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## Lewis-Clark State College Educational Program Descriptions

- **Paramedic**

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**Program Goal**

To prepare competent entry-level Emergency Medical Technician-Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains as required by the U.S. DOT, Idaho State and Washington State Emergency Medical Services Bureau standards.

**General Information for Lewis-Clark State College Paramedic Students**

Information in this handbook may change according to program requirements. Any changes to this document will be supplied in writing to students.

Lewis-Clark State College is accredited through the Northwest Commission on Colleges and Universities.

The Lewis-Clark State College Paramedic program is accredited by the Commission on Accreditation of Allied Health Education Programs [www.caahep.org](http://www.caahep.org) upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).

To contact CAAHEP:

Commission on Accreditation of Allied Health Education Programs  
25400 U.S. Highway 19 North, Suite 158  
Clearwater, FL 33763  
www.caahep.org

To contact CoAEMSP:

8301 Lakeview Parkway, Suite 111-312  
Rowlett TX 75088  
(214) 703-8445  
FAX (214) 703-8992  
www.coaemsp.org

1. You are expected to conduct yourself in a manner befitting a health care professional while in the classroom, clinical and field internship settings. You must be on time for class and scheduled clinical/field times, dressed appropriately, well rested, and language must be appropriate. If you behave inappropriately in a clinical/field area you will be sent home and you may fail the course. Cell phones are not allowed in the clinical or class settings.

2. Confidentiality of records and patient/client information is required by law at all times. If you become a danger to yourself, patient/client, or other employees or if you break confidentiality you may be removed from a clinical/field site and dismissed from the program. You will not be refunded any portion of the fees you paid if this occurs.

3. Random drug testing may take place in clinical/field facilities. You must sign the Paramedic Student Memorandum of Agreement form; initial where indicated, and return it to the Program Director so any results of a drug test can be released to LCSC Workforce Training.

4. Part of your course fees go to pay for malpractice insurance in case a patient is harmed during clinical/field procedures. **You are highly encouraged to purchase your own medical insurance policy**
If you do not have one. Lewis-Clark State College does not provide health insurance. Health care workers have a higher than normal risk of contracting an infectious or chronic disease or injury. Please sign the Risk and Release of Liability form and return to the Program Director.

5. If you need course adaptations or accommodations because of a disability, if you have emergency medical information to share, or if you need special arrangements in case the building must be evacuated, please make an appointment with the Program Director as soon as possible. Your needs must be outlined on the Paramedic Student Memorandum of Agreement with your signatures and initials prior to submission to the Program Director.

6. Classes are subject to change. Students will be notified of changes by email or in person during class.

7. It may be necessary to contact students throughout the course. It is imperative you provide current contact information. If you change phone number, email address, or your physical address during this course, send the update to Patty Bowles RN, the Allied Health Coordinator at Lewis-Clark State College Workforce Training, pdbowles@lcsc.edu. The program will not be responsible for missed information if you do not update your contact information.

8. Program evaluation is an important component. To evaluate the effectiveness of our program we will conduct surveys and questionnaires throughout the course. Students are expected to participate and provide feedback, good and bad, on which to institute changes to better serve the students and region. In addition, an electronic survey will be sent to graduates and their employers within six months of course completion. We request you continue to provide updated contact information for six months after any course completion.

9. The pass rate on the National Registry skill and written exams will be monitored by the program for evaluative purposes.

10. Clinical/Field internship hours are approximate and based on availability of experiences and competency of the student for a passing grade. These hours/competencies must be completed. You may have to travel out of the area to clinical/field sites at your own expense. If you do not finish the hours in the time allotted you may receive a failing grade for the program and be required to retake the program before you are allowed to take the National Registry exam. Once clinical times have been arranged with a facility changes must be kept to a minimum. Excessive changes will be grounds for review and possible disciplinary action.

11. Skills are a major part of this course. Classroom attendance for skill/lab sessions is mandatory. You will be given instruction and ample time to practice your skills. You are required to pass all skills with 100% accuracy; use the lab time wisely.

12. This is a pass/fail program based on module quizzes, exams, skill performance and clinical/internship times. A cumulative score of 75% or higher on quizzes/exams must be achieved for each module. If a 75% cumulative is not achieved, the student will be given remediation materials from the Program Director to study. The student will be allowed to retest two more times after reviewing remediation materials. If the 75% is not achieved after three test attempts, the student will be given the opportunity for a one-on-one refresher instruction up to 6 hours at the cost of the student at a rate of $50/hour. After the one-on-one refresher, the student will be given one opportunity to pass the test at 75% or higher. If the student doesn’t succeed, the student may be dismissed from the program.
and no refund given. If the student chooses not to accept the one-on-one instruction, the student will be dismissed from the program.

13. Testing requirements for successful completion of this program consists of module quizzes/exams, cumulative module exams, a summative practical skills exam, a comprehensive written exam, completion of ACLS, EPC and/or PALS, and all internship hours. The summative practical will be held in the SimLab where you will be given a scenario, one assistant, and 10 minutes to complete at 75% or better and no critical items can be missed. The comprehensive written exam will be held in the regular classroom and you must pass with a 75% or greater. One retake will be allowed for the summative practical and comprehensive final. No review sessions are offered.

14. Paramedic students can access journal and internet through the Lewis-Clark State College library. Additionally, students can access the internet (for class purposes) at Workforce Training’s North Lewiston Training Center. Prior arrangements must be made for internet access by calling 208-792-2388.

15. After successful completion of the program you are required to pass the National Registry skill (psychomotor) and written (cognitive) exams prior to licensing. The two exams may be taken in any order once successful completion of the course has been verified by Lewis-Clark State College paramedic program director.

The cost of one psychomotor exam is included in your registration fee as long as you take the specific exam provided for your course on the LCSC campus. If you are unable to attend the psychomotor exam that has been scheduled for your class, you will be responsible for the cost of the test. Alternate test locations may be found on the Idaho EMS website at:
http://healthandwelfare.idaho.gov/Medical/EmergencyMedicalServices2/Education2/tabid/1599/Default.aspx

The cost of the cognitive exam is not included in the registration fee as this exam must be registered and paid for through the National Registry of EMT website at http://www.nremt.org/. The cognitive exam may be taken at any location where the exam is offered through the National Registry scheduling system. The National Registry cognitive exam fee may vary and is not controlled by the Lewis-Clark State College Paramedic Program. The NREMT cognitive exam is provided in English only.

Non-Discrimination Statement

Lewis-Clark State College subscribes to the principles and laws of the State of Idaho and the Federal Government, including applicable executive orders pertaining to civil rights. Lewis-Clark State College is committed to the policy that all persons shall have equal access to programs and facilities without regard to age, color, creed, marital status, national or ethnic origin, physical handicap, race, religion, or sex.

Lewis-Clark State College Student Handbook

The rights and responsibilities of all Lewis-Clark State College Paramedic students are detailed in the current program Student Handbook. The Handbook is updated annually and as needed. If changes are required during the course of a program those changes are communicated to all students in writing and supersede original content. Students are responsible for adhering to Codes of Conduct and performance as taught in class regardless of inclusion or exclusion in this handbook.
Lewis-Clark State College Administration

Program Director(s):
- David Bobeck  Cell: 208-301-1545, dbobeck@cableone.net

Program Clinical Coordinators:
- Cody Anderson (208)669-0200, ncodey.anderson@gmail.com
- Dave Reynolds, Work (208) 883-7081 or Cell (208) 305-4777, dreyolds@ci.moscow.id.us

Medical Director:
- Jay Hunter, MD, 509-592-3765

Allied Health Coordinator:
- Patricia Bowles RN, 208-792-2388, pdbowles@lcsc.edu

Allied Health Administrative Assistant
- Kendra Jensen, 208-792-2388, kjensen@lcsc.edu

Workforce Training Director:
- Linda Stricklin, BSN, MHS, PhD, 208-792-2388, lstricklin@lcsc.edu

Program Information

Registration
Individual students are responsible for registering for their course, even if an employer is paying the fees. Fees are due at the time of registration and may be paid by employer voucher. Registration may be done in person at Lewis-Clark State College Workforce Training at 1920 3rd Ave North, Lewiston, Idaho or over the phone with a credit card at 208-792-2388.

Included in the registration fees are:
- Name badge
- ACLS book and card
- EPC card
- Background checks (2)
- National Registry Psychomotor Exam (1)

In addition to registration fees, students are responsible for:
- Books
- Uniforms
- Immunizations
- Stethoscope (Recommended: Littman Lightweight S.E. II or better. Needs both diaphragm & bell.)
- Travel to Internship Sites
- National Registry Cognitive Exam Fee

Student Fee Description
Course fees are used for the purchase and replacement of disposable and non-disposable medical equipment, copies, printed materials, student computer program license fees, simulation equipment, badges, certification cards, testing, instructor pay, overhead costs, and other classroom supplies and equipment. Student fees must be paid in full prior to the beginning of the course. If an employer is paying fees, a voucher or agreement to pay must be received prior to the beginning of the course. **Student fees do not cover textbooks, immunizations, travel, or uniforms. One psychomotor (skill) exam is included in registration fees.**
Course Fees
A paramedic course is a very expensive course to run. The equipment and supply costs are high and the cost of accreditation is high. The information below is based on estimates, but we thought it was important to give you an idea of the costs so you can understand the fees. The costs below reflect 12 students in the program; some costs vary dependent upon the number of students.

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost</th>
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</thead>
<tbody>
<tr>
<td>Initial equipment outlay for program</td>
<td>$24,500.00</td>
</tr>
<tr>
<td>Administrative personnel required for accreditation</td>
<td>$33,000.00</td>
</tr>
<tr>
<td>Equipment, printing, supplies, insurance</td>
<td>$14,800.00</td>
</tr>
<tr>
<td>Cost of accreditation</td>
<td>$8,000.00</td>
</tr>
<tr>
<td>Instructor Costs</td>
<td>$29,100.00</td>
</tr>
<tr>
<td>Total</td>
<td>$109,400.00</td>
</tr>
</tbody>
</table>

Refund of Fees
Since the Paramedic course is run through the Workforce Training Department of Lewis-Clark State College the payment of fees cover the cost of delivery. Each class run does so based on the ability of the class to cover the cost of delivery. When the decision is made to run a class, it is made based on the number of students enrolled. Because of this, fees will be refunded 100% minus an administrative fee prior to the first day of class; however once classes begin there will be no refunds.

Advanced Placement Policy
Due to the nature of the curriculum delivery methodology there is no advanced placement availability for this program. Similarly, there is no possibility of transfer of credits from other programs.

Obtaining an Applied Associate’s Degree in Paramedic
After you successfully complete the Lewis-Clark State College Paramedic Program if you would like to apply for credit for your class you will need to apply to Lewis-Clark State College as a non-degree seeking (or degree seeking) student. Once you have been accepted, you will need to complete the required paperwork, and pay a fee of $10 per credit ($430 for 43 credits) to have the course transcripted.

If your goal is an Associate’s degree you will have to follow the above process to transcript your Anatomy and Physiology for EMS course for 4 credits ($40). If you took an Anatomy and Physiology course other than at Lewis-Clark State College you will need to provide a syllabus and official transcript from the college at which you completed the course. The course will be evaluated for equivalency and equivalent credit may be allowed following Lewis-Clark State College’s procedure for transfer credits.

Once you have transcripted the technical credits to complete an Associate’s degree you will need to successfully complete required General Education credits and follow Lewis-Clark State College’s procedure for graduation.

Performance Standards
The student must be capable of meeting performance standards of the Lewis-Clark State College Paramedic Program. Reasonable accommodation can be made for some disabilities. However, students are expected to perform in a reasonably independent manner*. 
<table>
<thead>
<tr>
<th>Category Description and Standard</th>
<th>Examples</th>
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</thead>
</table>
| **Critical thinking** ability sufficient to exercise sound judgment. **Reasoning** skills sufficient to perform deductive/inductive thinking for care decisions. | - Identify cause/effect relationships and make appropriate judgments in clinical/field situations.  
- Develop plans for field situations.  
- Calculate medication dosages. |
| **Communication** abilities sufficient for effective interaction in verbal and written forms. | - Able to obtain information, explain treatment procedures, be able to justify rationale, describe patient situations, perceive accurate nonverbal communications. |
| **Gross and fine motor** function sufficient to provide safe and effective care. | - Gross motor skills sufficient to provide the full range of safe and effective paramedic care activities [move within confined spaces, reach above shoulders (IV poles), and reach below waist (plug into electrical wall outlets)].  
- Fine motor skills sufficient to perform manual psychomotor skills [pick up small objects with hands, pinch/pick or otherwise work with fingers (e.g., manipulate a syringe), sustain repetitive movements (CPR)], drive a vehicle. |
| **Physical strength** sufficient to provide safe and effective care. | - Physical stamina sufficient to perform patient care activities for entire length of work shift [push, pull, support and lift 25 pounds of weight, position, ambulate, and transfer patients; defend self against combative patient, use upper body strength to perform CPR]. |
| **Auditory** ability sufficient to monitor and assess needs of patients. | - Able to hear monitor alarms and emergency signals, able to listen to breath sounds and hear normal speaking level sounds. |
| **Visual** ability sufficient for observation and assessment necessary for care. | - Able to observe patients, visualize appearance of a wound, depth perception, peripheral vision, distinguish color and color intensity. Able to visualize accident scenes for assessment and safety. |
| **Tactile** ability sufficient for physical assessment. | - Able to perform palpation of a pulse, perceive temperature or functions of a physical exam. |
| **Emotional** health sufficient to totally use intellectual abilities. Able to function effectively during critically stressful situations. | - Interpersonal abilities sufficient to interact with individuals, families, and groups, respecting social, cultural, and spiritual diversity.  
- Negotiate interpersonal conflict.  
- Establish rapport with patients and co-workers.  
- Able to adapt to ever-changing environments, displaying flexibility, learning to function in cases of uncertainty inherent in clinical situations involving patients.  
- Able to deal with critically stressful situations in which individual injuries, death and disease occur. |
| **Professionalism** that befits a healthcare provider and | - No vulgar language or actions. |
enables proper conduct when representing LCSC at clinical/field sites.

