 Hybrid

EMS 247 Advanced Trauma Management 3 60 Hybrid/Campus

EMS 252 Paramedic Field Preceptorship 5 225 Field Rotations

**Semester 3 Session A (8 weeks)**

Course # Course Description Credits Hours Location

EMS 253 Transition to Paramedic 2 30 Hybrid

**Semester 3 Session B (8 weeks)**

Course # Course Description Credits Hours Location

EMS 254 Paramedic Terminal Competencies 3 75 Campus

EMS 255 Paramedic Team Leader Internship 1 45 Field Rotations

|  |  |
| --- | --- |
| ***RTI Competency Requirements*** | |
| ***Event*** | ***# of Times Required*** |
| **Table 1 Assessments by Age** |  |
| Pediatric Assessment Neonate | 3 |
| Pediatric Assessment Infant | 3 |
| Pediatric Assessment Toddler | 3 |
| Pediatric Assessment Pre-School | 3 |
| Pediatric Assessment School Age | 3 |
| Pediatric Assessment Adolescent | 3 |
| Adult Comprehensive Assessment | 60 |
| Geriatric Comprehensive Assessment | 12 |
| **Table 2 Pathologies/Complaint (Conditions)** |  |
| \*OB Delivery with Normal Newborn Care | 3 |
| \*Complicated OB Delivery | 3 |
| \*Distressed Neonate | 4 |
| Trauma Comprehensive Assessment | 27 |
| Medical Comprehensive Assessment | 50 |
| Psychiatric/Behavioral Comprehensive Assessment | 18 |
| Cardiac Pathologies or complaint | 18 |
| \*Cardiac Arrest | 3 |
| Cardiac Dysrhythmias | 16 |
| Medical neurological pathologies or complaints | 12 |
| Respiratory pathologies or complaints | 12 |
| Other medical pathologies or complaints | 18 |
| **Table 3 Required Skills** |  |
| Establish IV | 30 |
| Administer IV Bolus Medication | 15 |
| \*Perform Oral Endotracheal Intubation | 10 |
| \*Administer IV Infusion Medication | 4 |
| Administer IM Injection | 5 |
| \*Establish I/O Access | 2 |
| \*Perform PPV with BVM | 10 |
| \*Perform Endotracheal Suctioning | 2 |
| \*Perform FBAO Removal using McGill Forceps | 2 |
| \*Perform Cricothyrotomy | 2 |
| \*Insert Supraglottic Airway | 10 |
| \*Perform Needle Decompression of the Chest | 2 |
| \*Perform Sychronized Cardioversion | 2 |
| \*Perform Defibrillation | 2 |
| \*Perform Transcutaneous Pacing | 2 |
| \*Perform Chest Compressions | 2 |
| **Table 4 Capstone Field Internship Team Leads** |  |
| Team Leads | 25 |
|  |  |
| **\*Simulation is allowed** |  |
|  |  |

All students will receive progress evaluations as follows:

* Weekly formative cognitive exams.
* Daily formative cognitive quizzes.
* End of course summative exam will be given for each individual course.
* A summative comprehensive exam will be given the week prior to graduation requiring a 76% or higher grade to graduate.
* Weekly formative psychomotor exams in semester one (1) and two (2).
* Weekly summative psychomotor exams in semester three (3).
* Faculty graded affective domain evaluations will be conducted each eight (8) weeks during the program.
* Paramedic Program Director will conduct a summative affective domain evaluation two (2) weeks prior to graduation.
* Internship and Preceptorship evaluations will be evaluated weekly and feedback will be provided to each student by the clinical coordinator.
* Program Medical Director and Program Director will conduct a Terminal Competency Evaluation two (2) weeks prior to graduation.
* Student progress meetings with the lead instructor will be conducted each four (4) weeks of the semester.
* Students will have one mandatory academic advising session with the program director each semester.

**Grading Policy**

**Program Grade Point Average:**

Each grade is assigned a numerical value on a 4.00 system as shown under quality points in the chart below. In order to determine a student’s program grade point average (PGPA), the credit or clock hours for each course are multiplied by the quality points for the grade earned in the course. The total number of points, as calculated, is then divides the total number of credits or clock hours attempted to obtain the PGPA.

The EMS Program uses the following grading scale for all courses.

|  |  |  |
| --- | --- | --- |
| Letter Grade | Quality Points | Percentage Range |
| A | 4.00 | 90.00-100.00 |
| B | 3.00 | 80.00-89.99 |
| C | 2.00 | 76.00-79.99 |
| F | 0.00 | 75.99 or below |

**Incomplete Grade:**

A grade of Incomplete (I) will be given to a student only in cases where the student is not able to complete the work for a course due to extenuating circumstances. The request must be submitted to the instructor and approved by the Academic Dean. If the Academic Dean denies the incomplete, the student will be informed. The deadline to request an incomplete is the last day of the grading period. If a grade of incomplete “I” is issued and the “I” is not resolved within two class weeks after the start of the next academic period, the” I” will be converted to an “F”.  The student will need to repeat the failed course if it is required for graduation.

