



Yale New Haven Hospital Center for EMS Education Programs Handbook for Cohorts Starting After June 1, 2023



The Yale New Haven Hospital Center for EMS paramedic program is accredited by the Commission on Accreditation of Allied Health Education Programs upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).

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Section I

Yale New Haven Hospital Center for EMS Overview

Welcome from the Programs Manager

On behalf of the faculty and staff, welcome to the Yale New Haven Hospital Center for EMS (YNHH CEMS). The YNHH CEMS programs are one of the state's leading EMS education and training programs. The YNHH CEMS faculty comprises highly qualified professionals dedicated to advancing EMS training through a commitment to quality education, exceptional customer service, and exceptional patient care.

I congratulate you for choosing a profession in Emergency Medical Services. Being in EMS allows you the opportunity to serve those most in need of assistance, while having the satisfaction of being a part of one of the most dynamic and exciting fields available in the allied health sector. I challenge you in your training and beyond, to act with integrity, empathy, and compassion in this vital role of EMS professional.

The purpose of this handbook is to provide information and guidelines covering all courses at YNHH CEMS. You will receive objectives for individual semesters/topics separately. We look forward to working with you throughout the program.

The Yale New Haven Hospital Center for EMS (YNHH CEMS) Education Programs reserve the right to amend any of the guidelines, procedures, standards, program requirements, or services included in this handbook as it deems necessary, with the changes applicable to all students in attendance at YNHH CEMS.

Scott Martus, MA, Paramedic

Scope

This handbook and the policies contained herein shall be applicable to all Yale New Haven Hospital Center for EMS students, satellite students, and affiliate students attending Paramedic initial certification courses. This handbook and the policies contained herein are stand alone and are not intended to replace any other agreements, handbooks, etc. that students may be required to adhere to while attending satellite or affiliate institutions. This handbook and the policies contained herein shall apply to all students while attending Yale New Haven Hospital Center for EMS sponsored classes, clinical rotations, and field internship sites.

All YNHH CEMS-sponsored paramedic initial certification courses are CAAHEP accredited through CoAEMSP under accreditation number 600327. Students who successfully meet all program requirements will be eligible to sit for the National Registry exam and eligible for licensure.

The Paramedic Program is designed for students to acquire the cognitive, psychomotor, and affective skills in order to provide pre-hospital emergency medical care to those individuals needing advanced life support.

Upon program completion and according to national standards of Paramedic Scope of Practice and Education Guidelines, the paramedic student will:

1. Demonstrate the ability to comprehend, apply, and evaluate theoretical information relevant to their role of a patient care provider in the field of prehospital emergency care as a paramedic.
2. Demonstrate technical proficiency in all skills necessary to fulfill the role of a patient care provider, in the field of prehospital emergency care, as a paramedic.
3. Demonstrate personal behaviors consistent with professional and employer expectations necessary to fulfill the role of a patient care provider in the field of prehospital emergency care as a paramedic.

YNHH CEMS reserves the right, at any time without prior notification, to amend any or all sections within this handbook as education standards, changes within the organization, and clinical agreements are changed or modified to assure the continuity of program delivery.

Mission Statement

The Yale New Haven Hospital Center for EMS is committed to the promotion of excellence in all aspects of out of hospital emergency health care systems.

Mission of the YNHH CEMS

The emergency medical services (EMS) system is a vital component of the care of many patients requiring hospital services. State of Connecticut legislation mandates that EMS providers work through the auspices of a "sponsor hospital." In light of this legislation and to assure a high level of prehospital care to the greater New Haven area, the Hospital of Saint Raphael and Yale-New Haven Hospital jointly operated a sponsor hospital program, which combined the financial, clinical, and managerial resources from both hospitals. In 2012, the Hospital of Saint Raphael ceased to exist, and Yale New Haven Hospital assumed the entire direction of the program. The major objectives of the hospital in establishing the Yale New Haven Hospital Center for EMS are as follows:

1. Ensure standardization of prehospital care.
2. Offer the highest quality of training and continuing medical education for all professionals involved in EMS.

3. Maintain a comprehensive system which will aid prehospital personnel in providing high quality professional patient care services.

Programs

YNHH CEMS provides several initial certification and licensure courses both on-site at our main campus and in conjunction with our affiliates. Initial certification and licensing programs do not only prepare students for the National Registry exams but prepares them to be successful and employable providers. Only students who are successful in completing all program requirements and meet the standard of “entry-level competency” will be eligible for program completion and to sit for the National Registry of EMTs exams.

Governing Structure

The YNHH CEMS is divided into two branches:

1. **Education:** Responsible for the delivery of all initial certification programs and oversight. Within the education branch, the Paramedic Program Advisory Committee provides input to the direction of the paramedic program from various communities of interest. It is made up of representatives from law enforcement, the fire service, private EMS providers, nursing, current and former students of YNHH CEMS, faculty from affiliated programs, local hospitals, and each of the following medical specialties: anesthesia, emergency medicine, surgery and trauma services, psychiatry, and pediatrics. There is also a representative of local government and the CT Office of Emergency Medical Services.
2. **Operations:** Oversees medical control for the region and is responsible for the oversight of all area providers. Operations also provides continuing education courses for paramedic-level providers and houses the SHARPs team.

Yale New Haven Hospital Center for EMS is a part of the larger Yale Health System. The program’s faculty and employees are employees of the Yale New Haven Health System and or Yale University. As a result, they are involved in many other hospital programs and trainings.

Educational Philosophy

In furtherance of the educational mission of Yale New Haven Hospital Center for EMS, we offer our students a learning environment filled with problem solving, critical thinking, and “systems-thinking” in order to ensure a strong base on which to build. Our emphasis on anatomy, physiology, and pathophysiology provides YNHH CEMS students with the tools needed to address basic and advanced prehospital and out of hospital medicine both today and in the future. Our programs exceed Department of Transportation (DOT) National Highway Traffic Safety Administration (NHTSA) National Standard Curriculum and National Education Standard’s objectives and include optional skills adopted by many states. YNHH CEMS believes in evidence driven medical practice and education. Our initial education programs such as emergency medical technician and paramedic programs are not specific to local protocol. YNHH CEMS believes that good, advanced life support first and foremost begins with a strong base of excellent basic life support. YNHH CEMS initial provider programs are directed towards providers who take responsibility for their own education, growth, and development; especially for the professional behavior and attitude necessary for providers who will be the practitioners and leaders of EMS in the future.

Section II

Policies and Academic Requirements

Non-Discrimination

The Yale New Haven Hospital Center for EMS admits students on the basis of merit and without discrimination on the basis of race, color, age, gender, national or ethnic origin, sexual orientation, or marital status to all of the rights, privileges, programs, and activities generally accorded or made available to students at the school. The Yale New Haven Hospital Center for EMS does not discriminate on the basis of race, color, age, sex, marital status, national or ethnic origin, or sexual orientation in the administration of its educational policies, admissions policies, scholarships, and loan programs and athletic or other school administered programs.

Sexual Harassment

Harassment on the basis of sex is a violation of Title VII of the Civil Rights Act of 1964. As stated in, 29 CFR § 1604.11 - Sexual harassment:

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

1. Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment or student status.
2. Submission to or rejection of such conduct by an individual is used as the basis for employment or program status decisions affecting such individual; or
3. Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive work or learning environment.

Any student who feels that they have been subjected to sexual harassment by a fellow student, faculty member, or any other person, should fill out an incident report form as objectively as possible and submit it to the director of the particular course, Program Manager, the YNHHS CEMS Director, or a member of YNHHS CEMS Operations Committee. A meeting will be held with the student writing the report to discuss the matter. Sexual harassment allegations will be taken with the utmost of seriousness, fully investigated, and this behavior will not be tolerated.

Smoke and Tobacco Free Campus

Recognizing that smoking, exposure to smoke, and the use of nicotine in general is a major cause of chronic health problems and preventable deaths, YNHHS CEMS prohibits smoking and chewing of tobacco within the classroom building in New Haven. This includes the use of "e-cigarettes." Students who must smoke or chew are expected to use the designated smoking area at the eastern corner of the parking lot across the street. Cigarette butts must be disposed of properly in a trash receptacle. There is to be no smoking around the doorways or walkways of 77 Willow Street. When YNHHS CEMS courses are held away from the Willow Street campus, smoking and chewing are still prohibited within the classroom. YNHHS CEMS students will follow the smoking policies of the host facility for designated smoking areas or will follow respective hospital policy during clinical and field internships. Students should be aware that many clinical sites, including all Yale New Haven Health System campuses, do not allow tobacco use anywhere on their property including in personal vehicles. Missing parts of classes or being absent from clinical sites in order to use tobacco will be treated as an unexcused absence.

Drug and Alcohol

The use of drugs, alcohol, or any substance for recreational purpose during class and clinical hours is prohibited. In addition, students are expected to come to class and clinical rotations alert, fully functional, and ready to learn and

participate fully in class or perform patient care. Any student who is found attending class or clinical experiences under the influence of drugs or alcohol, or is suspected to be under the influence, shall be immediately suspended from class/clinical pending investigation and may be dismissed from the program. The student may be requested to provide a sample for drug testing, at their own expense, as a condition of continued matriculation with the program. YNHH CEMS believes that the ability to handle (and not abuse) substances that have recreational use potential is an inherent responsibility of the EMT or paramedic. The inability to manage substances such as alcohol reflects poorly on the potential of the student's ability to handle this responsibility in their future professional life.

Students who voluntarily approach the Education Program Coordinator, Program Manager, or Education Medical Director will be referred for professional assistance at the student's expense. Continuation in the program will be evaluated on a case-by-case basis by the Education Program Coordinator and Program Manager in consultation with the Education Medical Director. Students may be allowed temporary withdrawal and reenrollment at a later date depending on an agreed remediation plan and the amount of the program missed. Enrollment in the next available program may be necessary.

Behavioral Standards

Students will be evaluated constantly throughout all YNHH CEMS programs regarding academic performance, affective domain, clinical skills, judgment, and professional behavior.

Students are expected to conduct themselves in accordance with the highest ethical standards expected of health professionals. Because students, after graduation, may be licensed as health care professionals and may be required to assume responsibility for the life and welfare of other human beings, every student is expected to demonstrate a level of competence and patterns of behavior that are consistent with these professional responsibilities, and that are deserving of the public's trust. The YNHH CEMS has the right and responsibility to sever, at any time and for any reason, its connection with any student considered in its opinion, unfit for a career in the health or related professions. Some behaviors are so severe or dangerous to staff or students' wellbeing that they may require immediate dismissal from the program. Allegations of prohibited conduct will receive a thorough review.

Prohibited conduct that may lead to immediate dismissal includes but is not limited to:

1. Submitting material or demonstration by any means, including electronic, for assignments, examinations (including practical examinations) or other academic work, to include online work or documentation through any of the LMS or web-based portals, which is based upon sources prohibited by the instructor, or the furnishing of materials to another person for the purposes of aiding another person to cheat, including the use of social media to post answers and questions to previously taken quizzes and exams. Cheating in any form will not be tolerated.
2. Submitting material by any means, including electronic, in assignments, examinations, or other academic work, to include LMS or web-based portals, which is not the work of the student in question and where there is no indication or citation in writing that the work is not that of the student. This is also known as plagiarism. Plagiarism will not be tolerated.
3. Knowingly producing false evidence or false statements, making charges in bad faith against any other person, or making false statements about one's own behavior related to educational or professional matters. This includes entries on all web-based portals, LMS or other class web learning systems.
4. Falsification, making false statements, or misuse of program records, permits, or documents. This includes electronic and on-line records and exams including those on electronic or web-based learning systems.
5. Making disparaging comments about instructional staff and other students.

6. Violating existing or amended YNHH CEMS Program, Yale University, West Haven VA Hospital, Yale New Haven Health and its campuses, or any other affiliated clinical or internship site's policies or regulations relating to non-academic matters.
7. Exhibiting behavior that is disruptive to the learning process or to the academic or community environment.
8. Obstruction or disruption of teaching, research, administration, disciplinary procedures, or other institutional activities including the institution's public service functions or other authorized activities on institutionally owned or controlled property or that of the clinical and field internship affiliates.
9. Possession or use of firearms, explosives, dangerous chemicals, or other dangerous weapons or instrumentalities on institutionally owned or controlled property, or while in the role of or identified as a student on any property of a clinical or internship affiliate in contravention of law or institutional rules.
10. Detention, physical or emotional abuse of any person, or conduct intended or perceived to threaten imminent bodily harm or endanger the health or welfare of any person. This includes sexual harassment.
11. Malicious damage, misuse or theft of institutional property, or the property of any other person where such property is located on institutionally owned or controlled property or, regardless of location, is in the care, custody or control of the institution. This applies to YNHH CEMS and all its affiliated clinical and internship sites.
12. Unauthorized entry to or use of institutional facilities or equipment of YNHH CEMS or any other affiliated clinical or internship site, including buildings and grounds.
13. Illegal use, possession, or distribution of drugs or weapons at any time.
14. Inciting others to engage in any of the conduct or to perform any of the acts prohibited herein. Inciting means that advocacy of proscribed conduct, which calls upon a person or persons addressed for imminent action and is coupled with a reasonable apprehension of imminent danger to the functions and purposes of the institution, including the safety of persons and the protection of its property.

Any person who witnesses or has first-hand knowledge of the misconduct as described above is obligated to send a written and documented report of the infraction to the Program Manager, the Education Medical Director, or the Education Program Coordinator as soon as discovered. Any student who is arrested for any reason while matriculated with YNHH CEMS or its affiliates must report this to the Program Manager before returning to any function of the program. Any student who has any action taken or pending regarding their EMT or other medical license or certification for any reason while matriculated with YNHH CEMS or its affiliates must report this to the Program Manager before returning to any function of the program.

In Class Use of Electronic Media

We expect electronic equipment in the classroom will always be used as part of the learning process and not for extracurricular activities during class time. All cell phones must make no noise or disturbance during class time. Texting, social media, or other such activities are prohibited during class time.

This acceptable use policy governs the use of computers and networks on the Yale New Haven Hospital Center for EMS campus. As a user of these resources, you are responsible for reading and understanding this document. This document protects the consumers of computing resources, computing hardware and networks, and system administrators. This document is a license. Use of any Yale New Haven Hospital Center for EMS computing resource implies acceptance of

the term of this license agreement. In general, acceptable use means respecting the rights of other computer users, the integrity of the physical facilities, and all pertinent license and contractual agreements. If an individual is found to be in violation of the Acceptable Use Policy, the program will take disciplinary action, including the restriction and possible loss of network privileges. A serious violation could result in more serious consequences, up to and including suspension or termination from the program. Individuals are also subject to federal, state, and local laws governing many interactions that occur on the internet. These policies and laws are subject to change as state and federal laws develop and change.

The uses of the Yale New Haven Hospital Center for EMS computer resources are provided for academic use. Conduct which violates this policy includes, but is not limited to the activities in the following list:

1. Unauthorized use of a computer account.
2. Using the campus network to gain unauthorized access to any computer systems.
3. Connecting unauthorized peripherals to any Yale New Haven Hospital Center for EMS computers.
4. Unauthorized attempts to circumvent data protection schemes or uncover security loopholes. This includes creating and/or running programs that are designed to identify security loopholes and/or decrypt intentionally secure data.
5. Knowingly or carelessly performing an act that will interfere with the normal operation of computers, terminals, peripherals, or networks.
6. Knowingly or carelessly running or installing software programs on any computer system, network, or giving to another user a program intended to damage or to place excessive load on a computer system or network. This includes, but is not limited to, programs known as computer viruses, Trojan horses, and worms.
7. Deliberately wasting/overloading computing resources, such as printing documents without prior authorization or too many copies of a document.
8. Violating terms of applicable software licensing agreements or copyright laws.
9. Violating copyright laws and their fair use provisions through inappropriate downloading, reproduction or dissemination of copyrighted audio, video, text, images, etc.
10. Using program resources for commercial activity such as creating products or services for sale.
11. Using electronic mail to harass or threaten others. This includes sending repeated, unwanted e-mails to another user.
12. Use of peer to peer (p2p) files sharing software of any kind.
13. Inappropriate mass mailing. This includes multiple mailings to newsgroups, mailing lists, or individuals, e.g., "spamming," "flooding," or "bombing."
14. Forging the identity of a user or machine in an electronic communication.
15. Transmitting or reproducing materials that are slanderous or defamatory in nature or that otherwise violate existing laws or program regulations.

16. Displaying obscene, lewd, sexually harassing images, hate speech, or text that is not directly related to academic research or assignments in a public computer facility.
17. Posting or displaying disparaging or threatening comments or material about instructional staff, other students, patients, or any other affiliated parties.
18. Attempting to monitor or tamper with another user's electronic communications, or reading, copying, changing, or deleting another user's files or software without the explicit agreement of the owner.

Students are required to use multiple online platforms for their didactic, lab, clinical, and field portions of their education. Students shall familiarize themselves with and follow all platform rules and policies. Violations of these rules and policies may result in the student being barred by a platform from using their product. Getting barred from using these platforms will prevent the student from being able to successfully complete the program.

Social Media Policy

If you, in any form/fashion identify yourself as a student of YNHH CEMS or its affiliates and/or of the Paramedic Program through postings, personal web pages, social media accounts, etc., you **MUST** ensure that the content you publish and/or acknowledge, be it personal or school related, is consistent with your professional ethics and is compliant to all confidentiality and privacy laws. You should always consider the legal liability of each post you make and the posts that are made on your site as well as on the sites of others.

As an EMS student, you must always be aware that you are building a reputation while preparing for a profession of public service. The public, along with your future employers, expect high standards of professional behavior. Your reputation can be revealed through social media. Employers consistently conduct Web searches on job candidates before extending offers. Be sure that what you post today will not come back to haunt you. A great suggestion is to regulate your social accounts with “Approval before Posting” reviews/commands to make sure that you are compliant with all current confidentiality, privacy, obscenity, laws etc., and to delete comments and to block any individuals who repeatedly post offensive or frivolous comments.