- Communication is controlled, focused and respects the serious nature of the healthcare environment.
- Respectful interactions with staff, patients, and peers (polite, calm, listening, accepting of feedback).
- Ability to attend clinical physically and psychologically rested and ready to perform in the student role.

*The above list may not be inclusive of all situations. Other issues will be dealt with on an individualized basis.

**Participant Risks and Information**

By participating in this class students must recognize certain risks inherent with the subject matter, clinical, internship, and laboratory settings. Risks include but are not limited to: contraction of a chronic or deadly disease or injury. By voluntarily participating in these activities the student recognizes potential inherent risks. Possible risks are the same as those found in the EMS field. The job description for a Paramedic can be found in this handbook under the heading of Job Description. Lewis-Clark State College does not maintain health insurance for students. It is strongly recommended you have private health insurance prior to participating in this program. Lewis-Clark State College does carry liability insurance on students in case of injury to a patient during clinical, field and internship times.

**Required Immunizations**

All students are responsible for maintaining currency on their immunizations throughout the program. Students are required to provide accurate documentation regarding their immunizations. Students who are pregnant or have other health reasons for not obtaining immunizations should check with their personal physicians for advice. Students will not be allowed into the clinical/field area if immunizations are not documented and provided to the Workforce Training office at Lewis-Clark State College, or if they outdate during the course and information is not provided to WFT regarding updates.

1. **Tuberculin Test (PPD):**
   a. Students may provide proof of a negative 1-step tuberculin skin test within the last year. (This does not include a TB test done recently to meet this course requirement.)
   b. **If student has no documentation of a negative tuberculin skin test within the last year, he must go through the 2-step tuberculin skin test procedure.** The 2-step procedure means within 1-3 weeks of the initial tuberculin skin test placement and negative result, a second tuberculin skin test is placed and read. Documentation of both must be provided. The 2-step tuberculin skin test is an OSHA requirement that we must meet to place students in acute care settings.
   c. If the class runs longer than the date of the test by one calendar year, the student must obtain a new negative 1-step test. Students who have a positive test will need to work with the Allied Health Coordinator at Workforce Training to obtain confirmation from their personal physician that they do not have active tuberculosis.

2. **Hepatitis B (HBV)**
   a. Students must provide documentation they have begun or completed the HBV three vaccine series with immunity confirmed by titer OR immunity by titer (only) if no documentation is available.

3. **Measles, Mumps and Rubella (MMR)**
   a. Students must provide documentation of 2 doses of measles, mumps and rubella virus (MMR) vaccine OR a titer showing immunity to each individual disease.
4. Varicella Vaccine (Chicken Pox)
   a. Students may provide proof of the two dose vaccination OR proof of immunity through titer.

5. Tetanus, Diphtheria and Pertussis (Tdap)
   a. Students must provide documentation of one Tdap (tetanus/diphtheria/pertussis) vaccination after age 12. The documentation must state Tdap (not Td) to provide proof of updated pertussis status.

6. Influenza
   a. Students must provide proof of the current year’s influenza vaccination during the period between October 1 & March 31.

**Recommended Immunizations**
(Highly recommended for any person working in health care field)
1. Hepatitis A (HAV)
2. Polio
3. Meningococcal

**Other Communicable Diseases**
If a student has a potentially communicable disease (e.g., hepatitis A, mumps, giardia, shigella, salmonella, or similar), he/she must notify the Clinical Coordinator or Program Director immediately and action will be determined.

**EMT and CPR Certification**
Students in the Paramedic program must provide documentation of a valid EMT license to Lewis-Clark State College Workforce Training at the beginning of the program and the certification must be maintained throughout the program. Additionally, students are required to be certified in Health Care Provider CPR through American Heart Association or American Red Cross while enrolled in the program.

**Background Check Information**
Lewis-Clark State College requires all students have a clear record on a background check before being fully admitted to the program. Background check results are valid for 1 year. If your program is longer than 1 year, you will be required to submit a background recheck when your initial background check expires. The costs of the background check and recheck are included in your initial registration fee. Background checks will be run, by appointment, in the computer lab at Workforce Training during business hours, Monday-Friday 8am – 5pm.

The background checks are performed through CastleBranch. This online service allows students to order their background checks online. The information collected is secure, tamper-proof, and kept confidential. The background check includes information based on guidelines provided by Lewis-Clark State College, so it is essential the background checks are performed through this service! The results of the check are posted on the CastleBranch.com website so the student and the school can view them. You must schedule and complete the background check submission process through Workforce Training.

Results are typically available in three days, though some searches take longer so please allow adequate time when ordering. Lewis-Clark State College Workforce Training will automatically have access to your results. For a Summary of Your Rights under the Fair Credit Reporting Act please visit www.ftc.gov.

1. Derogatory information of the following nature, discovered during the background investigation, is the basis for eliminating a candidate from consideration for Lewis-Clark State College Paramedic
Program admission as clinical/field placement will not be possible and the student would be unable to complete requirements. Pending charges for the following crimes will be considered crimes and will be deemed to be substantially detrimental to the care of patients and will result in dismissal. Timeframe is for the last seven (7) years unless otherwise noted:

a. Felony convictions
b. Withheld judgments for felonies
c. Other plea agreements to felony convictions
d. Sexual assault, rape, indecent exposure, lewd and lascivious behavior, or any crime involving non-consensual sexual conduct committed at any time
e. Child abuse, sexual exploitation of children, child abduction, child neglect
f. Contributing to the delinquency or neglect of a child, enticing a child for immoral purposes, exposing a minor to pornography or other harmful materials, incest, or any other crime involving children as victims or participants committed at any time
g. Homicide committed at any time
h. Any charge related to illegal drugs such as (but not limited to) possession of drugs or paraphernalia, or trafficking
i. Abuse, exploitation or neglect of a vulnerable adult (disabled or elderly) committed at any time
j. Assault or Battery
k. Misdemeanor theft committed during the last 5 years or grand theft committed during the previous seven years
l. Offenses involving substantial misrepresentation of any material fact to the public or an employer including embezzlement, bribery, fraud, racketeering or allowing an establishment to be used for illegal purposes
m. First or second-degree arson
n. Kidnapping
o. Mayhem, as defined by Section 18-5001, Idaho Code
p. Poisoning
q. Forgery or fraudulent use of a financial transaction card
r. Forgery and counterfeiting
s. Insurance fraud
t. Pattern of behavior deemed to be unprofessional, or that is felt to put patients, faculty and/or students at risk

2. The check will be reviewed by the Allied Health Coordinator (or designee) to determine if the background check is clean.
   a. If the check is clean, the student will be eligible for full admission to the program if all other requirements are met.
   b. If the background check contains crimes listed above, the student will be notified in writing they are not eligible for the program.
   c. If the student wishes to appeal this decision, the student must, within 10 days of receipt of notification, present to the Workforce Training Allied Health Coordinator a written explanation regarding the information contained in the background check and why the prospective student should not be considered a risk to patients, faculty or student safety.
   d. After consideration of the appeal, the Director (or designee) will make the final admission decision in consultation with the Idaho Emergency Medical Services.
   e. The prospective student will be notified in writing of the final decision.
3. Background checks that lead to program non-admittance will be maintained in a locked file cabinet at LCSC WFT. Records will be destroyed five (5) years after (a) an applicant is denied admission or (b) a student graduates.

4. Results of a background check performed at another facility for employment reasons may not be used in lieu of the program-approved background check due to variances in quality and scope of background checks. The program has contracted with one company and all students need to complete the same background check. By having all students complete the same BGC the program can assure its clinical/field agencies the specific requirements of a background check have been done uniformly and within a reasonable timeframe.

5. Students who leave the program, regardless of reason, must repeat the background check before being considered for readmission.

6. Program or LCSC employees will not address questions about individual background checks results. The program strictly adheres to the above policy.

**Student Injury Reporting**

Should a student be injured during a training exercise or class the Program Director or their designee must be notified as soon as possible after the event occurs. The injured student will be expected to complete an incident report with a statement of surrounding events. This written report will be given to the LCSC Workforce Training Allied Health Coordinator who will notify the appropriate departments at Lewis-Clark State College. Students are **strongly recommended** to have personal health insurance while participating in the classes; Lewis-Clark State College does not provide health insurance for students.

**Classroom Description**

Classes will be held at Meriwether Lewis Hall on the campus of Lewis-Clark State College. Occasionally a class may be held in another location requiring travel to another site. Students will be made aware in advance so they may have sufficient time to arrange travel. Clinical skill practice labs will primarily be held in MLH or SAC (SimLab). Clinical facility hours will be scheduled in a clinical facility. The Clinical Coordinator will help students with scheduling clinical hours. Internship hours may be scheduled in a clinical area outside of the immediate geographical area. The Clinical Coordinator will also help with these hours. However, it remains each student’s responsibility to schedule their own clinical and field hours. Once clinical and internship hours are scheduled it is very important students attend as scheduled. The cost of transportation to and from clinical/field internship sites is the student’s responsibility.

**Attendance Policy**

**ATTENDANCE IS REQUIRED:** Sick time and vacations are not earned by students. Students are responsible for 100% of the information covered in class. Students with unexcused absences may be expelled from the program. The following information provides a strict guideline for expectations for students.

1. Classroom instructors will keep accurate records of student attendance.
2. Only absences for valid reasons will be considered excused. Excused or unexcused, consistently being absent from class may result in expulsion from the program.

3. Absences considered valid:
   a. Sickness of the student or immediate family member (children, grandchildren, parents, spouse, sibling). A physician’s verification may be required.
   b. Reasonable emergencies considered unforeseen (i.e.: weather, vehicle problems, death in the immediate family).

4. Absences **not** considered valid:
a. Clinical or ambulance time.
b. Extracurricular activities such as hunting, fishing, etc.
c. Vacations.
d. Any absence that was not approved by the Program Director.

5. The Program Director/Allied Health Coordinator shall discuss any unexcused absences or excessive excused absences with the student before taking action against a student. This will be considered the student’s verbal warning. Anecdotal records of these discussions will be maintained in the student’s file.

6. A student who misses three unexcused class periods will receive written notice of probation and a copy will be placed in the student’s file. If the student misses any further unexcused time, the student will be expelled from the program.

7. Tardiness to class is unacceptable. Students miss information and class is disrupted by the late arrival. Tardiness is considered getting to class after the published start time of the class. Three occurrences of being tardy will be considered one absence.

8. If student absence requires extra instructor time a fee of up to $50 an hour may be assessed to the student.

9. Any student not on Lewis-Clark State College Workforce Training’s printed roster will not be allowed to attend class. Students must register and pay fees before they will be allowed to attend class.

10. Any student who cannot attend class, lab, or scheduled clinical time must email the Program Director and call the Allied Health Coordinator at 208-792-2388 as soon as possible.

Excused Medical Absence

In order to earn a passing grade, all required clinical/field hours and competencies must be completed. Due to the nature of the clinical/field experiences, it is very difficult to “make up” missed time. Absences anticipated extending longer than 2 days place the student in jeopardy of failing the course.

When extenuating circumstances present and the student has made arrangements in advance, faculty will help as possible to provide opportunities for the student to acquire hours needed to fulfill course requirements. It remains the student’s responsibility to meet the terminal objectives of the course. If an equivalent and timely make-up experience cannot be provided, the student may receive a failing grade. The Program Director and WFT Allied Health Coordinator will examine each case for a plan of action. See the Student Forms Handbook for an agreement that must be signed by the Student, Program Director, WFT Allied Health Coordinator and WFT Director when requesting excused medical absences. Signing the statement indicates this plan was freely chosen by the student. Following an excused medical absence, the student must provide a release statement from a physician prior to returning to clinical and/or beginning an alternate experience.

Internships

1. Once an internship is scheduled it is imperative students attend as scheduled. If an unavoidable, excused absence occurs the student must:
   a. Notify the Clinical Coordinator by phone or email.
   b. Email the Program Director
   c. Call the internship location and advise them of the impending absence.

2. Excessive absence or cancellations or unexcused absences from internships will be dealt with on a case-by-case basis. Clinical and internship sites are imperative to the program. Students who do not follow through or who behave unprofessionally in a clinical site can jeopardize programmatic relationships and extend the period of time required for program completion. Students may be placed on probation or expelled if absences or unprofessional behaviors become problematic.
3. Students may be prohibited from any internship site (or clinical site) at any time if the site requests.
4. Students may be dismissed from a site immediately anytime a preceptor or employee of the site deems the student an eminent danger to safety of the student, patients or other employees.
5. A student who is participating in a clinical or field internship rotation must work only in the student capacity, not as an employee. Students who are acting in the capacity of a student will only be allowed to perform skills he has been approved to practice as a student, even though he may be able to perform said skills when working as an employee for same facility.
6. Students may only participate as a volunteer up to the level of their current licensure. Students are NOT covered by liability insurance when operating outside their role as a student; therefore volunteer time would not be covered. Student experiences and time in a service work (volunteer) situation will not count toward required experiences or student time.

