

2024- 2025

Paramedic Student Handbook



In partnership with Harper College

These standards apply to:

- Applicants who become students, for actions committed as part of the application process; and
- Students, for actions committed on the Northwest Community Healthcare (NCH) and/or Harper College campuses and/or while participating in program related events or activities that take place following a student's submittal of the application throughout their official enrollment; and former students for offenses committed while a student.

The statements and requirements in this handbook have been reviewed and approved by the Program Advisory Committee and by me for this academic year.

A handwritten signature in black ink that reads "Matthew T. Jordan".

Matthew T. Jordan, MD, FACEP
Paramedic Program Medical Director

The student, by virtue of applying for and accepting a position in the class, assumes the responsibility to conform to all Federal, state, county and local laws, regulations, policies, procedures, protocols and guidelines governing citizen and student conduct as well as those addressing healthcare workers including Emergency Medical Services (EMS) personnel.

Kourtney Chesney BSN, RN, PM

NCH Paramedic Program Director

2024-2025

Education Program Pillars

MISSION: To prepare competent and compassionate entry level PMs in the cognitive, psychomotor, and affective domains.

VISION: The Program is viewed as the gold standard of excellence and quality by our customers, colleagues, partners, and accreditors.

Core VALUES – Duty | Honor | Distinction

Integrity: We do the right things, the right way with honesty, humility, and transparency while characterizing strong moral courage.

Commitment: One team: One message: Patients first. For over 50 years, the NWC EMSS has generated trust by keeping promises, tackling challenges, and being an ever-present force for good when and where needed.

Citizenship: We conduct all business in alignment with codes of ethics and applicable laws, rules, standards, and guidelines.

Accountability: Each person is accountable for their choices and actions in a culture that “Owns our moment”. We seek ways to ever improve program design, education processes, practice, and outcomes.

Advancing Knowledge: Ideas matter. We are a hub of thought leadership and rigorously adopt best practices. We think critically to solve complex problems, foster a growth mindset, coach to competence, and advance personal and professional development. Quality education and life-long learning are fundamental anchors of practice excellence.

Respect & Collaboration: Each person has equal value and is treated with dignity, civility, kindness, and respect. We champion diversity, equity, belonging, collaboration, and cultural humility without bias or prejudice.

Excellence without compromise: If a thing is worth doing, it's worth doing well.

We provide educational experiences of exceptional quality so graduates are equipped and empowered to provide exemplary care. Wise choices, intelligent planning, responsiveness to feedback, and consistent disciplined effort lead to spectacular results.

Empathy and wellbeing: We advocate for each person's optimal state of physical, mental, emotional, and spiritual wellness by seeing through their lens. We listen to understand, withhold judgment until facts are known, validate feelings, consider multiple perspectives, and build relationships. We support self-care, healthy choices, mitigating stress, achieving balance, and fostering resilience.

Justice: Fair and equitable engagement, opportunity, and due process undergirds a Just Culture.

Fiscal responsibility: Careful stewardship of all resources is the cornerstone of business operations.

Accreditation and Approvals

The NCH PM Program is accredited by the Commission on Accreditation of Allied Health Education Programs upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions.(CoAEMSP); Program #600790.

CAAHEP: Phone: (727) 210-2350 www.caahep.org

CoAEMSP: Phone: (214) 703-8445 www.coaemsp.org

It is also accredited or approved by the following:

The Higher Learning Commission of the North Central Association of Colleges and Secondary Schools (NCA)
230 South LaSalle St., Suite 7-500; Chicago, IL 60604
(800) 621-7440

Illinois Dept. of Public Health Div. of EMS & Highway Safety; Springfield, IL 62701 | (217) 785-2080

Safe, inclusive campus environment

Equal Opportunity Statement

Applicants are considered on the basis of individual merit. We do not discriminate on the basis of race, color, religion, sex, gender identity, sexual orientation, national or ethnic origin, age, marital status, protected veteran status, or other protected classes under the law (including Title IX of the Education Amendments Act of 1972 published under the United States Code at 20 U.S.C. §1681-§1688) as long as the individual is otherwise qualified and able to competently perform all the essential elements of a paramedic's scope of practice and job functions and meets eligibility requirements for licensure.

To request an accommodations under the Americans with Disabilities Act (ADA), see this Handbook on page 21.

Professional Role of a Paramedic (PM)

A PM is a health professional whose primary focus is to respond to, assess and triage emergent, urgent and non-urgent requests for medical care; apply basic and advanced knowledge and skills necessary to determine a patient's physiologic, psychological, and psychosocial needs; administer medications, interpret and use diagnostic findings to implement treatment; provide complex patient care; and facilitate referrals and/or access to a higher level of care when the needs of the patient exceed the capability level of the paramedic.

PMs often serve as a patient care team member in a hospital or other health care setting to the full extent of their education, certification, licensure and credentialing to improve and sustain the health of all those in their area of service. PMs may work in community settings where they take on additional responsibilities monitoring and evaluating the needs of at-risk pts, as well as intervening to mitigate conditions that could lead to poor outcomes.

PMs educate patients and the public in the prevention and/or management of medical, health, psychological and safety issues (Ntl. EMS Education Standards, 2021).

Our Program of Instruction

As the first EMS Resource Hospital in Illinois, NCH has been conducting EMS classes since 1972. The paramedic program is designed to expand upon entry level competencies acquired through an EMT or Advanced EMT (AEMT) course. Instructional design and content is based on Illinois laws and rules, the National EMS Education Standards; the National EMS Scope of Practice Model, and guidelines published by CoAEMSP and The National Registry of EMTs (NREMT) as approved by the Program MD, Advisory Committee, and Harper College.

A collaborative agreement with Harper College for the PM program has existed since 2003. The Illinois Community College Board approved the Associate in Applied Sciences (AAS) degree in EMS at Harper College on Feb 21, 2003. On April 1, 2003, The Illinois Board of Higher Education authorized Harper to offer the AAS degree in EMS.

All students are dually enrolled at NCH and Harper College for EMS certificate courses. Students are batch registered by Harper College for the courses in each semester.

The program does not award credit for previous experiential learning, or advanced placement for paramedic or military paramedic programs. Students may exit the program after finishing the PM certificate or they may complete the full AAS degree. Degree seeking students who have attended other college(s) and want their transcripts evaluated must have an official transcript from each college or university attended sent to the Harper College Admissions Processing Office per the Transfer of Credit policy. Harper College will contact the PM Program Director for a determination of program equivalency and approval of transfer credit.

Prerequisite (EMT or AEMT license) Credit hrs

EMS 111, 112, & 113 or approved EMT Education 9

Paramedic CERTIFICATE Program Credit hrs

EMS 210	Preparatory (fall)	10
EMS 211	Med. Emerg I (fall)	5
EMS 217	Hospital Internship (fall)	2
EMS 212	Med. Emerg II (spring)	7
EMS 213	Trauma, special populations (spring)	6
EMS 218	Hospital Internship (spring)	2
EMS 215	Field Internship (spring)	4
EMS 216	Seminar (summer)	3

Total credit hours 39

Required courses for the Associate in Applied Science (AAS) Emergency Medical Services Degree:

A grade of C or better in all BIO, EMS, (EMS 215, 217, 218 with a grade of P), and NUR courses is required for all students.

BIO 260	Human Anatomy	4
BIO 261	Human Physiology	4
Electives ¹		4
ENG 101	Composition	3
NUR 210	Physical Assessment	2
SOC 101 ⁺	Introduction to Sociology	3
SPE 101	Fund. of Speech Communication	3

Total credit hours for AAS degree 71

¹Electives: BIO 130, CHM 100, HSC 104, or HSC 213

⁺ This course meets the World Cultures and Diversity graduation requirement.

All academic certificate program classes are created and taught by NCH faculty at NCH unless an emergency requires on-line instruction. Clinical rotations are completed at hospitals that belong to the Northwest Community EMS System (NWC EMSS) or hold a letter of agreement. Field experiences are completed at EMS Provider Agencies that belong to the NWC EMSS and student progress is facilitated by NCH-approved preceptors.

Philosophy of Education

We live in a world of accelerated change, intensifying complexity, and increasing danger. Students must learn to reason critically so they adapt their thinking to thrive in situations of ambiguity and competing options.

“The function of education is to teach one to think intensively and to think critically. Intelligence plus character—that is the goal of true education.”

Martin Luther King, Jr.

The NCH program strives to develop students on an intellectual and personal basis.

Program-specific goals and objectives for all learning domains provide the basis for course planning, implementation, assessment, and evaluation. Whenever possible, curriculum design is aligned with the mission of the sponsoring institutions, the expectations of our stakeholders and communities of interest, nationally accepted standards, the operational needs of health care providers and employers, and the educational needs of the students served by the program.

Quality EMS education impacts knowledge, skills, and attitudes (KSAs) by developing a positive self-image and growth mindset; encouraging accountability and team interdependency; increasing the ability to cope effectively with change and ambiguity; and developing a structure for principled reasoning, moral judgment, and ethical behavior.

EMS Outcomes-based Education leads to:

- Knowledgeable persons with deep understanding
- Lifelong reflective and self-directed learners
- Active investigators/effective problem solvers
- Creative persons who embrace innovation
- Complex thinkers with intellectual flexibility
- Competent clinicians who pursue excellence without compromise
- Empathetic and compassionate clinicians who act with kindness, earn trust, and respect everyone
- Productive citizens who provide safe, seamless, personal, and evidence-based EMS care for every person
- Effective communicators who build relationships, community, shared purpose, and appropriate social interactions
- Clinicians that practice and promote multiple facets of wellness: emotional, physical, intellectual, occupational, spiritual, and social.

Proximal outcomes: Academic and growth mindset, holistic wellness is prioritized

Intermediate outcomes: Academic perseverance; effective learning strategies and behaviors, healthy choices

Long-term outcomes: Academic achievement, career readiness/life-long success; holistic wellness & health equity

PRIMARY PROGRAM GOAL & Competencies

“To prepare Paramedics who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession.”