As an EMS Program Student, it is your responsibility to:

1. Protect confidential, sensitive, and proprietary information: do not post confidential or proprietary information about the hospital, school, affiliates, clinical EMS staff, students and peers, clinical facilities, clients/patients, or others you may come in contact with while in the role of YNHH Center for EMS Paramedic student.
2. Protect all private and confidential information related to you and to others. Be responsible for what you post and protect yourself and others.
3. Be aware that you are associated with YNHH CEMS and the Paramedic Program when engaging in online social networks. Regardless of how you identify yourself, be it personal or as a student, ensure that your profile and related content is consistent with how you wish to present yourself to colleagues, clients/patients, and potential employers.
4. Respect copyright and fair use. When posting, be mindful of the copyright and intellectual property rights of others and of the college.
5. You shall not use YNHH, YNHH Center for EMS (or CEMS affiliates) or the Paramedic Program logos and/or graphics on personal social media sites.

6. Restrict the use of computers and electronic devices during class to note taking and approved classroom activities. Other methods of usage are not only distracting to yourself, but to the students within your immediate area.

Individual postings that are found to be defamatory, harassing, or derogatory toward students, staff, or faculty, shall be subject to discipline as below.

Violations of patient, student or faculty privacy with an electronic device shall be subject to discipline. Consequences may result in termination from the Paramedic Program. Each student is legally responsible for individual postings and may be subject to liability if individual postings are found defamatory, harassing, or in violation of any other applicable law. Students may also be liable if individual postings include confidential or copyrighted information from music, videos, text, and any other media. **Students who share confidential or unprofessional information do so at the risk of disciplinary action including failure in a course and/or dismissal from the program.**

Program Uniform

YNHH CEMS recognizes students need to be comfortable in order to enhance learning. Professionalism and appearance are part of the affective domain objectives of all the programs at YNHH CEMS. In order to strike a balance between these two issues and create an environment that is comfortable to all students, classroom attire should be neat, clean, and professional. Undergarments should never be visible.

The following uniform is standard and required unless otherwise noted whenever the student is in the building, or attending a clinical rotation or field internship:

1. Approved program uniform shirt
2. Yale New Haven Health approved ID badge to be worn and displayed at all times above the waist. (ID is YNHH property and must be surrendered upon request)
3. Navy blue or black EMS-type pants
4. All black boots or other approved footwear
5. Black belt
6. Wristwatch
7. Program-approved black soft-shell jacket or approved job shirt
8. In cold weather: solid black knit hats with no branding, and solid black gloves are acceptable when outdoors
9. No hats allowed except during field internship.
10. Purple scrub top/bottom with approved footwear to be worn at all clinical sites (except field internship and OR)

Due to the use of realistic simulations in the classroom and the possibility of students getting moulage blood or other fluids on their uniform it is highly recommended that students keep a second set of clothing in their car. All clothes should be loose enough for movement in laboratory situations, but not so loose that it will fall off during exercises or expose the student. See the clinical section regarding attire standards for clinical and field internship sites. Students are expected to be in uniform at all times when acting in the capacity of a student unless otherwise noted. This includes using the building during non-class hours for studying purposes. There will be random uniform inspections during the program.

Drug Testing and Criminal Background Checks

Background checks are required for all students. Students will be supplied with information for a third-party company contracted with YNHH CEMS to perform all necessary background checks and drug testing as required by the clinical and internship sites. Students are responsible for all costs associated with background checks and drug testing.

Students should be aware that the NREMT® and many states may not allow candidates to become registered or licensed if they have certain criminal convictions. The program may require drug testing as part of remediation plans for students on academic or administrative probation. Every student will be subjected to a background check prior to matriculation.

Students who have been found guilty of committing a felony or misdemeanor may be prevented by a facility from participating in clinical experiences. **If you cannot participate in a clinical rotation at an assigned facility, you may not be able to complete the objectives of the course and of the program.**

Should a background check or drug test reveal that a student has a pending investigation, open criminal warrant, has been found guilty of committing a felony or misdemeanor, or is positive for illicit drugs, the program will contact all clinical agencies that the student is required to attend. The clinical sites will be asked if they will accept the student given these findings. The program will not give student name or actual crime, just the category of offense and date of offense. **If the clinical sites say they will not accept the student for clinical placement, the student is not able to meet the clinical objectives and clinical outcomes of the course.** The Director will notify the student and the student will be terminated from the Program.

Student Records

YNHH CEMS shall create and maintain records containing information concerning a student furnished by the student or by others at the student's or YNHH CEMS's request including but not limited to, application materials, records of grades attained, information concerning discipline and counseling, clinical performance, and other individual student behavioral records. Official records of current students shall be maintained by the Program Manager. Records will not be removed from the YNHH CEMS office. Students shall be responsible for notifying the Education Program Coordinator of changes including but not limited to address, email address, phone numbers, cell phone numbers, employment status, and other directory information within one (1) week of said changes. Failure to do so may result in administrative probation or program suspension.

Release of and Access to Student Records

Every endeavor is made to keep the student's record confidential and out of the hands of those who would use it for anything other than legitimate purposes. All members of the faculty, administration, and clerical staff will respect confidential information about students that they acquire in the course of their work. At the same time, the program will be flexible enough in its policies not to hinder the student, the institution, or the community in their legitimate pursuits. This policy is intended to fully comply with The Family Educational Rights and Privacy Act of 1974, Pub. L. 90-247, as amended. A student's records and information may only be released when authorized by the student to do so. This restriction includes release to any employers and/or sources of funding. Such authorizations must be written and kept with the student's file. Personal records may be disclosed to state, or statutorily authorized federal officials or employees who need the information in order to fulfill their official, professional responsibilities as required by law. Disclosure of personally identifiable information may also be disclosed to accrediting organizations when necessary to their accrediting functions. Education records will be forwarded on request to any other school in which a student seeks or intends to enroll upon written request only. See transcripts request section. The first copy of transcripts will be at no charge and subsequent copies are twenty-five (\$25.00) each. Personal records may not be released to any other person or agency without the

student's written consent, unless on receipt of a subpoena or other court order or process. The Program Manager may make an exception to the foregoing rule and may disclose personally identifiable information from the educational records of a student to appropriate parties in connection with an emergency if knowledge of the information is necessary to protect the health or safety of the student or other individual. The need to make information regarding students available for research is acknowledged. YNH CEMS shall provide adequate provisions to conceal the identity of students whose personal data or information is included in research.

Petition by Student for Change in Personal Record

The student shall have the right to review with the Program Manager, Education Program Coordinator, or Education Medical Director, information contained in the student's records, and to petition the Program Manager, Education Program Coordinator, and Education Medical Director for additions or deletions to the record where the accuracy of the information is in question, except in the following instances:

1. Records created or maintained by a physician, psychiatrist, psychologist, or other recognized professional or para-professional acting in a professional or para-professional capacity or assisting in that capacity.
2. Records created, maintained, or used only in connection with the provision of treatment to the student and not disclosed to anyone other than individuals providing the treatment, provided that the records can be reviewed by a physician or other appropriate professional of the student's choice.
3. Records relating exclusively to an individual in that individual's capacity as an employee.
4. Confidential letters or statements of recommendation will not be accessible by the student.

Permanence, Duplication and Disposal of Student Records

Individual student records shall be maintained by YNH CEMS for a period of seven years.

Duplication of student records shall be done only with the express authorization of the Program Manager and these duplicate student records shall be destroyed in a manner assuring confidentiality when no longer essential.

Transcripts

Student transcripts will be provided as follows:

The first copy will be enclosed with the graduation diploma if the student is graduating. All subsequent transcript requests must be made in writing. The student must sign the letter with original signature and specify the address to which the transcript will be sent. Transcripts will be sent in sealed, signed envelopes. All official transcripts are embossed with a raised YNH CEMS seal and printed with a colored watermark.

Any semester for which any documentation part is not in this office (exams, lab, and clinical paperwork) will be listed as incomplete if the student is still enrolled in the program. If the student is no longer in the program any incomplete section will be listed as failed. Only original transcripts with signatures and a raised seal will be issued. Transcripts will be issued on paper that cannot be photocopied. The first copy of a transcript will be free; each subsequent copy will be twenty-five (\$25.00). Transcript requests will take a minimum of two weeks to process.

Transcripts will not be issued to anyone with any outstanding balance owed.

Student Required Documentation

Students are required to maintain current records with YNHH CEMS of all required documentation including (but not limited to) CPR®, EMT, vaccinations, etc. Failure to comply may result in suspension from class, clinical, or the field setting and may result in disciplinary action up to and including dismissal from the program.

Cancellation of Class

Academic classes will be cancelled only in dire or extreme circumstances. Classes cancelled due to non-weather-related emergencies shall be done via email. Students are required to keep YNHH CEMS apprised of any change in their contact information. Any material, quizzes, or exams scheduled for the class that was cancelled will be given on the next scheduled day of class unless otherwise noted. Weather cancellations are extremely rare, but if this happens notice will be distributed to media outlets such as WFSB Channel 3 and WTNH Channel 8 or via electronic methods. If class is canceled, clinical and internship shifts will also be canceled.

Grievance Process

YNHH CEMS wishes to assist all its students in being successful and assist them to find fair and just solutions to problems related to their education. As a general practice, problems can and should be resolved through the normal administrative chain of command. The grievance process is not meant to circumvent the normal channels of communications or to set aside the normal open-door policy that all of the faculty and administrators of YNHH CEMS maintain. Students should always first discuss issues with the faculty involved.

The grievance process may be used for resolving all issues that may arise during the course of the program that cannot be resolved through the open-door policy described above. Issues may include, but are not limited to, academic performance, educational or personal problems, complaint resolution, and issue-based problem resolution.

All complaints must be submitted in writing to the Education Program Coordinator or Clinical Coordinator. A meeting between the student and parties involved may be called by the coordinator. Based on the nature of the complaint the coordinator may involve the other coordinator, Program Manager and/or the Education Medical Director.

If the student does not believe the complaint has been addressed or remediated to their satisfaction, the student will provide a written complaint to the Program Manager and Education Medical Director of YNHH CEMS for review and discussion.

If the student still does not believe the complaint has been addressed to their satisfaction, the student may submit written request to present the complaint to the Yale New Haven Hospital Center for EMS Operations Committee. Due to the nature of the Operations Committee schedule, this process may take up to two months to accomplish based upon the time the complaint was submitted.

Program Academic Probation

Failure to earn the required GPA (see grading policy/probation and dismissal below), failure to successfully earn a required certification, issues of unprofessional behavior in or out of class, or any other issues deemed severe by the Program Manager may result in probation. Once notified of probation status in writing, students must make a counseling appointment with the YNHH CEMS Educational Program Coordinator. An individual Performance Improvement Plan (PIP) will be drafted that indicates how the student will proceed in the program. The PIP will include performance objectives and an individual educational plan with a time frame to meet the objectives. During this time the student may be suspended from clinical rotations to fulfill their didactic requirements. If this contract is not fulfilled as agreed, the student will be dismissed from the program.

Administrative Probation

A student may be placed on administrative probation for failing to pay their tuition, failing to keep their student file up to date, or any other handbook violations deemed necessary by either of the program coordinators. If the student is placed on administrative probation, they may not be eligible for clinical rotations including internship or to receive grade reports, transcripts, or other referrals until the problem is satisfactorily solved. Certain severe circumstances may dictate suspension from attending class or dismissal from the program.

Reinstatement after Probation

Students placed on probation will be sent a letter or email stating the specific reasons for the probation. The student will contact the Education Program Coordinator to schedule a meeting. At this meeting, conditions to improve the academic performance (PIP) or resolve nonacademic issues will be put into writing for the student to follow and complete. Once all conditions are met, the student shall be reinstated.

Failure to fulfill academic or administrative agreements in a timely manner may result in dismissal from the program.

Appeal of Didactic Grades

Students may have access to their academic file at any time by appointment with the Education Program Coordinator, or Program Manager. Students who feel that they have received an unfair grade on a quiz, or an exam must meet with an instructor to review the quiz or exam. If a student is able to justify their answer using appropriate and validated published reference documents, the appropriate number of points will be awarded. Students must appeal grades within two weeks of taking the exam/retest. Appeal of instructor decision may first be made to the Education Program Coordinator, then the Program Manager and finally, the Education Medical Director. Decisions of the Education Medical Director on medical content are final. Case studies and papers are always returned with a grade and instructor comments in a grading rubric.

Academic Counseling

At least once per semester the Education Program Coordinator, Clinical Coordinator, or Lead Instructor will make a counseling appointment (at a mutually convenient time) with each student who is enrolled in the paramedic program. The student must make themselves available and attend this appointment. During this appointment, the faculty and student will explore the student's current progress in the program and discuss any pertinent educational issues. The Paramedic Academic Review (PAR) will include all progress including cognitive and didactic issues, psychomotor skills, clinical and field internship progress. Affective domain and professionalism will also be discussed. If necessary, a Performance Improvement Plan (PIP) will be developed to address any student or instructional concerns. Appointments may also be made at any time by email request from a student or a faculty member with concerns about a student's progress in the program. YNHH CEMS is interested in seeing all its students succeed to become competent providers; but it is ultimately the student's responsibility to seek the extra help all YNHH CEMS faculty are willing to give. All YNHH CEMS students will be provided with tutoring at no additional cost while enrolled in any of our educational programs.

Leave of Absence

In extenuating personal circumstances, the student may request a temporary leave of absence from their program. The student must submit a letter in writing describing the reason for their request and duration of the leave. Following the submission of a letter, a meeting will be arranged with the student, the Education Program Coordinator, Clinical Coordinator, and the Program Manager to discuss the matter. Decisions will be made on an individual case by case basis. A leave of absence may or may not be granted. If granted, it will be for a finite time period with a written agreement on how the student may resume the program, including demonstrating competence on past or missed content. The student

may be asked to withdraw from the program and may have to reapply for admission to the next program. If the topic is a prerequisite for other semesters, it may set back the student's progression.

Withdrawal

Students who decide to withdraw from their program for any reason must submit a letter in writing or email to the Education Program Coordinator and the Program Manager. Following receipt of the letter, a meeting will be arranged between the student and the appropriate YNHH CEMS administrators to discuss the withdrawal and conduct an exit interview. Withdrawals without an exit interview will be negatively noted on permanent transcripts and will affect any readmission decisions or referrals.

Safety Procedures

Safety and Procedures in the psychomotor skills/scenario/SIM Setting

Live invasive skills will only be practiced under an YNHH CEMS instructor's direct supervision. While no individual is required to undergo a live invasive procedure, YNHH CEMS encourages the student whenever possible to practice some invasive skills (such as IV therapy) on *healthy* people in non-emergent settings under direct supervision of an authorized preceptor prior to attempting skills on real patients. When practicing airway, intravenous, or trauma skills, full infection control precautions will be used even in manikin practice. This will include hand washing before gloving and then again after removing gloves, the use of gloves, eye protection, and face masks (for respiratory procedures), and the proper disposal of all contaminated materials in the provided red bags and sharps containers. Since most needle stick injuries result from recapping needles, needles used on live subjects will not be re-sheathed. Clean needles used on manikins may be re-sheathed if a one-handed technique is used. Much of the equipment used for manikin practice is outdated. The students must check all equipment to be used for both manikin practice and live procedures, just as they would in real patient care that the appropriate equipment is in dated when used on real people and outdated for manikin use. Sharps containers will be placed within easy reach before starting a live invasive procedure and sharps will be placed directly in them. Any needle-stick injury or other blood exposure must be immediately reported to the lab instructor and the appropriate form (attached) will be filed. The area of injury or exposure will be immediately washed with soap and water. Surfaces used for sterile procedures such as injections, phlebotomy, and intravenous cannulations will be scrubbed with the appropriate cleaning agents before and after use and blue "chux" pads will be used under the patient for cleanliness.

Neither HBV nor HIV is as resistant to disinfectant chemicals as previously thought. Studies have shown that the retroviral agent that causes acquired immunodeficiency syndrome (AIDS), HIV, is comparatively delicate and is inactivated in less than 10 minutes at room temperature by a number of disinfectants, including those indicated for manikin cleaning. It is emphasized that to date there is no evidence that HIV/AIDS is transmitted by casual personal contact, indirect contact with inanimate surfaces, or the airborne route. The recommendations adequately protect against transmission of either HBV or HIV as well as bacterial and fungal infections.

Therefore, it is the responsibility of every student to assist in the cleaning and decontamination of manikins, simulators, and equipment after every use.

Laboratory Safety Contingencies

No food, beverages, or personal belongings other than laboratory materials will be permitted within the laboratory space. Hand washing before and after lab procedures and before and after eating and drinking or using the bathroom is the most important infection control procedure.

Since lab equipment and supplies are costly, conservation and reuse of supplies when performing procedures on manikins is encouraged. Every effort is made to give each student the ability to practice procedures in a safe and realistic manner with operational equipment as often as is necessary to ensure student comfort with a procedure before using that technique in the clinical setting. Care and maintenance of equipment is part of the provider's role and responsibility. Therefore, as a student is finished for the lab session, s/he will assist in the organizing, cleaning, and maintenance of the lab equipment. Any broken or non-functional equipment should be noted on a piece of paper and given to the instructor in charge of labs for the day if it cannot be immediately repaired. Without this notification it is impossible to keep working equipment available for student use. Appropriate equipment check lists will be maintained by students with an inventory list of disposable equipment that needs to be replaced for the next lab session.

Many of the procedures that the students will be performing have potentially dangerous complications; therefore, all directions must be followed without exception! Student horseplay or any behavior that may jeopardize any students' health or safety or equipment will not be tolerated.

Health Insurance Coverage

Students should acknowledge that they have an increased risk of exposure to hazardous situations and/or infectious diseases. Students are required to maintain personal health insurance coverage during their program. The Yale New Haven Hospital Center for EMS or its affiliates will not provide any such coverage. Furthermore, the Yale New Haven Hospital Center for EMS, its affiliates, its clinical affiliates, and internship sites will not provide worker's compensation insurance or coverage to students for training related illnesses, injuries, or exposures.