**Liability Issue of a Student Performing Skills Not Within the Student Scope of Practice**

If a student is in a situation in which a preceptor, physician or other licensed individual directs the student to perform a skill not within the student scope of practice (skills which have been taught and competency established by a Lewis-Clark State College faculty member) the student should inform the delegator he has not been taught or deemed competent in the skill or procedure. If the licensed individual insists the student perform the skill or procedure the student should inform the individual the school’s liability insurance will not cover any liability issue that may occur as a result of the action and if the student performs the skill or procedure they will be acting under the license and liability of the licensed individual. To reiterate, Lewis-Clark State College’s liability insurance does not cover a student if he or she performs any skill or procedure for which competency has not been established by a Lewis-Clark State College faculty member.

**Transportation**

Students are required to provide their own transportation and bear the expenses for all travel and housing related to clinical/field experiences. Lewis-Clark State College is not responsible for any personal injuries or damages incurred during travel.

**Student Evaluation Process: Didactic (Classroom)**

This is a pass/fail program. A cumulative score of 75% or higher on quizzes/exams must be achieved for each module. If a 75% cumulative is not achieved, the student will be given remediation materials from the Program Director to study and is placed on academic probation. The student will be allowed to retest two more times after reviewing remediation materials. If the 75% is not achieved after the three test attempts, the student will be given the opportunity for a one-on-one refresher instruction up to 6 hours at the cost of the student at a rate of $50/hour. After the one-on-one refresher, the student will be given one opportunity to pass the test at 75% or higher. If the student doesn’t succeed, the student may be dismissed from the program and no refund will be given. If the student chooses not to accept the one-on-one instruction, the student will be dismissed from the program. If the student does achieve the 75% or higher, then the academic probation will be removed. No refunds will be given if student is dismissed from the program.

**Student Evaluation Process: Laboratory**

This is a pass/fail program. Students must pass all skills with 100% competency. If a student is incompetent on performing a skill, the student will remediate with an instructor up to 2 hours. The remediation time will be arranged between student and instructor to take place during non-classroom/lab time at a cost of $50/hour to the student. If the student is still not successful after remediation, the student will be placed on probation until competency is achieved or it is determined the student is incapable of performing the skills required to be a paramedic. If this determination is made the student will be dismissed from the program and no refund of fees will be made.
Student Evaluation Process: Clinical/Internship
All Lewis-Clark State College Paramedic Program students are required to participate in internships, both clinic and field. The amount of time is approximate based on several factors including achievement of competency, availability of internship sites/locations, exposure to the necessary events to complete benchmark hours and field patient contacts including team leads. A more thorough definition of team leads is found later in this handbook.

Lewis-Clark State College pays for a license for each student for a software program. This program tracks student progress and competency in skills across the program. Students are required to enter accurate data into the system as well as complete the appropriate documentation of skills and procedures. Documentation is reviewed by a Clinical Coordinator for completeness, accuracy, and confirmation that certain procedures are achieved. These procedures are pass/fail.

- IV’s-Must meet Eureka
- Endotracheal Intubation-Must meet Eureka
- Team Leads-Track through documentation and agreement of Team Lead definitions through Clinical Coordinator confirmation.

Remediation Policy for Professional Standards and Clinical Polices
All Lewis-Clark State College Paramedic Program students are expected to perform within professional, program, and course guidelines for student conduct. These guidelines are outlined within the Lewis-Clark State College Paramedic Program Student Handbook, course syllabi, professional standards of practice, and the clinical evaluation tools.

When conduct violates standards or policies, a remediation form may be used to document the problem, state the plan for remediation and expected student outcomes. This documentation will become a part of the permanent Lewis-Clark State College Paramedic Program student file for use during the entirety of the student’s program coursework. If the violation is considered unsafe clinical practice, the student may be removed from the clinical/field portion of the program immediately. Each case will be dealt with individually in the event of unsafe clinical practice.

Students are expected to respond to a remediation plan within 48 hours by contacting the designated person who will assist them with remediation.

If remediation is related to a skill, that skill cannot be performed in the clinical/field setting until remediation is complete. If a remediation involves a skill that is pervasive to the clinical experience, the student may be asked to leave clinical until the remediation is successfully completed. These days may count as absences. Students need to be self-directed for remediation since the skills will have been previously taught. Students will not receive extensions of time to make up time or experiences due to remediation. Some examples of the use of remediation in clinical performances include, but are not limited to:

- Clinical performance which has not progressed to meet level standards
- Failure to meet policies outlined in the Student Handbook
- Conduct which is unprofessional and disrespectful to patients, students, preceptors, employees in a clinical or field internship site, or faculty
- Unethical behavior

Minor problems/issues, which appear once but do not present a concern for patient or student safety (such as student appearance or absences) should be documented and discussed with the student. If the
problem is not corrected immediately, it should be pursued as a violation of the Student Code or Paramedic Code of Ethics; proceed to the appropriate Remediation Level.

Student conduct and performance that reflects the high standards set within Lewis-Clark State College Paramedic Program are expected throughout the course of study. Therefore, faculty members watch for trends or continuation of problem behavior. Accumulation of multiple Remediation Forms in the student file will result in further action, up to and including probation or program dismissal. The nature of the problem will determine the level of remediation required.

Verbal Warning
- Indicates student’s performance/behavior is of minor concern.
- No remediation form is used; a notation will be made in the student record.

Written Warning:
- Indicates student’s performance is of concern for being at level with the course Student Progression Standards or is failing to show progression in learning.
- Examples not limited to: Clinical skill inefficiency, need to continually look up common medications, lack of communication or teaching, need to ask continual basic questions, or professional issues such as disrespect.
- The remediation form is used to detail concerns.
- Failure to remediate may result in further disciplinary action.

Probation
- Indicates student’s performance 1) is deficient for critical behaviors in the course; 2) is potentially endangering to patient, faculty, students; 3) violates ethical/legal standards, or 4) is consistently below expected standards for the course level. These indicate that the student is in jeopardy of course failure.
- Examples not limited to: Continued offenses requiring written warnings; failure to remediate successfully; impaired practice; safety problems in skills involving patients or hospital staff; medication administration errors or blatant disregard for professional standards of behavior.
- The remediation form is used to detail concerns.
- During a probationary period, if the student remains below 75% on didactic quizzes/exams, and/or continually fails to meet clinical/field benchmarks, the student will fail the course.

Probation initiated near the end of the clinical experience when time for remediation is limited may result in a clinical failure. Probationary status for a student may be initiated only two (2) times during the program. A third incident would result in course failure and dismissal from the program.

Immediate Program Dismissal
- Immediate dismissal from the program occurs when a student demonstrates negligent or “unsafe” clinical behavior. A grade of ‘Fail’ for the course is posted immediately.
- In cases of questionable performance in the clinical setting, the student may be asked by faculty to leave the clinical area until a determination of course status is made.

Withdrawal from the Program
- Students are encouraged to talk with the Program Director prior to making a determination to withdraw, regardless of the reason. Re-entry policies apply.
• Students who elect to withdraw must do so in writing to the Lewis-Clark State College Workforce Training Allied Health Coordinator and should include the following:
  o Reason for withdrawal
  o Date of withdrawal/terms of withdrawal

Student Accountability

Class Attendance
Due to the nature of the content in Lewis-Clark State College Paramedic Program courses, it is expected students will attend each class session. Refer to specific course syllabi for additional expectations regarding class attendance.

Student Conduct in Classroom Settings:
Respectful conduct in the classroom is important. Each faculty member has the right and the responsibility to set specific ground-rules pertaining to each classroom at the beginning of the program. In general, please keep the following in mind:

• Permission of the instructor is necessary for recording lectures or presentations.
• Professional behavior is expected in all classes at all times.
• Cell phones and pagers should be turned off or set to silent mode.
• Minimize entering or leaving the classroom during instruction due to the class disruption.
• Computers are to be used for note-taking or classroom activities only.
• Limit side discussions with your neighbor to points of clarification only.
• Electronic equipment is not permitted in the testing environment during test taking. Cell phones, tablets, iPads, or other devices are to be placed well away from the students and in the “off” state. Hats are not allowed, bags must be placed on the floor away from the desk, and calculators may be used with permission of faculty only. Students using any notes or communication during testing will be disciplined using the college policy of “cheating”.
• Specific patient information discussed during class is to be kept confidential.
• Leaving the classroom during test taking will not be allowed.

Clinical Attendance
Attendance is mandatory and required for all clinical field experiences throughout the program.

Missed Exams and Quizzes
If a student must miss an examination or quiz, a 15% grade reduction may occur. If the student notifies the Program Director prior to the exam or quiz, the Program Director will determine if the 15% penalty will be invoked. If the student fails to contact the Program Director, a 15% reduction will be made.

Student Confidentiality Statement
The College and Department abide by the Healthcare Insurance Portability and Accountability Act (HIPAA), specifically the areas of the law related to privacy and confidentiality of patient and student healthcare information. As part of this law, the College and the student agree to not use or disclose protected health information other than as permitted or required by this Agreement or as required by law. The College and the student agree to use appropriate safeguards to prevent use or disclosure of the protected health information other than as provided by this Agreement.

All information related to health-care clients in any agency setting is strictly confidential. Any notes used during clinical/field times must be destroyed prior to leaving the agency. Any student who knowingly or unknowingly reveals information related to a health-care client in other than appropriately designated settings will be referred to the Program Director. Furthermore, digital images or pictures taken of HIPAA
protected activities of any type with any camera or electronic device in any situation are strictly prohibited. Such behavior could result in dismissal from the program and potential legal action.

Confidentiality is defined as action taken by the student or healthcare provider to preserve the anonymity of the patient. Information used for class presentations will contain no identifying information. When copying any client records from any setting, all copies need to have pertinent identifying data removed. Confidentiality also includes the security of any electronic data, e.g., hospital computers, telephone, e-mail, fax, and cell phone conversations. Preparation forms, care plans, and any other databases must have no identifying patient data.

Student Representation on Lewis-Clark State College Paramedic Program Advisory Committee
Students are given the opportunity to select a representative to participate as a member of the Lewis-Clark State College Paramedic Program Advisory Committee. It is the representative’s responsibility to obtain input from peers prior to these scheduled meetings and determine his/her classmates' requests and concerns and report any decision back to the group. Student representatives are expected to be professional in their conduct. If confidential/personal material is being discussed during the advisory committee meeting, the student(s) may be excused.

References for Students
A student may need references for a summer job, a scholarship, etc. Please use the Permission to Release Non-Directory Education Record Information form. If the student plans to use a faculty member for a reference, please ask the faculty member for permission to use his/her name. Provide the faculty member with a current resume which includes student name and address, career objective, education, certification or licensure, work experiences, professional activities, special skills, projects or course, honors, publications, contributions to the community and references. Provide faculty with at least two weeks advance notice when requesting a reference.

Assessment/ Program Evaluation Process
All LCSC students have the opportunity to evaluate faculty using the college Student Course Evaluation (SCE) form; Lewis-Clark State College has added extra questionnaires about the program to more fully understand the student’s perspective of clinical, simulation and other experiences. Students also have the chance to provide informal feedback to faculty throughout the semester via class discussion or informal feedback forms. Participation in the evaluation process is strongly encouraged. It is recommended the student provide his/her comment(s) in an objective, professional, and ethical manner.

End of Program Evaluations: All students are required to participate in college and program outcomes assessments.

Simulation Lab
The simulation lab is a clinical learning environment. Students participating in scenarios shall have the respect and attention of all others in the room. One goal of simulation is to educate individuals to enhance their performance in clinical practice. To do this, particularly challenging events are created and participants are subjected to conditions that may exacerbate the likelihood of errors and lapses in performance. As a participant in these activities, in whatever role, you are asked to maintain and hold strictly confidential all information regarding the performance of specific individuals and/or the details of the training scenarios. ANY breach of confidentiality during or after the simulation experience will result in failure of the session, and potential failure of the course as deemed by the simulation team and course instructor.

1. No food or drink is allowed in the simulation lab.
2. Gloves must be worn during “patient care” of all simulated manikins.
3. Sim manikins will be handled properly to avoid unnecessary damage.
4. No betadine, ink pens or markers shall be used near the simulation manikins.
5. SimLab is to be returned to same condition as found.

LCSC Nursing Division has contracted with the Lewis-Clark State College Paramedic Program to allow the paramedic students to use the simulation lab. The Lewis-Clark State College Paramedic Program requires all students treat the Simlab and all components with the utmost respect. The student’s failure to comply with the guidelines for use of the Simlab may result in the student or all students not being able to use this learning environment.

Prevention of Transmission of Communicable Disease
Standard/Universal Precautions Definition of Potentially Dangerous Fluids:
Avoiding occupational blood and other body fluid exposure is the primary way to prevent transmission of hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV) in health care settings. However, hepatitis B immunization and post-exposure management are integral components of a complete program to prevent infection following blood borne pathogen exposure and are important elements of workplace safety.

An exposure that might place health-care personnel (HCP) at risk for HBV, HCV or HIV infection is defined as a percutaneous injury (e.g. needle stick or cut with a sharp object) or contact of mucous membrane or non-intact skin (e.g. exposed skin that is chapped, abraded or afflicted with dermatitis) with blood, tissue or other body fluids that are potentially infectious.

In addition to blood and body fluids containing visible blood, the following fluids also are considered potentially infectious: cerebrospinal fluid, synovial fluid, peritoneal fluid, pericardial fluid and amniotic fluid.

Invasive Skills Biosafety Policy
This policy was constructed in an effort to strike a balance between (a) providing “hands-on” invasive skills practice to LCSC paramedic students, (b) protecting the LCSC Workforce Training Department from liability for unforeseen injuries resulting from such practice, and—most importantly—(c) protecting students from physical harm during invasive skills practice.