(CoAEMSP, 2024)

COMPETENCIES to attain before graduation

Conceptual competence: The ability to understand the theoretical foundations of the profession (knowledge).

Technical competence: Proficiency in safely performing psychomotor skills.

Contextual competence: The ability to understand how EMS practice fits within the greater whole of the healthcare continuum and the ability to use conceptual and technical skills in the right context.

Integrative competence: The ability to put all the other competencies together, melding theory and practice.

Adaptive competence: The ability to change with evolutions in medicine or modify the care of one patient based on changing clinical presentations (move from one page of the Standard Operating Procedures (SOP) to another).

GENERAL COURSE OBJECTIVES

Upon completion, a graduate will consistently demonstrate entry-level competency for each of these in compliance with industry standards and without critical error:

- Assess scene safety and demonstrate effective situational awareness and hazard abatement.
- Appropriately gain patient access using a variety of tools and techniques.
- Perform person-centered assessments using appropriate technique, sequence and timing; recognize alterations from health, set appropriate priorities and coordinate efforts with other agencies and practitioners.
- Communicate effectively with a sense of purpose and audience.
- Establish culturally appropriate rapport with patients and significant others without prejudice or bias to meet social-emotional as well as physical needs.
- Provide competent evidence-based care on a continuum from basic through advanced life support within the guidelines prescribed by the EMS MD.
- Use quantitative and scientific reasoning to think critically and solve problems effectively in various situations.
- Demonstrate technological literacy and accurately document an electronic patient care report using ImageTrend software per System policy.
- Maintain ambulance inventories and readiness per the System Drug and Supply list.
- Characterize professional behaviors through actions, speech, communication and interactions with instructors, preceptors, peers, patients, public safety personnel, and members of the public.

STRATEGIES TO FACILITATE LEARNING

The program uses multiple educational methods to optimize learning: interactive lecture, instructor and student-led discussions, Socratic questioning, concept maps, problem and project-based learning, case studies, scholarly writing, reflective journalizing, debates, reading for meaning, lab simulations, scenarios, and role playing; experiential learning opportunities, and independent, collaborative, and guided study.

These activities stimulate self-awareness, higher order thinking, mastery of psychomotor skills; and characterization of affective values.

Educational methods are enhanced by the use of AV aids, electronic media, gaming, white boards, polling questions, student handouts, and published literature.

TEXTBOOK and ONLINE Resources

The program will provide students with detailed class handouts that include course objectives, content, citations and links. Handouts will be emailed as Word or PDF documents to the students prior to lecture. Students are expected to access the handout during class with their personal electronic device. Because reading materials are provided by the program, textbooks and online remediation resources are OPTIONAL for students, but may be recommended on a case by case basis.

TEXT: Sanders' Paramedic Textbook (6th edition); Sanders, M.J., McKenna, K. (2024) Jones & Bartlett Learning, ISBN: 9781284277494

Online resources: <https://limmereducation.com/paramedic/>

ASSIGNMENTS: Students are required to have a personal electronic device to complete class assignments (re: section below: **ELECTRONIC REQUIREMENTS**)

- **Literature:** Handouts, SOP's, policies and procedures are mandatory reading assignments. Preparation is essential to building a foundation upon which to scaffold new understanding. Literature resources are to be used by the student to complete homework, blue print review assignments to study for examinations.
- **Homework:** Students are expected to complete an online learning module, *via C3 Softworks (aka BravoZone)*, for each class topic presented in the academic calendar.
 - Students will be emailed a link to access this module at the conclusion of each class day. Students are expected to achieve a score of 100% for it to be considered COMPLETE.
 - If a student attempts the module and does not achieve a score of 100%, they must re-attempt until a score of 100% is met.
 - The software will time stamp, date and grade each assignment.
 - Assignments are due before the start of the next class day (8:45am). Lead instructor will run reports daily to ensure completion. Incompletion or non-compliance will trigger an investigation that may result in disciplinary action, including dismissal from the program.

- **Blue Print Reviews:** To prepare for exams (formative and summative), students will be assigned weekly Blue Print Reviews, which are to be worked on daily, and completed prior to each scheduled exam. The specifics of these assignments will be explained by the Lead Instructor during orientation. Each student is independently responsible for completing their own Blue Print review, however, squad collaboration is highly encouraged. Time will be allocated each morning (845-900) to allow for the squad to review essential principles/blue print objectives. Each student must submit their completed Blue Print review to the Lead Instructor prior to taking the exam for verification.
- **Simulated patient care reports (ePCRs):** Throughout the course, students are assigned a variety of ePCR's in *ImageTrend* software as a training run. These must be submitted and approved by due dates and prior to the student being released to the field experience (EMS 215). **Technical challenges accessing ImageTrend software are not a valid excuse for failing to meet assignment due dates.** Instructions to access to the *ImageTrend* student portal will occur sometime after the Documentation class.
- **Scholarly written project and oral presentation:** In EMS 212, students will be assigned a communicable disease topic for which they are to create a written report on a form provided by the Program and an oral presentation to be given in class. Written instructions and scoring rubrics for these assignments will be given during the course. The project counts as a quiz grade for EMS 212.

Educational programs must attest to the progression of learning and competency of each candidate in performing essential skills as identified by the most recent NREMT ALS practice analysis to meet eligibility requirements for graduation and NREMT testing.

To meet this requirement, all students shall complete a **Paramedic PORTFOLIO** that includes documentation of every skill revolution and patient care contact completed in lab, hospital, and field clinical experiences. All must be entered into the **Platinum Planner software**. The completed portfolio is a part of the student's permanent education file and is a prerequisite to graduation. The nature and minimum numbers of skills and patients are listed on the Student Minimum Competency (SMC) Matrix. **Students will receive written instructions on building the portfolio and completing the SMC in class.**



Due dates: All assignments are mandatory and must be submitted in compliance with instructions and by the stated due dates (unless a prior extension has been granted) in order to receive credit and remain in the program.

Platinum Planner SOFTWARE

Students will be given instructions for creating an account and entering data in separate messaging.

The Platinum Planner license fee will be paid by the student.

ELECTRONIC REQUIREMENTS & Other Supplies



All classes are planned to be conducted face to face (F2F), however, all must be prepared and equipped to transition to remote learning if that becomes necessary.

Personal Electronic Device | internet requirements:

- **In class:** Students must bring a Personal Electronic Device each day. Acceptable devices include a laptop or tablet, with adequate screen size and type pad capabilities.
- **Document accessibility:** The electronic device must be able to access email, download, and view/edit documents in the form of **word, pdf & PowerPoint**.
- For these reasons, **smart phones are not an effective option**. Any concerns with accepted devices for class should be brought up with the Lead Instructor prior to course start date.
- **Continuous power source:** Additionally, each squad will be responsible for bringing and arranging a power source system that can be shared amongst the squad. This would require that each table/pod has a **3 prong extension cord** (6-8 foot length) and a **surge power strip** with (6-7 outlet ports.)
- Students will have access to the hospital's guest Wi-Fi for internet use during class.
- **Outside of class** students will also need to access a personal electronic device, with reliable internet service, daily to complete homework and other assignments. Students should plan ahead for a backup option in case there is a service interruption or device malfunction.
- **Virtual class options:** On a case by case basis, the Lead Instructor may determine the need for class to be accessed virtually. In this event, the student must have a personal electronic device that meets the same criteria above **PLUS:**
 - Camera and audio capabilities plus a reliable high speed internet connection that allows you to log into meeting software. As an organization, ENDEAVOR HEALTH will be transitioning from Zoom to WebEx (timing TBD.)
 - The LI will send access codes for joining the class. Know which search engines work best for your device and internet plan. Have a working hot spot or Wi-Fi that can be accessed as a backup plan. Your computer must have continuous power throughout the class (battery or plugged in).
 - During virtual classes, faculty must clearly see each student's full face in the video window to ensure engagement.
 - The participant's video window must not be blacked out unless on a scheduled break or instructed to do so. Do not use creative or distracting backgrounds.
 - Students must be able to mute and unmute as needed.

Additional class supplies

- **Printer and scanner:** On occasion, students will need the ability to scan and print documents outside of class.
 - Scanning can be done using a high quality smartphone app (Genius Scan is highly recommended & free.)
 - Taking pictures of documents using a cell phone cameras **is not an option** for scanning.
- Multiple large (4-6 inch) three-ring binders help to organize and store your Student Portfolio documents. Students may find it helpful to have options to label within the binder (i.e. Mod 1, Mod 2, Lab, Clinical etc.)
 - Storage of documents in three-ring binders may require students to utilize a three-hole punch device, or storage folders that are three-ring attachable.
- Stapler (small one is fine), paperclips or clamps
- **Dry erase marker and eraser** for daily use in-class white board activities.
- **#2 pencils and sharpener** (used for all scantron exams)
- **Note-taking supplies:** notebook, pens & highlighters (student preference)
- A **stethoscope** (for labs and clinical assignments)
- ECG caliper (starting in EMS 211)

ETHICAL CODE of STUDENT CONDUCT

PM students have the opportunity to participate in a worthy, honorable, and progressive profession. This comes with duties and responsibilities. We are collectively viewed and respected based on the integrity, kindness, capability and professionalism of individual members.

We believe in uncompromising ethical behavior based on the EMS codes of professional conduct established by laws, rules, EMS organizations, and Program policy. See [System policy E-1 Code of Ethics](#).

Students participate in diverse learning environments and must behave professionally in each. Assume that you are always on camera and in front of an open microphone.

Each person is accountable for their actions and must conduct themselves at all times as practitioners who already hold a paramedic license.

Excellence is our performance standard.

Two classroom “norms” NOT honored here:

The norm of civil attitudes – which says it’s OK if students only *look* like they’re paying attention.

The norm of the consolidation of responsibility – which says that no matter how large the class, five to seven students will do most of the talking.