**Admission Policies and Practices**

1. Prior Education Requirement: An applicant must have a U.S. high school diploma or the equivalent. The Institute recognizes the following equivalents to a high school diploma:

* A General Education Development (GED) certificate
* Additional Requirements for Home-Schooled Applicants and Applicants from Unrecognized High Schools
* A transcript indicating that the applicant has met the minimum requirements in the state in which they were awarded the diploma.
* The transcript should include course titles, dates of attendance, grades and credit earned. Additional information may be requested in order to determine high school equivalency.
* Applicants who are unable to provide evidence of high school equivalency may gain admission by earning a GED certificate.

2. Entrance Testing: An applicant must demonstrate the capacity to succeed in college-level courses. This must be evidenced through one of the following methods:

* Successfully completing an entrance evaluation administered by RTI with examination scores deemed appropriate by the Institute. Wonderlic Select cut score of 50 or higher is required for admission.
* Submission of an ACT score of 17 or better or a combined SAT score of 1,275 or better in place of the college entrance evaluation. (The college placement evaluation is required for math and English placement.)

3. *Drug Testing.* Students are required to pass a drug test prior to entering the first clinical or internship course that includes direct patient contact.

4. *Immunizations and Health Checks.* Verification of immunization history is required for all students admitted to the above-listed programs no later than 45 days after the first day of class. Students are required to have the Hepatitis B immunization series, Varicella, MMR and COVID vaccinations based on clinical site requirements. Students are required to complete a physical exam conducted by a MD, DO, PA or CRNP.

5. A student convicted of a felony or a misdemeanor other than a minor traffic violation for which a pardon has not been granted:

* 1. May not be able to work in clinical sites required in the program (and thus would not be able to complete the program).
  2. May not be able to obtain a license from the state, even if the program is completed.
  3. May not be able to secure a job, even if licensed.

1. A student may be required to pass a criminal background check and substance abuse test to the satisfaction of the clinical site prior to each scheduled clinical course.
2. A student may be subject to drug and/or alcohol screening in conjunction with clinical classes, and a positive result from a screening could result in dismissal from the clinical and from the program.
3. Clinical hours may be scheduled at any time-of-day or day-of-the-weekday, night, late night, weekends, or holidays-and the student must be available to attend clinical sites at any time the student is assigned.
4. Clinical sites will require the student to have his/her immunizations up to date prior to the start of the clinical.
5. A student may be required to complete a physical exam showing that the student is free of disease that may be transmitted to patients, families, or employees and includes:
   1. Proof of TB skin testing and follow-up.
   2. Proof of Hepatitis B vaccination series or proof of immunity.
   3. Proof of MMR and Varicella vaccinations or proof of immunity.
   4. COVID vaccinations are required at Children’s Hospital of Alabama.
6. Clinical sites require that a student be covered by his or her own personal or family health insurance.
7. Students entering the Paramedic Program must be certified in Basic Life Support (BLS) Healthcare Provider before beginning the first clinical/field rotation. Courses that meet this requirement are offered by the American Heart Association. Students are required to show evidence of current BLS Certification a week prior to the first day of each clinical rotation. Those who are not certified will not be allowed to participate in clinical/field rotations and will be considered to have an unexcused absence.

Application for admission is on a continuous basis; however, those who apply first are accepted first, and enrollment is limited. No one will be admitted after the second day of the term unless approved by the Academic Dean and the campus President.

**Paramedic Program Essential Job Functions**

**Cognitive Demands:**

• 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 judgment 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 safe distance, and recognize and utilize communication unique to diverse multicultural groups and ages within those groups.

• The Paramedic must be able to function independently at optimum level in a non-structured environment that is constantly changing.

• The Paramedic must not only be knowledge 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 and be able to independently

apply this knowledge in a variety of patient care situations.

• The Paramedic must be able to properly interview a patient, obtain pertinent information, and then synthesize that information using appropriate critical thinking and clinical decision making skills.

• 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, and be able to use proper advanced life support equipment and supplies.

• 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 are 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.

• 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.

• The Paramedic must be able to collect facts and organize data accurately, and communicate clearly both orally and in writing in the English language (12th grade level or higher).

**Physical Demands:**

• Paramedics must demonstrate 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 (250 pounds with assistance).

• The Paramedic must demonstrate appropriate motor coordination in order to carry equipment, as well as patients, over uneven terrain.

• The Paramedic must be able to communicate accurately and concisely via telephone, radio, and in-person to patients, family members, dispatchers, and other members of the healthcare team.

• The Paramedic must be able to hear key audible stimuli including radio traffic, alarms, warning sounds as well as audible findings on the physical exam.

• The Paramedic must have good hand-eye coordination and manual dexterity to manipulate equipment, instrumentation, and medications.

• The Paramedic must possess eyesight in a minimum of one eye correctable to 20/20 vision and be able to determine directions according to a map.

• The Paramedic must 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 pre-cautions and body substance isolation, disposing of contaminated items and equipment properly.