A “Consent and Release to Have Invasive Procedures Performed” form (hereinafter “Invasive Procedures Consent/Release Form”) is located in the Paramedic Student Forms Handbook. Students must sign this form and turn it in to the Program Director prior to any invasive procedure skill lab in which an invasive procedure will be practiced using students.

To minimize the potential for harm to both students and the Department, all students and faculty will strictly adhere to the following guidelines:
1. Performance of all invasive skill procedures shall be under direct faculty or preceptor supervision at all times.
2. A current (< 18 months) signed Invasive Procedures Consent/Release Form must be in the student’s administrative folder prior to engaging in invasive skills practice.
3. Instruction on the skill(s) to be performed must be received by the student prior to performance of the skill.
4. Appropriate hand-washing techniques shall be done before and immediately after all invasive skills procedures to avoid cross-contamination.
5. Gloves shall be readily available and used when performing all invasive skill procedures.
6. Aseptic technique and product sterility are required in the performance of all invasive skill procedures.
7. All disposable blood-contaminated and/or sharp items including needles, stylets, surgical blades, and plastic syringes shall be discarded in a non-permeable, tamperproof “sharps” container.
8. Non-disposable items (e.g., sheets, towels, bedside tables, etc.) requiring decontamination and/or cleaning shall be immediately processed in a manner that avoids risk of injury to those handling the item.
9. Spills and accidents are to be immediately reported to a Clinical Coordinator or Program Director within 24 hours.
10. Any injury whatsoever that occurs as a result of invasive skill procedures must be reported to a faculty or LCSC staff immediately. An incident report must be completed.
11. The Clinical Coordinator in charge of the student will assist the student in filling out the Incident Report form.
12. WFT Allied Health Coordinator and Program Director will investigate each reported injury and present findings to the WFT Director along with recommendations for corrective actions that will prevent such incidents in the future.
13. WFT Allied Health Coordinator and Program Director will revise and/or issue new policy guidelines to implement corrective action regarding reported injury incidents when appropriate.
14. No invasive skill equipment shall be taken from the Lewis-Clark State College lab situations by any student for any purpose whatsoever.
15. Violation of any component of the Invasive Skills Biosafety Policy by a student will result in immediate probation and may result in dismissal from the program.

Clinical Exposure Policy
Policy:
Students who experience an exposure to bodily fluids (needle stick, splash, spills) or who are exposed to other medical hazards while in the clinical setting must report the incident to 1) clinical agency and 2) paramedic program Director/ Clinical Coordinator.
NOTE: Students are required to follow all standards for isolation procedures and universal safety precautions. The Exposure Policy should be followed for treatment and reporting even if proper precautions were not followed.

Procedures:
Exposures:
Definition: Exposure to substances that are harmful or may be harmful to humans. This includes:
- Blood or bodily fluids received to mucus membranes or open skin through splash, needle puncture, or spillage.
- Chemical agents received to skin, ingested or inhaled.
- Radioactive agents through improper protective or monitoring protocols.
- Viral agents that are highly contagious or harmful to pregnant individuals.
- Other unusual incidents or exposures out of the ordinary.

See area below for initial treatment of specific injuries:
1. Notify Clinical Coordinator or Program Director (students in an observation experience or preceptorship, notify the agency preceptor you are assigned to).
   a. Agency Incident Reports – ask agency staff for assistance
   b. LCSC Incident Reports – Copies of the completed report need to be given to:
      i. Program Director OR
Initial Treatment Protocols:

**Clean Needle Stick**
Definition: Needle or instrument injury penetrating the skin. Implement has not been used on a patient or other student; has been used only in preparation for injection or procedure.
1. Clean area, washing with soap and water.
2. Bandage as needed.
3. No prophylactic medications are needed.
4. No laboratory testing is necessary for HIV, hepatitis, etc.

**Contaminated or “Dirty” Needle Stick**
Definition: Needle or instrument injury penetrating the skin, regardless of depth. Implement has been used on either a patient or another student in the practice setting.
1. Remove the instrument or needle; do not discard.
2. Wash the area immediately with soap and water. Encourage bleeding from the site with use of gentle pressure.
3. Apply betadine or antibiotic ointment to the site.
4. Apply pressure to control any bleeding before bandaging.

**Chemical Agents**
Definitions: Exposure to hazardous chemicals used in the hospital setting through splash, spillage, accidental ingestion, or inhalation.
1. Immediately wash or flush the agent from the skin/mucus membrane. Use MSDS Information sheets available on each unit. Chemical exposures require specialized treatment.
2. Follow information provided on the MSDS sheet.
3. Visit the agency Emergency Department for emergency treatments needed (flushing of eyes, reversal medications, etc.).

**Radioactive Exposure**
Definition: Exposure to radioactive particles through testing and patient care settings.
1. Follow MSDS sheets for skin or body contact with agents.
2. Other exposures will require follow up with a personal physician for treatment.

**Viral Exposures**
Definition: Exposure to viral agents known to be potentially harmful to humans or fetus.
1. Exposure is typically reported to the student or program once a patient is found to have the virus.
2. Treatment is directed by the hospital or healthcare agency.
3. Students who discover contact has occurred or who have questions should talk immediately with the clinical faculty.

**Clinical Coordinator Responsibilities:**
1. Refer student to the Emergency Department if true emergency treatment is needed.
2. If emergency care is not needed, contact the agency’s supervisor, or Safety/Infection Control Officer.
3. Follow the agency’s policies for immediate exposure and assist student to complete the needed action.
4. All contaminated needle sticks or exposures to blood or bodily fluid must be treated as if there is potential risk of pathogen exposure.
5. Assist student to complete incident forms:
a. Agency’s Incident Report form
b. LCSC Incident Report Form.

6. Students need to contact their personal care provider within 24 hours.
7. Students with their own health insurance are responsible to follow the requirements of their individual insurance plans.
8. Report incident and actions to WFT Allied Health Coordinator and Program Director immediately. Assure the student provides the Incident Report to the appropriate personnel.

**Viral Exposures:**
1. If student exposure to a viral agent is reported to the clinical faculty by the agency, report this to the Allied Health Coordinator or Program Director immediately.
2. Report the actions being taken to protect the student(s).
3. Complete an LCSC Incident Report for the students involved in the exposure.
4. Examples are Neisseria meningitis, avian flu, H1N1, etc.

**Student Breakage/Waste Charges**
Equipment belonging to a clinical/field facility that is broken during the course of clinical practice should be removed from the patient care area and properly tagged according to agency policy. It is the student’s responsibility to report the breakage to the Clinical Coordinator.

**Formal Complaint/Appeal/Procedure**
A formal complaint in the Lewis-Clark State College Paramedic Program is defined as one that is submitted in writing through the appropriate channels. The complaint must include a detailed description of the circumstances, the parties involved, and the action the complainant wishes to take. The complaint will then be handled in accordance with the Grade Appeal Process/Procedure for Appeals, regardless of the nature of the complaint.

The procedure for grievances begins at the instructor/program/department level. There must be written evidence of progression through the appropriate channels at each step of the grievance. This is consistent with the Lewis-Clark State College policy. The appropriate channels are:
1. Individual faculty member (attempt to resolve issue)
2. Program Director
3. Allied Health Coordinator
4. Workforce Training Director
5. College level

If the problem is not resolved at the department level, the student is directed to the LCSC Catalog for further policy and procedural guidance. The catalog describes grievance actions and appropriate communication channels. Examples of these actions are grade complaints and disciplinary actions listed under the Code of Conduct [http://www.lcsc.edu/student-affairs/student-code-of-conduct/](http://www.lcsc.edu/student-affairs/student-code-of-conduct/).

**Children in the Classroom**
According to LCSC policy, “Disruption of the classroom is prohibited”. Students have the obligation to respect the education rights of others as they seek to maximize their learning”. To comply with college policy and minimize distraction, enhance learning, and ensure safety, children are not permitted in the classroom, clinical, or learning laboratory setting for any reason.

Uniforms and Appearance
All students will be required to wear the appropriate clothing while in the clinical or field areas. Any student who shows up for a clinical/field experience without the proper attire will be sent home. Clothing for the LCSC Paramedic program will be discussed during class. Do not purchase clothing prior to the beginning of class. For information purposes only, the required clothing is listed below:

Clinical Clothing Requirement:
- Clean scrubs with clean tennis shoes. Some clinical sites may provide students with scrubs.
- St. Joseph Regional Medical Center has requested that all EMS students wear scrubs in ER. They will provide the scrubs. Be prepared to change clothes when you get there. This does not change the requirement to show up at the clinical site in proper clothing, as listed.

Field Clothing Requirement:
- Shirt: Clean polo shirt
- Pants: Navy Blue EMS style slacks with a belt
- Shoes: Black shoe or boot that can be polished
- Lewis-Clark State College Paramedic Program name badge is required any time a student is in the clinical/field area. The name tag must be worn on the left hand side of the chest. The name badge can be moved for patient safety, but should remain visible.
- In cold weather an optional jacket or sweatshirt with no writing may be purchased and worn.

Health care workers perform their jobs while working closely with co-workers and consumers. It is essential to present a professional appearance. The following requirements must be maintained at all times when in the clinical/field areas.
- Jewelry should be kept at a minimum. Only wedding rings or engagement rings are acceptable on the hands and they should not have elevated settings as they can scratch the patients and harbor bacteria.
- Students must not chew gum while in the clinical area. If you have dry mouth or halitosis breath mints are allowed.
- Good hygiene is a must. Students must have clean clothes to wear to the clinical site and body odors must be taken care of. Underarm deodorant and daily bathing is suggested. Beards must be trimmed or clean-shaven.
- Strong aftershave or perfume must not be worn. Patients and co-workers may be allergic to strong smells.
- Hair must be pulled back and out of the face. It must be clean and professional looking. Some fire department rules also state “no wild colors or styles”. You must follow the rules of the department you are with.
- Stethoscopes are not to be worn around the neck. If students are in a situation with an angry or confused patient or family member a stethoscope around the neck gives the angry or confused person something to grab and manipulate.
- Personal tools and equipment are preferred by some students. If you have your own equipment it must be in good working order, approved by the instructor, and cleaned after each use.

Classroom/Clinical/Internship Behaviors

Definition of Safe Practice
The student will demonstrate patterns of professional behaviors, which follow legal and ethical codes of paramedic; promote the actual or potential well-being of clients, health care workers, and self in the biological, psychological, sociological, and cultural realms; demonstrate accountability in preparation, documentation, and show respect for the human rights of individuals.

**Definition of Unsafe Clinical Practice**
Unsafe clinical practice is any act, practice or omission during clinical practice that fails to conform to the accepted standards of the emergency services paramedic profession, which may directly or indirectly cause physiological/financial and/or emotional harm to others.

The following are examples, not a comprehensive list, of behaviors that may denote unsafe clinical practice:
- Administration of medications without knowing indications for patient side effects or precautions.
- Administration of medications, performance of invasive procedures without notification of the clinical faculty prior to acting.
- Acts of negligence in the care of clients (Negligence is defined as the failure to do something that a reasonable person of ordinary prudence would do in a certain situation or the doing of something that such a person would not do).
- Attempting activities without adequate orientation, theoretical or clinical preparation.
- Attempting activities without appropriate assistance or supervision.
- Use of patient care equipment without proper orientation.
- Failure to report life threatening changes in a patient’s status.
- Failure to maintain confidentiality in interactions or records.
- Dishonesty.
- Use of any substance that may impair clinical judgment or be harmful to self or others.
- Failure to display stable mental, physical, or emotional behavior(s) which may affect self or other’s well-being.
- Unethical behavior.
- Unprofessional behavior.

1. A student whose behavior denotes unsafe or potentially harmful clinical practice will be removed from the clinical setting.
2. In these cases, a final determination of “Unsafe Clinical Behavior” is made by course faculty in consultation with the Clinical Coordinators and Program Director. The student may earn a grade of ‘F’ for the clinical course when actions are deemed “unsafe”, and dismissed from the program.
3. The student may appeal the decision as previously specified and may appeal to a college Hearing Board as specified in the LCSC Student Grade Complaint Procedure.

**Agency Policies**
- Students are expected to perform in accordance with basic rules of safety while in each clinical setting.
- Confidentiality is to be maintained at all times in accordance with LCSC and clinical agency policies and HIPAA.
- Students are required to follow the policies and procedures of the clinical agency in which they are functioning for patient care. These policies are located at the agency for student reference.
- Clinical agencies may impose additional requirements on students beyond those identified by LCSC for clinical practice. Examples include drug testing and fingerprinting. Students are expected to submit to all requirements.
• The student is responsible to know these guidelines and review them as needed prior to each clinical experience.
• Students are required to behave in a professional manner in all clinical settings. Unprofessional behavior will be grounds for disciplinary actions as outlined in this handbook.
• Supplies and/or equipment inadvertently taken from the clinical setting must be immediately returned upon discovery. Pilfering or misuse of hospital supplies and/or equipment is unacceptable and may be grounds for dismissal from the Program and/or College-level sanctions.

**Courtesy Rules: Tips for Clinical/Field Internship Success**

Many of these items are common courtesy so you likely already know to do them. These are small things that make a difference to a busy paramedic or facility preceptor. Please follow these rules respectfully.

1. Arrive at clinical/field internship at least 10 minutes early; this gives you time to put away your backpacks, use the restroom, etc. so you can be on time.
2. Report to your preceptor or designated facility supervisor any time you will be away from the unit or unavailable. Work closely with your preceptor as indicated.
3. Do not leave your assigned area or unit.
4. Ask the preceptor for other tasks you can do when you are not busy. Volunteer to help your colleagues.
5. Please do not use facility resources for your schoolwork. This includes printer use, email, using computers for other schoolwork, etc.
6. Use of clinical supplies for anything other than patient care is considered pilfering. Certainly, use of a Band-Aid for such things as a paper cut is understandable; use of bandaging supplies for your camping trip is not.
7. Treat others as you would want to be treated.