EXPECTED BEHAVIORS:

Students will fully engage and participate in all class activities and discussions:

Benefits:

- Helps students receive/process/retrieve information



- Increases attention, focus, and higher-level thinking
- Provides clarification and deepens understanding especially with application-based learning

Students shall:

- Comply with all laws, rules, guidelines, and procedures that govern the college, hospitals, EMS Program; EMS agencies, and EMS practice as presented or cited within instructional materials.
- Comply with Federal Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule requirements and respect patients’ autonomy, confidentiality and rights to privacy.

Expected professional behaviors

- Conformity with safety, fitness for duty, appearance, dress, body art, and personal hygiene standards
- Scholarly concern for improvement/life-long learning
- Conformity with affective objectives for integrity, empathy, self-motivation, self-confidence, time management, teamwork and diplomacy, respect, patient advocacy, cultural humility, and careful delivery of EMS services
- Commitment to life-long healthy living and well-being

Professional interpersonal skills:

- Treat others with respect, civility, courtesy, and dignity and conduct self in a professional manner at all times.
- Work collaboratively and harmoniously with peers, preceptors, partners, and educators.
- Respect cultural differences and protect the rights, privileges, and beliefs of others with cultural humility and the willingness to learn and develop.
- Refrain from using threatening, profane, or abusive words or actions and any form of communication that defames a person/organization or would be considered harassment.
- Address concerns or conflicts in a direct, timely, and sensitive manner and in an appropriate setting. When needed, go through proper channels to appropriately resolve conflicts.

Strive toward academic and clinical excellence

- Encourage and assist colleagues in the pursuit of excellence through approved team activities.
- Perform **ONLY** within their scope of practice as it evolves throughout the Program.
- Adhere to the guidelines prescribed by the Program in completing all assignments and exams.
- Report to class/clinical rotations on time and complete objectives by stated deadlines unless a prior extension has been granted.
- **Mitigate safety risks** by protecting self and others from exposure to foreseeable and preventable risks.

Code of Conduct Violations/PROHIBITED BEHAVIORS

Include, but may not be limited to, **proof that the person**

- is guilty of fraud or deceit in procuring or attempting to procure admittance into the Paramedic program;
- has demonstrated a gross lack of integrity;
- has engaged in dishonorable, unethical or unprofessional conduct of a character likely to deceive, defraud or harm the public. This may include actions that create the potential for harm through negligence or willfulness; providing patient care without proper preparation or authorization; lying, covering up or failing to report an error in the clinical setting; and falsification of any documents;
- has violated the handbook, contracts, or behavioral agreements specific to the paramedic program;
- has violated any law, ordinance, College or Program rule or regulation while enrolled as a student;
- is unfit for duty due to impaired behavior, a health issue that is not appropriately addressed as defined on page 7, or gross negligence. An immediate fitness for duty evaluation will be ordered by the Program MD (designee) if a student presents to class with impaired behavior, a health emergency, and/or with the odor of drugs or alcohol on the person (see p. 8);
- is found in possession of, or has used or distributed an illegal or controlled substance, or look-alike drug;
- is guilty of unauthorized and/or illegal possession, use or distribution of any alcoholic beverage or product;
- has brought a weapon or explosive device of any kind into class or a clinical area;
- is guilty of theft of property or services;
- is guilty of willful abuse, misuse, altering, tampering or destruction of College or hospital property, technology resources, or medical equipment;
- is guilty of assault and/or battery;
- is guilty of **academic dishonesty**.

All forms of academic dishonesty are expressly forbidden. A founded allegation of academic dishonesty (students and/or faculty) may result in, but not be limited to, separation from the program on the first offense. Academic dishonesty in any form transcends an ethical violation. It can negatively impact the quality of care rendered to a patient.

Examples of academic dishonesty:

- **Cheating:** Using or attempting to use unauthorized materials such as textbooks, notes, or formulas during a test without permission; unauthorized collaboration on a test without permission, and written information found on a student's person, clothing, skin, personal effects or property, book edges, notebook covers, etc. that could provide information about exam content. **Other examples:** use of any outside source (including internet and electronic resources) in violation of policy to obtain an answer on an exam; using audible noises, gestures, or body language to alert others to exam

answers; use of digital pens during exams; and/or removing an exam booklet from the testing site unless authorized by the instructor. This also includes allowing another student to copy from your test or homework or having someone else complete any assignment for you.

- **Plagiarism:** Representing words, work or ideas of others as your own.
 - **Fabrication:** Falsification or invention of information, citations and signatures.
 - **Bribes, favors, threats:** Actions intended to affect a grade or evaluation initiated by faculty preceptors, and/or students.
 - **Academic interference:** Tampering, altering, or destroying educational material or depriving someone else's access to that material.
- is guilty of **disruptive behavior** and/or **bullying, harassment, sexual misconduct, discrimination, or abuse** that threatens the physical or mental well-being, health or safety of any individual.
Disruptive behavior is defined as student-initiated acts that range from tardiness to violence. It may consist of behavior that is argumentative, disrespectful, offensive, or threatening and may present itself physically, verbally, or psychologically. It has a negative impact in the learning environment and interferes with the learning activities of the perpetrator and other students. Examples include, but are not limited to the following:
 - Has demonstrated disrespectful, insubordinate or inappropriate behavior towards any leader, instructor, preceptor, peer; staff member or patient;
 - Is guilty of disrupting the peace, the education process or related activities;
 - has violated the terms of a corrective action plan imposed in accordance with program procedures.

JUST CULTURE / CORRECTIVE ACTION

The program encourages behaviors that reflect program values within a **Just Culture** and **Culture of safety**.

Communication openness: Students are expected to report any misconduct or violation of policy to an Instructor or the Program Director without fear of reprisals or retaliation. Students should speak up if they observe anything that may negatively impact themselves, others, or patient care. They should freely and respectfully question the decisions or actions of those in authority if they believe them to be wrong and/or inconsistent with program values or policies.

Reporting alleged Academic Dishonesty: Faculty and students are asked to fill out an Academic Dishonesty Reporting form located on the EMS System website www.nwcemss.org under the Education tab/Paramedic Class and forward to the EMS Program LI to trigger an evaluation and response.

Reporting behaviors inconsistent with program values and/or policy:

Faculty and students are asked to fill out a **Behavioral Incident Reporting form** to trigger an evaluation and response. The form is also found on the System website in the same location as mentioned above.

Students or Faculty members may file a Request for Review, complaint, or grievance using the EMS G1 Grievance Recourse Step 1: Request for Clarification (RFC); complaint investigation policy.

An investigation will be conducted whenever a student or faculty member is alleged to have violated the Program Code of Conduct while on hospital premises or during an activity, function or event sponsored or supervised by the Program, Investigation findings will be documented and reported appropriately.

An investigation will also be conducted if alleged student or faculty misconduct off campus or on social media violates any law, rule or Program guideline.

A student or faculty member alleged to have demonstrated prohibited behavior that is unprofessional, unethical, inappropriate, or illegal may be suspended from Program participation pending an investigation.

DUE PROCESS RIGHTS are specified in System Policy G1 Grievance Recourse Step 1: Request for Clarification; Complaint Investigation and D1 Due Process: Corrective coaching/Disciplinary Action and the Harper College Catalog/Student handbook.

If the wrong doer is outside of the span of authority of the Program, EMS System, or College, the allegation, investigation and outcome determination shall be reported to the appropriate law enforcement agency or jurisdiction.

CORRECTIVE COACHING/Disciplinary Action

If allegations are sustained, the student or alleged wrong doer (if under the authority of the EMS System, the Program, or Harper College) will receive corrective coaching, penalties, or disciplinary action in compliance with College and Program policies that ensures conformity with laws, rules, policies, procedures, and guidelines while fulfilling our commitment to safety, wellbeing, fairness and a Just Culture.

Consequences shall be fair, impartial, just, proportionate to the offense, communicated privately, and in a timely manner. Corrective coaching is intended to be a positive, growth nurturing, non-punitive intervention that allows an individual time to correct an identified nonconformity. Verbal coaching, a verbal warning, a written warning/notice to remedy, and a final written warning, may precede suspension or separation from the Program. For more severe offenses, the process may begin with separation.

APPEAL POLICY: Students and faculty members have 24 hours from the time of an invoked disciplinary action to appeal that action. All appeals must be in writing (e-mail is acceptable) and addressed to the LI or Program Director in compliance with Policy D1.

RESTITUTION: If a student is found to have defaced or damaged hospital or another faculty or student's property, they will be assessed the cost for expenses incurred by the program or other parties resulting from their actions. Such reimbursement may take the form of monetary payment or appropriate service to repair or otherwise compensate for the damages. Restitution may be imposed on any student who alone, or through group activities, participates in causing the damages or costs to the program. The student will not graduate until full restitution has been made.

HEALTH CLEARANCE REQUIREMENTS and CRIMINAL BACKGROUND CHECK

We are committed to providing quality and safe education and patient care meeting all standards, which can be compromised if a student is experiencing a **health issue that is not appropriately addressed** or is an otherwise unqualified candidate for practicing as an EMS clinician.

“Health issue” means any physical, mental, or emotional condition, including alcohol or substance use disorder (SUD) and use of prescription medications that could adversely affect an individual's ability to practice safely and competently. It also includes a contagious disease which could compromise patient safety or jeopardize other health care workers (HCW).

In order to get **health clearance**, **students must complete all steps in the process** approved by Endeavor Health for non-employed staff as specified below:

1. Physical examination
2. Health insurance verification
3. Tuberculosis (TB) screen
4. DOT 5 panel drug screen
5. Documented immunity to communicable diseases or an approved waiver
6. Fit-testing for an N-95 respirator
7. Criminal background check

Confirmation of student status is contingent on submitting satisfactory proof of completion for each of the listed health clearance requirements plus results of a criminal background check that would allow PM licensure.

Hospital clinical rotations cannot begin and retention in class will not continue unless these requirements are completed and submitted on time.

Failure to comply with Endeavor Health requirements in a timely manner will result in withdrawal of student acceptance, denial of access to Campus and other Program clinical sites, and/or corrective action up to and including .separation from the Program.