• The Paramedic must also be capable of providing advanced life support emergency medical services to patients including conducting of and interpreting electrocardiograms (EKGs), electrical interventions to support the cardiac functions, performing advanced endotracheal intubations in airway management and relief of pneumothorax and administering of appropriate intravenous fluids and drugs.

**ADA Compliance**

An individual who discloses a disability may request reasonable accommodations. Individuals will be asked to provide documentation of the disability in order to assist with the provision of appropriate reasonable accommodations. The institute will provide reasonable accommodations but is not required to substantially alter the requirements or nature of the program or provide accommodations that inflict an undue burden on the institute. Requests for reasonable accommodations should be directed to Academic Dean.

**Advanced Placement Policy**

The institute does not allow advanced placement into the paramedic program.

**Transfer Credit Policy**

Applicants desiring to transfer credit to Regional Training Institute for courses taken at other colleges or universities must have official transcripts sent to Regional Training Institute from those colleges/universities. For new students, this is typically done during the admission process prior to the beginning of the first term of enrollment but should be completed by the end of the first eight weeks of enrollment or re-enrollment. While enrolled at Regional Training Institute, students are expected to take all their courses at Regional Training Institute unless otherwise authorized in advance by the Academic Dean or as part of a consortium agreement.

The decision on whether to accept transfer credit is entirely at the discretion of Regional Training Institute as the receiving college/university. In deciding whether to accept transfer credit for college or university course taken elsewhere, Regional Training Institute will consider the following:

* Students may transfer in non-clinical paramedic courses that were taken in the last 2 years at an accredited institution, in which the student earned a “C” or better in the course.
* Clinical-based courses and the Paramedic Terminal Competencies course may not be considered for transfer credit.

**Award of Credit for Military or Industry Courses or Certification Tests Evaluated by ACE**

Regional Training Institute considers the recommendations made by the American Council on Education (ACE) when awarding credit for military and industry courses and tests that have been previously evaluated by ACE. For example, many military courses in the Army, Navy, and Marine Corps have been evaluated for college credit by ACE, as documented on a Joint Service Transcript (JST). (Air Force training courses are included on a transcript as college courses by the Community College of the Air Force). For more information on credit recommendations for military courses, see [www.acenet.edu/militaryguide](http://www.acenet.edu/militaryguide). Similarly, many private companies have had their training courses or certification tests evaluated for award of college credit by ACE.

**Experiential Learning Credit Policy**

Regional Training Institute does not award credit in the paramedic program for any experiential learning.

**Tuition and Fees**

Tuition Cost $150/credit hour

Program has a total of 34 credit hours required for graduation

Fees There are no additional fees

Tuition includes:

Tuition Cost

Textbooks

Uniform Shirt

Student ID Badge

Background Check

Drug Screening

Application Fees

Lab Fees

AHA Healthcare Provider cards (BLS, ACLS, PALS)

Tuition cost does not include: required physical exam, health insurance, vaccination records, and NREMT exam cost

**Withdrawal Policies and Procedures**

Students may voluntarily withdraw themselves from a course at any time by notifying the Academic Dean or Director of Education. If a student has already attended in the class he/she wishes to drop, then the grade for the course will be based on the date the withdrawal is requested. If the request to withdraw from an individual course is before the 75% point of the course or prior to the completion of the clinical requirement of the course, whichever occurs sooner, the grade assigned will be a “W.” If the request to withdraw from an individual course is after the 75% point, or after completion of the clinical component of a course, a letter grade will be assigned. The 75% of the course varies, depending on the length of the course. For example, in an eight-week course, the 75% of the course is the Monday of the seventh week. In a 16-week course, the 75% of the course is the Monday of the thirteenth week.

**Withdrawal Due to Military Service:**

Regional Training Institute encourages active-duty military students to continue their education and assures them that the Institute will provide them with the highest level of commitment and support while they defend this great country and its allies. In keeping with the Institute’s tradition of being a military-friendly institution, the following policies regarding military deployments and military exigencies have been adopted.

1. When military students on active duty (whether regular active duty, reserve, or National Guard members called to active service) must withdraw from one or more classes due to military deployment or other military exigencies, the University will waive the requirement that withdrawals be made prior to the 75% point of the course. In such cases, the student’s grade will be recorded as a non-punitive withdrawal and will not count against the student’s academic progress including the pace requirement and grade point average. Also, the University will scholarship any tuition or fees paid by the service member not covered by military tuition assistance. A copy of the student’s military orders must be provided when withdrawing from the University due to military duty.
2. Should a military student in good standing with the University need to withdraw from the University entirely due to military commitments, the service member may return to the University in good standing at the beginning of any 8-week, or 16-week session convenient to the student. The service member will be allowed to reenter into courses where they left off and are not subject to wait lists.

**Refund Policy for Tuition**

Tuition will be refunded at a 75% prorated calculation before the completion of the second week. Students will receive no refund after the completion of the second week of a course.

The end of the second week is on Friday at 5PM CST.