**Error/Incident**

• Any student who makes an error or is involved in an incident in the clinical/field setting must notify the clinical preceptor and clinical coordinator immediately.
• The student will complete the LCSC incident report and the clinical agency incident form within 24 hours.
• The clinical agency incident form is given to the individual in charge of that unit.
• The completed LCSC incident form goes to the Clinical Coordinator who will forward it to the Program Director.

**Special Requirements**

• **All students who are to perform invasive, first time, or any procedure specified by the faculty must be directly observed by faculty or preceptor unless prior arrangements are made by the faculty.**
• Prescription or over the counter drug use or medical conditions that could alter judgment or clinical performance must be reported to the Clinical Coordinator or Program Director prior to caring for any patient. The Coordinator or Program Director will assess the student’s ability to participate in patient care and will direct the student accordingly. If a safe assignment for the student cannot be found, the student will be asked to leave the agency. This will count as a clinical absence. The policy on clinical attendance will apply.
• Pregnancy: Students who are pregnant or may become pregnant should be aware that certain clinical situations may not be appropriate for them. It is the student’s responsibility to speak with their physician about limitations, obtain written documentation of the limitation, and to notify the Program Director.
• If a student has left a workplace under disagreeable conditions, and if that site is a potential clinical site for the student, the student should notify the Program Director of this circumstance. This avoids a potentially difficult situation for both the student and clinical site personnel.

**Lewis-Clark State College Educational Program Descriptions**

Lewis-Clark State College Educational Programs teach to the guidelines as set forth in the National EMS Education Standards manual.

In order to practice or represent him/herself as a Paramedic in Idaho, an individual must maintain a current license issued by the Idaho EMS Bureau, be affiliated with an EMS agency licensed by the Idaho EMS Bureau and be properly credentialed and authorized by the EMS agency medical director.

Candidates who wish to obtain an Idaho Paramedic license must successfully complete the course, followed by completion of the National Registry Paramedic examination. The examination consists of both a cognitive (computer-based exam) and psychomotor (hands-on) elements. Students must successfully complete the NREMT examination within 24 months of course completion. **Students who do not successfully complete the NREMT Paramedic examination within 24 months of course completion must repeat the initial training course to be eligible to take the examination.** Initial Idaho Paramedic licenses are issued for two years or up to a maximum of 30 months from the date of the successful certification examination completion.

**Paramedic**

**NOTE:** Students must have successfully completed an EMT course and actively participated as an EMT for one year before they are eligible to take this course. Health Care Provider CPR Certification through American Heart Association and a Human Anatomy and Physiology course is required before beginning this class.

In Idaho the minimum age for licensure as a paramedic is 17. Students must successfully complete the National Registry Paramedic examination within 24 months of course completion.

**Description**

The Paramedic responds to emergency calls to provide immediate care to critically ill and injured people, transporting patients to an acute care facility when needed.

**Goals**

Upon successful completion of this course the student should understand and have mastered all EMT Paramedic concepts and skills as set forth by the US DOT and Idaho Emergency Medical Services Bureau plus the items listed in the sections describing class content.

**Clinical Benchmarks**

The Lewis-Clark State College Paramedic Program syllabus, while based on the National Standard Curriculum, does not adhere to the LCSC academic calendar and is based on 8 Modules, not semesters. Students will be allowed to enter into each clinical setting as appropriate to the level of knowledge and skills in the course. Theoretical information will be presented and skill competencies assessed in the classroom/lab settings prior to allowing students in clinical/field rotations.

The clinical portion of the training consists of two parts, a clinical rotation and a field internship. Clinical rotations consist of assigned time in a clinical facility while field internships are assigned time with field ambulance services. **Competency** is the goal and some individuals may have to spend more hours to gain required competencies.
Some clinical rotations run almost the entire length of the program. This allows the program to present content with pre-determined benchmarks spread across many modules. Having long clinical rotations allows students to meet the set number of hours/patient contacts.

**Team Leads:**

Team leads are a capstone component of the training for Paramedic Students. Capstone experience means it is a culmination of experiences in which students apply concepts they have learned to solve real-life problems. It is the chance for students to demonstrate they have achieved terminal goals for learning and to demonstrate entry level competency in the profession. The team leads allow evaluation of students learning and performance as a whole; in other words evaluation of the student as he performs at an entry level paramedic. It is this reason the team leads do not begin until later in the program. Until that point you, as the student, should seek benchmark experiences as listed in the syllabi.

A successful team lead is defined as when the student conducts a comprehensive assessment, formulated and implemented a treatment plan that is appropriate for the patient. This means that most (if not all) of the treatment decisions are made by the student, especially when formulating a field impression, directing the treatment, determining patient acuity, disposition and packaging and moving the patient (if applicable). Minimal or no prompting is needed by the student during the course of treatment and no student actions were initiated or performed that endangered the physical or psychological safety of the patient, bystanders, first responders or crew.

The types of calls in which team leads are appropriate include situations that require advanced levels of assessment, application of knowledge and critical thinking. Inter-facility transfers and similar experiences do not typically meet the assessment and management criteria. For example transfers from a nursing home to an acute care facility or from one acute care facility to another are not typically considered appropriate for team lead experiences.

See the next page for the 2011 guidelines for Field Triage of Injured Patients from the CDC for help deciding on a course of action when caring for patients.


**Critical Medical Team Lead (CMTL):**

A CMTL is a call in which a patient is suffering from a significant medical problem where ALS skills are necessary with the goal of improving the outcome of the patient. This may include RSI, advanced airway techniques, and pharmacological interventions in the field.

Types of calls included, but are not necessarily exclusive to a CMTL, are diabetes, breathing complications, environmental emergencies, altered LOC, CVA’s, allergic/anaphylaxis issues, or any medical condition where IV’s are established, O₂ applied, monitor applied etc. Documentation needs to support and validate the need for interventions through thorough narratives and trending vitals to document the need for any interventions, treatments and subsequent changes.
Critical Trauma Team Lead (CTTL):
The broad definition of trauma is an injury to living tissue caused by an extrinsic agent does not exclusively delineate a CTTL. There are a number of criteria to consider with each team lead call for inclusion as a CTTL.

Additional Considerations for Critical Trauma Team Lead:
- Any advanced airway where the patient is unable to control their own airway (RSI, any intubation, cricothyrotomy)
- Any trauma where the use of IV analgesics is used
- Significant fractures whereby splinting and immobilizing is utilized
- A trauma whereby the patient is extricated from equipment

Cardiopulmonary Team Lead (CPTL):
To be considered a CPTL, the following criteria need to be met on any call:
- Patient is exhibiting signs and symptoms of imminent failure without ALS intervention
- Patient condition is rapidly deteriorating with signs and symptoms of imminent failure

Given these criteria, the goal of the provider is to prevent the patient from an arrest situation through the use of ALS interventions. These include recognizing life threatening cardiac rhythms and providing a course of treatment to prevent cardiac and/or respiratory arrest. Furthermore, it is important the student be able to recognize potential etiologies/causes and be able to react and treat accordingly.

Treatments include initiation of CPR, BLS care, advanced airway procedures, including the use of CPAP, IV or IO access, pharmacological intervention, electrical intervention and continued support, and continuing to treat various presentations until such time the patient is delivered to more definitive care in the Emergency Department.

Cardiac Arrest Team Lead (CATL):
A call in which prior to the arrival of EMS, the patient is or was in documented Cardiopulmonary Arrest. The initiation of CPR either from bystanders, healthcare providers, or first responders, including the use of AED’s will assist with the confirmation of an arrest situation.

Objectives
To obtain competency, if a student requires more patient contacts to become competent, they may be required to do so. The objectives are:

Psychomotor Objectives
- **Medication Administration**: Given information in class, procedure checklist, and time to practice, the student will demonstrate the ability to safely administer medications a minimum of 15 times to a live patient. The administration will be considered successful if all the steps in the established procedure are followed correctly.
- **Endotracheal Intubation**: Given information in class, procedure checklist, and time to practice, the student will safely perform endotracheal intubation to at least 20 live patients. The performance will be considered successful if all the steps of each procedure are followed successfully.
• **Venous Access**: Given information in class, procedure checklist, and time to practice, the student will perform to meet Eureka on Fisdap. The student will then complete 5 independently evaluation IV’s, complete the skills evaluation form, have it signed by the preceptor, marked Independent, and submitted to the Clinical Coordinator. The performance will be considered successful if all steps of each procedure were followed safely and successfully.

**Assessment Objectives:**

• **Pediatric Assessments**: Given information in class, procedure checklist, and time to practice, the student will perform at least 8 comprehensive patient assessments including newborns, infants, toddlers, and school-age pediatric patients. The performance will be considered successful if all items on the checklist are performed safely and successfully.

• **Adult Assessments**: Given information in class, procedure checklist, and time to practice the student will demonstrate the ability to perform a comprehensive assessment on at least 150 adult patients. The performance will be considered successful if all items on the checklist are performed safely and successfully.

• **Obstetric Assessments**: Given information in class, procedure checklist, and time to practice the student will demonstrate the ability to perform a comprehensive patient assessment on at least 10 obstetric patients. The performance will be considered successful if all items on the checklist are performed safely and successfully.

• **Trauma Assessments**: Given information in class, procedure checklists, and time to practice the student will demonstrate the ability to perform a comprehensive patient assessment on at least 30 trauma patients. The performance will be considered successful if all items on the checklist are performed safely and successfully.

• **Psychiatric Assessments**: Given information in class, procedure checklists, and time to practice the student will demonstrate the ability to perform a comprehensive patient assessment on at least 2 psychiatric patients. The performance will be considered successful if all items on the checklist are performed safely and successfully.

**Team Leader Skill Objectives**

• Given information in class, procedure checklists, and time to practice the student will demonstrate the ability to perform as a team leader in a variety of pre-hospital emergency situations, with at least 82 pre-hospital emergency responses. The performance will be considered successful if all items on the checklist are performed safely and successfully.

If a student fails to show mastery or minimum competence of a skill in the lab or classroom, they will not be allowed to practice this skill in the field.

**Transportation to Clinical/Field Sites and Insurance**

Clinical/Field Sites may not be in the local area (they may be in Spokane area or elsewhere). Students are required to have their own transportation to the clinical/field site. Students are not covered by LCSC auto insurance for travel; therefore, students must have reliable transportation and carry their own private auto insurance.

Students in the clinical/field area are covered by a policy through LCSC for medical liability **ONLY**. Students are **NOT** covered by any type or form of health insurance. Due to the nature of learning experiences, and risk of contracting chronic diseases, students are **strongly recommended** to have health insurance while participating in this program. Students will be required to sign a release of liability form before beginning the program.
Course Completion
Students must meet the following requirements to complete the Paramedic course.
1. Successful completion of all course work.
2. Successful completion of all clinical requirements as evidenced by evaluations of clinical experiences (including 100% competency on required skills).
3. Successful completion of all field Internship requirements as evidenced by the evaluations of field internship experiences (including 100% competency on required skills).
4. Successful completion of all program components to include didactic exams, clinical hours, and field internship hours as evidenced by grades, student reviews, and the online tracking system.

After a student successfully completes requirements for the course he will receive a certificate of completion. He will then be eligible to apply to NREMT to sit for the National Examination. To see the specific requirements for licensure in Idaho and the process for applying for licensure go to: http://healthandwelfare.idaho.gov/Medical/EmergencyMedicalServices/tabid/117/Default.aspx

Washington State Specific
Washington requires students to have successfully passed an accredited Paramedic course. To license in Washington you are required to provide proof of a 7 hour HIV/AIDS training. Follow the link below. The lower portion of the page lists Washington approved online HIV/AIDS training. Make sure that you take one listed for 7 hours of credit. http://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/HIVAIDS/Prevention/Training.aspx

Job Description
Paramedics respond to emergency calls to provide efficient and immediate care to the critically ill and injured, and transport the patient(s) to medical facilities. The Paramedic reassures patients and bystanders by working in a confident, efficient manner to avoid mishandling due to undue haste. EMS personnel, including Paramedics are required to maintain their license as required by employers, medical directors, licensing, or certifying agencies.

To simplify, a list of specific duties and tasks is being provided. The Paramedic performs all the below but is not limited by this description.
The Paramedic will:

1. Take initial calls from dispatcher
   a. Drive the ambulance to the address/location using most expeditious route depending on weather/traffic conditions while observing all ordinances and regulations concerning emergency vehicle operations.

2. Arrival at scene
   a. Park the ambulance in a safe location.
   b. Size up the scene for safety, injuries, illness, total # of patients and call for additional help if necessary.
   c. If no law enforcement personnel are available, create a safe traffic environment through road flares, removal of debris, and traffic control.

3. Pre-Hospital Emergent Patient Care
   a. Determine nature and extent of illness or injury to establish priorities for care.
   b. Communicate with medical director per established policy/procedure.
   c. Search for medical identification emblems to identify potential medical problems.
   d. Render pre-hospital emergency medical care for simple and multiple system trauma and medical illnesses to all patients; adult, infant, child, medical and trauma. Including, but not limited to:
i. Obtain medical history and incident historical information,
ii. Establish a differential diagnosis,
iii. Open and maintain airway,
v. CPR,
vi. Use medical devices; i.e. automated and manual external defibrillators, endotracheal intubation, EKG rhythm interpretation, Intravenous therapy devices and auto ventilators,
vii. Control hemorrhage,
viii. Prevent and treat shock,
ix. Intravenous therapy,
x. Bandage wounds,
xi. Immobilize extremities,
xii. Assist in childbirth,
xiii. Management of respiratory, cardiac, diabetic, allergic, behavioral and environmental emergencies and suspected poisonings,
xiv. Assist with prescribed medications,
 xv. Administer oxygen,
 xvi. Extricate from entrapment while protecting the entrapped patient,
xvii. Call for additional help or special rescue services when necessary,
xviii. Determine appropriate facility for transport,
xix. Notify facility of transport, patient status and any special needs,
xx. Prepare the patient for safe transport,
xxi. Lift stretchers and load patients into the ambulance,
xxii. Continue emergency care during transport,
xxiii. Assist with lifting and delivery of patient to receiving facility,
xxiv. Report verbally and in writing observations and care provided,
xxv. Provide assistance to receiving facility staff as needed.