G.I. Bill and VA Benefits

In accordance with Title 38 US Code 3679 subsection (e), this school adopts the following additional provisions for any students using U.S. Department of Veterans Affairs (VA) Post 9/11 G.I. Bill® (Ch. 33) or Vocational Rehabilitation and Employment (Ch. 31) benefits, while payment to the institution is pending from the VA. This school will not:

- Prevent the student's enrollment.
- Assess a late penalty fee to.
- Require student secure alternative or additional funding.
- Deny their access to any resources (access to classes, libraries, or other institutional facilities) available to other students who have satisfied their tuition and fee bills to the institution.

However, to qualify for this provision, such students may be required to:

- Provide Chapter 33 Certificate of Eligibility (or its equivalent) or for Chapter 31, VA VR&E's contract with the school on VA Form 28-1905 by the first day of class.
 - ❖ Note: Chapter 33 students can register at the VA Regional Office to use E-Benefits to get the equivalent of a Chapter 33 Certificate of Eligibility. Chapter 31 student cannot get a completed VA Form 28-1905 (or any equivalent) before the VA VR&E case-manager issues it to the school.
- Provide written request to be certified.
- Provide additional information needed to properly certify the enrollment as described in other institutional policies

Tuition Refund Policy

Students may apply for and receive a refund under the following conditions:

If application for refund is filled prior to the first day of the semester, there will be a 100% refund of tuition and refundable fees.

If a student has paid their tuition in full or paid more than their required payment at the time of withdrawal, they may be eligible to receive a partial refund for tuition that would have been applied to future semesters.

If the application is filled during the first three (3) weeks of classes, the student may receive a percentage of tuition (not fees) according to the schedule below. Refunds are calculated on a net of activity by week during the refund period. The refund schedule applies to all registrants, including those who are permitted to register late.

Refund Schedule

Refund does not include the cost of any eBooks or electronic access that were redeemed by the student

Before the first day of classes.....	100%
First week.....	80%
Second week.....	50%
Third week.....	20%

In addition to the application, an official withdrawal letter must be submitted to the Program Manager. In the event of canceled courses, 100% of tuition will be refunded. Refunds require up to eight weeks to process. Any student who withdraws from the program after the third week will forfeit all monies paid toward tuition.

Any tuition refunds that may be due will be issued according to the CT. Code of Administrative Rules or the applicable VA regulations.

Mandatory Vaccination

Students are required to comply with all Yale New Haven Healthcare Occupational Requirements including, but not limited to, immunization status, vaccinations, proof of immunity through titer and PPD, etc.

Attendance Policy

Time management is an area identified in the National Standard Curriculum as a skill necessary of field providers. Attendance and participation are mandatory for all classes, skills practice sessions, scheduled meetings and tutoring sessions, clinical and field rotations unless students are notified to the contrary by the program staff. Due to the intensity of our courses, students are expected to obtain their books and complete their reading and assigned work prior to the start of class. For the class to explore questions and concepts in depth using discussion and case studies, students should complete assignments and readings before coming to class so they can be prepared to actively participate in discussions. Class sessions will not simply be a review of the readings. Many things will be covered in class that are not in the texts and may appear on tests; therefore, it is prudent to attend all lecture sessions. The laboratory sessions are also very important – one on one feedback is necessary to complete the laboratory skills and reinforce concepts. The National Registry Examination will require this practice and successful laboratory demonstration of skills to be able pass in an acceptable manner. If a dire emergency occurs that prevents a student from attending class (major illness, death in the family), the student is expected to e-mail the Education Program Coordinator or lead instructor as soon as possible to

explain the circumstances. If the student will be absent for medical reasons, a doctor's note must be submitted upon the student's return to class. If the absence is due to other reasons, such as mandated work shift, documentation must be submitted to YNHH CEMS upon the student's return to class. Following any absence, students are expected to get the day's notes from a classmate and make an appointment via email with the lead instructor to review the material that was covered. The student may be required to show mastery of the material by completing additional remedial work. Questions or other material not made up will receive a grade of zero and will count against the semester (or module's) cumulative grade.

A student is allowed to be absent no more than 15% of scheduled didactic (class and lab) time per semester. Please see individual program syllabi for specific allowances.

The Attendance Policy is stand alone for each semester; absences cannot be carried over or "banked" from one semester to another. Absences in excess of these numbers will result in dismissal from the program at the discretion of the Education Program Coordinator and Program Manager (exceptions made for approved documented absences only at the discretion of the Education Program Coordinator and Program Manager).

In determining whether a student should receive an incomplete for the semester based on attendance, consideration may be given to the maturity and class standing of the student, the quality of academic work being accomplished by the student, and any extenuating circumstances related to absences from class.

Tardiness to class will not be tolerated; it is rude to peers, faculty, guest speakers and is unprofessional. Any student arriving after the start of class must wait outside of the classroom until the instructor gives the class a break as not to disturb the other students. This policy also applies to leaving early from class. For the purposes of attendance, two (2) occasions of tardiness will equal one (1) absence.

It is the student's responsibility to sign in and out of each class documenting their in time and out time. Any student failing to sign in or out of class will be marked as absent for that class. Any falsification of the daily class roster will result in discipline up to and including removal from the program. See YNHH CEMS Honor Code.

Program Ethics and Professionalism

It is expected that YNHH CEMS students recognize that professionalism and ethics are very important aspects of EMS education and that any breach of these standards is very serious and may initiate corrective action or immediate dismissal. YNHH CEMS EMS students are evaluated on their affective domain skills as well their cognitive and psychomotor skills. Affective skills are as important as cognitive or psychomotor skills. These areas include Integrity, Empathy, Self-Motivation, Appearance and Personal Hygiene, Self-confidence, Communications, Time Management, Teamwork and Diplomacy, Respect, Patient Advocacy, Careful Delivery of Service. In the forms section at the end of this manual are examples of an Affective Domain Evaluation which will be utilized on a regular basis by YNHH CEMS faculty to evaluate the student's affective domain abilities. The faculty will highlight areas of strength as well as areas requiring growth. Failure to demonstrate competence in these areas is sufficient reason alone for failure of the program or a topic.

YNHH CEMS has developed relationships with many hospitals, agencies, municipalities and providers. It is through these relationships that CEMS is able to offer our students the opportunity to attend clinical and field rotations. As a student, you play a big role in the reputation of CEMS. When you attend a clinical rotation or field shift, you represent not only yourself, but also your classmates, instructors, and the EMS profession as well. As such, you will be expected to conduct yourselves with the utmost of professional behavior at all times. Remember, you are being evaluated at all times by the staff when you attend a rotation. They are not only forming an impression about you personally but also about CEMS. Therefore, make sure the impression they get is a good one. Remember, you are a guest at the clinical sites and can be

asked to leave if your behavior is deemed less than professional. All students are required to comply with clinical and field site policies including but not limited to drug testing, grooming policies, background checks, immunizations, and patient privacy rules. Failure to comply with all clinical and field site policies will result in loss of clinical site privileges and the inability to successfully complete the program.

Honor Code

Personal integrity is the key to the advancement of the EMS profession. We expect that our students will hold high expectations of themselves and others. Cheating in any form, falsifying documents in any way, and plagiarism will not be tolerated. Any student found cheating or falsifying program documents may be subject to immediate dismissal from the program. This includes all papers, reports, homework, examinations, quizzes and any other required work including online work. A respectful attitude: and courteous and polite manner towards faculty, preceptors, other students, colleagues, other agencies, and above all else, the patient and their family, are part of professionalism. This respectful attitude is to be maintained at all times in the classrooms, laboratory and during informal times. See section on Behavioral Standards.

Quiz, Exam and Homework Policy

Students are expected to participate fully in all quizzes, exams and homework assignments both online and in the physical classroom. Lack of participation will fall under the Program Ethics and Professionalism section and may result in disciplinary action up to and including dismissal from the program. Late homework will not be accepted (exceptions made for approved documented absences only at the discretion of the Education Program Coordinator and Program Manager). A retest of a quiz or exam will only occur at the discretion of the Education Program Coordinator and only with a documented required accommodation. The maximum grade of any makeup quiz, exam or homework is 70% (exceptions made for approved documented absences only at the discretion of the Education Program Coordinator and Program Manager).

Grading Policy

All topics must be successfully completed in order. Receiving a final topic grade of “F” will result in a failure for that topic and dismissal from the program cohort. Students who fail a topic are eligible to reapply to a future program, following all program guidelines for application and acceptance.

Grading scale per semester/topic is outlined in the course syllabus.

Students’ cumulative topic grades will be calculated and added to their overall GPA as follows (see chart below).

<u>Number</u>	<u>Grade</u>	<u>Quality Points</u>
97-100	A+	4.0
93-96	A	4.0
90-92	A-	3.7
87-89	B+	3.3
83-86	B	3.0
80-82	B-	2.7
77-79	C+	2.3
73-76	C	2.0
70-72	C-	1.7
<70	F	0.0

The quality point value for each grade earned during a semester is multiplied by the number of semester hours assigned to that course/topic. The sum of these points is the total number of quality points earned during the semester. It is divided by the number of semester hours completed to obtain the quality point ratio (GPA).

Probation and Dismissal

Students are required to maintain a minimum cumulative quality point ratio of 2.0

Failure to earn the required cumulative quality point ratio in any semester will place a student on academic probation for the following semester.

Failure to earn the required cumulative quality point ratio for a second consecutive semester will result in the student being dismissed from the program cohort.

When the quality point ratio for any one semester is less than 1.0, and the cumulative quality point ratio does not indicate satisfactory progress as defined above, the student will be dismissed from the program cohort. If the cumulative quality point ratio indicates satisfactory progress as defined above, an academic warning will be issued of a dismissal.

Section III

Paramedic Education Programs

YNHH CEMS Paramedic Program Goal

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.

Paramedic Program Philosophy

As the healthcare field grows, faces changes, and makes advances, so do our programs at YNHH CEMS. The traditional role of paramedics as solely rapid care and transportation to a hospital is being challenged. Paramedics are now seen as critical care providers practicing in a “street medicine” setting. A number of healthcare systems in our country have embraced the utilization of paramedics in non-traditional roles and settings such as mobile integrated healthcare. YNHH CEMS candidates will be trained to provide care for patients at home, in clinics, and in private practices as well as emergency care in street and extended care settings. Our paramedic graduates and affiliated faculty are currently employed and have experience in a variety of traditional and non-traditional settings including transporting and non-transporting EMS, critical and specialty care transport, special operations medicine, walk-in clinics, remote construction sites, and hospital emergency rooms.

Description of the Paramedic Profession (CAAHEP)

Paramedics have fulfilled prescribed requirements by a credentialing agency to practice the art and science of out-of-hospital medicine in conjunction with medical direction. Through performance of assessments and providing medical care, their goal is to prevent and reduce mortality and morbidity due to illness and injury. Paramedics primarily provide care to emergency patients in an out-of-hospital setting.

Paramedics possess the knowledge, skills, and attitudes consistent with the expectations of the public and the profession. Paramedics recognize that they are an essential component of the continuum of care and serve as the entry-point to the healthcare system.

Paramedics strive to maintain high quality, reasonable cost health care by delivering patients directly to appropriate facilities. As an advocate for patients, paramedics seek to be proactive in affecting long term health care by working in conjunction with other provider agencies, networks, and organizations. The emerging roles and responsibilities of the paramedic include public education, health promotion, and participation in injury and illness prevention programs. As the scope of service continues to expand, the paramedic will function as a facilitator of access to care, as well as an initial treatment provider.

Paramedics are responsible and accountable to medical direction, the public, and their peers. Paramedics recognize the importance of research and actively participate in the design, development, evaluation, and publication of research. Paramedics seek to take part in life-long professional development, peer evaluation, and assume an active role in professional and community organizations.

Functional Job Analysis

The functional job description is outlined here and describes the required skills and job requirements essential to EMS personnel. From DOT NHTSA.

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.

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 over uneven terrain. The patient’s, the paramedic’s and other workers’ wellbeing must not be jeopardized.

Comments

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 nature of work are dependent upon nature of call. For example, a paramedic working for a private ambulance service that transports patients from one facility to another may endure a somewhat less stressful circumstances than the paramedic who works primarily with 9-1-1 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.

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 judgments 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.

Use of the telephone, radio dispatch, as well as other forms of communication for coordination of prompt emergency services is required, as is a pager, depending on 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 dispatcher and other concerned staff, ones’ impression of 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 the ambulance. Verbal skills and reasoning skills are used extensively.

Students must be able to meet the physical demands associated with the profession. Examples of these requirements include but are not limited to the following:

Strength and Endurance

Physical Demands	How Often Used
Standing	Frequently
Walking	Frequently

Sitting	Occasionally
Lifting (up to 125 pounds)	Frequently
Carrying	Frequently
Pushing	Frequently
Pulling	Frequently

COMMENTS:

Very little time is spent sitting down except for writing reports. Aptitude required for work of this nature are good physical stamina, endurance, and body conditions that would not be adversely affected by lifting, carrying and balancing at times. Motor coordination is necessary for the well-being of the patient, the First Responder/EMT/Paramedic and the co-worker over uneven terrain.

Balance and Coordination

Physical Demands	How Often Used
Balancing	Frequently
Climbing	Frequently
Crouching	Frequently
Crawling	Frequently
Stooping	Frequently
Kneeling	Frequently
Reaching	Frequently
Fingering	Frequently
Feeling	Frequently

COMMENTS:

Climbing and balancing are required for safe transport of the patient and equipment. Patients are often found injured or sick in locations where removal is possible only through the First Responder/EMT/Paramedic’s stooping, kneeling, crouching and crawling. Transporting lifesaving equipment, arm extension, handling carefully patients in fragile conditions, feeling to assess vital signs are part of the nature of this position.

Communication

Physical Demands	How Often Used
Talking	Frequently
Hearing	Frequently
Seeing	Frequently
Communicating	Frequently

COMMENTS:

Responding to patients, physicians, and co-workers through hearing is necessary in transmitting patient information and following directions. Sight is used to drive vehicles, distinguish landmarks and visually inspect patients.

Program Technical Standards

As a student in the Yale New Haven Hospital Center for EMS paramedic program, you should be aware that certain physical and mental abilities will be needed to successfully complete portions of your classroom, clinical and field internship requirements. The following technical standards describe the physical and mental abilities necessary to complete the paramedic program and to practice as a paramedic in the field. **These are NOT standards for admission.**

A paramedic must possess the physical capability, mental capacity and sufficient strength and motor coordination required to perform the following:

1. Lift, carry, and balance a minimum of 125 lbs. (250 with assistance) for the purpose of frequently lifting patients and stretchers often over uneven ground and footing.
2. Demonstrate manual dexterity, good motor skills, eye-hand coordination skills, and sensory functions using both upper and lower extremities. You must be able to perform these skills in confined spaces or under time constraints as well.
3. See and hear in a manner sufficient to respond to emergencies and assess patients while working alone often in an environment with loud noises and flashing lights and other distractions. To include reading and interpreting both fine print and signs at a distance and under time constraint.
4. Drive an ambulance or rescue unit under emergency conditions, as well as at night and in adverse weather conditions.
5. Stand and walk for sustained periods of time.
6. Write and orally communicate under stressful conditions promptly and effectively.
7. Express or exchange ideas and interact with patients, peers, and other medical staff in person, or via portable radio in a professional manner in English.
8. Work with frequent interruptions and respond appropriately to unexpected situations.
9. Work throughout an entire work shift with wide variations in workload and stress levels.
10. Cope with personal stresses (e.g., mood changes, loss of concentration) in a way that does not interfere with performance.
11. Demonstrate appropriate judgment and decision-making skills under highly stressful situations.

Essential Functions and Standards for Successful Performance

To successfully complete the classroom and clinical components of the YNHH CEMS paramedic program, the paramedic student must, either independently or with reasonable accommodation, be able to perform all of the following essential functions within a limited time frame:

1. **Speech:** Establish interpersonal rapport and communicate verbally and in writing with patients, physicians, peers, family members, and the health care team from a variety of social, emotional, cultural, and intellectual backgrounds.
2. **Hearing:** Auditory acuity sufficient to respond to verbal instruction, perceive and interpret various equipment signals, use the telephone, and hear faint body sounds.
3. **Vision:** Visual acuity sufficient to identify and distinguish colors, read handwritten orders and any other handwritten or printed data such as medication records or scales, chart data, and provide for the safety of patients' condition by clearly viewing monitors and other equipment in order to correctly interpret data.
4. **Mobility:** Stand and/or walk eight-twelve hours daily in the clinical or field setting. Bend, squat, or kneel. Assist in lifting or moving clients of all age groups and weights. Assist in lifting and transporting the ambulance stretcher. Perform cardiopulmonary resuscitation (move around patient to manually compress chest and ventilate). Work with arms fully extended overhead. Work in non-climate-controlled environments.
5. **Manual Dexterity:** Demonstrate eye/hand coordination sufficient to manipulate equipment (syringes, infusion pumps, EKG machines, etc.).
6. **Fine Motor Ability:** Ability to use hands for grasping, pushing, pulling, and fine manipulation. Tactile ability sufficient for physical assessment.
7. **Mentation:** Maintain reality orientation for at least a twelve-hour period of time.
8. **Assimilate, organize and apply knowledge and skills acquired through lectures, discussions, and readings.**
9. **Smell:** Olfactory ability sufficient to monitor and assess health needs.
10. **Writing:** Ability to organize thoughts and present them clearly and logically in writing.
11. **Reading:** Ability to read and understand written directions, instructions and comments in both classroom and clinical setting

In summary, the general environmental conditions in which the paramedic works cannot be adequately assessed in an indoor evaluative environment. Because of the variance in climate, environmental conditions and locations in the United States and the infinite possibilities in which a paramedic is expected to provide advanced life support, working conditions, at best, may be less than optimal. The paramedic must be able to focus on providing the best care possible in often adverse and dangerous situations. This can include servicing neighborhoods known to have high crime rates and performing optimally in situations where multiple incidents and trauma exist, i.e., a major highway accident that involves numerous persons and vehicles. The paramedic may be required frequently to walk, climb, crawl, bend, push, or lift and balance over less-than-ideal terrain, such as an icy highway, muddy ground, dilapidated stairs/flooring, and any other scenario or combination of scenarios. There may be exposure to a variety of noise levels, which at times can be quite high, particularly when multiple sirens are sounding, and crowds/bystander/s families are upset and may be screaming, crying hysterically, and making demands that may or may not be reasonable.