Submitting documents:

Exam/test results will be sent to you personally and confidentially. YOU must submit the **actual test/exam results/documentation of completion** for each requirement (except the NCH background checks) to the EMS Office as stated below.

Submit documents (except for influenza vaccination) to Clinical Coord. by Sept 9, 2024. All will be reviewed and an approval determination made by the Clinical Coord.

1. PHYSICAL EXAMINATION

Endeavor Health, including all of its subsidiaries and entities, requires that a **physical examination** is performed prior to student engagement in class and the clinical units to ensure that they are fit to perform all essential job functions with or without reasonable accommodation.

The exam must be signed and dated by a qualified health care practitioner (PCP) within one year of class start date. Submit the Student Health Record form sent by NCH.

You may use the **NCH Outpatient Care Center located on the campus of Harper College** in The Foglia Foundation Health and Recreation Center. Services include an Immediate Care Center, NCH Medical Group Primary Care, Student Health Services, Lab Services, Physical Therapy, Physical Rehab, and Imaging, for all ages. Free parking is available next to the building.

Walk-ins are welcome at Immediate and Primary Care, Student Health Services and Laboratory Services.

LOCATION:

1200 West Algonquin Road; Building M
Palatine, IL 60067 847-618-0121

HOURS OF OPERATION

Mon - Sat: 7:00 am–5:00 pm

Walk-in hours: Mon – Sat: 8:00 am - 4:00 pm

You may have the physical exam, lab titers, and urine screen requirements, completed there or by your own health care provider.

2. INSURANCE VERIFICATION: HEALTH

- All students must submit proof of health insurance coverage that remains in full force and effect during their entire student tenure.
- Each student is responsible for obtaining medical care at their own expense or in keeping with existing insurance coverage for any illnesses or injuries sustained as a direct or indirect result of their affiliation with the program.

• **Insurance verification:** Insurance cards alone are not accepted as proof of insurance. **Acceptable forms of documentation:**

Must include: name of insurance company, your name as covered individual, current dates and terms of insurance coverage

- From the company's website: print page with your name verifying coverage
- Letter on employer letterhead, signed by the Chief/EMS CEO, verifying coverage
- Letter on insurance company letterhead verifying coverage
- Documentation of student insurance purchased through Harper Health Service

3. TB screen: No earlier than 90 day from program start date.

Baseline 2-step TB Skin test or IGRA blood test (QuantiFERON®–TB Gold Plus) and a TB risk assessment evaluation. (CDC recommendation)

After TB exposure without personal protection, students shall have a clinical assessment for symptoms and repeat TB testing with TST or IGRA if they have a prior history of negative TB testing.

4. DOT 5 panel Drug Screen:

The Joint Commission, Endeavor Health, including all of its subsidiaries and entities, and all Associate Hospitals require drug testing of students doing clinical time in any hospital and EMS agency in an effort to ensure a work place and workforce free of substance use. Under new Federal Rules (eff. 6-1-23), methods of testing may include urine and/or oral fluids depending on lab accessibility and certification. Students do not have the option to choose what testing methodology will be used.

MINIMUM REQUIREMENT: DOT 5 panel screen for cocaine, amphetamine/methamphetamine (meth, MDMA, MDA), opiates and opioids (heroin/6-AM, morphine, codeine, hydrocodone/hydromorphone, oxycodone/oxymorphone), phencyclidine (PCP), and THC (marijuana) **dated on or after Sept. 9, 2023.**

Students will be suspended and may be dismissed for failure to submit an approved drug screen that includes the 5 substances listed above on time OR tests positive for any federally designated drugs of abuse without Medical Review Officer (MRO) approval, OR who uses legal substances in a manner that results in impaired behavior during any activity associated with the program.

While recreational **cannabis** may be legal in Illinois, it **is listed as a Schedule 1 drug on a Federal basis.** The **drug screen must show negative results for THC** unless a medical marijuana prescription is submitted.

Options for compliance:

- Negative pre-employment drug test within one year of class that included at least the required DOT 5 panel results. Provide documentation of the test results from your EMS employer (Chief/EMS CEO).
- If you do not have a current (in last 12 mos) DOT 5 (7 or 10) panel drug test, at least a 5 panel test must be completed at NCH Occupation Health Services or a lab approved by your employer and the Program. There are fees for these services. You will need 2 forms of ID when submitting to these tests.

A positive drug screen may be grounds for dismissal from the program.

- Positive drug screen results are reviewed by a Medical Review Officer (MRO) at NCH who shall act as an independent and impartial advocate for the accuracy and integrity of the drug testing process. They shall determine if there is a legitimate medical explanation for laboratory confirmed positive, adulterated, substituted and/or invalid drug tests.
- A student will be given the opportunity to discuss with the MRO any prescription medications or other extenuating circumstances which may have prompted a non-negative result.
- The MRO may further investigate the student's claim by accessing the prescription database or asking to see the original prescription packaging, date of issue and dosing instructions.
- If the MRO finds the claim to be valid, the non-negative result will be changed to negative.
- The MRO makes the final determination to re-test the applicant. The NCH MRO may require the applicant to provide an additional sample with no advance notification. Applicants who fail to comply with re-testing requirements will no longer be considered an NCH student.
- The MRO will communicate results to the Designated Employer Representative (Program Director) who will discuss with the program Medical Director whether to retain or rescind the student's status.

5. Documented immunity to communicable diseases

Protecting the health and safety of patients, team members and communities remains a high priority. We continue to support system-wide, EB vaccination requirements for all who work at Endeavor Health, including physicians, supporting medical staff, employees, volunteers, students, faculty, preceptors, and non-employee team members.

The NCH PM Program complies with all current national, state, and Endeavor Health guidelines and requirements relative to health screening, use of PPE, distancing, hand hygiene and proof of immunity and/or vaccinations for HCW.

Endeavor Health requires measles, mumps, rubella (MMR), TDAP, Varicella (Chicken Pox), and seasonal influenza based on CDC recommendations unless the student and/or team member has an approved medical or religious exemption.

Medical and Religious Exemptions

Students who provide clinical care, treatment, or any other services to Endeavor Health and/or its patients on Campus or in any other of the Program clinical sites and who are eligible to be exempted from Endeavor Health vaccine requirements pursuant to a Medical or Religious Exemption request under Federal and State law **must submit a signed copy of the Non-Employee Vaccine Exemption Form** and follow the guidelines contained therein. Ask the Clinical Coord. for a copy of the form.

For requests that meet the criteria for a religious or medical exemption, reasonable accommodations will be granted where they do not cause Endeavor Health undue hardship or pose a direct threat to the health and safety of others based on an individual assessment including the student's role, workplace setting, and/or other appropriate factors.

Students with an approved exemption may be subject to additional safety precautions in order to protect patients or Team Members including:

- Screening/diagnostic testing
- Adherence to personal protective equipment (PPE) requirements
- Other measures as determined by the Program Medical Director and Infection Prevention authorities.

Required ACTIONS:

Obtain a copy of your immunization record. You may need to check with your primary care practitioner's (PCP) office.

- **Get blood drawn for Hepatitis B Surface Antibody titer and IgG titers for Mumps, Rubella, Rubeola (measles), and Varicella (chicken pox).** Titers are current if drawn up to one year before class starts.
- If blood titers show **insufficient immunity**, vaccinations (boosters) are required per CDC guidelines for HCW before any exposure to blood and/or hospital clinical rotations.
- If needed, **begin vaccine series as soon as possible. It can take months to complete some vaccine series. Start EARLY!**
- If you need both MMR and Varicella vaccines, they **must** be given at the same time.
- Hepatitis B immunization requires three doses of the vaccine. You will be advised by your provider regarding the timing of each dose. A blood titer to demonstrate immunity to Hepatitis B is **required** following completion of the immunization series.
- **Tetanus and diphtheria toxoids (Tdap).** All adults should have received an age-appropriate series of Tdap-containing vaccine and a routine booster dose every 10 years. Persons without documentation of having received a Td series should receive a 3-dose series. The first dose of the series should be administered as Tdap and the remaining series may be either Td or Tdap Current recommendations:
 - Decennial (every 10 yrs) Td booster doses
 - Tetanus prophylaxis when indicated for wound mgt
 - In persons who had previously received Tdap, and for multiple doses in the catch-up immunization schedule for persons aged ≥7 yrs with incomplete or unknown vaccination history.

2024 DUE DATE for seasonal flu vaccination:
November 10 unless hospitals require an earlier date for those they host for clinical rotations.

Required documentation: Submit the **Non-employee Vaccine Attestation Form**. The following is considered to be acceptable proof of vaccination status: the record of immunization from a healthcare provider or pharmacy; a copy of medical records documenting the vaccination; a copy of immunization records from public health, state, or tribal immunization information system, including I-CARE; or a copy of any other official documentation that contain the type of vaccine administered, date(s) of administration, and the name of the healthcare professional(s) or clinical site(s) administering the vaccine(s).

6. Fit Testing for an N95 Respirator

Per OSHA requirement, all students must be fit tested for an N95 respirator to participate in patient care settings; i.e. hospital clinical or field experiences.

It is the student's responsibility to pass a Fit Test with a model/brand as directed by the Program **Refer to instructions provided for the Fit Testing Process**.

Fit Test results are provided at the time of completion. The student must send a copy to the Clinical Coord. by the due date. Each student must keep a copy of the Fit Test results with them at all times during patient care rotations.

The Program will supply each student with standard size N95 respirators throughout the course unless an accommodation is granted for facial hair (see p. 18).

7. Criminal BACKGROUND CHECK:

Instructions for the background check process are provided to students via email: (Cost: \$41.00).

Under IDPH EMS Administrative Rules, students must undergo a criminal background check to ensure that they are legally eligible for paramedic licensure.