**Academic Calendar**

|  |  |  |  |
| --- | --- | --- | --- |
| Session/Semester | Session Length | Start Date | End Date |
| 2023 Summer Session A | 8 Weeks | 5-1-2023 | 6-20-2023 |
| 2023 Summer Session B | 8 Weeks | 6-26-2023 | 8-22-2023 |
| 2023 Fall Session A | 8 Weeks | 8-28-2023 | 10-17-2023 |
| 2023 Fall Session B | 8 Weeks | 10-23-2023 | 12-21-2023 |
| 2024 Spring Session A | 8 Weeks | 1-8-2024 | 2-27-2024 |
| 2024 Spring Session A | 8 Weeks | 3-4-2024 | 4-23-2023 |
| Graduation |  |  | 4-26-2024 |
| Holidays | No School | Start Date | End Date |
| Memorial Day | No School | 5-29-2023 | 5-29-2023 |
| Independence Day | No School | 7-3-2023 | 7-4-2023 |
| Labor Day | No School | 9-4-2023 | 9-4-2023 |
| Fall Break | No School | 11-20-2023 | 11-24-2023 |
| Martin Luther King Jr. Day | No School | 1-14-2024 | 1-14-2024 |

**Grievance Procedure**

**Purpose:**

The Student Grievance Procedure provides a mechanism by which a student may seek to remedy the rare situation where the individual feels that she/he has been treated unfairly, discriminated against, or has had her/his rights abridged (including but not limited to sexual misconduct/sexual harassment). Students may initiate a grievance within 15 days from the event resulting in the grievance. A grievable action is an action that is in violation of a written Institute policy or procedure, or an established practice.

This Student Grievance Procedure applies to alleged discrimination based on race, color, religion, sex (including sexual orientation and gender identity and expression), age, national origin, or disability as well as problems arising in the relationship between a student and the Institute that are not governed by other specific policies or procedures.

**Informal Resolution:**

Prior to invoking the procedures described below, the student is strongly encouraged, but is not required, to discuss his or her grievance with the person alleged to have caused the grievance. The discussion should be held as soon as the student first becomes aware of the act or condition that is the basis of the grievance.

**Initial Review:**

If a student elects not to present his or her grievance to the person alleged to have caused the grievance or if the student is not satisfied with the response, he or she may report a grievance by scheduling an appointment with the Program Director.

Grievances will be routed to the program chair or the leader of the department where the person alleged to have caused the grievance is employed. Grievances must be submitted by the student via email to the Program Director at leo.deason@rpsems.com not later than fifteen calendar days after the student first became aware of the facts that gave rise to the grievance. If the grievance is against the program director, the grievance will be routed to the academic dean.

The program director or academic dean should conduct an informal investigation. As a result of the investigation, the decision rendered will be communicated in writing to the student and to the person alleged to have caused the grievance within ten days of the original submission of the grievance. The written determination shall include the reasons for the decision, shall indicate the action to be taken, if any, and shall inform the student of the right to appeal for further review by the Campus President.

**Appeal Procedures:**

Within fifteen calendar days of receipt of the administrator’s decision, a student who is not satisfied with the response of the administrator after the initial review may seek further review by submitting the written grievance, together with the administrator’s written decision, to the Campus President. The Campus President may delegate another administrator to act on his/her behalf.

The Campus President’s action will be limited to a review of the basis for the administrator’s decision and need not involve an additional investigation. However, the Campus President may, but is not required to, direct that further facts be gathered or that additional action be taken. The Campus President shall submit his or her decision in writing to the student and to the person alleged to have caused the grievance within ten days of the submission of the appeal. The written disposition shall include the reasons for the decision, and it shall direct a remedy for the aggrieved student, if any. The student may elect to appeal the Campus President’s decision to the Institute's Board of Directors. Any such appeal must be filed not later than fifteen calendar days after the student receives the Campus President’s decision.

The Institute’s Board of Directors action will be limited to a review of the basis for the previous decisions and need not involve an additional investigation. However, the Institute’s Board of Directors may, but is not required to, direct that further facts be gathered or that additional action be taken. The Institute’s Board of Directors shall submit his or her decision in writing to the student and to the person alleged to have caused the grievance within ten days of the receipt of the appeal. The written disposition shall include the reasons for the decision, and it shall direct a remedy for the aggrieved student if any.

The decision of the Institute’s Board of Directors is final and binding upon the student and upon the Institute.