Applicants who feel they may be deficient in one or more of the areas mentioned above should speak with the Program Manager or YNHH CEMS. We will seriously consider applicants who are deficient in any of these areas providing the deficiency can be remedied or reasonably accommodated.

When the YNHH CEMS faculty and the Education Medical Director of the paramedic program recommend a student for licensing or certification examinations as part of graduation, the faculty is verifying that the student has met all of the

requirements of the school, the National Standard Curriculum and National Education Standards and can safely perform as an entry-level paramedic. Some accommodations may not be allowed in the program because they are not in compliance with the essential job functions of a paramedic as outlined in the functional job description above. These include but may not be limited to:

1. **Students are not allowed additional time for skills with specific time frames.**
 - a. Patients would suffer due to life threatening conditions in emergency situations if treatment were delayed.
2. **Students are not allowed unlimited time to complete a written exam.**
 - a. This request is not considered reasonable because a candidate should be able to complete a test (problem solve) within a finite amount of time.
 - b. Time frame allowed will depend on the length of the test.
3. **Students are not allowed to have written exams read to them.**
 - a. 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.
4. **Students are not provided a written exam with a reading level of less than grade eight.**
 - a. The EMS profession requires a reading level of at least grade eight to work safely and efficiently.
 - b. Textbooks used may exceed this reading level.
5. **Students must answer all written test questions as written.**
 - a. No explanation of the question can be provided by the test proctor or any other individual.
 - b. Additional descriptions of test questions would not be a reasonable accommodation because reading and understanding written English is an essential part of EMS communications.
 - c. Student must be able to understand and converse in medical terms appropriate to the profession.
6. **Students must complete some skills under certain conditions designed to mimic realistic situations.**
 - a. The ability to operate in physically and mentally demanding or stressful situations is an essential function of the profession.

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?

Advanced Standing Applications/Challenging a Semester/Topic

Advanced standing consideration will be granted to those students matriculating into the program who have previously (within the past 5 years) completed Anatomy and Physiology level I and II (with lab). These courses must have been completed at a regionally accredited college or university and must be verifiable with a transcript having earned a grade of "C" or better. Such consideration will be at the discretion of the program manager.

Students who withdraw from the Paramedic Program for health reasons, extenuating circumstances, or who have failed a didactic module are eligible to apply for readmission with advanced standing in the next program. Cases of readmission with advanced standing into the program will be reviewed on a case-by-case basis. If the next program is at maximum student capacity, students may be denied readmission. Students will be required to prove competency in prior modules by taking the final exam in each module that the student has previously completed. Students must earn a grade of 70% or better on each exam to qualify for advanced standing.

Any student who withdraws from the program or who leaves due to failure of a didactic module will only be allowed one attempt at readmission with advanced standing. Students who fail a clinical or field module, are deemed clinically unsafe,

or who are dismissed for failure of the final cumulative computer, practical, or simulation exam will not be permitted to apply for readmission with advanced standing.

Students matriculating into a specialty or modified-curriculum program such as but not limited to, the Healthcare Practitioner to Paramedic program, Accelerated program, will have the opportunity to receive advanced standing status for verifiable education received and verifiable work experience. Specific program requirements to qualify for advanced standing for these programs can be found in the individual program syllabus.

Students who complete modules or portions of paramedic programs outside of YNHH CEMS authorized programs will not be eligible for advanced standing consideration.

Students granted advanced standing for any portion of the program will not receive any discounted tuition. Students may still attend and audit the module(s) they received advanced standing for at their discretion and will still be required to attend the cadaver lab sessions (A&P), or any other clinical/lab/certification course requirements at the discretion of the Education Program Coordinator.

YNHH CEMS Paramedic Education Program Curriculum

At YNHH CEMS we recognize that many of our paramedic students are already practicing members of the EMS community either in career or volunteer roles. Taking this into consideration, along with part and full-time job commitments and family and home responsibilities, YNHH CEMS has designed our programs for working adult learners. With flexibility and choices built into our programs, students can more easily attain their goal of becoming paramedics. However, this philosophy requires that the student be self-directed and self-motivated. Time management is a key responsibility of the student and is essential to successful completion of the program.

The YNHH CEMS paramedic curriculum is broken up into five (I through V) semesters. Each semester consists of two didactic topics, psychomotor skills related to each topic, and affective educational objectives to be completed in the classroom, the laboratory, and clinical or field sites. In order to successfully complete a semester, the didactic, psychomotor and affective domain skills must be successfully demonstrated in all three areas. See the grading policies below. All semesters stand alone, and all must be independently completed for successful program graduation. Semesters must be completed as a prerequisite to others.

It is expected that the student will schedule a minimum of eight (8) hours per week to attend clinical rotations throughout the program. The field internship must be completed after all other requirements are completed. Students in good standing are welcome to audit any didactic portion of another section. If a student wishes to participate in additional practical skill days with another program, they must make arrangements with the faculty to ensure enough instructors are present ahead of time.

YNHH CEMS uses an on-line learning management system (LMS) for all programs. All students will be given individual accounts to this system. There are many additional resources to support the texts and class discussions that will be found on this system. Quizzes, interactive class discussions and other materials will be posted to this site for students to complete outside of class time. Students are required to have a laptop, tablet, or similar device. Participation in these online activities is required.

Subjects Covered

Anatomy and Physiology for Paramedicine: This course is an introduction to the structure and function of the human body. The course presents all human systems; respiratory, cardiac, skeletal, muscular, digestive, sensory, nervous, reproductive, excretory, integumentary, immune and endocrine. An introduction to chemistry and biochemistry is

included. The cell, fluids and electrolytes and acid/base balancing will be an integral foundation of this module. Pathophysiology as related to EMS will be referenced for each system but not discussed in detail.

Introduction to Paramedicine: This is the introduction to the roles and responsibilities of Paramedics and their place in the EMS System. This section will include ethical aspects of emergency care and out of hospital care, safety and risk in EMS, legal aspects of providing care, cultural differences in patient groups, Emergency Medical Service Systems and medical direction and communications. This class introduces the gathering and organizing of information so a paramedic can make an accurate working field diagnosis. Subjects include gathering patient history with cultural sensitivity, physical examination techniques and the instruments used, review of normal physical findings by body system, emergent patient assessment, and organizing and communicating the information gathered. Critical thinking skills of patient assessment are introduced. This course is designed to lay the groundwork for drug administration to patients. The students are introduced to drug pharmacokinetics including absorption, distribution, biotransformation, excretion, elimination, tolerance, and dependence. The basics of pharmacology will also be covered in this module. Students practice medication administration via oral, parenteral, and inhaled routes in the lab. This includes practicing IV and other access routes in class and then in clinical experience. Dosage calculations are practiced in class, independently, and on an ongoing basis throughout the other modules. While an overview of major drug groups is included, the specific drugs used in the prehospital setting will be covered in their respective modules. The clinical portion will include time in the pharmacy or paired with the emergency department pharmacist, starting IVs and administering medications in the hospitals.

Medical Emergencies: This course includes identification, pathophysiology, and management of respiratory emergencies, endocrine emergencies, anaphylactic reactions, alcoholism, acute abdomen, and genitourinary problems. The aging process and medical emergencies of the geriatric patient will be discussed. YNHHS CEMS also presents the Advanced Medical Life Support (AMLS)[®] Course, as developed by the National Association of Emergency Medical Technicians in cooperation with the National Association of EMS Physicians. Focusing on the anatomy and physiology of the male and female reproductive system and the assessment of a woman with a suspected OB/GYN disorder, this module includes management of emergencies of the female reproductive system, the management of an expectant mother, normal delivery procedures, and the care and transportation of a mother and newborn. Abnormal deliveries such as multiple births, premature birth, breech birth, and prolapsed umbilical cord are discussed. In addition, complications of labor and delivery including postpartum hemorrhage, ruptured uterus, inverted uterus, and eclampsia are covered. Infant resuscitation including IV techniques, intraosseous infusions, and tracheal intubations is reviewed. The clinical portion includes time in the Labor and Delivery department.

Cardiology I: This first course of the three semester cardiology series provides a review of cardiac anatomy and physiology and the autonomic nervous system. Also reviewed are the lymphatic system, vasculature, hemopoietic, hemodynamics, mechanical and electrical physiology. Building on this deeper understanding of the body, the major emphasis of the semester is cardiac monitoring and rhythm interpretation including leads I, II, III, MCL₁ and MCL₆. Assessment of the cardiac patient including heart and breath sounds with clinical time spent doing assessments in the cardiac unit of the hospital. The second half of this course in the cardiology series focuses on resuscitation and the American Heart Association Advanced Cardiac Life Support (ACLS)[®] course. This program teaches all of the “optional” sections and gives students sufficient time to understand the foundation and concepts behind ACLS[®] instead of just using algorithms as “recipes” for various cardiac problems. This course looks at the why and how of ACLS[®] protocols: cardiac monitoring, rhythm recognition, chemical therapy (IV cannulation and medications), and electrical (transthoracic pacing, cardioversion, defibrillation) interventions and airway management (oxygen therapy and intubation), culminating in understanding the concepts in overall management of the patient in severe cardiac distress. This module also provides ample time for practicing “mega codes”. Upon successful completion of Cardiology I students are certified as ACLS[®] providers.

Cardiology II: The second course of the cardiology series centers on advanced techniques: obtaining and interpreting 12-lead EKGs. This course also covers invasive cardiac monitoring (wedge pressures and arterial lines) for use in inter-facility transfers. New concepts in AV and fascicular blocks will be discussed and all pertinent advanced pharmacology will be covered. Clinical time will be spent in the intensive or critical care units.

Prehospital Trauma Care: This comprehensive module covers both life-threatening and minor pre-hospital trauma care. It will include advanced provider certification in Pre-hospital Trauma Life Support (PHTLS)[®]. The PHTLS[®] provider certification will be integrated with current advanced trauma management for all major body systems with extensive coverage of multi-systems and musculo-skeletal trauma. YNHHS CEMS presents the Pre-Hospital Trauma Life Support[®] Course as developed by the National Association of Emergency Medical Technicians in cooperation with the Committee on Trauma of the American College of Surgeons.

Pediatric Emergencies for Paramedics: Exploring the unique aspects of dealing with and assessing pediatric patients, this module emphasizes growth and developmental issues. This course concentrates on the appropriate means of communicating with, assessing, and treating the pediatric patient in various stages of development. It also includes the pathophysiology and management of problems that are primarily seen in pediatric patients including asthma, bronchiolitis, croup, epiglottitis, sudden infant death syndrome, and seizures. Students will gain a general understanding of children with special needs and “high technology.” The issues of abuse and pediatric trauma are also covered. In addition, the module discusses the role of the paramedic in a system that provides neonatal transport. The specific skills included are pediatric resuscitation, IV techniques, intraosseous infusions, tracheal intubation, and surgical airways in the child patient. Upon successful completion of this module, students will be certified in PALS (Pediatric Advanced Life Support)[®] and EPC (Emergency Pediatric Care)[®].

Operations: This module discusses the various kinds of psychological problems the paramedic might encounter. Emphasis is placed on crisis-induced states that the paramedic will confront when dealing with emergency situations. Critical incident stress and effective handling of provider stress will be discussed. In addition, the student will gain an understanding of various psychoses and neuroses and will learn how to differentiate between psychiatric and organic causes of behavioral change. Procedures and techniques for handling psychiatric emergencies are included. This course covers pre-hospital care of the poisoned patient. Building on your foundation of pharmacology, we will examine overdose and side effects of drugs and drug overdoses. Assessment by recognizing toxidromes will be central. Rational use of antidotes and field treatment of the poisoned patient will be a principal focus of this course. Inhalation, injected, ingested, and contacted poisons will be discussed. This module focuses on basic and advanced interventions in the treatment of patients injured as a direct result of environmental influences. Included are the pathophysiology, symptomatology, and treatment of cold injuries (hypothermia, frostbite), heat injuries (heat exhaustion, heat stroke), near-drowning, barotrauma, altitude, lightning injuries, contact (plant) dermatitis and animal bites and stings. Also included is care of the team in extended operations and off-road or wilderness rescue. Going beyond the science of medicine, this course will synthesize all of your paramedic education and focus on the non-medical aspects necessary to be a successful “top-gun” paramedic in the 21st century. We will address techniques and principles necessary for effective leadership and the art form of getting along with people in many EMS situations, including paramedic intercept situations. Continuous quality improvement and quality assurance management techniques will be presented in a format that will identify factors affecting performance, prevention, and the role of leadership and management in creating systems that ensure success. The course will discuss where EMS has been and where it is going and how expanded scopes of practice that affect the paramedic! Operational aspects of field EMS: for mass gatherings, EMS for special populations and “street sense,” including crime scenes, for the EMS provider will also be covered.

Psychomotor Skills/Scenario/SIM

Each topic/semester has skills to be mastered and demonstrated by the student in the lab. This is a required part of competency-based education. The two main types of psychomotor practice will be skill based or scenario based. Scenario-based problem solving, and critical thinking skills will be practiced and demonstrated by the student. The laboratory provides a safe and realistic environment for experiencing and practicing those psychomotor skills necessary to successfully carry out the job of a paramedic without the pressures of the field setting. YNHH CEMS faculty are experienced EMS educators with extensive experience in patient care. The faculty will draw on real life situations to help make laboratory practice realistic. Scenario based training will start at a simple level and increase in sophistication until it mirrors the complex decision making necessary in the field. YNHH CEMS has a complete range of task trainers and sophisticated patient simulators and equipment for the student to practice within a manner realistic to the situations the student will face as a paramedic. Some skills must be completed as designated on forms and/or under simulated field conclusions.

There will be some skills that must be practiced on live human beings as a preparation before entering the clinical setting with real patients. The practice of patient assessments, for example, will be done on live and sometimes moulage (made up with realistic looking false wounds) patients in addition to the task trainers and simulators. The practice of these and other skills will involve the touching of live model patients and other students, including in the areas of the chest and pelvis under the direct supervision of the faculty. The program strongly believes in the importance of this practice but is aware of the risk of inappropriate behavior or religious restrictions. All students in any role in these situations including of rescuer, patient or observer are expected to display the appropriate professionalism and tact expected of real patient care at all times. Students are also reminded of the sexual harassment policy described in the first section of this manual. If at any time a student feels uncomfortable it is the student's responsibility to make that known to the faculty member present. Specific skills which will be practiced in this program include the following but are not limited to:

1. Traction splinting and other splinting of the upper leg or pelvis
2. Patient assessment and physical examination including inspection, palpation, auscultation and percussion
3. Dressing and bandaging of wounds
4. Auscultation of breath and heart sounds
5. Assessment of pulse and respirations
6. Application of ECG electrodes for monitoring and 12 lead chest electrodes
7. Spinal motion restriction
8. Giving and receiving of various injections and IV access.

The successful completion of the psychomotor topics is evidenced by completion of the online portfolio. Completion of this portfolio requires both peer and instructor sign offs. These sign offs should show the students progression from unsuccessful initial attempts to mastery level success culminating with positive instructor sign offs and feedback. Failure to achieve mastery in any area of skills or failure to complete online portfolio 100% will result in a performance improvement plan (PIP) being generated for the student. The PIP will outline the path the student will take to ensure successful completion of the skill. In the event this contract is unfulfilled the student can face disciplinary action up to and including dismissal from the program.

There will be designated psychomotor skills/scenario/SIM time in each didactic semester which will include the online portfolio. Students will use the lab time to complete the required portfolio. Instructors and assistants will be on hand during scheduled skills/scenario/SIM time in order to instruct and assist the students. Additional skill/scenario/SIM time may be requested by the student via email sent to the Education Program Coordinator and Lead Instructor, this will come on a limited basis. It is the student's responsibility to ask instructors for assistance with skills/scenarios/SIMs during designated psychomotor skill/scenario/SIM time. It is an YNHH CEMS philosophy that students must take responsibility for their own learning needs, therefore as stated above the YNHH CEMS will not seek out students questioning their need for additional support or work. Not every demonstration of a skill by a student will result in a passing grade signature from the instructor; failed signatures are needed to show progress of the students in their skills. It is the instructor's discretion to decide if a demonstration meets the standard to obtain a signature.

Clinical Sites

Clinical experiences are designed to give students an opportunity to apply knowledge and skills learned in a controlled setting with mentors and real patients prior to graduation and certification. To maintain the educational focus of these experiences, no clinical or field internship time may be accomplished while fulfilling a normal staffing crew role with any employer. Each clinical rotation has an associated module which each student must pass in order to attend that clinical rotation. The completion of all clinical experiences is required for successful graduation. Clinical experiences are scheduled at various times and days at sites available in medical facilities around the state. Clinical rotations are objective-based as well as hours-based. That is, the student must accomplish certain objectives even if this takes longer than the minimum time requirement stated for each clinical area. See requirements listed in the clinical section. The final portion of the program is the field internship.

Clinical sites for all of YNHH CEMS programs are located at various sites across the tristate area. Hospital clinical rotations will be held primarily at Yale New Haven Health facilities and satellite or affiliate institutions. Clinical and field internship sites include a variety of busy urban and suburban locales to offer a broad-based education. For their field internship, students will also be able to experience multiple models of EMS services including hospital-based, public utility, and third service. Upon successful completion and documentation of the entire didactic, clinical, and field portions of the program, students will be eligible to sit for the National Registry of EMTs® paramedic exam. All clinical scheduling is done through the online web-based system. YNHH CEMS will set up an account for each student with this on-line scheduling and tracking site. Students will be required to keep their log of clinical activity up to date on this site.

See Clinical and Field Internship Sections for more information.

Textbooks

YNHH CEMS believes that everything that you need to know about paramedicine cannot be contained in one textbook. Therefore, for each topic or "subject area" one or more textbooks and/or workbooks may be required. Students are expected to provide their own electronic device for book access as well as in-class testing, lab signoffs, and on-site clinical paperwork.