If you have undergone a background check as a condition of employment within the last 12 months that meets the requirements set forth by IDPH and NCH and you have no new convictions, **we will accept written verification on agency letterhead, signed by the Chief/ EMS CEO, attesting to satisfactory completion without a felony conviction that would prevent licensure.**

FELONY CONVICTION POLICY

The Illinois EMS Rules; Section 515.190 provides full details. Accepting individuals convicted of certain felony crimes into the PM program or allowing them to continue in the Program once a conviction has taken place or becomes known may present an unreasonable risk to public health and safety if such person has not offered proof of sufficient rehabilitation to warrant public trust.

IDPH will suspend, revoke, or refuse to issue or renew the license of any licensee after an opportunity for an impartial hearing before a neutral administrative law judge appointed

by the Director, where the preponderance of the evidence shows that the licensee has been convicted (or entered a plea of guilty or nolo-contendere) by a court of competent jurisdiction of a **Class X, Class 1, or Class 2 felony offense** in this State or an out-of-state equivalent (HB5183 Enrolled LRB096 16642 KTG 31923 b) Public Act 096-1469.

In deciding whether to issue any license to a person with a felony conviction under Section 3.50(d) of the Act, IDPH shall consider the degree to which the applicant's criminal history suggests that the applicant may present a risk to patients. Factors to be considered shall include, but not be limited to:

- 1) The length of time since the conviction and the severity of the penalty imposed;
- 2) Whether the conviction involved theft, deception or infliction of intentional, unjustified harm to others;
- 3) Whether there are repeat or multiple convictions or whether the convictions suggest a particular pattern of overall disregard for the safety or property of others;
- 4) Whether the conviction suggests a propensity that may pose a threat to the public in stressful situations commonly confronted by EMS providers and EMRs;
- 5) The degree to which the applicant provided full, complete and accurate information upon written request of the Department; and
- 6) Other unusual facts and circumstances that strongly suggest the applicant should not be granted a license.

Students who have been reviewed by IDPH in accordance with the EMS Rules and deemed to be ineligible for licensure shall not remain in the class.

Students shall report all new felony convictions after the index Background Check to the Program Director within seven days after conviction. Convictions will be reported to IDPH and be reviewed as specified in the EMS Rules.

Discretionary denial of student enrollment/retention based on other convictions: Enrollment, retention, and/or licensure of individuals convicted of other crimes including, but not limited to, **DUI** may be denied after consideration of the following:

- The seriousness of the crime and time elapsed since the crime was committed.
- Whether the crime relates directly to the scope of EMS service and the delivery of patient care.
- If the crime involved violence to, or abuse of, another person.
- Whether the crime involved a minor or a person of diminished capacity.
- Whether the applicant's actions and conduct since the crime occurred are consistent with the holding of a position of public trust.

STUDENTS with a COMMUNICABLE DISEASE

Students may not attend class if they have S&S of acute illness from a communicable disease and must follow all CDC, IDPH, ENDEAVOR HEALTH and program policies with respect to isolation and return to class guidelines.

Call Mike Gentile for a Zoom link to attend class remotely.

- If tested positive for COVID-19: isolate for five days and wear a mask through day 10
- If exposed and not ill: wear a mask for 10 full days when around others and test on day 6.

A student with a chronic infectious disease or is a carrier of an infectious disease may attend class and participate in program activities whenever, through reasonable accommodation, there is no significant risk of transmission of the disease to others and it would not place the health of the student or others at risk. The potential risk shall be evaluated on a case by case basis in accordance with Program policy and in concert with the Program MD.

Implications of long-term illness/class absence

A student may be denied admission to, or may be dismissed from, the course whenever a physical or mental health issue renders them unable to attend class for >3 full calendar days; disqualifies them from clinical duty, or makes it impossible for them to perform the essential functions of a paramedic. Each situation will be evaluated on a case by case basis.

FITNESS for DUTY

An **unscheduled fitness for duty assessment by a qualified healthcare practitioner** may be required at any time for cause by the Program MD (designee) if there is a reasonable belief that the student's physical, emotional, and/or psychological state may prevent them from functioning safely and competently without illness, injury, or impairment. It may include an appropriate battery of assessments and diagnostic tests to determine if a student can remain active in program activities without a direct threat to their own safety or the safety of others.

Any student with decisional capacity may dissent to a fitness for duty evaluation; but it is understood that **refusal to have one's physical and/or mental health evaluated for cause, means that you will forfeit your seat in the class**, as the health and safety of all participants is our prime concern and safety risks must be mitigated for all parties.

If the applicant initiates a legal proceeding involving drug screen records, they may be disclosed to the extent permitted by law and the hospital's Release of Patient Information Policy.

A student who has received a decree by a Circuit Court/ or an exam by a qualified practitioner establishing that they are **in need of physical or mental health or substance use disorder treatment** shall not attend class during treatment if unsafe to do so. That person may not return to class without findings by the Circuit Court or a fitness for duty attestation signed by a qualified physician and approved by the Program MD. Depending on the absence duration, the student may need to return the following year.

ACADEMIC CALENDAR: The schedule contains class dates, times, and assignments as currently known and is subject to change based on multiple variables, including Federal and State declared emergencies and Harper College and NCH policies. Refer frequently to the Program website: www.nwcmss.org for the most recent updates.

DESCRIPTIONS OF CORE CLASSES

See course syllabi for full details

EMS 210 - Paramedic Preparatory (fall semester)

Co-requisite: EMS 217 Hospital Internship

Introduces the roles and responsibilities of PMs and presents an overview of EMS System design and operations; medical oversight; medical-legal and ethical concepts; communication and documentation principles; life-span development; and safety and wellness of EMS personnel including donning, doffing, and disposal of PPE.

Content also includes general principles of pathophysiology; causes and fundamental mechanisms of diseases; fluids and electrolytes; acid/base imbalances; the body's defenses against disease; and the effects of hypoperfusion. Pharmacology is introduced and students must demonstrate competency in calculating and preparing exact drug dosages to be delivered and will give drugs via all routes included in the EMS Procedure Manual.

This module also includes introduction to respiratory A&P, airway adjuncts, use of oximetry, O₂ delivery devices and techniques for performing a physical examination.

EMS 211 - Paramedic Medical Emergencies I (fall)

Prerequisite: EMS 210 with a grade of "C" or better

Co-requisite: EMS 217 Hospital Internship (fall)

Students explore an in-depth study of acute and chronic disorders of the pulmonary and cardiovascular systems including ECG acquisition and interpretation and the EMS interventions indicated during cardiac and respiratory emergencies. In addition to usual performance standards, students must correctly interpret and intervene for lethal dysrhythmias without critical error.

EMS 212 - Paramedic Medical Emergencies II (spring)

Prerequisite: EMS 211 with a grade of "C" or better

Co-requisite: EMS 218 Hospital Internship (spring)

Key content includes A&P of the female reproductive system, gynecological emergencies, sexual assault, physiologic changes of pregnancy, emergency childbirth, complications of pregnancy and delivery, and care/resuscitation of a newborn.

Behavioral health emergencies (BHEs) are presented with an emphasis on patient and responder safety, general assessment of decisional capacity and risk; performing a differential diagnosis to consider medical and psychological causes of BHEs, providing appropriate EMS interventions and conditions under which sedation and monitoring and/or restraints may be indicated.

Further content introduces acute and chronic disorders of the endocrine, gastrointestinal, genitourinary, immune, neurologic, and hematopoietic systems and their emergency EMS management. Also presented are toxicology and substance use disorders, environmental emergencies, and infectious and communicable diseases.

EMS 213 - Paramedic Trauma / Special Patient Populations / EMS Ops (spring)

Prerequisite: EMS 212 with a grade of "C" or better

Co-requisite: EMS 218 Paramedic Hospital Internship

This module introduces the study of kinematics and the pathogenesis, S&S, and EMS Rx of common injuries to each body system.

Content also covers special patient populations, interpersonal violence, grief management, and those with special challenges. EMS response to home care and technology assisted patients is presented along with an introduction to common devices and appliances used or worn by these individuals.

It concludes with subject matter experts presenting concepts relative to Multiple Patient Management; gun safety, active assailant incidents, weapons of mass destruction and terrorism; rescue and ambulance operations, and response to hazardous materials incidents.

EMS 217 & 218 Paramedic Hospital Internship

Purpose: Clinical rotations at licensed healthcare facilities allow students to perform skills and apply concepts presented during class to actual patient situations in a controlled environment, under the direct supervision of an assigned preceptor.

IDPH requires a minimum of 200 hours of licensed healthcare facility-related clinical experience. In the NCH PM program, these hours are divided as follows as long student participation in a healthcare facility is allowed:

Hospital Clinical Rotations minimum requirements

Unit	Min Hours	Shifts
ED	136-144	17-18
Labor & Delivery	24	3
Operating Room (5 live ETIs)	8-16	1-2
Pediatric	16	2
Psych/Behavioral Health	8	1
Total	200	25

Students rotate through hospitals that belong to the NWC EMS System: Advocate Good Shepherd, Ascension Alexian Brothers, Ascension Resurrection, Ascension Saint Alexius, and NCH based on units and times available at that facility. They must complete at least 192 clinical hours prior to starting the field Capstone experience unless clinical unit availability has been severely limited and the remaining EMS 218 hours may be completed concurrently with the field experience. If clinical unit limitations occur, the Program has contingency plans for substituting hospital rotations with field experiences and approved simulations.

Students are expected to report to the assigned facility and unit on the right date and time, be duty ready, and actively engage in learning opportunities for the entire shift.

Students who complete the minimum hour requirements of EMS 217 and 218, may be required to do additional clinical time during EMS 215 or 216 if they require specific patient care contacts and/or need to gain additional competency. Time to complete EMS 218 after EMS 215 has started will

not be extended due to preventable student nonconformity in meeting Program requirements.

Failure to complete clinical requirements on time and in compliance with program standards without an approved extension will result in a failing grade for EMS 217 or 218 and separation from the program.

Clinical Instruction Plans: Each licensed healthcare facility unit has a fully executed plan agreement that lists student and preceptor objectives, expected performance outcomes, and a form on which to validate the learning experience. Students shall bring a copy of the unit instruction plan with them to the clinical experience in case there are questions regarding the expected student activities and authorized scope of practice.