**Clinical/Field/Capstone Internship Policy**

**Uniform:**

The students will at all times maintain a neat appearance and act in a professional manner at all times. The uniform provides identification of the paramedic student in the classroom, lab and during clinical/field rotations. The paramedic student uniform consists of:

1. Navy blue, black or khaki slacks
2. The designed grey golf shirt with the Institute logo
3. Black dress type shoes or black duty shoes (no canvas type) and socks
4. I.D. Badge

**Note:** Uniforms must be clean, neat, pressed and reasonably well fitted.

**Grooming and Hygiene:**

1. Hair must be natural in color. Hair that is shoulder length or longer, must be pulled back and secured away from the face and off the collar. Large, brightly colored or ornate bows, ribbons or clips are not to be worn.
2. Men must be clean shaven or have neatly trimmed beards or moustaches.
3. Nails must be short, clean and neatly filed. Acrylic nails are prohibited.
4. A wedding band, one pair of small loops or stud earrings of gold, silver and pearl (no larger than ½ inch in diameter) may be worn in the ear(s) only. Other body piercing ornaments are prohibited.
5. Tattoos are not to be visible while in the clinical/laboratory based on each sites policy.
6. A watch with a second hand may be worn when providing the client with care. NO other jewelry or ornament may be worn on the body.
7. Because some persons are adversely affected by odors, cologne and perfume should not be worn to administer EMS care.
8. Chewing gum is not be used in any clinical/field experience.
9. Students must practice good dental hygiene; teeth must be clean and in good repair. Any missing teeth will require a written treatment explanation from a dentist.
10. Undergarments (i.e. T-shirts, panties) worn under the uniform, must not be visible.

**HIV Reporting Policy:**

Students are informed of Public Law #102-141, Section 633 and “The Alabama Infected Health Care Worker Management Act” during orientation to the program. The Law requires the HIV and HBV infected health care workers report to the State Health Officer his/her condition within 30 days of the time he/she is aware of his/her infection. The infected health care worker must notify the State Health Officer of the infected status within seven days of the time she/she is diagnosed. All students must comply with this law.

**Accident and Injury Policy:**

Clinical agencies by contractual agreement must provide access to emergency care in the event of injury to a student. Students who are injured should immediately notify the Program director or instructor, who will initiate the action for treatment. Emergency care will be handled according to clinical injury policy. A written summary of the occurrence and care rendered will be submitted by the clinical preceptor to the EMS Program Director. In the event of an exposure incident, specified forms will be completed and submitted. Follow-up medical reports will also be submitted to the Program Director. Expenses for emergency treatment, and/or medical intervention, will be the responsibility of the student. The Institute or the clinical agency is not responsible for any claims or expenses that result from an action of a student in the clinical rotation schedule. Students are encouraged to purchase personal medical insurance. The Institute requires students to purchase and participate in Student Accident Insurance which also cover the students for activities while under the care and direction of the Institute. For further information, or to file a claim, the student may contact the EMS Program Director.

**Chemical Abuse Policy:**

The Paramedic Program and the Institute assumes that entering students are mature adults who have developed mature behavior patterns, positive attitudes, and conduct above reproach. Students are treated in accord with this belief. The Institute reserves the right to dismiss any student who’s on or off campus behavior is considered undesirable or harmful to the Institute. The presence, sale, consumption, or use, and/or being under the influence of alcoholic beverage or illegal drugs is forbidden on campus, at campus sponsored functions, or clinical laboratory experiences. Violations of the chemical abuse policy of the Institute will render a student subject to disciplinary action, under specific procedures, which provides for adequate notice and a fair hearing. Penalties for violation include reprimand, probation, suspension or expulsion. Referrals for substance abuse assistance are made as appropriate.

**Drug Screen Policy:**

Any student who enrolls in the paramedic program, and desires to participate in courses which have a clinical component, is required to submit to an initial pre-clinical drug screening. The initial pre-clinical drug screen will be conducted upon entering the paramedic program. The student must abide by the Drug Screen Policy and Clinical agency policy for which the student is assigned clinical practice. This includes pre-clinical and random drug screening should the student exhibit behaviors indicative of substance abuse at any time while enrolled in the paramedic program. The Institute is not required to provide notice or results of any drug or alcohol tests to any individual student. Such results may be used by the Institute as a reason to refuse or cease a particular student’s continuation in the program.

**Background Check Policy:**

All students who enroll in the paramedic program are required to submit to a background check. Students may also be required to have a background check, if requested by the clinical/field agency for which the student is assigned for clinical/field rotations. All students must sign a release form for permission to perform a background check, as required by federal law pursuant to the fair credit reporting act. The student must abide by the paramedic program’s background check policy and the policy at the agency to which the student is assigned for clinical/field practice. Every effort will be made to provide students with the required clinical/field experience to meet program objectives. Any student denied access by a clinical/field affiliate will be subject to dismissal from the program.

**Student Conduct at Clinical/Field/Capstone Internships**

A student may be subject to disciplinary action for failure to exhibit the attitudes and skills deemed necessary to function as an EMS profession. The program faculty and staff recognize its responsibility to the profession and to the consumer of health care. Therefore, any act by a paramedic student considered to be unprofessional behavior shall be defined as “Clinical Misconduct” and shall be deemed cause for disciplinary action. The EMS faculty and staff also reserves the right to recommend to the Program Director and/or Dean that a student be terminated from the program or not allowed to progress for any of the following reasons:

**Clinical Misconduct:**

Guidelines used for evaluating Clinical Misconduct include:

1. Policies of the Clinical Agency, EMS Agencies and RTI Paramedic Program

**Behaviors considered as Clinical Misconduct include, but are not limited to:**

1. Breach of confidentiality, legality, or accountability;
2. Non-adherence to policies of the Clinical Agency, EMS Agencies and RTI Paramedic Program;
3. Any act in violation of EMS practices;
4. Falsifying records or failure to document or report accurate patient information;
5. Unprofessional attitudes and/or behaviors such as disrespect for the dignity, rights, and individuality of the patient and others;
6. Lack of personal and professional integrity;
7. Demonstrating behavior that reflects impairment of judgment and/or ability to provide safe and competent care (such as, but not limited to, being under the influence of alcohol or drugs, or being mentally or physically ill).