National Registry of Emergency Medical Technicians®

Upon completion of all program requirements, students are eligible to sit for the National Registry of Emergency Medical Technicians® paramedic examination. All NREMT® exams are separate exams, not part of the YNHH CEMS paramedic program and not administered by YNHH CEMS staff. The National Registry is a not-for-profit, independent, non-governmental agency. Its free-standing structure is carefully guarded in order to preserve the integrity of the National Registration process. The National Registry certification is a widely respected achievement used in many states (including

Connecticut) in lieu of local testing as a prerequisite for state licensure. The use of the National Registry exam compares the student to a national standard and promotes reciprocity and mobility for EMTs and paramedics. YNHH CEMS strongly supports the National Registry process. The National Registry requires that testing for registration be completed within two years (24 months) of program completion. Fees for this testing are not including in tuition.

Semester Completion

For the academic portion of a semester or the course to be considered “completed,” we must have a copy of your semester/course exam, affective domain sheets that meet standard, completed LMS quizzes/assignments, and your completed online portfolio. If the online portfolio is not completed during the scheduled practical skills time throughout the program, it is the student’s responsibility to make an appointment to complete it. Seeing there is more than sufficient lab time to complete the portfolio, this extra time for a student (not bound by extenuating circumstances) may come as an extra out of pocket expense to the student.

Final Cumulative Exam

The didactic program cumulative final examination will have two parts: a computer based cognitive examination and practical skills-based exam mirroring the NREMT®. The computer exam will be a final cumulative cognitive examination. This will be a computer based, proctored, by appointment only examination. The examination will be a validated, reliable and predictive computer-based exam. The passing score for this exam will be 73%. Final cumulative examinations may not be taken if the didactic portion (the written and practical examination) of any semester (or module) is incomplete, or the student has not completed a minimum of 80% of clinical requirements as outlined in the program syllabus. The final examination may not be taken if any outstanding balance for any program fees is owed, or if the student is on academic or administrative probation.

If a student is unsuccessful in passing the final cognitive examination on their first attempt, they must complete all online sectional exams prior to a retest. If a student is unable to pass the final cognitive examination on their second attempt, they must have a meeting with the Education Program Coordinator within 1 weeks’ time. The student’s exam prescription will be evaluated, and the Education Program Coordinator will document a PIP that the student must complete prior to taking the third attempt.

Students who are unsuccessful after four (4) attempts at the final computer cognitive examination will be dismissed from the program cohort.

Students who are unsuccessful at passing the final practical exam will meet with the Education Program Coordinator for an individual PIP. Students must complete the PIP prior to a retest. Students will have a maximum of three (3) attempts at the final practical exam. Students who fail the final practical exam 3 times will be dismissed from the program cohort.

Successful Program Completion

Overall program completion requires a passing grade in all semesters, modules and the final cumulative exam, completion of the online portfolio, all affective domain evaluations meeting standard, all stations of a final practical exam passed, and all clinical and field internship objectives met for skills, affective domain, simulation exams and assessments with documentation properly on file. Students must also provide proof of all required certifications including (but not limited to) ACLS®, PALS®, PHTLS®, TECC®, EPC®, AMLS®, CPR, Mental Health First Aid for First Responders, Human Trafficking, and any other local, state, or national requirements. All documentation must be completed and filed with YNHH CEMS. Students have a maximum of two years (24 months) from program start to complete the program, unless otherwise noted in a modified curriculum syllabus. It is the student’s responsibility to ensure that all required online data

entries have been made and the documentation for completion of all aspects of clinical, field internship and psychomotor portions is received by YNHH CEMS for program completion.

Prior to students being granted clearance for the National Registry of Emergency Medical Technicians® paramedic examination, they must first attend an exit interview with the Education Program Coordinator, Clinical Coordinator, Program Manager or their designee. At this meeting, students must also surrender their YNHH photo ID, and any other items considered YNHH property. Only after all conditions are met will a student be officially granted successful program completion and given clearance for National Registry testing.

Section IV

Clinical

Introduction

Clinical site rotations give the student the opportunity to apply learned knowledge, skills, and assessment techniques on real patients in a controlled environment under direct supervision. YNHH CEMS has clinical sites in various hospitals and departments for students to attend. These rotations give the student clinical exposure that are most relevant to the EMS field. Some rotations are observational only and the student will not have any hands-on patient contact. In most of rotations, the students will be able to perform patient assessments and skills that are within the paramedic scope of practice. The clinical rotations are done concurrently with the classroom didactic portion of the program. Each semester/module course has been assigned rotations that are to be attended during that time period.

General Information

- Students must earn a passing grade in each clinical semester in order to progress within the program.
- Students are mandated to show proof of immunity through titer for MMR, Varicella and Hepatitis B (or sign declination for Hep B only). Students must also show proof of vaccination for TDAP. Students will also be required to obtain and maintain a PPD skin test (or equivalent) and respirator (N95) fit test every twelve (12) months, as well as receive the annual seasonal Flu vaccine. Students **may** be eligible for exemptions under certain circumstances. In addition, students must comply with all additional vaccination policies required by clinical sites. Please see the Clinical Coordinator if you believe you qualify or have any questions regarding this policy.
- Students are also expected to maintain current records of all required certifications and documentation i.e. CPR® (with psychomotor component), EMT, contact information and vaccinations. Failure to comply may result in being placed on clinical suspension and/or dismissal from the program. CEMS does not recognize the state 90-day grace period.
- Do not bring food, drinks, or other belongings into the clinical areas.
- No pagers, cell phones, or electronic devices are allowed to be used in the clinical area unless related to clinical care. Students shall not take pictures, videos, or other recordings of patients or patient care areas **UNDER ANY CIRCUMSTANCES.**
- Students must remain in their assigned clinical areas with their assigned preceptors or instructor and should not roam about the facilities.
- Students work under the supervision of the clinical instructor and the assigned clinical preceptor. No patient care and/or administering of medications are to be carried out without the knowledge, approval, and direct supervision of the instructor or preceptor.
- While rotating through any of the hospital clinical or pre-hospital settings, students and faculty are subject to all the rules, policies, and regulations of the facility or company.
- Students are responsible for:
 - travel to and from clinical facilities
 - lodging and meals
 - parking fees

- Students are encouraged not to attend clinical/field requirements at their place of employment.
 - The Clinical Coordinator or designee may prohibit a student from attending clinical or field rotations at their place of employment at their discretion.
- Students shall only participate in clinical or field rotations in the capacity of a student, as a student, at an assigned shift in their CEMS uniform.

Professional Standards

CEMS has developed a good professional relationship with all of our clinical partners. It is through these relationships that CEMS is able to offer our students the opportunity to attend clinical and field rotations. As a paramedic student, you play a big role in the reputation of CEMS. When you attend a clinical rotation or field shift, you represent not only yourself, but also your classmates, instructors, and the paramedic profession as well. As such, you will be expected to conduct yourselves with the **utmost of professional behavior at all times**. Remember, you are being evaluated at all times by the staff when you attend a rotation. They are not only forming an impression about your clinical performance and professionalism, but also about CEMS. Therefore, make sure the impression they get is a good one. Remember, you are a **guest** at the clinical sites and can be asked to leave if your behavior is deemed less than professional. All students are required to comply with clinical and field site policies including but not limited to drug testing, background checks, immunizations, and patient privacy rules. Failure to comply with all clinical and field site policies shall result in loss of clinical site privileges and the inability to successfully complete the paramedic program.

At a minimum, the following is a list of ways you will be expected to conduct yourself while at a clinical or field site:

1. Arrive early (a minimum of 15 minutes prior to the start of the shift)
2. Bring appropriate equipment (tablet/laptop, stethoscope, pen, trauma shears, etc.)
3. Wear appropriate attire for the rotation (see Program Uniform)
4. Ensure your attire is clean and presentable
5. Maintain good personal hygiene
6. Treat everyone with respect
7. Maintain a professional and respectful attitude towards your preceptor and staff
8. Maintain a professional and respectful attitude towards your patients and their family members
9. Demonstrate the proper knowledge and skills required for that rotation
10. Always be polite and thank your preceptors for their time at the conclusion of the rotation

Conduct with Patients

As providers in the field of EMS, the public bestows us with the highest level of trust and confidence. We respond to the public's call for help during their time of need and under great physical and psychological stress. They invite us into their homes, grant us access to assess their bodies, and willingly share with us intimate details of their medical problems. All of this is done with an assumption that the EMS providers will respect and be trusted with access to their homes and personal belongings, respect the patient's body and medical needs, and to hold medical knowledge in strict confidence. In addition, we are required and compelled to maintain medical records, deliver proper medical care, and to generally ensure the safety

of our patients while in out care. This trust is in part granted to us through the fact that we are licensed on state and national levels and are vetted by the agencies through which we operate. Failure to adhere to this professional standard can result in termination of employment, loss of licensure, and even criminal penalties. This applies to both clinical and field sites.

YNHH CEMS will hold you to the same professional and ethical standards as all healthcare providers. Should CEMS become aware that any violation of these standards has taken place, you shall immediately be placed on suspension from the program pending an investigation. YNHH CEMS reserves the right to dismiss any student from the program who is believed to have committed a violation of these standards.

Prohibited Activities

Below is a list of specifically prohibited activities or actions. Any YNHH CEMS student who is accused of committing any of the following actions shall be placed on suspension from the program pending an investigation. YNHH CEMS reserves the right to conduct its own investigation into the incident. YNHH CEMS reserves the right to dismiss from the program, any student who is believed to have committed any of the following violations.

1. Violates the National EMS Scope of Practice, National EMS Educational Standards, National EMS Educational Standards- Paramedic Guidelines, or NREMT® Standards of Professional Behavior when treating patients or operates outside the supervision of the preceptor or PFI
2. Provides a treatment or care which is unreasonably harmful to a patient
3. Violates patient privacy; violates a law provided under HIPAA
4. Disrespects, steals, or maliciously damages belongings from a patient's home or their person
5. Disrespects, steals, or maliciously damages equipment belonging to the clinical institution or field site
6. Knowingly falsifies or alters any medical record pertaining to a patient
7. Knowingly falsifies any clinical or field internship paperwork or other CEMS academic documents
8. Displays aggressive or threatening behavior towards patients, hospital staff, or field staff
9. Harasses in any way, any patient, bystander, hospital staff, or field staff
10. Violates the policy of any hospital or clinical or field site where a student is attending a rotation
11. Violates the policy of any fire department or EMS agency where a student is attending a field internship
12. Attends any clinical or field site while under the influence of alcohol or any medication or drug which impairs physical or mental capacity
13. Possesses firearms, explosives, dangerous chemicals, or any other type of deadly weapon while at a clinical or field site
14. Conviction of a crime of moral turpitude
15. Makes disparaging comments about faculty, instructional staff, clinical staff, clinical sites, and other students.

This list is not all-encompassing.

Scheduling and Attendance

Students are responsible for the scheduling of their clinical rotations unless otherwise noted. Students will be allowed to schedule shifts for the clinical rotations that are assigned to the student's current semester/module only when approved by the Clinical Education or Education Program Coordinators. Shifts must be scheduled at least seven (7) days in advance of the shift. On rare occasions, the Clinical Education or Education Program Coordinators may approve a shift less than seven (7) days before scheduled.

Students shall not sign up for shifts in excess of required hours without approval from the Clinical Coordinator or their designee.

Students should only schedule clinical shifts on days and times (not during normally scheduled class time) that they know they will be able to attend. Once a student schedules a clinical shift, they are responsible for that shift. If a student is unable to attend a scheduled shift, they must do the following:

- Email their classmates and the clinical coordinator requesting a shift swap*.
- If no other student can take the shift, the student must email the Clinical Coordinator or designee requesting to drop the shift.
- Shift drops greater than 14 days out from the shift will be considered "excused" and not count towards the student's absences. Shift drops with less than 14 days' notice will count as an absence (exceptions made for approved documented absences only at the discretion of the Education Program Coordinator, Clinical Coordinator and Program Manager).

*Note: Students are not permitted to swap OR shifts

Students will be allowed a maximum of two (2) absences per clinical semester/module. Absences cannot be "banked" or carried over from one semester/module to the next. Absences in excess of these numbers will result in dismissal from the program at the discretion of the Education Program Coordinator, Clinical Coordinator and Program Manager (exceptions made for approved documented absences only at the discretion of the Education Program Coordinator, Clinical Coordinator and Program Manager).

Recording Attendance, Skills, and Assessments

Students are not permitted to document any information that qualifies as protected health information under HIPPA.

In general, record keeping for clinical site attendance and for skills and assessments that you perform will be kept in electronic format within an online platform. One exception to this is for the documentation of advanced airway skills performed in the OR. These skills will be documented on a paper log and entered into the designated online platform following the shift. Both the paper copy and electronic copy must be submitted to the Clinical Education Coordinator.

As previously mentioned, some clinical rotations are observational only; you will not have any direct, hands-on contact with patients. In other rotations, you may only perform a skill but not a full interview and patient assessment. For instance, you may be in the OR for airway procedures and be asked to insert an IV in addition to performing an airway procedure. In this instance, students may document the skill(s) only, and not a full assessment.

In most rotations, you shall conduct a full interview, assessment, and history taking on a patient. You may also perform a skill on the same patient (i.e.: start an IV, administer a medication, and perform a 12 lead ECG). For any patient that you

perform a full (or nearly full) assessment, you shall document this assessment electronically within the designated online platform. This documentation shall meet all program standards.

The only paper form to be submitted is the *Student Advanced Airway Log*. Most of your advanced airway procedures will be done during your OR rotations; however, you may have the opportunity to place an airway in other clinical rotations or in your field internship. For each advanced airway you place, you will enter it in the *Student Advanced Airway Log*. For each entry, you will have your preceptor sign to confirm the skill. Note that this log will encompass airways that you place in both the clinical and field rotations. The Advanced Airway Log must be downloaded as an attachment into the designated online platform under the shift where you performed the procedure. Additionally, you must enter each airway procedure into designated online platform as a skill. Be sure to enter skills associated with the actual airway insertion such as “suctioning” or “manual ventilation” which may also have been performed. The Advanced Airway Log is an extremely important form. This form is the official documentation that you have performed the minimum required ten (10) live endotracheal intubations. It is essential that you attach this form to your designated online platform account. Also, the student shall keep copies of these forms.

Finally, you will be required to perform and document a large number of patient assessments as part of your clinical rotation requirements. The types and numbers of each assessment are detailed in the online platform. You will be required to fill out an electronic PCR within the designated online platform for **each** patient you assess. For a patient contact and assessment to count, you must document the following information:

- 1) The patient’s age and sex
- 2) The medical record number (MR#). **Please label this as “Case Number”. Do not use “MR” or “Medical Record Number” to designate this number.**
- 3) The patient’s complaint (maximum of 2 complaints per patient) and history of present illness/signs/symptoms
- 4) Assessments and pertinent positive and negative findings
- 5) Vital signs including ECG interpretation if performed
- 6) Clinical impression. Up to two (2) impressions may be chosen for each patient
- 7) Treatments provided
- 8) Full narrative using the SOAP or other medically accepted format
- 9) Patient documentation that has no PHI (ECG, 12 leads, etc.) shall be attached as picture to the shift noting the patient number.

Most of your patient assessments will be done while in your ED rotations however, you may have the opportunity to perform assessments in other rotations as well, so long as you are able to gather and document the above information for each patient and skill in the designated online platform.

Ideally you should be able to complete a PCR in the designated online platform while at your clinical rotation on your tablet or laptop however, it is recognized that due to the busy nature of the ED that this may not be possible. We highly recommend that you bring a notepad with you to write down and keep track of patients, assessments, and skills performed so that you may enter them into the designated online platform later.

Once you complete a clinical shift you will have **seventy-two (72) hours** to enter any skills or patient assessment information into the designated online platform. After seventy-two (72) hours from the end of the shift has passed, the

designated online platform will “lock” the shift and you will be unable to enter any further information under that shift. If the shift locks, only the Clinical Education Coordinator will be able to unlock the shift. The coordinator *may* unlock the shift for you at their discretion. If the Coordinator sees that the student is frequently failing to enter data within the seventy-two (72) hour window, they reserve the right to delete those patient contacts and associated skills which will then not count towards your clinical or field internship requirements.

It is the student’s responsibility to maintain all the above-mentioned paperwork during clinical and field internship rotations. This documentation will serve as the official documentation of attendance, assessments, and skills performed. Students are required to confirm that all preceptors have completed the end of shift evaluation. Shifts missing preceptor evaluations will not be accepted. Students are encouraged to make copies of all documentation for their personal records in the event of any dispute over attendance, assessments, or skills performed.

As documentation is entered into the designated online platform, it will be automatically categorized and tracked, and students will be able to view percentages completed in all categories as they progress through the program.

The Clinical Education Coordinator (or appointee) may audit PCR’s and skills that are entered into the designated online platform. Any documentation which is missing information, seems poorly organized, is deemed incomplete, or is missing the patient’s case number, shall be deleted and will not count towards clinical or field internship requirements.

Patient Care Documentation Standard

A discussed earlier, students are required to write a patient care report, **including the narratives for EVERY PATIENT YOU ASSESS.**

The following standards shall be followed in narrative documentation of all patient care interactions. This includes simulated patients in lab setting and all patients in clinical and field settings. The purpose of this standard is to establish minimum criteria for all patient care reports. The standards are developed from national standards and the National Highway Traffic Safety Administration’s NEMSIS requirements.

Although “CHART” is becoming the more common method for narrative format (and required in some states), the Program will accept any one of the four standard systems below.

- CHART
 - C- Chief complaint
 - H- History
 - A- Assessment
 - R- (Rx) Treatment
 - T- Treatment and turnover

- SOAP
 - S- Subjective
 - O- Objective
 - A- Assessment
 - P- Plan

- SOAPIER
 - S- Subjective
 - O- Objective
 - A- Assessment
 - P- Plan
 - I- Implementation
 - E- Evaluation
 - R- Report

- CHEATED
 - C- Chief concern/complaint
 - H- History
 - E- Examination
 - A- Assessment,
 - T- Treatment
 - E- Evaluation
 - D- Disposition

No matter which format is chosen by the student, all patient reports will have the following minimums as required by the NEMSIS standard when the information is available (Please notate the information that is *not* available).