Clinical Unit Scheduling:

- Open shifts depend on each facility's unit availability, class sequencing, and student preparation. Students will select their shifts during an in-class group process facilitated by the Clinical Coordinator. **After the selected shifts are approved by Clinical Coord., students will enter them into the Platinum Planner software. Exception:** OR rotations are prescheduled by the Program. Students must schedule their other clinical shifts around the assigned OR dates.
- When selecting clinical shifts, students **may not do more than a 40 hour instructional week** (class PLUS hospital clinical hours, Sun-Sat). **NO EXCEPTIONS.**
- **Maximum 12 hour class PLUS hospital clinical hours day.** Students may NOT do a double hospital clinical shift (two, 8 hour shifts sequentially). There must be at least 8 hours between clinical shifts or a hospital shift and return to class.
- Students must be willing to schedule themselves for day and pm shifts including weekends at all facilities to meet scheduling needs.

Rationale for timing of shifts: Research shows that having sufficient rest time between shifts helps healthcare workers recover from work. Shift work and fatigue can increase the risk of many diseases and increase the risk for errors. The increased risk is partially caused by insufficient recovery from work which interferes with the normal function of the autonomic nervous system regulating heart function and BP. HCW may have too little time for rest and recovery when there is less than 11 hours of rest between shifts.

Schedule changes: Once approved and confirmed with the host facilities, the Clinical Coordinator **will not change more than one clinical shift** per student except for cases of verified illness and/or extreme family emergency. **Students who request 3 or more shift changes for illness will require a physician's note or may be scheduled for a fitness for duty assessment.**

Students wishing to change assignments must find a trade with another student and notify the Clinical Coordinator.

Absences / Late arrival NOTIFICATIONS: If you experience an unforeseen emergency or acute illness and will miss or be late to an assigned clinical rotation, **you must notify the following in advance of the missed rotation:**

1. **Clinical unit nurse in charge.** Phone numbers for each unit are in the Clinical Unit Directory. PLUS
2. **Program Clinical Coordinator.** Call 847/ 618-4486 or send an e-mail to vtoliopoulos@nch.org by 6:30 am for a 7:00 am shift and by 2:30 pm for a 3:00 pm shift. If there is no answer, leave a message on voice mail. Provide the name and title of the person on the clinical unit to whom the absence/tardiness was reported.

Determination that a late start or absence is excused is at the sole discretion of the Program Clinical Coordinator.

Failure to report on time or at all to a clinical unit as scheduled without cause and advance notice (no call, no show) constitutes irresponsible behavior resulting in an **unexcused absence** pending an investigation.

If tardy and allowed to stay, the student must complete the full shift time. A missed shift must be made up at the convenience of the host hospital.

After one unexcused absence, the student will be placed on academic probation. **Two late arrivals and/or unexcused absences** will require a meeting with the Clinical Coordinator, notification of the LI and Program Director, and may result in disciplinary action. **Proof of illness may be required to affirm an excused absence.**

A student who goes to the wrong clinical unit, or to the assigned unit on the wrong day or time, will be sent home and must be rescheduled. This will constitute an **unexcused absence**. The student is responsible for notifying the Clinical Coord of their error immediately.

Leaving early: Students may NOT leave a clinical unit before shift end unless approved **in advance** by the Clinical Coordinator. Leaving early without permission is considered unprofessional conduct and will trigger corrective coaching/disciplinary action.

Unprofessional conduct: Confirmation that a student exceeded acceptable times in non-pt care activities, was not actively engaged in pt care activities, or violated the Code of Conduct will trigger the program's corrective coaching/disciplinary action policy.

Unit evaluations/LMS entries:

READ CAREFULLY

Clinical Activity Performance Records for each unit must be a complete reflection of the patient care contacts, assessments and skills performed by the student, **verified and signed by the preceptor(s)** who observed the student's performance (may need more than one signature if observed across shifts); and submitted to the Clin Coord **electronically** *within one week of the rotation.*

Learning Management System (Platinum Planner) Entries: Students must enter all patient care contacts, assessments, and skills performed into Platinum **within**

one week of completing the rotation. The number and nature of patient contacts, assessment findings, and interventions logged must match the Unit Clinical Activity Performance Record form exactly.

If clinical paperwork is incomplete or late and/or LMS entries are late w/out an approved extension, or cannot be substantiated by the Clinical Activity Performance Form, that shift will not count toward meeting graduation requirements and must be repeated.

If a student is required to repeat more than one clinical shift due to late paperwork or Platinum entries, a meeting will be held with the LI and Clinical Coordinator and may be grounds for a Written Warning and/or recommendation of dismissal for failure to achieve clinical objectives.

EMS 215 - Paramedic Field Experiences

Field experience (team member and Capstone) information will be provided closer to the scheduled onset.

Goals of field experiences:

- To integrate theory into real-world practice under the direct supervision of an approved field preceptor or qualified partner as approved by the Program.
- To develop contextual, integrative, and adaptive competencies using higher order critical thinking skills.

PRECEPTOR APPROVAL

Field Preceptor applications and agreements must be submitted by the EMS Agency and approved per System Policy P-1 by **2/14/2025**. If not approved by that date, the student and the EMS Provider agency will receive a reminder notice of non-compliance.

A primary preceptor cannot be assigned to more than one student at a time.

Field experience phases:

Phase 1: Team member: Student performs as directed.

Phase 2: Capstone - Team Leader: This is the portion of the field experience required and approved by CoAEMSP for portfolio completion.

Participants are required by IDPH to complete a minimum of 300 hours but usually exceed this as there are typically over 25 shift days within the scheduled field experience time (CoAEMSP recommends far more hours).

In addition to time minimums, all participants must complete the competency and patient care contact requirements specified by the Program.

Additional time is allowed for face to face phase meetings that must include the student, the preceptor who provided oversight for the majority of the calls, and the hospital EMSC/educator facilitating the experience.

EMS 215 may not conclude sooner than the 3rd Friday of May. Time may be extended based on student progress and/or program modifications.

PATIENT CARE CONTACTS and skill competencies:

The minimum number of required patient contacts and skill revolutions are published following Advisory Committee endorsement and Program MD approval in early September. The specifics of these requirements and the process of satisfying the **Student Minimum Competency (SMC) Matrix Criteria** are provided to each student.

Insurance-LIABILITY: Endeavor Health maintains professional liability insurance in the amount of \$1 Million/\$3 Million per occurrence, and general liability insurance subject to a \$3 Million deductible, through a program of self-insurance.

This provides General Liability and Professional Liability coverage for NCH EMS Students participating in the NCH Emergency Medical Technician (EMT) and Paramedic Programs for the 2024-25 classes commencing in August and ending in June of 2025.

Coverage applies only to liability arising from students' participation in the NCH Training Programs and while doing clinical time in hospital units and during their field experiences riding with NWC EMS Agencies. Host Villages, officials, employees and volunteers are covered as additional insureds with respect to liability arising out of preceptor services, the Training Program, the Training Services or the Field internships performed by or on behalf of the NCH, including its Students and preceptors, as well as equipment procured, owned, leased, hired or borrowed by the NCH in the Training Program.

EMS 216 - Paramedic Seminar (summer semester)

This course requires separate registration and payment. Seminar hours provide an opportunity for intellectual engagement and allow students to integrate and apply principles in the cognitive, psychomotor, and affective domains at the highest levels of learning. The seminar approach is designed to prepare students for the course summative assessments and the NREMT exam.

ASSESSMENT and EVALUATION

Students are assessed and evaluated on their achievement of cognitive (knowledge), psychomotor (skills) and affective (attitudes/professional characteristics) objectives during each component of the course.

Students evaluate the faculty, preceptors, or any other title associated with the individual responsible for the supervision and/or assessment of the student. All must demonstrate competency in their roles as measured by student evaluations and educational outcomes. In addition, they evaluate hospital clinical experiences, the course, and program resources.

Program evaluation is a continuing and systematic process in consultation with the Advisory Committee, employers, faculty, preceptors, students and graduates.

Outcomes assessments include but are not limited to: exit point completion, graduate and employer satisfaction, job placement, and licensing examination results.

Students are expected to complete and submit evaluations on time as an important measure of quality assessment and performance improvement. Evaluations may be requested throughout the course and up to six months post-graduation in conformity with CoAEMSP requirements. Compliance with this responsibility is a requirement of class citizenship.

MEASUREMENTS OF OBJECTIVE ACHIEVEMENT

Achievement of cognitive objectives is assessed via homework, class discussions, white board exercises, polling/gaming questions, projects, quizzes, written exams and tabletop simulations. Psychomotor and affective objectives are measured by simulations, scenarios, practical exams, and direct observation.

- **Quizzes:** Weekly formative assessments are constructed as questions that mirror the NREMT exam, i.e. multiple choice items that include multiple response formats, clinical judgement scenarios, graphical, drag-and-drop, build list, options box. Quizzes are rigorous and blueprinted to critical objectives from the preceding week. Blueprints are provided to students in advance of the exam (*refer to Assignment section for Blue Print Reviews*).
- **Cognitive (Written) exams** at the end of EMS 210, 211, 212, 213 each consist of 150 NREMT style questions. Starting with EMS 211, written exams also include a timed ECG rhythm strip test. The same Blue Print model is followed as with quizzes (see above).
- **Psychomotor (Practical) exams** at the end of EMS 210, 211, 212, and 213 assess competency in performing skills as listed on the class academic calendar. Students have access to all skill sheets in advance and prepare for testing in labs.
- **Final Cognitive exam:** Consists of 150 multiple-choice questions that are a summative assessment of cognitive objectives across the whole course plus a timed ECG test.

Academic Honor Code | Testing Policies:

Students are held to a strict code of academic honesty as defined in this handbook and on the cover of each exam. Personal items and all electronic devices (turned off) must be put away during testing.