4. Care for a deceased patient:
a. Comply with regulations on handling of the deceased,
b. Notify authorities,
c. Arrange for protection of property and evidence at a scene.

5. After the call:
a. Restock, check, and replace all supplies in the ambulance per protocol,
b. Clean all equipment per protocol,
c. Decontaminate interior of vehicle if required after contagious infection or hazardous material exposure per protocol,
d. Inspect vehicle condition per protocol.

The Family Education Rights and Privacy Act (FERPA)
The Family Educational Rights and Privacy Act of 1974 is a Federal law which states (a) that a written institutional policy must be established and (b) that a statement of adopted procedures covering the privacy rights of students be made available. The law provides that the institution will maintain the confidentiality of students’ education records.

Students are defined as those individuals who are enrolled and have a final admission status. No one outside the institution shall have access to nor will the institution disclose any non-director (see definition below) information from students’ education records without the written consent of students, except to personnel within the institution.
Within the Lewis-Clark State College community only those members, individually or collectively, acting in the students’ educational interest, and who have legitimate educational interest, are allowed access to student education records. Educational records are defined as those records directly related to a student and maintained by Lewis-Clark State College or by a party acting for Lewis-Clark State College. These members include personnel in the Office of Registrar, Controller, Financial Aid, Admission, Advising, LCSC Security, and Health Services; athletics and academic personnel within the limitations of their need to know. College personnel are determined to have legitimate educational interest if the information requested is necessary for them to:

- Perform appropriate tasks that are specified in his/her position description, or by a contract agreement.
- Perform a task related to a student’s education
- Perform a task related to the discipline of a student
- Provide a service or benefit relating to the student or student’s family, such as health care, counseling, job placement or financial aid.

It is understood that the release of information to College personnel having legitimate education interest does not constitute authorization to share that information with a third party without the student’s written consent. The Registrar or Workforce Training shall decide the legitimacy of requests for student information. However, if the Registrar or Workforce Training is served with a subpoena requesting student information, the Registrar or Workforce Training must comply with the request. Before doing so, the Registrar or Workforce Training shall notify the student of the subpoena in advance of compliance so the student may seek protective action unless the disclosure in compliance with subpoena issued by an agency that has ordered the contents of subpoena, or the information furnished in the response to the subpoena, not be disclosed.

The office of the Registrar or Workforce Training is the primary contact for all student information inquiries. Lewis-Clark State College considers the following Directory Information and will release this information WITHOUT the written consent of the student.

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Email Address</th>
<th>Dates/Terms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major/Program</td>
<td>Athletic</td>
<td>enrolled</td>
</tr>
<tr>
<td>Previous Colleges-</td>
<td>achievements</td>
<td>Photograph</td>
</tr>
<tr>
<td>attended</td>
<td>Athletes Height &amp;</td>
<td>Degree/Certificate</td>
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<td></td>
<td>weight</td>
<td>Awarded and Date</td>
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<tr>
<td>Full or Part-Time</td>
<td>College Level (SR. JR.</td>
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<td>status</td>
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<tr>
<td>Home Town</td>
<td>Withdrawal Date</td>
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</tr>
<tr>
<td>Academic Honors</td>
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</tbody>
</table>

Students may submit a “Directory Information Restriction Request,” form to the Office of the Registrar or Workforce Training to prevent the above information from being released. This Restriction form is valid for one year and must be re-submitted if the student intends for the restriction to be in effect for a longer period of time.

Except for the Directory Information identified above and except to the extent that the Family Educational Rights and Privacy Act (FERPA) authorizes the disclosure of information without consent, personally identifiable information from a students’ educational records shall not be released without the student’s consent. This personally identifiable information includes the items listed below.
If non-directory information is needed to resolve a crisis or emergency situation, the College may release that information to appropriate officials if the College determines that the information is necessary to protect the health or safety of a student or other individuals. If such an occasion arises, a record will be placed in the student’s file indicating what information was disclosed to whom.

The Family Educational Rights and Privacy Act (FERPA) afford students certain rights with respect to their education records. These rights include:

- The right to inspect and review educational records; requests will be compiled with no later than 45 days from the date of the student’s written request which is to be directed to the Office of the Registrar.
- The right to request the amendment of educational records, which the student believes are inaccurate, misleading or otherwise in violation of the students’ rights of privacy. If the Office of the Registrar does not agree with the student’s request to amend their educational records, the student may submit a written request to the Office of the Dean of Student Services asking for a formal hearing on their request. The Dean shall make the final decision regarding the student’s request. If the student disagrees with the decision of the Dean, they may submit a written statement which will be placed in their official record commenting on the disputed information.
- The right to consent to disclosure of personally identifiable information contained in the student’s education records, except to the extent that FERPA authorizes disclosure without consent;
- The right to file with the US Department of Education a complaint concerning alleged failures by LCSC to comply with the requirements of FERPA;
- The right to obtain a copy of LCSC’s students records policy (available from the Registrar’s Office, RCH 109); and,
- The right to request the restriction of disclosure of Directory Information. A copy of the “Directory Information Restriction Request” form may be obtained from the Registrar’s Office (RCH 108).

The Solomon Amendment and FERPA

The Solomon Amendment requires colleges and universities to release information regarding enrolled students to the military for recruitment purposes. Students may restrict disclosure to the military by restricting all disclosure of personal information except by express written consent. “Sole possession notes,” (those made by one person and kept in the possession of the maker) are not considered education records. However, sharing those notes with another person or placing them in an area where they can be viewed by others will make them education records and therefore, subject to FERPA.

Other records that are not considered education records:

- Records maintained by a law enforcement unit of the educational agency.
- Records relating to individuals who are employed by the institution that relate exclusively to their capacity as employees.
• Records relating to a student, which are created or maintained by a physician, psychiatrist (or related professional) used solely in connection with the provisions of treatment to the student. Students who have ceased attendance, or have graduated from the College have the same rights as students currently attending. They also have the right to submit a “Directory Information Restriction Request” form.

Under common law regarding privacy rights, the privacy interest of an individual expire with that individuals’ death. However, information on deceased students will only be made available to survivors or third parties via a subpoena to the Registrar.

NOTE:
As of February 14, 1985, messages for students will only be taken in emergency situations where the health and/or safety of an individual is of concern. The Office of the Registrar or Workforce Training will not release class schedules or locations for any student, rather a message will be delivered to the student. It is the students’ responsibility to make available their whereabouts to parent, children, spouses or anyone else they deem appropriate.

Student Rights and Responsibilities

Individual Rights
Students have the right to exercise their full rights as citizens without interference or fear of Lewis-Clark State College disciplinary action.

Discrimination
Students have the right to be free from unlawful discrimination in Lewis-Clark State College programs and activities.

Affirmative action policies designed to eliminate discriminatory practices have been instituted. Lewis-Clark State College will not exclude any person from participating in its programs or activities on the basis of race, color, national origin, religion, sex, age, veteran status, or disability. Incidents of alleged discrimination committed by one student toward another fall under the provisions of the Student Code of Conduct (Dean of Student Services, Lewis-Clark State College). Incidents which allegedly involve discrimination of a student by a member of the Lewis-Clark State College staff fall under the jurisdiction of the Campus Affirmative Action Officer (Human Resources).

Sexual Harassment
Students have the right to be free from unlawful sexual harassment on College property or off College property during a College related activity. Lewis-Clark State College will not tolerate sexual harassment. Sexual harassment is generally defined as unwelcome sexual advances, including requests for sexual favors and the verbal or physical conduct of a sexual nature, especially when submission to such conduct is made, either explicitly or implicitly, a term or condition of a student's education or employment.

Incidents of alleged sexual harassment committed by one college student toward another fall under the provisions of this Student Code of Conduct (Dean of Student Services). Incidents which allegedly involve sexual harassment of a student by a member of the College staff fall under the jurisdiction of the Campus Affirmative Action Officer (Human Resources).

Racial Harassment
Students have the right to be free from unlawful racial harassment on College property or off College property during a College related activity. Lewis-Clark State College will not tolerate racial harassment.
Racial harassment generally includes any behavior, physical or verbal, that victimizes or stigmatizes an individual on the basis of race, ethnicity, ancestry, or national origin. Incidents of alleged racial harassment committed by one LCSC student toward another fall under the provisions of this Student Code of Conduct (Dean of Student Services). Incidents which allegedly involve racial harassment of a student by a member of the College staff fall under the jurisdiction of the Campus Affirmative Action Officer (Human Resources).

**Academic Affairs**

Students have the responsibility for selecting a major field of study, for choosing an appropriate program within the discipline, for planning class schedules, and ultimately for meeting the requirements for the program. The College will provide advisors to assist students in academic planning, but students are responsible for obtaining copies of appropriate academic bulletins and being thoroughly familiar with all academic requirements which must be met.

Students also have the responsibility to take advantage of the educational opportunities presented by the College, to participate in the learning process in a serious and conscientious manner, and to respect the rights of other members of the College community.

Students have the right to have Lewis-Clark State College classes conducted under the following provisions:

- Faculty will maintain clear connections between advance descriptions of courses and actual content.
- Faculty will clearly state course goals, testing, and grading which should be intellectually justifiable.
- Faculty will plan and regulate class time with an awareness of its value for every student and will meet with classes regularly.
- Faculty will model respect for each student as an individual, regardless of race, sex, national origin, religion, age, disability, or veteran status.
- Faculty will strive to generate respect and understanding for academic freedom by students and at the same time protect students from irrelevant and trivial interruptions or diversions.
- Faculty will insure students the right to raise relevant issues, doubts, or alternative opinions during classroom discussion without concern for academic sanctions.
- Faculty will be sensitive to students’ personal or political beliefs expressed in a private manner in connection with course-work.
- Faculty will not disclose student grades or class standing in a classroom situation without the student’s permission.

**Student Affairs**

Students have the right to a clear statement of their basic rights, responsibilities and Student Code of Conduct. They have the right to assist in formulating Lewis-Clark State College policy by representation on the Advisory Committee. Other student rights and responsibilities outside the classroom include:

- Students may form, join, and participate in groups which promote the common intellectual, religious, social, economic, political, recreational or cultural life of students. The College believes group activities to be a positive educational vehicle and recognizes the right of student groups to discuss, express opinions, to assemble, write, and publish within state and federal constitutional guarantees and laws.
- Students have the right to have access to education records maintained by Lewis-Clark State College concerning the students. The students may review their own records and challenge the accuracy of the records.
Students have the right to have the educational records maintained on a confidential basis with only those Lewis-Clark State College employees with a legitimate need to know having access to student educational records. For further information see the full policy on student records.

Student Code of Conduct

The following policies are designed for the general wellbeing of all members of the Lewis-Clark State College community. Violations of the Code of Conduct may result in remedial action against the student violator and in sanctions being imposed as hereinafter provided. The Student Code of Conduct is also in effect off-campus when students are in attendance at a function sponsored by Lewis-Clark State College, or other groups. This could include dances, social events, club activities, athletic events, educational pursuits, internships, trips, or other Lewis-Clark State College related experiences.

Academic Dishonesty (Cheating)


Consequences for academic dishonesty are determined by the course faculty in accordance with College policies.

Academic dishonesty in any form is not tolerated. All work carried out by Lewis-Clark State College Paramedic Program students in the classroom, lab, or clinical facility must represent academic integrity and be the sole product of the student’s original work. Academic dishonesty includes, but is not limited to:

**Cheating:** intentionally using or attempting to use unauthorized materials, information, or study aids in any academic exercise. The term “academic exercise” includes all forms of work submitted for credit hours.

Examples:
- Printing electronic copies of tests to a personal computer or as a paper copy.
- Use of online papers, presentations, or other material represented as the student’s own work.
- Copying answers off another student’s test.
- Using notes in a closed book exam.
- Taking materials from the clinical/field sites (tubexes, tape, etc.) without returning them promptly.
- Working with others when assignments are required to be completed independently.

**Fabrication** intentional and/or unauthorized falsification or invention of any information or the source of any information in an academic exercise.

Examples:
- Making up research data for a research paper.
- Making up references for a scholarly paper.
- Claiming you have looked up a clinical procedure in the hospital’s procedure manual and then proceeding to perform a skill without actually having looked it up in the manual.
- Documenting assessments from another health care professional’s findings rather than your own findings.
- Charting medications when they have not been given.
- Failure to complete an incident report that should have been completed.
- Documenting you performed skills you did not perform.

**Collusion:** Intentionally or knowingly helping or attempting to help another to commit an act of Academic Dishonesty.

Examples:
- Assisting another student in procuring or copying secure documents such as previous and current test questions.
- Knowingly helping another student cheat, fabricate information, or plagiarize.
- When serving as a peer evaluator, passing a fellow student on a clinical skill that was not performed correctly according to skills criteria.