- Gender
- Age
- Chief complaint
- Primary symptoms
 - Secondary symptoms if any
- Provider's primary impression
 - Provider's secondary impression if any
- Initial acuity
- If trauma, cause of injury
- Vital signs
 - Time and date taken
 - At least two sets
 - Method of BP
 - Heart rate
 - Pulse oximetry
 - Respiratory rate
 - End tidal CO₂
 - GCS
 - Pain scale
- Complete head to toe survey
 - Or indication why a full survey could not be completed

- ECG if appropriate
 - Type
 - 3 lead and/or 12 lead
 - Interpretation
 - Initial and changes
- Procedures and treatments
 - Date and time performed
 - Procedure success or complications
 - Response to procedure
 - IV Fluids
 - Successful/number of attempts
 - Gauge of catheter
 - Location of placement
 - Type of fluid
 - Rate of fluid administration in cc/hour or minute
 - Volume over time
 - Total volume infused at end of student's care
 - Response to administration
 - Medications
 - Pretreatment vital signs
 - Dose
 - Concentration
 - Route of administration
 - Rate of administration
 - Response to administration
 - Posttreatment vital signs

Preparation & Dress Code

- Students are expected to be fully prepared for the clinical experience. This involves:
 - Adhering to clinical uniform dress code and wearing proper identification.
 - Having stethoscope, calipers, scissors, pen, a watch with second hand.
 - Have access to appropriate documentation media.
 - Arriving on time to all scheduled rotations.
 - Demonstrating proper professional behavior at all times.
- Students are expected to wear the designated school uniform.
- Piercings if worn, must be small and unobtrusive, no hoops or dangling earrings.
- If a student feels that there are extenuating circumstances which may require an adjustment to the uniform policy, the student must discuss these needs with the Program Coordinator before the clinical learning experience begins.

Clinical Requirements

- Students must attain the following patient care competencies by the end of the program. Any deficiencies will be evaluated on an individual basis and may require additional clinical or field time in order to meet the required program goals. In addition to the following, students are also required to complete all required skills and patient contacts in their online tracking system.

Skill set	Goal
Medication Administration	60
ET success	10
Live intubation	10
IV success	85
Ventilation	20

Patient Complaints or presentations	Goal
Chest Pain	35
Adult Respiratory emergencies	20
Pediatric Respiratory emergencies	8
Abdominal emergencies	20
AMS	30
Dizziness	5
Weakness	5
Headache, blurred vision	3
Change in Responsiveness	10

Clinical Impressions	Goal
OB	10
Trauma	40
Psych	25
Medical - General	50
Cardiac Issues	30
Cardiac Arrest	5
Respiratory Issue	15
Neuro Issue	5
Abdominal Issue	20

Age groups	Goal
Newborn	5
Infant	5
Toddler	5
Preschool	5
School Aged	5
Adolescent	5
Total Peds	40
Adult	50
Geriatric	50

Confidentiality

- All requirements of confidentiality as delineated under The **Health Insurance Portability and Accountability Act** of 1996 will be strictly obeyed. Students must maintain patient and care-provider confidentiality at all times. Discussion of patient care should be done only in restricted areas and for educational purposes only and never include any PHI.
- Photocopying of hospital records is strictly forbidden. Discussion of pre-hospital interventions outside of the academic setting is strictly prohibited. Any student found in violation of this confidentiality statement shall be subject to disciplinary action including possible dismissal from the program.

Laboratory sessions

- Throughout the semesters there are designated simulated lab sessions scheduled to coincide with the didactic and clinical requirements.
- Attendance at these lab sessions is mandatory.
- Students must demonstrate competence in all psychomotor skills according to evaluation guidelines distributed for each session.
- Following completion of a given clinical rotation (i.e., final OB rotation), students will be required to schedule a simulation session with the Clinical Coordinator or designee. At this session, the student will complete a simulation(s) to prove that they have met competency in the given topic. Should a student fail this simulation(s), a performance improvement plan will be developed that may include additional required clinical time, tutoring, or simulations.

Student Injuries or Exposures

Should you get injured or have any significant exposure to a blood borne or airborne pathogen, or any other infectious material while attending any clinical rotation, you should immediately notify your preceptor of such event and seek immediate attention at the Emergency Department. For exposures, it is recommended to go to the Emergency Department at the same hospital where the patient to whom you were exposed is located. Once you have received the appropriate medical care, you must contact the Clinical Education Coordinator *and* your Education Program Coordinator at your earliest convenience to notify them of the event and document the incident on a Student Contact Form.

Clinical Completion Requirements

The requirements for completion of the clinical portion of your paramedic education are measured in two areas: Hours requirements and skills/assessments requirements. First, you are required to complete the minimum number of hours for the rotations assigned to each semester/module. As stated previously, you must complete all assigned rotations within the timeframe of that semester/module. The Clinical Education Coordinator reserves the right to adjust the hours requirements based on scheduling and availability of shifts given to CEMS by the various departments. Outlined below are the rotation assignments for each semester/module for the CEMS Paramedic Program. Advanced standing of clinical requirements may be granted for applicants for specific cohorts. Details for this advanced standing if allowed can be found in the program syllabus.

CEMS has structured the timeline of this paramedic course to give the student the best chances of completing the course successfully and in a timely manner. Unless approved, students must complete all requirements of each semester in order to be allowed to matriculate to the next semester. Course extensions *may* be granted in the event of serious personal hardships. These extensions are not guaranteed and will be considered and granted by the Program Manager, Clinical and Education Coordinators on a case-by-case basis.

In addition to attending the minimum hours for each rotation, the student must document completion of the minimum number of skills and patient assessments in a variety of categories. These numbers can be found in the designated online platform's progress reports. While a majority of these skills and assessments will be done during the clinical rotations, you will have until the end of the field internship to reach 100% completion in all categories. These numbers are subject to change based on national education and state standards. Every student shall have 100% of every category successfully completed within the designated online platform requirement reports in order to successfully complete the clinical component, field internship component, and program.

The clinical rotations will commence during the first semester of the program and continue through to be completed by the middle of the fifth semester. Each semester has been assigned certain rotations that correlate with didactic subjects that have already been covered. Semester/rotation assignments are listed below. You must complete all assigned clinical rotations before the start of the next semester. Clinical modules must be completed and receive a passing grade prior to the start of the next module. Grades for individual clinical modules will be part of the student’s cumulative GPA. **Clinical rotations and hours are subject to change and availability.**

Semester I

- Autopsy 6 hours
- 9-1-1 Dispatch Center 8 hours
- EMT Field Ride Time (as needed) * 60 hours

Semester II

- Anesthesia (OR) 48 hours
- Pharmacy 8 hours
- Respiratory Department, Adult 24 hours
- Emergency Department, Adult 40 hours
- EMT Field Ride Time (as needed) * 60 hours

Semester III

- Obstetrics (L&B) 16 hours
- Cardiac Catheterization Lab 16 hours
- Emergency Department, Adult 71 hours
- Hospice 8 hours
- EMT Field Ride Time (as needed) * 60 hours

Semester IV

- Trauma Rounds 16 hours
- Emergency Department, Adult 80 hours
- Advanced Practitioner Rounds 24 hours
- Psychiatric Unit 16 hours

Semester V

- Respiratory Department, Pediatric 16 hours
- Emergency Department, Pediatric 48 hours

*EMT field time is required for students who lack field experience as deemed necessary by the Clinical office.

Total Clinical Hours- 445 (minimum)

Clinical Rotations

CEMS has agreements with Yale New Haven Health facilities and satellite or affiliate institutions that allow our students to attend clinical rotations. Clinical rotations are designed to give the student “hands on” experience with real patients in a controlled environment. The specific departments have been chosen to give the students exposure to specific areas that are most relevant to their success in the field of paramedicine. As a student in a clinical rotation, you will generally be assigned to “shadow” a preceptor who will be an RN, APRN, PA, or MD. Some clinical rotations are designed to be observational only. Two such rotations are the autopsy and cardiac catheterization laboratory. In these and similar

rotations, the student is expected to discuss patient history, assessment, and all aspects of patient care. In other rotations, the student will be allowed to perform skills that are within your training and scope of practice. Performance of these skills will be conducted at the discretion of and under direct supervision of your preceptor.

The following pages contain specific information for each clinical site rotation to include learning objectives, locations, uniform (if applicable), and other site-specific information. This information is subject to change per requirements and requests by each site. Should information pertaining to a particular site change, the Clinical Education Coordinator or designee will advise the students as soon as possible. **Please read the site-specific information thoroughly prior to attending any rotation!** This should include certain items such as directions to the site, objectives, skills to be completed, and any specific documentation requirements.

Before any student is allowed to perform invasive skills in the clinical setting, they must first demonstrate competence in those skills. These proficiencies will be validated by completion of seven (7) successful attempts of the skill in the lab setting.

Note. The following sites and information is not all inclusive or for all programs.

ANESTHESIA ROTATION INFORMATION & GOAL AND OBJECTIVES

Site-Specific Information

SRC OR-The Clinical Education Coordinator will assign each student to a consecutive Friday-Friday weekday (6 days) rotation. The first Friday is an orientation shift where students will learn about the logistics of the SRC OR. Most likely, students will not perform any airway management on this day. Starting on the following Monday and continuing all week, students will be able to perform airway management/intubations. The student shall attend each shift regardless of the number of successful intubations obtained during the six-day clinical rotation. Students will wear the normal purple scrub attire to the OR, but on arrival, will be required to change into a set of OR scrubs that will be issued daily.

Bridgeport Hospital OR-Located on the third floor of the hospital, students will enter the building from the main entrance and proceed to the linen room located on the second floor to obtain a set of OR scrubs. Students will then make their way to the third floor OR and see the receptionist at the main desk who will direct the student to the locker room where they can get changed. Students will then be assigned to an Anesthesiologist.

GOAL:

The Paramedic student will become proficient in the practice of naso/endotracheal intubation techniques and airway management

OBJECTIVES:

In cooperation with the clinical preceptor, the student will:

1. Prepare, assemble, and check necessary equipment.
2. Discuss the methods of airway management and intubation techniques.
3. Students will actively participate in the pre and post sedation patient evaluation, including evaluating the potential for the presence of a difficult airway and observing the rapid sequence induction of the patient.
4. The paramedic student will ventilate the patient, whenever possible, before and after intubation. The paramedic student must ventilate 20 patients during the OR rotation.
5. Observe ETCO₂ monitoring and evaluation.
6. Pre-oxygenate the patient.
7. Under direct supervision of appropriate advanced practitioner, Intubate the patient within the allotted time frame, using correct technique.
8. The paramedic student must successfully perform at least 10 live human intubations. All attempts must be recorded on the CEMS O.R. Airway Spreadsheet (Note: an attempt is considered as any time the laryngoscope passes the teeth).
9. Assess tube placement.
10. Secure the endotracheal tube.
11. Communicate well and interact professionally with all members of the health team.
12. Adhere to all policy and procedure specific to the anesthesia department.
13. Perform patient care under the direct supervision of the preceptor.

14. Utilize universal precautions and aseptic techniques at all times.

AUTOPSY ROTATION & INFORMATION

GOAL AND OBJECTIVES

Site-Specific Information

The autopsy rotation is completed at the Westchester County Medical Examiner's office, located at 10 Dana Rd. Valhalla, NY in the laboratories building. Although this is typically a busy ME's office, it is possible that there may not be any cases for a particular day that students have signed up. Students are advised to call the ME's office number (914-231-1600) between 0700 and 0800 to confirm that there will be cases for that particular day. Students must arrive no later than 0845 the morning of the rotation for the morning department meeting. Students can park in the visitor's lot. Uniform for this rotation will be the normal purple scrubs.

GOALS: The Paramedic student will apply the anatomy, physiology, and pathophysiology they were presented in class to actual patients that have died

OBJECTIVES:

In observation and discussion with the pathologist, the student will:

1. Observe the proper dissection technique
2. Observe and inspect the various organs of the human body and gross anatomy
3. Identify pathologies within each organ.
4. MAY, at the discretion of the Medical Examiner, perform "hands-on" skills

CRITICAL CARE ROTATION & INFORMATION

GOAL AND OBJECTIVES

GOALS: The Paramedic student will actively participate in providing care to patients in the intensive care units, thereby strengthening/gaining knowledge of patient conditions requiring critical advanced life support intervention.

OBJECTIVES:

In cooperation with the clinical preceptor, the student will:

1. Perform complete patient assessments.
2. Administer patient care specific to diagnosis and condition.
3. Administer medications after discussion of action, indications, contraindications and side effects as well as dosage calculation via required routes to include:
 - a. IV
 - b. IM
 - c. IO
 - d. Neb
 - e. PO
 - f. SL
4. Interpret ECG rhythms.
5. Apply monitor leads.
6. Discuss 12 lead ECG interpretation
7. Participate with routine, continuous patient care, as required by assigned patient.

8. Observe and/or accompany patients to additional procedures available in different critical care areas.
9. Observe patient rounds.
10. Communicate well and interact professionally with all members of the health team.
11. Adhere to all policy and procedure specific to the critical care areas.
12. Perform patient care under the direct supervision of the preceptor and/or clinical instructor.
13. Utilize universal precautions and aseptic technique when appropriate.

9-1-1 DISPATCH CENTER ROTATION & INFORMATION

GOAL AND OBJECTIVES

Site-Specific Information

The 9-1-1 dispatch rotation is completed at the AMR New Haven Dispatch Center, located at 58 Middletown Ave. Students should report to the on-duty Operations Supervisor and identify themselves as a YNHH CEMS paramedic student who is there to observe a shift in dispatch.

GOALS: The Paramedic student will become knowledgeable with the call taking process as well how calls for service are prioritized. The student will also become familiar with how field units are dispatched to various calls for service

OBJECTIVES:

In observation of the Dispatcher, the student will:

1. Observe the 9-1-1 system and dispatch system on a regional level
2. Observe the EMD system and how it applies to 9-1-1 dispatching
3. Develop an Understanding the difference between duplex, simplex, and repeater operations
4. Develop an understanding of how hospital communications are initiated between field personnel and hospital staff

PHARMACY ROTATION & INFORMATION

GOAL AND OBJECTIVES

Site-Specific Information

This rotation is completed at the YSC ED. Students will report to the ED administration office, identifying themselves as a YNHH CEMS paramedic student who is there to attend a clinical rotation with the on-duty pharmacist. In this rotation, students will be assigned to a clinical pharmacist in the YSC ED.

GOALS: Students will observe how they review patient's charts to ensure accuracy of prescribed medications and provide consultation to other providers (MDs, PAs) regarding medication and dosing for various pathologies and conditions.

Clinical Objectives

In observation of the clinical preceptor, the student will:

1. Observe the role of pharmacy services as a resource in patient care.
2. Demonstrate the knowledge and use of metric measuring systems.
3. Demonstrate knowledge of clinical indications for medications. This will include:
 - Action
 - Indications
 - Contraindications
 - Side effects
 - Dosage calculation
 - Required routes to include:
4. Demonstrate calculation of doses and concentrations of medications.
5. Demonstrate the use of pharmacy references.
6. Demonstrate appropriate security of scheduled drugs and their dispensing.
7. Observe automated pharmaceutical dispensing systems.
8. Perform other tasks as directed by the pharmacist.

CARDIAC CATHETERIZATION LAB & INFORMATION

GOAL AND OBJECTIVES

Site-Specific Information

YSC CCL-Located South Pavilion level 2, room 2-410.

SRC CCL-Located in Verdi 2.

GOALS: The Paramedic student will apply didactic knowledge of cardiac function and circulation in the clinical setting to better understand the physiology and possible pathophysiology in actual cardiac patients.

Clinical Objectives

In this rotation, students will observe a percutaneous cardiac intervention (PCI) or cardiac catheterization procedure.

1. Identify and become familiar with the clinical indications for a patient to undergo a cardiac catheterization procedure (both emergency and scheduled procedures).
2. Preceptors will explain the various instruments that are used to conduct the procedure.
3. Understand how arterial vascular access is attained and how the catheter is inserted into the aorta and into the coronary arteries.
4. Understand how intra-ventricular pressures are measured and compare to peripheral blood pressure.
5. Understand how the coronary arteries are imaged using dye and x ray. Visualize the process on the monitors.
6. If present, learn to identify where blood flow blockages are located.
7. Understand the differences in balloon inflation and stent placement.
8. Learn about the various catheter/stent sizes and diameters and how this affects the ability to place them.
9. Identify/interpret the patient's ECG before, during, and after the procedure.
10. Observe the transient ischemic ECG changes which occur during balloon inflation.

11. Become familiar with post-operative care.

EMERGENCY DEPARTMENT ROTATION

GOAL AND OBJECTIVES

Site-Specific Information

York Street Campus ED, Saint Raphael Campus ED, Shoreline ED report to the ED and ask for the charge nurse who will assign the student to an ED RN for the shift.

GOAL: The Paramedic student will actively participate in providing care to patients in the emergency department. Thereby reinforcing/gaining knowledge in all types of patient conditions which require advanced life support intervention.

OBJECTIVES:

In cooperation with the clinical preceptor, the student will:

1. Obtain a complete history from patient, family/friends.
2. Perform a complete primary and secondary assessment, to include:
 - lung and heart sounds
 - neurologic assessment
3. Manage an airway through the use of adjunct oxygen devices.
4. Perform peripheral IV insertion
5. Assist in bleeding control/wound care.
6. Utilize universal precautions and/or aseptic technique when necessary.
7. Administer medications after discussion of action, indications, contraindications and side effects as well as dosage calculation via required routes to include:
 - a. IV
 - b. IM
 - c. IO
 - d. Neb
 - e. PO
 - f. SL

8. Interpret ECG rhythms accurately.
9. Apply monitor leads.
10. Discuss 12 lead ECG interpretation.
11. Communicate well and interact professionally with all members of the team
policy and procedure specific to the Emergency Department.
12. Adhere to all
13. Perform patient care under the direct supervision of the preceptor and/or
clinical instructor.