The instructor reserves the right to ask students to remove articles of clothing that are bulky and could contain or cover contraband items during the exam.

Students are expected to take quizzes and exams on the original dates, times, and locations offered unless an emergency exception has been requested and granted in advance. No last minute tardiness or absence will be excused for a modular or final exam unless a compelling emergency has occurred. If a late arrival or impending absence is known in advance, call the LI and leave a message or send an email/text to document your attempt to notify us.

Students are allowed one minute/question when taking written quizzes and exams unless an ADA accommodation for additional time has been granted in advance per policy. Students must demonstrate good time management skills and complete exams within the allotted times.

If a student has an unexcused late arrival to a quiz or exam (no call, no show, no excuse), they may not be permitted entry after the exam booklets have been distributed and a zero may be given (faculty discretion). If the student is permitted entry and is able to take the exam, they will only have the remaining exam time to complete all questions.

If refused admittance due to an unexcused tardiness, the student must take the exam on the original day of testing at the convenience of the Course LI. No make-up quizzes shall be given during class time.

Make-up exams on an alternate date will only be given for extreme extenuating circumstances based on educator discretion. The student will be required to provide evidence to verify illness or emergency causation of absence.

A second lateness or absence for a quiz/exam will result in a meeting with the Program Director and will trigger the Progressive Discipline process.

All practical exam make ups will require a fee of \$50/hr or portion of an hr for a preceptor if needed.

GRADING | REMEDIATION | RE-TEST Policies

Formative Written Exam (Quiz) Policy

Each quiz must be completed with a minimum score of 80% or above to pass.

Root cause analysis: If a quiz is failed, (below 80%), a documented meeting/discussion will be had with the student and Lead Instructor to target a root cause analysis. Factors to be reviewed include, but not limited to: homework compliance, blue print review guides, study time and habits, class attendance/participation, test-taking strategies, and outside/personal factors. Determinations made during this meeting may trigger further actions, academic guidance or support.

Quiz remediation: The student will be provided with a Blue Print Analysis, which will highlight specific content where knowledge gaps occurred. The student is expected to use this analysis to guide their independent review in preparation for the re-test.

Quiz re-test: Students with a **quiz score below 80% will have one opportunity to re-test with a passing score (ideally within 24-72 hours.)** The specific time of re-test may vary based on schedule, availability and student remediation needs. The specific date, time and location for a re-test will ultimately be determined by the Lead Instructor.

The re-test issued will be the same version of the quiz that was failed. Students are **not allowed** to keep or review the quiz booklet/questions prior to re-testing.

Affiliated students: In the event of a failed quiz (< 80%), the program may also inform the EMS Chief of the student's

agency (if documented consent is on file with the student).

Cumulative quiz average during each module must be 80% or above for the student to be eligible to take the Modular written and practical exams.

- If necessary, students may use two quiz re-test scores (max score 80%) in place of their two lowest quiz scores during EMS 210, 211, 212 and 213. For all other quizzes, the original score's (passed or failed) will be retained in the gradebook and factored into the accumulative average.

Exit interviews will be conducted with intention to **release the student from the program** when:

- The student fails the re-test of the same quiz (two consecutive scores below an 80%)
- The student fails to achieve an accumulative quiz average of 80% for each module

Exit interviews are to be conducted with the student and LI. A representative of the employing EMS agency (if applicable), the Program Director and Program MD will be invited to attend.

Summative Written (Mod) Exam Policy

Each modular written exam must be completed with a minimum score of 80% or above to pass.

Students who score between 75%-80% on the first attempt on a modular exam will have one opportunity to retake the exam within 24-72 hours. A student is not allowed to fail more than two mod exams on their first attempt through EMS 210, 211, 212, and 213.

The student will be provided with a blue print analysis. The re-test issued will be the same version of the exam that was failed. Students are not allowed to keep or review the mod exam booklet/questions prior to re-testing. The highest score awarded for a re-test is 80%.

Exit interviews will be conducted with intention to **release the student from the program** when:

- The student fails the re-test of the same mod exam (two consecutive scores below an 80%)
- The student fails the first attempt below a 75%
- The student fails 3 mod exams on the first attempt within EMS 210, 211, 212 and 213.

Exit interviews are to be conducted with the student and LI. A representative of the employing EMS agency (if applicable), the Program Director and Program MD will be invited to attend.

Final Written Exam (EMS 216) Policy

The final written exam for EMS 216 must be completed with a minimum score of 80% or above to pass.

Students who score between 75%-80% on the first attempt on the final written exam will have one opportunity to **retake a different exam (version B) within 24-72 hours**. The re-test exam will adhere to the original blue print objectives.

The student will be provided with a blue print analysis for the first version that was failed, but students are not allowed to keep or review the original final exam.

Exit interviews will be conducted with intention to **release the student from the program** when:

- The student fails the re-test of final written exam (version B)
- The student fails the first attempt below a 75%

ECG Exam Policy

Students must score a minimum of 80% and correctly identify potentially lethal rhythms to pass. Failure of an ECG exam (below 80%) by # of rhythms missed or failure to correctly identify lethal rhythms (VT, VF, asystole, IVR, AIVR, or 3° AVB) requires re-testing within 24-72 hours of the failed attempt. Students are given a total of 2 attempts to pass a module's strip test. The highest score recorded for a re-test is 80%. Each re-test issued will be a different version.

Exit interviews will be conducted with intention to **release the student from the program** when the student fails the re-test of an ECG exam (version B).

Grade point averages:	% of GPA
Quiz/project average	70% (60% if ECG test given)
Modular exam	30%
ECG exam (211, 212, 213)	10%
Grade for EMS 216:	
ECG exam	20%
Final Written exam	80%
Grading Scale	
	94-100 A
	87-93 B
Passing score	80-86 C
No credit awarded	75-79 D
	< 75 F

Modular Practical Exams: Scored as pass/fail based on evaluation instruments that list all critical steps to be performed. Students must demonstrate all key steps with correct technique, in reasonable sequence and time without use of a skill sheet and no critical errors to pass. A student is allowed to re-test a maximum of 2 practical stations per mod exam.

Practical exam grades are not averaged into the cumulative GPA, however, students must pass all psychomotor competency measures at the time of testing to continue in the course.

Exit interviews will be conducted with intention to **release the student from the program** when:

- The student fails three or more stations on the first attempt during one modular practical exam
- Fails one re-rest (double fail) of any station

Clinical & Field Internship Grades: EMS 215, 217 & 218 are recorded as Pass/Fail based on whether the student has completed all requirements and met all objectives. Clinical grades ARE NOT averaged into the cumulative GPA; however, students must successfully complete all requirements and enter patient contacts and skills performed into the electronic tracking software in a correct and timely manner as defined previously to pass.

Affective Objectives:

On-going, affective evaluations must be done that assess student behaviors for all learning settings (didactic, laboratory, clinical, and field). These affective evaluations are in addition to the required summative, comprehensive affective evaluation at the end of the program (CoA).

Students are given the affective evaluation instruments against which they are graded. Allegations of inappropriate attitudes and/or behavior(s) shall be investigated and action taken per the Program's Corrective Coaching/Progressive Discipline plan. If maladaptive behavior persists despite remediation (willful defiance), a meeting will be held with the Program Director and Program MD to determine further action which may include termination from the program.

COURSE COMPLETION CRITERIA

The program must document that each student has demonstrated **terminal competency** as an entry level paramedic in all three learning domains in order to pass.

Determination of terminal competence is a joint responsibility of the Program Director, LI, Lab and Clinical Coordinator, Field preceptors/partners, assigned Hospital EMSC/educator, and the Program MD. Students will only graduate and be recommended to take the NREMT exam as a prerequisite to Illinois licensure if all of these requirements are complete:

- **All courses passed** (EMS 210, 211, 212, 213, 217, 218, 215, and 216); paperwork submitted and approved
- **SMC complete:** All patient care contacts and skill competencies are met, entered into Platinum Planner, and approval by the Clinical Coordinator
- All assignments are turned in and accepted
- All fees are paid
- Primary instructional goal and objectives are achieved

PARAMEDIC LICENSURE EXAMS

At the present time, all PM graduates in Illinois must take and pass the National Registry's Cognitive exam as their path to licensure. **Fee per attempt: \$175.**

Instructions for NREMT testing and Illinois licensure will be provided closer to the dates of testing.

Passing the NREMT exam does NOT confer PM licensure. EMS Systems must recommend licensure, the individual must pay a license fee; and then IDPH will award a PM license.

ATTENDANCE and ABSENCES

Students are expected to attend every class, lab, quiz, exam, clinical rotation, and field internship shift as scheduled and to be on time and duty ready unless they have given PRIOR notice and have received an excused late arrival or absence. Good time management is critical for an EMS professional.

Absences make it difficult for the student to adequately learn essential concepts. If any portion of class is missed, mandatory components must be made up.

If a student needs to miss face to face (F2F) instruction due to illness, a family emergency, or pre-excused absence and their situation allows, they should attend class virtually. If they cannot participate concurrently online, a makeup plan will be crafted that the student must complete by specified dates. If a student completely misses the equivalent of three or more full class days, is tardy three or more times, or fails to complete makeup assignments, they will be subject to a performance review which may include dismissal from the program.

ON TIME means being in place and duty ready at least 15 minutes prior to the declared start of class, lab, or clinical assignment so that instructions/report are heard and the student can participate in any advance class/shift activities. On class days, students must sign in on the attendance roster before 0845 and before the afternoon session resumes. The attendance sheets will be collected after that time and all those who have not signed will be marked tardy unless they have notified the LI in advance.

Late Arrival: Highly unusual or extenuating circumstances occasionally cause a student to be late without appropriate notice or justification. A trend of arriving after the posted start or return times, without prior notice and reasonable justification, is considered unprofessional conduct. See below for consequences of late arrivals.

Providing Notice: Inform the LI in advance via email or phone call regarding the nature of your emergency if you are going to be late or absent from a class. The LI will determine if a tardy arrival or absence is excused.