**Plagiarism**: The deliberate adoption or reproduction of ideas or words or statement of another person as one’s own without acknowledgment. Copying or imitating the language, ideas, and thoughts of another author and passing off the same as one’s original work. One sentence taken from any source that is not indicated by footnotes or quotation marks constitutes plagiarism unless indicated by footnote or textbook reference that the material is not original. Paraphrased material must have the proper reference cited at the end of the thought or the paragraph.

Examples:
- Use of online quotes, wording, or data without proper citation of the source.
- Adopting or reproducing ideas or words of another person without acknowledgement in formal papers, reports, or patient care documentation.

The examples noted do not constitute the entirety of offenses that would be examples of dishonesty. The consequences of a violation of the academic dishonesty policy are independent of, and in addition to, any adverse College disciplinary action, which results from the student’s conduct.

The sanctions imposed for a violation of this section of the Code are independent of, and in addition to, any adverse academic evaluation which results from the student’s conduct. The course instructor is responsible for academic evaluation of a student’s work and shall make that evaluation without regard to any disciplinary action which may or may not be taken against a student under the Student Code of Conduct.

**Alcoholic Beverages**
1. Illegal possession or consumption of alcoholic beverages (beer, wine, liquor or other beverage which is controlled as an alcoholic beverage under Idaho law) is prohibited in Lewis-Clark State College-owned, leased or operated facilities and on campus grounds.
2. Alcoholic beverages may not be possessed or consumed under any circumstances in areas open to and most commonly used by the general public. Public areas include, but are not limited to lounges, College Union buildings, recreation rooms, conference rooms, athletic facilities and other public areas of College owned buildings or grounds.
3. Sale of alcoholic beverages is prohibited in College-owned, leased or operated facilities, Lewis-Clark State College, and on campus grounds.
4. Guests and visitors shall observe these regulations while in Lewis-Clark State College rooms, on campus or other College property. Noncompliance may subject a person to sanctions imposed by the College as well as to the provisions of local and state law. ( Adopted by the State Board of Education, December 1, 1977).
5. For LCSC sponsored events which are open to the campus community and at which alcohol will be present, the sponsor will work with the Vice President for Student Affairs or the appropriate academic or vocational associate vice president to assure adherence to this policy. The following information will need to be provided to assure adherence.
   a. Names and ages of individuals designated as bartenders or servers to check identification.
   b. Means to inform participants of applicable state and federal laws regarding alcohol consumption.
c. Non-alcoholic beverages and food consumption

d. Designated driver program

6. No social event shall include any form of drinking contest in its activities or promotion. The Idaho law states that it is illegal to sell, serve or furnish beer, wine or other alcoholic beverages or intoxicating liquor to a person under 21 years of age. It is illegal for any person under 21 years of age to purchase or attempt to purchase, procure, possess, or consume any alcoholic or intoxicating liquor.
   a. There are a number of minors attending LCSC, LEWIS-CLARK STATE COLLEGE, and as a state institution; the College is legally obligated to comply with the state law.

Non-Smoking Policy and Building Access

By Executive Order Number 92-2 of the Governor of Idaho, smoking tobacco or similar substances is not allowed inside any College-owned or operated building. To provide building access which is smoke-free, while still accommodating those who elect to smoke, the campus has established designated smoking areas on the outer parking lots of the campus. Smoking within the campus grounds, around or in buildings, or anywhere other than a designated smoking area is considered a violation of the Student Code of Conduct. A map of the designated smoking areas may be found at the following web site: www.lcsc.edu/security

Drugs

Possession, manufacture, distribution, use or sale of marijuana, drug narcotics or other controlled substances classified as illegal under Idaho law, except those taken under a doctor’s prescription is prohibited on College-owned or controlled property (as that term is herein and hereafter used, College-owned or controlled property includes student housing owned by or rented through the College), or at any College-sponsored or supervised function (See campus policy on Alcohol and Drug abuse, and rules on sanctions for alcohol and drug abuse; http://www.lcsc.edu/student-counseling/substance-abuse-assistance/alcoholdrug-information/)

Falsification of Records

The willful falsification of official records or documents or the submission of records or documents to the College with knowledge of their falsity is prohibited. Falsification of records or documents includes but is not limited to the following: the forging or alteration of, or the knowing use of false or inaccurate registration documents, documents submitted in support of residency determinations, transcripts, fee receipts, identification cards, meal tickets, parking decals, financial aid forms, telephone billing cards, and ASLCSC forms or documents.

Consensual Relationships

The educational mission of LCSC WFT is promoted by professionalism in student/faculty and student/clinical preceptor/facilitator relationships. Policies on student/faculty relationships are addressed in the LCSC Faculty-Staff Handbook and the LCSC Student Handbook.

Professionalism is fostered by an atmosphere of mutual trust and respect. Actions on the part of a Lewis-Clark State College student or Lewis-Clark State College clinical preceptor/facilitator which potentially endanger this atmosphere of mutual trust and respect must be avoided during the time frame in which the student and preceptor are participating in a Lewis-Clark State College course or clinical/field requirement. Students and preceptors/facilitators should be aware of the possibility that an apparent consensual relationship with a student may be interpreted (either now or at a later date) as non-consensual and, therefore, sexual harassment. The power differential inherent in student/preceptor
relationships may compromise the student’s ability to decide and thus call into question the bona fide consensual nature of the relationship.

The potential exists for the student to perceive a coercive element in suggestions regarding activities outside those appropriate to professional relationships. Moreover, preceptors and facilitators, particularly in relationships with students under their supervision, need to be aware of potential conflicts of interest and the possible compromise of their evaluative capacity. They also need to be aware that a relationship may give rise to a perception on the part of others that the evaluative capacity of the preceptor/facilitator has been compromised.

http://www.lcsc.edu/media/1440242/policy-3111-consensual-relationships.pdf

- It is a violation of this policy for a student to undertake an consensual relationship or permit one to develop with a preceptor/facilitator or clinical agency staff member when under that person’s supervision or evaluation, even when both parties appear to have consented to the relationship.
- It is a violation of this policy for a student to undertake an amorous relationship with a patient or permit one to develop with a patient, even when both parties appear to have consented to the relationship.
- Lewis-Clark State College administration does recognize consensual amorous relationships may exist prior to the time a student is assigned to a preceptor/facilitator or is placed in a situation where the preceptor/facilitator must supervise or evaluate the student. Should this occur, it is the student’s responsibility to notify his/her Clinical Coordinator or Program Director for reassignment.
- A student should not be assigned to a preceptor or facilitator with whom that student has or has had a consensual amorous relationship.
- A student who fails to follow this policy will be subject to the Lewis-Clark State College remediation policy, with probation or program dismissal as a possible outcome.
- A preceptor/facilitator who fails to follow this policy shall be removed from his/her clinical preceptor/facilitator status with Lewis-Clark State College.
- Persons who are married, or were married, are included within the definition of those persons having, or who have had, a consensual amorous relationship.
- A complaint alleging violations of the policy regarding consensual relationships may be filed by any person.

Harassment
http://www.lcsc.edu/student-affairs/student-code-of-conduct/misc-offenses/

Idaho Criminal Code: 18-7902 Harassment Stalking and Trespassing
http://www.lcsc.edu/student-affairs/student-code-of-conduct/misc-offenses/

Idaho Criminal Coed: 18-7903.Penalties
http://www.lcsc.edu/student-affairs/student-code-of-conduct/misc-offenses/

Stalking
http://www.lcsc.edu/student-affairs/student-code-of-conduct/misc-offenses/

Illegal Entry
http://www.lcsc.edu/student-affairs/student-code-of-conduct/misc-offenses/

Disruption of the Classroom
http://www.lcsc.edu/student-affairs/student-code-of-conduct/misc-offenses/
Disobeying or Deceiving College Officials
http://www.lcsc.edu/student-affairs/student-code-of-conduct/misc-offenses/

Theft
http://www.lcsc.edu/student-affairs/student-code-of-conduct/misc-offenses/

Destruction or Damage of Property
http://www.lcsc.edu/student-affairs/student-code-of-conduct/misc-offenses/

Fire Regulation and Equipment
http://www.lcsc.edu/student-affairs/student-code-of-conduct/misc-offenses/

Physical Harm to Others
http://www.lcsc.edu/student-affairs/student-code-of-conduct/misc-offenses/

Verbal Abuse to Others
http://www.lcsc.edu/student-affairs/student-code-of-conduct/misc-offenses/

Written/Electronic Abuse or Unprofessional Behavior
Any written or electronic behavior that involves an expressed or implied threat to interfere with an individual’s personal safety, academic efforts, employment or participation in Lewis-Clark State College Paramedic Program or College-sponsored activities and which would cause a reasonable person to have a reasonable apprehension that such harm is about to occur, or “fighting words,” as a personal insult to the reader or personally abusive language inherently likely to provoke a violent reaction by the reader to the writer is prohibited. Additionally, due to the professional behavior requirements of this program unprofessional language such as curse words is prohibited in written or electronic communications.

Lewd or Indecent Conduct
http://www.lcsc.edu/student-affairs/student-code-of-conduct/misc-offenses/

Gambling
http://www.lcsc.edu/student-affairs/student-code-of-conduct/misc-offenses/

Firearms and Dangerous Weapons
BECAUSE OF THEIR RECOGNIZED DANGER, FIREARMS, ILLEGAL KNIVES, EXPLOSIVES, CHEMICAL OR INCENDIARY DEVICES WILL NOT BE KEPT BY STUDENTS ON COLLEGE-OWNED OR CONTROLLED PROPERTY IN STUDENT LIVING QUARTERS.

City/State Laws
http://www.lcsc.edu/student-affairs/student-code-of-conduct/misc-offenses/

Accessories
http://www.lcsc.edu/student-affairs/student-code-of-conduct/misc-offenses/

Sanctions
Sanctions which may be recommended or imposed for a violation are listed here in order of their severity.

Grade Complaint Process/Grievances
Students who believe their grade is unjust or unfair or have a grievance that cannot be resolved with the appropriate level have the right to request a review, without fear of reprisal. The request must be in a written format and provided to the Allied Health Coordinator at Lewis-Clark State College Workforce Training. Any written request will be reviewed by the WFT Director and a decision made as to the disposition of the complaint.

- The written complaint of grade review must be made within 5 business days of receipt of the grade by the students.
- The WFT Director shall determine a course of action within 10 business days of receipt of the complaint by LCSC Workforce Training Allied Health Coordinator.

**Embrace Diversity**

1.0 Concise Vision Statement

Regardless of race, color, age, sex, religion, national origin, disability, veteran status, or sexual orientation, you will be treated and respected as a human being.

2.0 Vision Statement

As a four-year comprehensive public college, Lewis-Clark State College is committed to providing a learning environment that affords people of all backgrounds the opportunity to achieve their highest educational goals. The College’s educational and enrichment programs, curricula, faculty, staff, and students share the goal of promoting awareness and acceptance of all backgrounds on campus and within the community.

The college continues to emphasize a diverse learning community that prepares students for successful interaction in an increasingly diverse society, and firmly embraces the philosophy that individuals, free of prejudice, should be capable of fully participating in a global society. We recognize the importance of preparing students for full participation in an integrated society while preserving and perpetuating their many unique identities.

Lewis-Clark State College promotes the free exchange of ideas in an environment that celebrates the dignity, worth and contributions of all backgrounds as a means of enabling individuals to reach their greatest potential.

Our commitment to a diverse and safe environment is clearly articulated in oral and written philosophies governing the recruitment, enrollment and graduation of students and the pursuit, hiring and retention of faculty and staff.

We are especially cognizant of the distinctive relationship between Lewis-Clark State College and Native Americans because of the historical significance, proximity and frequent collaboration with the Nez Perce Tribe on projects and programs of mutual benefit.

**Goals**

- To enhance a climate, which demonstrates respect and care for all members of the college community by being responsive to issues and concerns of diversity.
- To provide highly effective levels of recruitment, retention, and access for diverse students and populations who are historically under represented.
- To enhance diverse student leadership on campus.
- To actively recruit, hire, and retain diverse employees.
- To increase the visibility of information on diversity in promotional literature.
• To ensure that pedagogy in all curricular areas is sensitive to and appropriately addresses diverse student clientele.
• To ensure diversity in core and major program curricula.
• To gather and generate data to gauge 1) attitudes of a diverse student body toward the college campus environment, and 2) attitudes of students, faculty, and staff toward issues regarding diversity.
• To collaborate with other colleges, universities, K-12 educational institutions, outside agencies, and the community at-large in carrying out the broad goals of this diversity plan.