LABOR AND DELIVERY ROTATION

GOAL AND OBJECTIVES

GOAL: The Paramedic student will become knowledgeable with the Labor and Delivery Stages of the Obstetrical patient and the needs of the newborn.

OBJECTIVES:

In cooperation with the clinical preceptor, the student will:

1. Identify and describe signs and symptoms of the stages of labor.
2. Locate and auscultate fetal heart sounds.
3. Assist with the care of the patient in labor.
4. Interact effectively with the patient and partner during the labor and delivery process.
5. Observe and/or assist with a vaginal delivery.
6. Observe and/or assist with a cesarean section delivery.
7. Observe and/or assist with the immediate care of the newborn along with resuscitative measures.
8. Utilize universal precautions and aseptic technique when necessary.
9. Adhere to all policy and procedure specific to the delivery room.

10. Perform patient care under the direct supervision of the preceptor.

PEDIATRIC ROTATION

GOAL AND OBJECTIVES

GOAL: The Paramedic student will gain a better understanding of the needs and effective interaction techniques of the pediatric patient and how they may differ from the adult population.

OBJECTIVES:

In cooperation with the clinical preceptor, the student will:

1. Perform physical assessments as indicated for the patient.
2. Interact effectively and efficiently with the patient and family.
3. Elicit an accurate history from the patient and/or care givers regarding the illnesses/presenting problems.
4. Identify and/or discuss illnesses relevant to the pediatric age group.
5. Administer care appropriate for the presenting problem.
6. Utilize universal precautions and aseptic technique when appropriate.
7. Communicate well and interact professionally with all members.
8. Adhere to all policy and procedure specific to the pediatric department.
9. Perform patient care under the direct supervision of the preceptor and/or clinical instructor.

PSYCHIATRIC ROTATION

GOAL AND OBJECTIVES

GOAL: The Paramedic student will interview and interact with patients exhibiting signs and symptoms of behavioral emergencies and psychiatric illnesses.

OBJECTIVES:

In cooperation with the clinical preceptor, the student will:

1. Identify verbal and nonverbal behavior patterns.
2. Interact with patients and family appropriately.
3. Demonstrate the ability to assess the patient's physical and psychological status.
4. Identify specific psychiatric disorders as evidenced by patient presentation.
5. Obtain pertinent and accurate data through observation, interaction, and communication with patient and family.
6. Demonstrate the ability to communicate well and interact professionally with all members of the health team.
7. Adhere to all policy and procedure specific to the psychiatric department.
8. Perform patient care under the direct supervision of the preceptor and/or

clinical instructor.

RESPIRATORY THERAPY ROTATION

GOAL AND OBJECTIVES

GOAL: The Paramedic student will actively participate in providing care to all patients with compromised respiratory systems.

OBJECTIVES:

In cooperation with the clinical preceptor, the student will:

1. Demonstrate the ability to perform accurate assessments of the patient's respiratory status, to include lung sounds.
2. Demonstrate competency in the use of artificial airway adjuncts.
3. Utilize universal precautions and aseptic technique when necessary.
4. Perform suctioning techniques.
5. Administer aerosolized treatments.
6. Discuss the pathophysiology of different respiratory system conditions.
7. Communicate well and interact professionally with all members of the health care team.
8. Adhere to all policies and procedures specific to the Respiratory Therapy Department.

9. Perform patient care under the direct supervision of the preceptor and/or clinical instructor.

ADVANCED PRACTITIONER ROTATION

GOAL AND OBJECTIVES

Site-Specific Information

Advanced provider rounds are done at either the YSC or SRC ED. These rotations are limited, and the Clinical Education Coordinator will announce as they become available.

GOAL: The Paramedic student will learn and strengthen abilities in forming clinical impressions and formulate treatment plans for patients.

OBJECTIVES:

In cooperation with the advanced practitioner, the student will:

1. Perform physical exams
2. Assist and observe how the advanced provider interprets all diagnostic information
3. Apply this information to the formulation of a clinical impression and treatment plan.
4. Learn the criteria for discharging a patient from the ED with MD referral/follow-up or for admission of a patient to the hospital.

TRAUMA ROTATION

GOAL AND OBJECTIVES

Site-Specific Information

Trauma rounds rotation are completed at the York Street Campus, Monday through Friday and begin promptly at 0700. Students will report to the York Street Campus SICU conference room on the 6th floor of the South Pavilion.

GOAL: The Paramedic student will learn and understand how care is provided for trauma patients beyond the scope of the ED and how these patients progress during their treatment during an extended hospital stay.

OBJECTIVES:

In cooperation with the advanced practitioner, the student will:

1. Observe and participate as appropriate in “group discussion” led by the attending trauma surgeon.
2. Each patient will be discussed to include the initial injury and initial ED care, the progression to the floor, and their current condition/injury and future care plan
3. The student will accompany the Trauma team as they visit each patient in the unit.

Section V

Field Internship

Overview

The final portion of the paramedic education program is the field internship. This is the culmination of the paramedic education, and the student is assigned to ride with field paramedic units and functioning as a lead paramedic. The last 30 calls of the internship is the “capstone.” This subsection of the field internship must be completed with one paramedic field instructor (PFI).

The field internship program is designed to provide the student a well-rounded experience with a variety of services and mentors. Once the student becomes eligible to begin the field internship, the student needs to schedule themselves with multiple services and PFI. Any conflict of interest such as direct supervisor/subordinate, personal, professional, or familial relationships etc., must be avoided and reported to the Clinical Education Office. If the student spends too much of their internship with any particular site or PFI the Clinical Education Office reserves the right to adjust the student’s schedule. This is exclusive of the capstone. While in the field, the student will be expected to apply the didactic and clinical knowledge to the care and treatment of patients in the field. The student will demonstrate advanced patient assessment techniques, formulate clinical impressions, and formulate and administer proper treatment plans in accordance with national standard guidelines. The student will function as team leader and will be evaluated on their ability to properly manage and delegate tasks to all team members. It is expected that the student will first observe and assist with BLS care and then be given an increasing responsibility with ALS care as the internship progresses. Early ALS care should be skill-oriented under the specific direction of the experienced paramedic preceptor; more assessment responsibilities will be given until the student will finally take complete charge of the call with the preceptor only as back-up. At the end of the capstone, the student shall be able to function as a competent, entry-level paramedic.

While in the field, the student’s progress will be monitored by both the PFIs and the Clinical Education Office. The Clinical Education Office will periodically review the student’s paperwork and receive feedback from the student’s PFI to determine how the student is progressing. To provide a snapshot of the student’s progress through their field internship, the CEMS Clinical Education Office will have periodic benchmark evaluations completed by specifically assigned PFIs. These will be performed at approximately 25, 50, 70 and 100 calls. The student’s internship will not be held up while this evaluation is being scheduled. Periodic meetings will be scheduled between the student and the Clinical Education Office to discuss the student’s Graduation Report, PFI and benchmarks evaluations, along with the student’s internship progress will be reviewed.

Eligibility

- In order to become eligible for field internship, the student must have successfully:
Completed all didactic requirements,
- Be in good standing with the program,
- Obtained at least 80% in clinical requirements as outlined in the program syllabus,
- Passed the final cumulative written and practical exam, and
- Have successfully completed at least ten (10) live endotracheal intubations.

The student’s final eligibility to enter the field internship will be assessed by the Clinical Education Office during the student’s internship orientation.

Scheduling

1. The student will sign up for shifts they can completely attend including possible hold over or late call. The student must review the specific location and allocate sufficient time for travel.
2. No student may work a shift that has not already been created within the designated online platform (unless approved by the Clinical Education Office). No student may make private arrangements with a PFI for shifts specifically for them except during the capstone.
3. The student must be punctual for their shift. If the student is late the PFI may send the student home, and this will be counted as an absence.
4. If a PFI has a last-minute overtime or order-in the Clinical Education Office may approve the student to take the shift.
5. If the student “no call, no shows” for a shift, the PFI must contact and advise the Clinical Education Office. The student will need to meet with the Clinical Education Office regarding the shift.
6. In the event that a student must “call out” for a shift, the student will notify both the PFI and the Clinical Education Office. Absences will follow the same standards as the clinical section of this handbook.
7. Should a circumstance arise where the PFI, to whom the student is scheduled within the designated online platform is unable to fulfill the precepting shift obligations, the PFI must contact BOTH the student and the CEMS Clinical Education Office immediately to advise them of this. **This should be a rare occurrence and should only happen on a last minute “emergency” basis.** Upon being notified, the CEMS Clinical Education Office will try to assign the student with a PFI who is working that day.
8. Any student may pick up shifts outside of the CEMS medical oversight catchment area that are listed in the designated online platform.
9. In order to meet the needs of the students and program, the CEMS Clinical Education Office has a right to temporarily adjust these guidelines, without consent or approval from the YNHH CEMS Paramedic Advisory Committee (PAC). Any permanent changes must be approved by the YNHH CEMS PAC.
10. These guidelines must be reviewed, at least annually, by the YNHH CEMS PAC, and may be renewed or updated following discussion, consent, and approval by the PAC.
11. In the event of a high student or low shift availability, the Clinical Education Office reserves the right to limit quantity of shifts per week until the situation is resolved.

As a general rule, students are not permitted to ride on the overnight shift at any fire department ride sites.

Objectives and Completion Requirements

The field internship is the final phase of the paramedic education program. During the internship, the paramedic student will learn to synthesize all learned assessment and skill techniques and apply this to live patient situations in the field setting. After completion of this internship, the student should be able to function as a team leader as an entry-level paramedic. The student arrives in the field with all required training in all aspects of advanced level care. As such, the student may perform any assessment and/or skill within the paramedic scope of practice under the direct supervision of the PFI.

Students will be required to prove their competency through simulation throughout their field internship and capstone rotations. Students will complete a minimum of two (2) simulation exams during this phase of the program. When the student reaches 25% completion of their internship requirements, they will be required to complete a test of at least three simulations at YNHHS CEMS. Simulations will be scheduled for the same day, at the student's convenience and instructor/room availability. Students shall not be permitted to continue in internship until they have shown competency in simulation. If a student is unsuccessful in demonstrating competency during these simulations, a PIP will be drafted. Deficiencies will be evaluated on a case-by-case basis and PIPs may include (but are not limited to) mandated tutoring, additional ride time, additional clinical time, additional simulations and possibly removal from internship. Once a student reaches 100% completion in all field internship and capstone requirements, they will be required to take a final simulation exam consisting of at least 3 simulations. Students must successfully pass all three simulations to move forward in their program completion. Failure to successfully complete all simulations will result in a PIP and remediation. Students shall have a maximum of three (3) attempts at the final simulation exam. Failure to successfully complete all simulations in the exam shall result in the student being dismissed from the paramedic program.

Scope of Practice

1. Perform 3-lead and 12-lead ECG
2. Perform defibrillation, synchronized cardioversion, and pacing
3. Visualize the airway by use of the laryngoscope and remove foreign body with forceps
4. Perform advanced airway procedures including endotracheal intubation or supraglottic airways
5. Monitor ETCO₂
6. Obtain IV access
7. Administer/monitor medications/fluids via the following routes: IV, IO, IM, SQ, inhalation, transcutaneous, rectal, SL, ET, and oral
8. Obtain venous blood samples
9. Utilize a glucometer
10. Perform vagal maneuvers
11. Perform surgical cricothyroidotomy
12. Perform needle thoracotomy
13. Administer the following medications based on scope of practice

Upon completion of all the designated online platform clinical and internship requirements, the student will notify the Clinical Education Office and request an audit. During the audit, the Clinical Education office will complete a full review of the student's clinical and field time to assure all clinical and internship requirements have been met. The Clinical Education Office will also contact all PFIs that a student has ridden with to determine if the student has met "entry-level competency." If, in the opinion of the PFIs and Clinical Education Coordinator, the student has not met entry-level competency, a PIP will be developed for the student with the goal of getting the student to entry-level competency.

Documentation

Similar to clinical rotations, all documentation completed during field internship will be completed in the designated online platform. Students will complete a PCR for every patient encounter in the designated online platform within twenty-four (24) hours of shift completion. Students must attach appropriate documentation to the PCR such as ECGs. Please refer to Recording Attendance, Skills, and Assessments section above for specific documentation requirements.

Students shall complete all evaluations and documentation requirements in the online portfolio.

In addition, students must ensure that the scheduled PFI for the shift completes a shift evaluation of the student in the designated online platform complete with a detailed narrative of the student's progress. It is the student's responsibility to assure that this evaluation is filled out correctly and completely.

Shifts without proper documentation or incomplete documentation from the student or the PFI will be deleted. If a student has difficulty in obtaining proper documentation from a PFI, they should notify the Clinical Education Office immediately.

Evaluation of Student Performance

When a student is in the field internship, the Clinical Education Office will periodically monitor and provide feedback to the student based on their performance. A majority of the feedback will come directly from the PFI in three ways. First, the PFI and student should discuss the student's performance after each patient interaction. The PFI should provide appropriate feedback and suggested areas for improvement. This immediate post-care evaluation and critique is very helpful to the student.

Second, the PFI will be required to complete the field internship evaluation form for each field shift. This form is used by the PFI to evaluate the student's performance for the whole shift. It is devised to assess the student in particular areas and includes a place for preceptor objective comments. The coordinator will share the PFI's comments and evaluations on this form with the student during periodic reviews.

Third, the PFI is encouraged to contact the Clinical Education Office to discuss anything in particular about the student's performance in the field. It is recognized that forms do not always convey information as well as direct communication. If at any time a PFI would like to discuss concerns or perhaps to praise a student for good performance, the PFI may contact the Clinical Education Office.

Please remember that the PFIs know that paramedic students are just that, students. They understand that this is the first-time students are applying advanced level care to patients in the field. The PFIs are a very professional group and know to be patient with the students while at the same time ensuring that students learn and progress. There will be many instances in which students will have to be corrected by a PFI for an improper action or for something they have omitted. Please do your best to take this in a positive way. The PFI is there to instruct students and to see them improve. The following are just a few general definitions and guidelines regarding evaluations:

1. The student is measured against the standard, which is an entry-level, competent paramedic.
2. The definition of a competent, entry-level paramedic is an individual that can operate safely within the standard of care.
3. The definition of the standard of care is the degree of care, skill, and judgment that would be expected under similar circumstances by a similarly trained, reasonable paramedic in the same community.

4. The student is measured by cognitive, psychomotor, and affective skills.
5. The student is NOT to be measured against another student, provider, liaison, or the preceptor.
6. Students are expected to progress in their assessment and management of patients during the course of the internship.
7. Preceptor evaluations should in no way be influenced by their personal relation with the student or by the student's age, race, gender, creed, or any other criteria.

Requirements

The field internship length is generally about 300 hours but may be longer or shorter based on call volume, progression of the student, and discretion of the Clinical Education Office. Students must function as a team leader for a *minimum* of 100 calls, of which at least 50 must be ALS, 5 pediatrics, and 3 unconscious. An ALS call is defined as either:

1. A medication other than oxygen is administered by any team member *OR*
2. An EKG *AND* an IV/IO attempt is performed together by the team

The last 30 calls of the field internship must be completed with ONE PFI. This is known as the Capstone of the internship.

The student does not need to accompany the patient during transport to the ED for the call to count as a team-lead call, although it is highly encouraged whenever possible. Also, the student may count up to five (5) inter-facility ALS transfers as ALS calls. In addition to functioning as team leader on at least 100 calls, the student must also reach 100% completion of all online portfolio categories. In the event the student is short in any area after completion of the minimum number of calls, the Clinical Education Office will have the student attend additional field shifts or clinical shifts in order to reach 100% completion in all categories.

During the field internship, the student should periodically run an online portfolio report to confirm appropriate data submission and keep track of their progress towards program goals. The Clinical Education Office will monitor the student's performance and along with the PFIs, provide feedback to the student. The student will meet with the Clinical Education Office periodically to review the student's progress or address any PFI team concerns.

In addition to completion of all minimum requirements, the Clinical Education Office will routinely evaluate the student's ability to function as a competent team leader. This will be evaluated through discussion with the student, the student's PFIs, and a review of the student's evaluations and PCRs. Specifically, the Clinical Education Coordinator or their designee will be evaluating the student's competency in the following areas:

1. An understanding of medical/legal issues relating to the practice of EMS
2. The ability to perform a comprehensive exam on pediatric and adult patients
3. The ability to perform a comprehensive assessment then synthesize and implement a treatment plan for medical complaints and symptoms that include the following systems (but not limited to):
 - a. Respiratory
 - b. Cardiac/cardiovascular. This includes full understanding and implementation of ACLS®
 - c. Neurological

- d. Endocrine or immune
 - e. GI/GU
 - f. Obstetrics, including care of newborn and postpartum
 - g. Psychiatric
 - h. Trauma
4. The ability to successfully perform all manners of peripheral IV insertion
 5. The ability to administer medications with correct indications, doses, and routes
 6. The ability to perform endotracheal intubation or insertion of other advanced airway devices
 7. The ability to ventilate patients using a BVM with both BLS and ALS airways
 8. The ability to perform electrical therapy including defibrillation, cardioversion, and pacing
 9. The ability to serve as an effective team leader in all variety of prehospital emergency situations
 10. The ability to properly document all assessments and care provided
 11. The ability to contact and use direct medical oversight when indicated
 12. The ability to provide effective radio reports/hospital “patches” and reports when turning over care to ED staff

If upon completion of internship, the student’s PFI does not feel the student has reached a level of competency (consisting of cognitive, psychomotor, and/or affective skills), the Clinical Education Office has a right to extend the student’s field internship time.

Once the student has completed their internship, the Clinical Education Office will review the student’s progress with the PFI team and run a progress report in the designated online platform. The student will then be required to meet with the Clinical Education Office for an audit of their clinical and internship file. Once the Clinical Education Office feels that the student has successfully completed 100% of the clinical and field internship requirements and has shown competency to function as an entry-level paramedic, they will email the Education Program Coordinator that the student has met all clinical and internship requirements and is ready for a final program review and audit.