Any student who unduly compromises the safety of a patient and/or displays clinical misconduct behaviors will receive a clinical grade of unsatisfactory (U) for the semester and cannot return to the clinical area. The student must achieve a clinical grade of satisfactory (S) in order to progress in the program. A grade of unsatisfactory will result in a grade of **F** for the course.

**Clinical Misconduct Procedure:**

1. A student whose conduct is judged to be clinically unsafe will be dismissed at any time from the clinical unit. Unsafe clinical performance is defined as that behavior that is actually or potentially injurious to patients, staff or the reputation of the Agency.
2. The preceptor observes the behavior or verifies the report of another who was actually present.
3. The preceptor seeks consultation with the Program Director and/or Dean, describes the situation in writing and gives a copy to the Director and/or Dean.

*The following procedure is used for a clinical misconduct dismissal:*

1. The preceptor observes the behavior or verifies the report of another who was actually present.
2. The preceptor determines that the behavior was unsafe or injurious. The judgment is based on the professional knowledge of the preceptor and does not require further confirmation.
3. The preceptor informs the student and dismisses the student from the clinical area.
4. The preceptor then follows the procedure, as listed in the Clinical Misconduct guidelines.
5. The student will be prohibited from further clinical/field rotations attendance pending any appeal.
6. The student has the right to appeal all penalties imposed for clinical/field misconduct, and is assured a fair and impartial hearing and due process.

**Clinical Probation Policy:**

Clinical probation results from failure to accomplish one or more of the clinical behaviors as listed on the clinical/field rotation tool. The Program Director conducting the evaluation will counsel the student, document the situation, and place documentation in the student’s file. The student is provided guidance and recommendations on ways to improve performance and placed on probably for a specified time. During the probation period, the student is closely observed and must demonstrate competency. Failure to demonstrate competency will result in failure of the clinical component of the course and thus receive a failure for the course. Probationary status will be reviewed at the end of the specified time period.STUDENTS WHO DISPLAY CLINICAL MISCONDUCT BEHAVIORS ARE NOT PLACED ON PROBATION, BUT ARE DISMISSED FROM THE PROGRAM.

**Clinical/Field Rotation Progression:**

Clinical/Field Rotation grades are satisfactory/unsatisfactory. Progress in the clinical component of the paramedic program is determined by informal and formal evaluations. Informal evaluations are ongoing throughout the semester. Clinical/Field Rotation evaluation tools are used for formal evaluations and are documented summations of the student’s performance of clinical/field behaviors for the term period indicated.

The following list represents the total patient contacts and competencies which each paramedic student must accomplish before graduation.

**Capstone Team Lead Field Internship**

During the final session of the paramedic program students are required to conduct 25 successful team leads to complete the capstone internship. Team leads occur during the capstone field internship experience in which students apply the concepts acquired and demonstrate that they have achieved the terminal goals for learning established by the paramedic education program, and are able to demonstrate entry- level competency in the profession including the cognitive, psychomotor, and affective learning domains. The capstone experience occurs after the didactic, lab and clinical, and optional field experience components have been completed and of sufficient volume to show competence in a wide range of clinical situations. A successful team lead is clearly defined for preceptors and students to assist in inter-rater reliability.

The student has successfully led the team if he or she has conducted a comprehensive assessment (not necessarily performed the entire interview or physical exam, but rather been in charge of the assessment), as well as formulated and implemented a treatment plan for the patient. This means that most (if not all) of the decisions have been made by the student, especially formulating a field impression, directing the treatment, determining patient acuity, disposition and packaging/moving the patient (if applicable). Minimal to no prompting was needed by the preceptor. No action was initiated/performed that endangered the physical or psychological safety of the patient, bystanders, other responders or crew. (Preceptors should not agree to a "successful" rating unless it is truly deserved. As a general rule, more unsuccessful attempts indicate willingness to try and are better than no attempt at all.) To be counted as a Team Lead the Paramedic student must conduct a comprehensive assessment, establish a field impression, determine patient acuity, formulate a treatment plan, direct the treatment, and direct and participate in the transport of the patient to a medical facility, transfer of care to a higher level of medical authority, or termination of care in the field. For the capstone field internship to meet the breadth of the Paramedic profession, team leads must include transport to a medical facility and may occasionally include calls involving transfer of care to an equal level or higher level of medical authority, termination of care in the field, or patient refusal of care. Capstone field internship team leads cannot be accomplished with simulation.