Students with Disabilities
Students must be able to perform the duties of the job. EMT’s and paramedics should be emotionally stable, have good dexterity, agility, and physical coordination, and be able to lift and carry heavy loads. They also need good eyesight (corrective lenses may be used) with accurate color vision (United States Department of Labor Bureau of Labor Statistics, 2010

Students of the Lewis-Clark State College Paramedic Program are required to have good physical stamina, endurance, and body conditions that would not be adversely affected by frequently having to walk, stand, lift, carry, and balance at times, in excess of 125 pounds. Motor coordination is necessary because over uneven terrain, the patient’s, the Paramedic’s and other worker’s wellbeing must not be jeopardized (NHTSA 2010)

Students requiring special accommodations or course adaptations due to a disability and/or a health-related issue should consult Workforce Training, course instructors, and the LCSC Student Counseling Center immediately (RCH 111, 792-2211). Official documentation may be required in order to provide an accommodation and/or adaptation. Lewis-Clark State College Paramedic Program seeks to provide equal access to programs, services, and activities for people with disabilities. If you will need accommodations in the class, reasonable prior notice needs to be indicated on the Student MOA form enclosed at the end of this Handbook to Lewis-Clark State College Workforce Training, 1920 3rd Ave North, Lewiston, ID, 208-792-2388.
2011 Guidelines for Field Triage of Injured Patients

1. Measure vital signs and level of consciousness
   - Glasgow Coma Scale ≤13
   - Systolic Blood Pressure (mmHg) <90
   - Respiratory Rate <10 or >20 breaths per minute, or need for ventilatory support (<20 in infant aged <1 year)

2. Assess anatomy of injury
   - All penetrating injuries to head, neck, torso, and extremities proximal to elbow or knee
   - Chest wall instability or deformity (e.g., flail chest)
   - Two or more proximal long-bone fractures
   - Crushed, degloved, mangled, or pulseless extremity
   - Amputation proximal to wrist or ankle
   - Pelvic fractures
   - Open or depressed skull fracture
   - Paralysis

3. Assess mechanism of injury and evidence of high-energy impact
   - Falls
     - Adults: >20 feet (one story is equal to 10 feet)
     - Children: >10 feet or two or three times the height of the child
   - High-risk auto crash
     - Intricase, including roof; >12 inches occupant seat; >18 inches any seat
     - Ejection (partial or complete) from automobile
     - Death in same passenger compartment
     - Vehicle telemetry data consistent with a high risk of injury
   - Auto vs. pedestrian/bicyclist thrown, run over, or with significant (>60 mph) impact
   - Motorcycle crash ≥20 mph

4. Assess special patient or system considerations
   - Older Adults
     - Risk of injury/death increases after age 55 years
     - SBP <90 may represent shock after age 65
     - Low impact mechanisms (e.g., ground level falls) may result in severe injury
   - Children
     - Should be triaged preferentially to pediatric capable trauma centers
   - Anticoagulants and bleeding disorders
     - Patients who have high risk injury are at high risk for rapid deterioration
   - Burns
     - Without other trauma mechanism: triage to burn facility
     - With tobacco mechanism: triage to trauma center
   - Pregnancy ≥20 weeks
   - EMS provider judgment

Transport to a trauma center. Steps 1 and 2 attempt to identify the most seriously injured patients. These patients should be transported preferentially to the highest level of care within the defined trauma system.

Transport to a trauma center, which, depending upon the defined trauma system, need not be the highest level trauma center.

Transport to a trauma center or hospital capable of timely and thorough evaluation and initial management of potentially serious injuries. Consider consultation with medical control.

When in doubt, transport to a trauma center.
Find the plan to save lives, at www.cdc.gov/fieldtriage

National Center for Injury Prevention and Control
Division of Injury Response
### The ABCs of Hepatitis

<table>
<thead>
<tr>
<th>U.S. Statistics</th>
<th><strong>HEPATITIS A</strong> is caused by the Hepatitis A virus (HAV)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Estimated 25,000 new infections in 2007</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Routes of Transmission</th>
<th><strong>HEPATITIS B</strong> is caused by the Hepatitis B virus (HBV)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Estimated 43,000 new infections in 2007</td>
</tr>
<tr>
<td></td>
<td>• Estimated 1.2 million people with chronic HBV infection</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Persons at Risk</th>
<th><strong>HEPATITIS C</strong> is caused by the Hepatitis C virus (HCV)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Estimated 17,000 new infections in 2007</td>
</tr>
<tr>
<td></td>
<td>• Estimated 3.2 million people with chronic HCV infection</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Incubation Period</th>
<th>15 to 50 days (average: 28 days)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>45 to 160 days (average: 120 days)</td>
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<tr>
<td></td>
<td>14 to 180 days (average: 45 days)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Symptoms of Acute Infection</th>
<th>Symptoms of all types of viral hepatitis are similar and can include one or more of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Fever</td>
</tr>
<tr>
<td></td>
<td>• Fatigue</td>
</tr>
<tr>
<td></td>
<td>• Loss of appetite</td>
</tr>
<tr>
<td></td>
<td>• Nausea</td>
</tr>
<tr>
<td></td>
<td>• Vomiting</td>
</tr>
<tr>
<td></td>
<td>• Abdominal pain</td>
</tr>
<tr>
<td></td>
<td>• Gray-colored bowel movements</td>
</tr>
<tr>
<td></td>
<td>• Joint pain</td>
</tr>
<tr>
<td></td>
<td>• Jaundice</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Likelihood of Symptomatic Acute Infection</th>
<th>15% will die from cirrhosis or liver cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;10% of children &lt; 6 years have jaundice</td>
<td>75%–85% of newly infected persons develop chronic infection</td>
</tr>
<tr>
<td>40%–50% of children age 6–14 years have jaundice</td>
<td>15%–25% of newly infected persons clear the virus</td>
</tr>
<tr>
<td>70%–80% of persons &gt; 14 years have jaundice</td>
<td>Among unimmunized persons, chronic infection occurs in &gt;90% of infants, 25%–50% of children aged 1–5 years, and 6%–10% of older children and adults</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Potential for Chronic Infection</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Among unimmunized persons, chronic infection occurs in &gt;90% of infants, 25%–50% of children aged 1–5 years, and 6%–10% of older children and adults</td>
</tr>
<tr>
<td></td>
<td>• 75%–85% of newly infected persons develop chronic infection</td>
</tr>
<tr>
<td></td>
<td>• 15%–25% of newly infected persons clear the virus</td>
</tr>
</tbody>
</table>

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<tr>
<th>Severity</th>
<th>Most persons with acute disease recover with no lasting liver damage; rarely fatal</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Most persons with acute disease recover with no lasting liver damage; acute illness is rarely fatal</td>
</tr>
<tr>
<td></td>
<td>• 15%–25% of chronically infected persons develop chronic liver disease, including cirrhosis, liver failure, or liver cancer</td>
</tr>
<tr>
<td></td>
<td>• Estimated 3,000 persons in the United States die from HBV-related illness per year</td>
</tr>
<tr>
<td></td>
<td>• Acute illness is uncommon. Those who do develop acute illness recover with no lasting liver damage.</td>
</tr>
<tr>
<td></td>
<td>• 60%–70% of chronically infected persons develop chronic liver disease</td>
</tr>
<tr>
<td></td>
<td>• 5%–20% develop cirrhosis over a period of 20–30 years</td>
</tr>
<tr>
<td></td>
<td>• 1%–5% will die from cirrhosis or liver cancer</td>
</tr>
<tr>
<td></td>
<td>• Estimated 12,000 persons in the United States die from HCV-related illness per year</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Serologic Tests for Chronic Infection</th>
<th>• Not applicable—no chronic infection</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• HBsAg (and additional markers as needed)</td>
</tr>
<tr>
<td></td>
<td>• Screening assay (EIA or CIA) for anti-HCV</td>
</tr>
<tr>
<td></td>
<td>• Verification by an additional, more specific assay (e.g., nucleic acid testing [NAT] for HCV RNA)</td>
</tr>
<tr>
<td>Screening Recommendations for Chronic Infection</td>
<td>Treatment</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>-----------</td>
</tr>
</tbody>
</table>
| • Not applicable—no chronic infection  
   Note: Screening for past acute infection is generally not recommended | • No medication available  
   • Best addressed through supportive treatment | Hepatitis A vaccine is recommended for:  
   • All children at age 1 year  
   • Travelers to regions with intermediate or high rates of Hepatitis A  
   • Men who have sex with men  
   • Users of certain illegal drugs (injection and non-injection)  
   • Persons with clotting-factor disorders  
   • Persons who work with HAV-infected primates or with HAV in a research laboratory  
   • Persons with chronic liver disease, including HBV- and HCV-infected persons with chronic liver disease  
   • Anyone else seeking long-term protection | Hepatitis B vaccine is recommended for:  
   • All infants at birth  
   • Older children who have not previously been vaccinated  
   • Susceptible sex partners of infected persons  
   • Persons with multiple sex partners  
   • Persons seeking evaluation or treatment for an STD  
   • Men who have sex with men  
   • Injection drug users  
   • Susceptible household contacts of infected persons  
   • Healthcare and public safety workers exposed to blood on the job  
   • Persons with chronic liver disease, including HCV-infected persons with chronic liver disease  
   • Persons with HIV infection  
   • Persons with end-stage renal disease, including predialysis, hemodialysis, peritoneal dialysis, and home dialysis patients  
   • Residents and staff of facilities for developmentally disabled persons  
   • Travelers to regions with intermediate or high rates of Hepatitis B (HBsAg prevalence of ≥ 8%)  
   • Anyone else seeking long-term protection | There is no Hepatitis C vaccine. |
| Testing is recommended for:  
   • All pregnant women  
   • Persons born in regions with intermediate or high rates of Hepatitis B (HBsAg prevalence of ≥ 8%)  
   • U.S.-born persons not vaccinated as infants whose parents were born in regions with high rates of Hepatitis B (HBsAg prevalence of ≥ 8%)  
   • Infants born to HBsAg-positive mothers  
   • Household, needle-sharing, or sex contacts of HBsAg-positive persons  
   • Men who have sex with men  
   • Injection drug users  
   • Patients with elevated liver enzymes (ALT/AST) of unknown etiology  
   • Hemodialysis patients  
   • Persons needing immunosuppressive or cytotoxic therapy  
   • HIV-infected persons  
   • Donors of blood, plasma, organs, tissues, or semen | Testing is recommended for:  
   • Persons who currently inject drugs or who have injected drugs in the past, even if once or many years ago  
   • Recipients of clotting factor concentrates before 1987  
   • Recipients of blood transfusions or donated organs before July 1992  
   • Long-term hemodialysis patients  
   • Persons with known exposures to HCV (e.g., healthcare workers after needlesticks, recipients of blood or organs from a donor who later tested positive for HCV)  
   • HIV-infected persons  
   • Children born to infected mothers (do not test before age 18 mos.)  
   • Patients with signs or symptoms of liver disease (e.g., abnormal liver enzyme tests)  
   • Donors of blood, plasma, organs, tissues, or semen | Testing is recommended for:  
   • Acute: No medication available; best addressed through supportive treatment  
   • Chronic: Regular monitoring for signs of liver disease progression; some patients are treated with antiviral drugs | • Acute: Antivirals and supportive treatment  
   • Chronic: Regular monitoring for signs of liver disease progression; some patients are treated with antiviral drugs |
HIV/AIDS: The Basics

What is HIV/AIDS?
HIV stands for human immunodeficiency virus. HIV attacks and destroys the infection-fighting CD4 cells of the immune system. Loss of CD4 cells makes it difficult for the immune system to fight infections.

AIDS stands for acquired immunodeficiency syndrome. AIDS is the most advanced stage of HIV infection.

How is HIV transmitted?
HIV is transmitted (spread) from one person to another through specific body fluids—blood, semen, genital fluids, and breast milk. Having unprotected sex or sharing drug needles with a person infected by HIV are the most common ways HIV is transmitted.

You can’t get HIV by shaking hands, hugging, or closed-mouth kissing with a person who has HIV. And HIV isn’t spread through objects such as toilet seats, doorknobs, dishes, or drinking glasses used by a person with HIV. Although it takes many years for symptoms of HIV to develop, a person infected with HIV can spread the disease at any stage of HIV infection. Detecting HIV during the earliest stages of infection and starting treatment well before symptoms of HIV develop can help people with HIV stay healthy. Treatment can also reduce the risk of HIV transmission.

What is the treatment for HIV?
Antiretroviral therapy (ART) is the recommended treatment for HIV infection. ART involves taking a combination (regimen) of three or more anti-HIV medications daily. ART prevents HIV from multiplying and destroying infection-fighting CD4 cells. This helps the body fight off life-threatening infections and cancer. Although anti-HIV medications can’t cure HIV, people with HIV are enjoying healthy lives and living longer thanks to ART.

Can treatment prevent HIV from advancing to AIDS?
Yes! Treatment with anti-HIV medications prevents HIV from multiplying and destroying the immune system. This helps the body fight off life-threatening infections and cancers and prevents HIV from advancing to AIDS.

Although it takes many years, without treatment HIV can advance to AIDS. To be diagnosed with AIDS, a person infected with HIV must either:

- Have a CD4 count less than 200 cells/mm3. (The CD4 count of a healthy person ranges from 500 to 1,200 cells/mm3. People infected with HIV with CD4 counts less than 500 cells/mm3 should begin ART.)

OR

- Have an AIDS-defining condition. (AIDS-defining conditions are serious and life-threatening illnesses. Having an AIDS-defining condition indicates that a person’s HIV infection has advanced to AIDS.)

What illnesses are considered AIDS-defining conditions?
The Centers for Disease Control and Prevention (CDC) considers several illnesses AIDS-defining conditions.

Terms Used in This Fact Sheet:
AIDS: Acquired immunodeficiency syndrome. AIDS is the most advanced stage of HIV infection. AIDS is diagnosed when a person infected with HIV has a CD4 count less than 200 cells/mm3 or has an AIDS-defining condition.
AIDS-defining condition: Any one of several illnesses that can lead to a diagnosis of AIDS in a person infected with HIV. AIDS is the most advanced stage of HIV infection.
Antiretroviral therapy (ART): The recommended treatment for HIV. ART involves taking a combination of three or more anti-HIV medications from at least two different drug classes every day to control the virus.
CD4 cells: Also called T cells or CD4+ T cells. Infection-fighting white blood cells of the immune system. HIV destroys CD4 cells, making it harder for the body to fight infections.
CD4 count: The number of CD4 cells in a sample of blood. A CD4 count measures how well the immune system is working.
HIV: Human immunodeficiency virus. HIV is a virus that attacks the immune system, putting people infected with HIV at risk for life-threatening infections and cancer. AIDS is the most advanced stage of HIV infection.
Regimen: A combination of three or more anti-HIV medications from at least two different drug classes.
Unprotected sex: Sex without using a condom.