See **Program Uniform** for field internship uniform

Students must bring their own stethoscope, black pen, watch with a second hand, and tablet or electronic device. A second uniform is recommended to be brought to the field site in case of contamination of the primary uniform. In the event that a student arrives for a field shift and is not wearing the approved uniform, the PFI reserves the right to dismiss the student from the shift and shall advise the Clinical Education Office of such occurrence.

Fairness Policy

It is expected that students and PFIs hold themselves to the highest of professional standards and treat each other with due respect. At no time should a PFI discriminate against any student based on age, gender, race, nationality, or religious

preference. Also, no PFI shall harass in any way, any student at any time. If a student believes they are being treated unfairly based on any of the above conditions, they shall contact the Clinical Education Office.

Problems and Incident Management

Students and their assigned PFIs will be spending lots of time together over the course of the field internship. It is important that the two are able to quickly establish a working, professional relationship. This is usually the case as our students and PFIs have already demonstrated themselves to be professionals. In the event that an acceptable relationship cannot be created between student and PFI, and the inability to form such relationship would potentially harm patients or other field personnel, the Clinical Education Office will be contacted immediately. The Clinical Education Office will investigate the issue and if deemed necessary, will reassign the student. Please understand that while we all possess different personalities, it is our professionalism that allows us to overcome differences and serve together in the EMS setting. Should a minor, non-egregious problem arise, resolution should first start with an open discussion between the student and PFI. Hopefully such issues can be resolved. If, however, a more serious problem occurs, the PFI reserves the right to terminate the shift, dismiss the student, and contact the Clinical Education Office immediately. The following are considered serious problems that would warrant such action:

1. Unauthorized or non-approved uniform or offensive personal hygiene.
2. Student shows serious knowledge deficit, unacceptable performance of skills, or any other dangerous behaviors.
3. Impairment of the student which jeopardizes patient care, including being under the influence of alcohol or other impairing substances.
4. Failure to accept constructive criticism.
5. Argumentative/hostile attitude towards patients, preceptor, co-workers, bystanders, other first responders, or facility staff.
6. Poor attitude which affects patient care.
7. Actions which jeopardize the safety of patients or EMS staff.
8. Any violation of local, state, or federal law.

Additionally, the student will be justified in leaving any shift for the following reasons:

1. Requested to perform illegal or unethical actions
2. Harassment or hazing by preceptor or crew
3. Directed to disregard or deviate from established policy/protocol
4. Requested to falsify documentation or verbal reports

Section VI

Appendix

Consent to Release Student Information

TO: _____

(YNHH Center for EMS and Department that will be releasing the education records)

Please provide the information from the educational records of _____ [Name of Student requesting the release of educational records] to: _____ [Name(s) of person to whom the educational records will be released, and if appropriate the relationship to the student such as “parents” or “prospective employer” or “attorney”]

(Note: this Consent does not cover medical records held solely by Student Health Services or the Counseling Center – contact those offices for consent forms).

The only type of information that is to be released under this consent is:

- _____ Transcript
- _____ Disciplinary records
- _____ Recommendations for employment or admission to other schools
- _____ All records
- _____ Other (specify)

The information is to be released for the following purpose:

- _____ Family communications about YNHH CEMS experience
- _____ Employment
- _____ Admission to an education institution
- _____ Other (specify)

I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. I have a right to inspect any written records released pursuant to this Consent (except for parents’ financial records and certain letters of recommendation for which the student waived inspection rights). I understand I may revoke this Consent upon providing written notice to [Name of Person listed above as the YNHH CEMS Official permitted to release the education records]. I further understand that until this revocation is made, this consent shall remain in effect and my education records will continue to be provided to [Name of Person listed above to whom the education records will be released] for the specific purpose described above.

Name (print) _____

Signature _____

Date _____

Hepatitis B Vaccination Declination

(Only fill out if you choose NOT to get vaccinated for Hepatitis B virus)

Student Name: _____ Date of Birth: _____

I understand that due to my occupational exposure to blood or other potentially infectious materials during my clinical and field internship rotations, I may be at risk of acquiring hepatitis B virus (HBV) infection. I decline receiving the hepatitis B vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring hepatitis B, a serious disease. If, in the future I continue to have occupational exposure to blood or other potentially infectious materials while at clinical and field rotations and I want to be vaccinated with hepatitis B vaccine, I may do so and rescind this declination.

Reason for Declination: _____

Signature: _____ Date: _____

Affective Domain Evaluation

Student Name _____ Date _____

Please rate the student on a scale of 1 to 5 in all topic areas. Please use the list below when determining a student's score. Please note that any score other than a "3" must have the reason documented in the space provided or on a separate sheet of paper. As a guide, the criteria to earn a "3" in each category are listed below each category.

1- Student's affect in the given category is unacceptable and requires further action.

3- Student's affect in the given category is appropriate.

5- Student's affect in the given category is exceptional and above average.

(Please Circle One)

1) Integrity **1** **2** **3** **4** **5**

Consistent honesty, being able to be trusted with property and confidential information, complete and accurate documentation of patient care and learning activities.

2) Empathy **1** **2** **3** **4** **5**

Showing compassion to others, responding appropriately to emotional responses by others, demonstrating respect to others, being supportive and reassuring.

3) Self-Motivation **1** **2** **3** **4** **5**

Taking initiative to complete assignments, taking initiative to improve or correct behavior, taking on and following through on tasks without constant supervision, showing enthusiasm for learning and improvement, consistently striving for improvement in all aspects of patient care and professional activities, accepting constructive criticism in a positive manner, taking advantage of learning opportunities.

4) Appearance and Personal Hygiene **1** **2** **3** **4** **5**

Clothing and uniform are appropriate, neat, clean and well-maintained, good personal hygiene and grooming.

5) Self-Confidence **1** **2** **3** **4** **5**

Demonstrating the ability to trust personal judgment, demonstrating an awareness of strengths and limitations, exercises good personal judgment.

6) Communications **1** **2** **3** **4** **5**

Speaking clearly, writing legibly, listening actively, adjusting communications strategies to various situations.

7) Time Management 1 2 3 4 5

Consistent punctuality, completing tasks and assignments on time.

8) Teamwork and Diplomacy 1 2 3 4 5

Placing the success of the team above self-interest, not undermining the team, helping and supporting other team members, showing respect for all team members, remaining flexible and open to change, communicating with others to resolve problems.

9) Respect 1 2 3 4 5

Being polite to others, not using derogatory or demeaning terms, behaving in a manner that brings credit to the profession.

10) Patient Advocacy 1 2 3 4 5

Not allowing personal bias or feelings to interfere with patient care, placing the needs of patients above self-interest, protecting and respecting patient confidentiality and dignity.

11) Careful Delivery of Services 1 2 3 4 5

Performing skills at an entry-level capacity a majority of the time, performing complete equipment and supply checks, demonstrating careful and safe ambulance operations, following policies and procedures and protocols, following orders.

Comments (Required for items given a score other than "3"): _____

Instructor Evaluating _____

Signature _____

YNHH CEMS Guide to HIPAA Privacy

Introduction

What is HIPAA?

HIPAA stands for the Health Insurance Portability and Accountability Act of 1996. HIPAA requires many things, including the standardization of electronic patient health, administrative and financial data. It also establishes security and privacy standards for the use and disclosure of “protected health information” (PHI).

The HIPAA Privacy Rule:

- Establishes conditions under which PHI can be used within an institution and disclosed to others outside it.
- Grants people certain rights regarding their PHI.
- Requires that we maintain the privacy and security of PHI.

The HIPAA Security Rule:

- Establishes administrative, technical and physical standards for the security of electronic protected health information (ePHI).
- Requires that we maintain the availability, integrity, and confidentiality of electronic health information.

This guide addresses the HIPAA Privacy Rule’s requirements related to uses and disclosures of PHI for CEMS students currently enrolled in EMT or paramedic programs. If you need further guidance on HIPAA or information related to the Security Rule, please contact CEMS Clinical Education Coordinator or YNHH Office of Privacy and Corporate Compliance

Health Information Privacy

Privacy refers to an individual's right to control access and disclosure of their individually identifiable health information. HIPAA requires that information provided by the patient to health care providers including notes and observations about the patient's health will not be used for purposes other than treatment, payment, health care operations or for the specific purposes described in the Privacy Rule.

The Privacy Rule does not prevent students from discussing patient information with healthcare providers for educational and treatment purposes. In other cases, such as securing payment or conducting audits, the regulations require providers make a reasonable effort to disclose only that information which is necessary for that purpose.

Protected Health Information

Protected Health Information (PHI) under HIPAA means any information that identifies an individual **and** relates to at least one of the following:

- The individual’s past, present or future physical or mental health.
- The provision of health care to the individual.

- The past, present or future payment for health care.

Information is deemed to identify an individual if it includes either the individual's name or any other information that could enable someone to determine the individual's identity (e.g., address, age, Social Security number, e-mail address).

Identifiers

Data are "individually identifiable" if they include **any** of the 18 types of identifiers, listed below, for an individual or for the individual's employer or family member, **or** if the provider or researcher is aware that the information could be used, either alone or in combination with other information, to identify an individual:

- Name
- Address (all geographic subdivisions smaller than state, including street address, city, county, ZIP code)
- All elements (except years) of dates related to an individual (including birth date, admission date, discharge date, date of death and exact age if over 89)
- Telephone numbers
- FAX number
- E-mail address
- Social Security number
- Medical record number
- Health plan beneficiary number
- Account number
- Certificate/license number
- Any vehicle or other device serial number
- Device identifiers or serial numbers
- Web URL
- Internet Protocol (IP) address numbers
- Finger or voice prints
- Photographic images
- Any other characteristic that could uniquely identify the individual

Note that identifiers alone, when they are derived from any of our clinical systems, are considered PHI as inclusion in our systems is indicative of having received treatment or payment for treatment and as such must be afforded the same protection as more detailed information.

HIPAA's Impact on Clinical Practice & Treatment

How is Protected Information Used?

Information that CEMS students collect or create that relates to patient health or to patient care can only be used in limited ways without patient authorization.

Patient authorization is not required when healthcare providers or students use information about patients to determine what services they should receive or to review the quality of their care. PHI may also be used without patient authorization to bill patients (or their insurance companies) for the services they received or to fulfill other necessary administrative and support functions.

Disclosure is also permitted without authorization in a number of other situations, such as where disclosures are required by law. Below is a list of some common situations where PHI can be released without a patient's authorization.

Reasons for Releasing PHI

There are certain situations in which CEMS students may release PHI without the patient's authorization. These include:

- Providers are required to report certain communicable diseases to state health agencies, even if the patient doesn't want the information reported.
- The Food and Drug Administration requires that certain information be reported about medical devices that break or malfunction.
- The courts have the right to order providers to release patient information with appropriate certifications or court orders.
- Under limited circumstances, health care providers may disclose PHI to police (such as reporting certain wounds or injuries, or to comply with a court-ordered warrant or grand jury subpoena).
- When physicians or other people providing patient care suspect child abuse or elder abuse, they must report it to state agencies.
- The hospital or provider reports information to coroners and funeral directors in cases where patients die.

Patient's Rights

Notice

of Privacy Practices

The Notice of Privacy Practices (NOPP):

- Explains privacy policies
- Explains how patient information will be used
- Informs patients about their rights

Who receives the NOPP?

- First time patients
- Research subjects in a study that is also providing clinical care
- Anyone who requests a copy

Patients must be asked to sign an acknowledgement of receipt, although they are not required to sign it. The NOPP must be posted prominently in-patient areas.

Breach of PHI

Patients have a right to be notified in cases where their PHI has been inappropriately accessed, used or disclosed in violation of the Privacy Rule. Potential breaches include lost paper records, lost smartphones or laptops containing PHI, misdirected mail, email or faxes etc.

Notify YNHHS Office of Privacy and Corporate Compliance IMMEDIATELY of any events that might be potential breaches!

Anyone else wishing to report a HIPAA concern should call 203-688-8416 or email at privacy@ynhh.org

Operational Procedures for Protecting Privacy

The “Minimum Necessary” Standard

CEMS students must make a reasonable effort to disclose or use only the minimum necessary amount of protected health information in order to do their jobs. They can disclose information requested by other health care providers if the information is necessary for treatment.

Physicians and providers who are directly involved in the care of the patient can see PHI. Providers can disclose to consulting physicians or for referrals, but not to people who don't have clinical responsibilities. CEMS students must be careful about what they disclose to other staff members, such as billing department workers or providers not involved in the care of their patient.

Making “minimum necessary” determinations is a balancing act. Providers must weigh the need to protect patients' privacy against their reasonable ability to limit the information that is disclosed while delivering quality care.

Everyday Steps for Protecting Privacy

Here are some common ways that clinical staff members can protect patient privacy:

- Close patient room doors when discussing treatments and administering procedures.

- Close curtains and speak softly in semi-private rooms when discussing treatments and administering procedures.
- Be cautious if others are present when discussing medical issues with the patient, ask if it is acceptable with the patient to have others present.
- Avoid discussions about patients in elevators and cafeteria lines.
- Do not place PHI in the trash. Always shred unneeded paper documents containing PHI and place unneeded medical images in the appropriate receptacles for shredding.

What If You See Information You Do Not Need?

There likely will be occasions when you will have access to confidential information that you don't need for your work. For example, if a patient is placed in an isolation room, you may become aware of why they are there or may suspect you know why. You may see patient information posted on whiteboards in restricted areas where the public cannot see them. You must keep this information confidential. Do not use it in any way, and do not disclose it to anyone, including coworkers, other patients, patient visitors, or anyone else who may ask.

Protecting Paper Records and X-Rays

When patient information is in your possession, regardless of form, you are responsible for keeping it safeguarded. Do not leave it unattended in an area where others can see it.

This is especially important in public buildings, provider locations, and areas with heavy pedestrian traffic.

When you are done using patient information, either paper or film, return it to its appropriate location, e.g., the medical records department or a file at a nursing station.

When discarding paper patient information, make sure the information is shredded. Leaving patient information intact in a wastebasket or box under a desk can lead to a privacy breach.

Security Considerations

HIPAA requires that the privacy of PHI be maintained by limiting its uses and disclosures and that reasonable steps are taken to ensure that PHI is secure. Most often, breaches of privacy can be traced to lax security, so the two issues are intimately related. The HIPAA Security Rule requires institutions and individuals to take appropriate steps to secure the integrity, availability, and confidentiality of electronic PHI (ePHI). ePHI is defined as any PHI that is created, stored, accessed, or transmitted electronically. The Security Rule requirements apply to all electronic computing and communication systems that create, store, or transmit PHI, both on-campus and off-campus.

HIPAA Contacts and Links

YNHH Office of Privacy and Corporate Compliance

Phone: 203-688-8416

Fax: 203-688-8154

Email: compliance@ynhh.org

U.S. Department of Health & Human Services, Office of Civil Rights, (OCR)

<http://www.hhs.gov/ocr/hipaa/privacy.html>

CEMS Requirements related to HIPAA Privacy Training

I understand that patient records including demographic, biographic, insurance, financial, and clinical information are confidential. In the course of clinical education with YNHH CEMS, this information may be required and consequently accessed from file folders, computer display screens, and computer printers. I understand that I should only access that information which I need to perform my clinical related duties and that my access to the system may be monitored electronically.

Release of this confidential information, either written or verbal, except as required in the performance of clinical education, is a critical violation of student conduct. As such, it may be considered reason for discipline outlined in your student handbook including possible removal from CEMS programs and could result in civil and criminal penalties under the Health Insurance Portability and Accountability Act of 1996.

HIPAA Privacy and Security Training Certification

By signing below, I certify that I have read and understand the YNHH CEMS guide to HIPPA privacy training and agree to the above HIPPA privacy training statements.

Student Signature

Date

Please Print Name

HANDBOOK AGREEMENT

I verify that I have carefully read, understand and am responsible for all of the following:

- I acknowledge that email is a prime means of communication for the program. I am responsible for correcting problems and reviewing messages throughout the program. I acknowledge that I am responsible for using YNHHC Center for EMS email accounts for all school-related communication and must check my email and course JB LEARNING site for announcements at least every day.
- I acknowledge that it is my responsibility to regularly meet with faculty for academic planning.
- I acknowledge I am responsible for knowing and following the requirements and policies of the Yale New Haven Hospital Center for EMS Paramedic Student Handbook, all paramedic program course syllabi and the University of New Haven Policies if enrolled as a degree student.
- I acknowledge that clinical agencies with which I work as a student may have policies including, but not limited to, drug testing, immunizations, criminal background checks and manner of dress or appearance. I am responsible for knowing and following these policies.
- I have never been charged or convicted of any crime in the past, excluding minor traffic violations which did not involve bodily injury to others. I understand that if I am arrested, I must report that arrest to the Program Manager prior to returning to class.

My signature below signifies that I have read the Yale New Haven Hospital Center for EMS Paramedic Education Program handbook, understand the contents, and agree to abide by the policies and procedures contained therein.

Printed Name _____ Signature _____ Date _____

Release of Liability

I understand that experiences in both real and simulated patient care as part of this program in settings including classroom, laboratory, clinical and field internship may expose me to various risks including but not limited to infectious diseases, violence, emotional trauma, physical injury and motor vehicle accidents and legal liability. I assume all responsibility for these risks and therefore release and indemnify the Yale New Haven Hospital Center for EMS, its affiliate agencies, employees, faculty, preceptors, and board of directors. I also understand that Yale New Haven Hospital Center for EMS, its affiliate agencies; employees, faculty, preceptors, and board of directors do not provide or cover me with workers compensation or any other type of medical, disability or other insurance.

Printed Name _____ Signature _____ Date _____

Photograph Release

I give permission for the Yale New Haven Hospital Center for EMS to use photographs and video of me participating in this course for promotional, educational, research or other purposes.

Printed Name _____ Signature _____ Date _____

Right of Change

I understand that Yale New Haven Hospital Center for EMS reserves the right to change or modify the contents and provisions of this handbook and the Paramedic program as it deems it necessary to achieve the goals or objectives of the program and Yale New Haven Hospital Center for EMS.

Printed Name _____ Signature _____ Date _____