**Safeguarding of Student Activity**

Students will be clearly identified with the Regional Training Institute uniform shirt and the paramedic student ID badge.

Students are not to perform any advanced procedures without the presence of their preceptor.

At no time will a student be allowed to be substituted for any staff position within a clinical agency, EMS service or within the education process as faculty of the paramedic program prior to graduation.

Students must identify themselves to the preceptor staff upon the start of the clinical or field internship. The student is responsible to provide the preceptor with the allowable “Scope of Practice” document.

The student must identify themselves as a paramedic student to all patients prior to providing care and management of the patient. If a patient refuses care or management, the student will observe and only provide care if the patient agrees to allow the paramedic student to perform at the paramedic level scope of practice.

**Health and Safety**

**Illness/ Injury:**

Because of the nature of the EMS profession, during their education, students may be exposed to the risk of severe injury or illness. Students must comply with prescribed protocols, safety regulations, and work practices. In the event of an acute illness or injury while on campus, the student should follow the Regional Training Institute Action Plan posted in each classroom or laboratory. RTI is not responsible for illness/ injury during the ordinary course of classroom/ lab/ clinical experiences. The student is financially responsible for any emergency care that might be received because of an illness or injury while assigned to a clinical affiliate of RTI. A student who has any significant change in their health that may affect or be affected by their Emergency Medical Services Education coursework will be required to obtain a physician's release. The release must specify the conditions that the student can return to the classroom and clinical activities. Examples of significant changes in health status include pregnancy, infectious diseases, and significant physical injury or illness.

**Infection Control**:

Skill practice sessions will be conducted with the intent of preparing students for the practice of patient care on known or suspected infectious patients. Students may be required to wear gloves when in skills practice sessions. Eye protection will be worn during the practice of airway control procedures, peripheral venipuncture, medication administration, or other procedures which could potentially expose the student to the splash or spray of blood or body fluids. At the completion of each skill practice session, students must remove their gloves and wash their hands before handling personal equipment. Gloves are not to be worn in the hallway between practice sessions.

Students are required to comply with the infection control policies of the clinical site. At a minimum, students should:

1. Wash their hands before and after contact with patients and patient care equipment.
2. Wear gloves when contact with blood, body fluid, tissue, or contaminated surfaces is anticipated.
3. Wear gowns or aprons when spattering of blood or other potentially infectious material is likely.
4. Wear masks and eye protection when aerosolization or spattering is likely to occur.
5. Clean all blood spills promptly with an appropriate disinfectant or germicidal agent.
6. Consider all specimens of blood or other body fluids as potentially infectious.
7. Locate protective mouthpieces and bag valve masks at the beginning of the clinical rotation. No student should ever perform mouth-to-mouth resuscitation.

**Immunizations:**

This section applies to all students in health-related higher education courses which will involve direct patient contact with potential exposure to blood or bodily fluids. Required immunizations for paramedic students are as follow:

1. Mumps, Measles and Rubella (MMR)
2. Tetanus within the last ten years (including one Tdap booster)
3. Hepatitis B series
4. Varicella (immunization or titer)

Additional requirements of clinical partners may include the following:

1. annual flu immunization
2. COVID-19 immunization
3. TB Skin Test or Chest X-ray

**Blood and Body Fluid Exposure:**

The primary risk of potential exposure for Regional Training Institute paramedic students will be in health-related clinical settings as part of the educational process including hospital and field clinicals.

Blood, body fluids and other potentially infectious materials are defined as:

* Blood means human blood, human blood components, and products made from human blood.
* Body fluids means cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, semen, vaginal secretions, any 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.
* Other potentially infectious materials (OPIM) refers to any unfixed tissue or organ from a human (living or dead), and human immunodeficiency virus (HIV)-containing cell or tissue cultures, organ cultures, and HIV- or hepatitis B virus, culture medium or other solutions.

**Exposure Prevention:**

Universal precautions shall be used at Regional Training Institute to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious materials shall be considered infectious, regardless of the perceived status of the source. In institute classrooms or labs where exposure may potentially occur, the following engineering and work practice controls shall be used to minimize or eliminate exposure to employees/students:

* Unsupervised practice of venipuncture or immunization procedures on fellow faculty/students is not approved by the Regional Training Institute.
* Personal protective equipment (PPE) in the form of gloves and goggles shall be provided for faculty/students in institute lab settings where it is anticipated that there could be exposure to blood or other potentially infectious materials. PPE shall prevent blood or other potentially infectious materials from passing through or reaching an employee’s/students clothing, skin, eyes, mouth, or other mucous membranes under normal and proper conditions. When PPE is removed, it shall be placed in appropriately designated areas or containers for disposal.
* When using needles for practice of venipuncture or immunization procedures, contaminated needles and other sharps shall not be bent, recapped, removed, sheared, or purposely broken. Contaminated sharps shall be placed immediately after use into appropriate sharps containers. All disposable sharps containers shall be puncture resistant, labeled with a biohazard label, and leak-proof.
* Hand washing facilities shall be made available and readily accessible to all employees/students who may incur exposure to blood or other potentially infectious materials.
* All lab processes and procedures shall be conducted in a matter that will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials.
* Any specimen of blood or other potentially infectious material shall be placed in a container that will prevent leakage during the collection, handling, processing, storage, and transport of the specimen.
* Any equipment that has become contaminated with blood or other potentially infectious materials shall be tagged and labeled as such, and shall be decontaminated by the respective lab personnel and/or faculty.
* In an outside clinical site faculty/students shall follow Universal Precautions and follow all bloodborne/infection control regulations of the clinical facility.
* Disposal of all regulated waste shall be in accordance with applicable federal, state, and local regulations.

**Post Exposure Protocol:**

Students are responsible for reporting any exposure incident immediately. Examples of exposure include parenteral exposure (e.g., needle stick or cut); mucous membranes exposure (e.g., splash to the eyes or mouth); cutaneous exposure involving large amounts of blood or prolonged contact with blood (especially when the exposed skin is chapped, abraded, or afflicted with dermatitis). If the exposure occurs within the institute setting, the exposure should be reported to the appropriate instructor, lab personnel or designated Infection Control Officer. If the exposure is in an outside clinical facility, it should be reported to the respective instructor, clinical preceptor or clinical agency personnel. The designated Infection Control Officer at the institute should also be made aware of the incident and any related specifics regarding the incident. In addition to following the appropriate exposure policy and notification of respective personnel, the following steps will be taken:

* Immediately wash, irrigate, and/or flush the exposed area as appropriate.
* The instructor or person in charge at the clinical facility should assess the exposure to determine the risk of transmission.
* Inform the source person (e.g., patient in the clinical setting; student lab partner in the campus lab) about the exposure and advice regarding HIV & Hepatitis testing.
* If exposure occurs in a clinical setting, follow the agency protocols.
* If exposure occurs on campus, immediately advise the exposed person to see their personal healthcare provider or the nearest provider who manages this type of injury.
* Provide support and information on post-exposure prophylaxis to the exposed person and assist them to complete the Post-Exposure Prophylaxis Protocol Waiver form and the Body Fluid Exposure Incident Report form, as indicated.
* Maintain confidentiality of all related records.
* Advise the exposed individual to follow the Centers for Disease Control (CDC) Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Post-exposure Prophylaxis, [www.cdc.gov.niosh.topics/bbp/guidelines.html](http://www.cdc.gov.niosh.topics/bbp/guidelines.html)
* Preventive measures are the responsibility of the student and must be performed at once. If a student refuses the recommended treatment and/or counseling as stated, then the student must fully complete, sign and date the Post-Exposure Prophylaxis Protocol Waiver (which must be notarized). Any expense incurred is the responsibility of the student.

**National Registry of Emergency Medical Technicians Certification**

Upon successful completion of the Paramedic program, students should go to the National Registry website: [www.NREMT.org](http://www.nremt.org) and follow the listed steps to set up an account, complete an application to test and pay the required fees. When all information is completed, notification will be sent to the Program Director for verification of class completion. After verification by the Program Director, the student will receive an Authorization to Test. At that time, the student can make arrangements to test.

All testing is computer based and is achieved at an authorized Pearson Vue testing center. A list of all testing centers can be found on the National Registry web site. Test results are available 24-48 hours after testing on the National Registry website.

**State of Alabama Licensing Requirements**

In order to obtain an EMT-Paramedic license in the State of Alabama, the candidate must take and pass the National Registry exam. Other qualifications for licensure are as follows:

* Must be at least 18 years of age
* Must reside in Alabama or work or volunteer for a company or organization that provides emergency medical care in Alabama, or have received training at an approved Alabama Paramedic training program.
* Must possess a high school diploma or GED
* Must have the physical agility to walk, climb, crawl, bend, push, pull, lift, and balance over less than ideal terrain.
* Must have good physical stamina and endurance, measured by the ability to undertake, without adverse effects, lifting, carrying, and balancing loads in excess of 125 pounds (250 pounds with assistance).
* Must have the ability to see different color spectrums.
* Eyesight must be correctable to 20/20 in at least one eye.
* Must have good eye-hand coordination and sufficient manual dexterity to manipulate equipment, instrumentation and medications.
* Must be able to send and understand oral message both in person and with the use of communications equipment, such as radios and cellular telephones
* Must be able to read and understand written instructions that are given by physicians, and that are placed on or with medications and equipment. These instructions are written generally at the ninth grade reading level, but they also use technical scientific and medical language.
* Must be able to differentiate between normal and abnormal findings in human physical conditions by using visual, auditory, olfactory and tactile observations.
* Must possess a current driver’s license.

**Transcript Request and Maintenance**

All transcript requests will be submitted to the registrar at [hr@rpsems.com](mailto:hr@rpsems.com). Transcripts will be protected and maintained permanently at:

Regional Paramedical Services, LLC

Human Resources, Registrar’s Office

3925 Old Birmingham Highway

Jasper, Alabama 35501

Phone: 205-384-4310

Fax: 205-385-9710