Preventable reasons for lateness such as oversleeping, usual traffic congestion, etc. **will not be considered excused** unless grossly extenuating circumstances apply.

Unexcused lateness/absences: Any late arrival/absence without prior notice and/or reasonable justification shall be considered unexcused, noted in the student record, and will trigger corrective coaching that may involve written warnings or notice of termination depending on the findings of a root cause analysis.

BEHAVIOR and LANGUAGE: Students are expected to behave and speak in a professional manner and refrain from using profane or defamatory speech at all times during any program function, class or clinical assignment.

Guests, faculty, peers, and patients are to be treated with civility and respect. Inappropriate speech will require an immediate public apology and will trigger a performance review.

GENERAL COURSE POLICIES

CAFETERIA: The cafeteria is located on the first floor of the main hospital building. Students must wear their ID badge per NCH policy at all times when in the hospital. Their badge will allow food purchases at the discounted employee rate. If NCH has imposed physical distancing requirements, students must comply.

CONSENTS and AGREEMENTS

All signed agreements will remain in the student's file as a permanent part of their record.

Learning Contract

Following orientation, each student will sign a Student Agreement. Their initials and original **signature** on this agreement acknowledge that they have received, read, understand, and agree to comply with the expectations specified in the NCH PM Program student policies and guidelines of Harper College. The terms of this agreement extend from their date of acceptance to graduation.

Release of Academic Information

Under the provisions of The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) (See appendix to this handbook), students and specified parties within the law always have access to their records, but employers and family members do not (even if they are paying the tuition) unless the student signs a release of academic information form.

FERPA allows schools to disclose student records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):

- School officials with legitimate educational interest (demonstrable need to know by any staff member in terms of his or her assigned duties);
- Other schools to which a student is transferring;
- Specified officials for audit or evaluation purposes;
- Appropriate parties in connection with financial aid to a student;
- Organizations conducting certain studies for or on behalf of the school;
- Accrediting organizations;
- To comply with a judicial order or lawfully issued subpoena;
- Appropriate officials in cases of health and safety emergencies; and
- State and local authorities, within a juvenile justice system, pursuant to specific State law.

Consent & Release for Invasive Procedures

The learning process within a PM's scope of practice requires manikin and live person practice and competency assessment of invasive skills prior to performing them on patients. Students shall sign a consent and release form attesting that they understand that there will be practical labs in which they will first demonstrate competence in performing IV access, IM and SUBQ injections, and blood glucose testing on a manikin and then on their peers and their peers shall perform these skills on them using sterile equipment and under the direct supervision of a qualified preceptor.

Photo Consent and Release Statement

Students will be asked to declare their consent and release to authorize NCH acting through its agents, employees, or representatives, to take photographs, video recordings, and/or audio recordings of them including their name, image, likeness, their performance during class activities, their property as brought to class or used in class activities, and/or their voice ("Recordings") during course activities obtained while a student in the NCH PM Program.

Emergency Preparedness Exercise

These exercises are required of hospitals by the Joint Commission. Students are asked to participate as simulated patients in these exercises and will need to sign a consent and release form acknowledging that they may have moulage applied to them to simulate injuries. It also includes statements relative to their clothing and transport and physical eligibility to participate in such an exercise.

COUNSELING

Counseling includes, but is not limited to, exchange of information between program personnel and a student providing academically related coaching or guidance for each of the three learning domains. Counseling will occur:

- Routinely during each academic semester as a status assessment of the student's progress and to discuss what must occur for future success
- As part of due process for disciplinary proceeding
- To explore academic deficiencies and the path for improvement
- As issues are identified that interfere with the teaching/learning process

Counseling documentation shall include at a minimum:

- The date and reason for the counseling session
- Essential points of discussion, corrective action, and the timeline for that action
- Decision(s) as a result of the counseling
- Signature of the person doing the counseling
- A student statement/response to the counseling
- Student signature acknowledging receipt of the counseling.

DRESS and DECORUM GUIDELINES

The professional appearance and conduct of our students are important contributors to the healthcare experience for patients, their families and members of the public in clinical

and nonclinical areas. Dress and decorum guidelines help to ensure that patients feel welcome, respected, comfortable and safe. Students are expected to project a professional appearance and demeanor at all times. It is important that they dress in a professional and modest manner consistent with the expectations of the Program, hospitals, and Provider agencies.

System Providers voted that all students must attend class, hospital clinical rotations, and field experiences **in the program-designated uniforms** unless the clinical unit requires scrubs such as Surgical or OB Services or an alternate form of dress has been approved in advance by the LI. They should be rapidly identifiable by all as PM students based on their appearance and photo IDs. Each student will embrace this role identity through conformity in their uniform/clothing.

Uniforms shall be clean, neat, in good repair and of appropriate size. Appropriate undergarments shall be worn at all times. If, in the opinion of the instructor, the standards for dress and personal appearance have not been met, a student may be denied entry to class and be given 15 minutes to correct the situation. If they are unable to return in compliance with policy within 15 minutes, they will receive an unexcused absence. Two or more violations of the dress and decorum policy is considered noncompliance with affective objectives and will be grounds for corrective action.

• **Shirts:**

EMS agency employees: May wear their duty uniform with agency logo prominently displayed. Uniform must have a collar. T-Shirts alone are not acceptable.

Unaffiliated students: Land's End Navy blue polo shirt with Endeavor Health Logo. Refer to the **ordering instructions** sent via email. Shirts worn unbuttoned, with the shirttail out, or with logos other than NCH or their Agency are not acceptable.

- **Pants:** Navy blue or black dress or uniform pant. Must be the appropriate length and size with finished hems that do not drag on the floor or ride down the hips/buttocks. This excludes agency approved shorts while in the classroom or hospital clinical units.

EXCEPTIONS: For special events or holidays, students may wear clothing or accessories appropriate for the observance as approved by the LI.

- **Shoes/boots:** Should be clean with laces tied; safe for the class/work environment, well-fitted, and professional in appearance (usually black). All shoes worn in the clinical units and field should be designed to provide stability and be slip resistant. Shoes protect students from exposure to hazards that might injure the foot. Students providing direct patient care are required to wear close-toed shoes. Flip-flops or sandals are not permitted in any classroom or patient care area.

- **ID BADGES:** NCH PM students must obtain a badge before the first day of class and be **worn at all times within NCH and clinical units** in a visible location above the mid-chest level over outer layers of clothing with student name and photo forward-facing. Do not place pins or stickers on the badge. They must be attached to a badge clip. Lanyards are not allowed for safety reasons and because they do not allow for correct badge positioning. **Instructions will be emailed regarding ID badges.**
- **Jewelry:** A watch with a second hand or device with a second counter must be brought to every class with a lab and each clinical shift. All other jewelry requirements must comply with the host hospital's requirements for their employees. Jewelry worn in the clinical units shall be small and non-dangling to avoid a safety and/or communicable disease hazard. Ear gauges shall be no larger than 10 mm. No visible body piercing jewelry beside the ears is acceptable.
- **Body art:** Tattoos are considered the same as speech and may be visible if the images or words do not convey violence, discrimination, profanity or sexually explicit content. Prohibited ink must be covered with clothing or cosmetics such as Dermablend® while engaged in student activities (hospital/field). NCH reserves the right to judge the appearance of visible tattoos as appropriate or inappropriate. None may be visible on the face.
- **Hats: No hats/caps with bills or brims or knit caps/hats may be worn in class or hospital clinical units.** Cultural and religious head coverings are acceptable with prior approval from the LI as long as they do not jeopardize student, peer, team, and/or patient safety. Medical head covers in the OR and OB units are acceptable.

HYGIENE: Students shall be clean and free of offensive body odors (tobacco products, alcohol, body or mouth odors). Use of **unscented** personal hygiene products and makeup is acceptable. Due to respiratory sensitivities, any fragrance that produces a scent strong enough to be perceived by others (perfumes, aftershave, lotions) are not to be worn to class or clinical units.

Chewing gum is prohibited in clinical units. If your living circumstances prevent access to showers or laundry facilities, please contact the LI.

- **Hair:** Shall be clean and worn in a culturally natural hairstyle that allows for the safe use of PPE including hair covers. Pull long hair or braids back from the face with clips, ties, or bands while providing pt care. It must not fall forward onto a pt or be easily grasped by a pt to prevent safety/infection transmission risks.
- **Facial hair** must be neatly groomed. Students with facial hair must be able to pass an OSHA-approved fit testing for an N95 mask unless the beard is grown based on sincerely held religious beliefs or is a common practice within their culture. Ensure that facial hair does not cross a filtering facepiece respirator's

mask's sealing surface in order to minimize leakage.

OSHA's requirements re: the respirator face seal and beards [29 CFR 1910.134(g)(1)(i)] states the following:

Facepiece seal protection: The employer shall not permit respirators with tight-fitting facepieces to be worn by employees who have

- (A) Facial hair that comes between the sealing surface of the facepiece and the face or that interferes with valve function; or
- (B) Any condition that interferes with the face-to-facepiece seal or valve function.

This applies to both negative and positive pressure respiratory protective devices that rely on the principle of forming a face to facepiece seal.

- Beard growth at points where the seal with the face and respirator occurs has been shown by numerous studies to prevent a good face seal. Thus an employer (Program) using a respirator to protect an employee (student) with a growth of beard where the seal is compromised by the beard growth is violating [29 CFR 1910.134(g)(1)(i)(A)].
- The OSHA standard **does allow beards** with the use of respirators that do not rely on a tight facepiece seal between the respirator inlet covering and the underlying skin (i.e., both loose fitting helmets and hoods [Powered Air-Purifying Respirator (PAPR)] are acceptable in this regard).
- The current 29 CFR 1910.134 respiratory protection standard requires that the respirator be certified by the National Institute for Occupational Safety and Health (NIOSH), be appropriate for the intended use, and provide adequate protection against hazardous exposure. The standard does not require the employer (program) to provide a more protective respirator if its use is not warranted by the hazardous exposure.
- **Fingernails:** Appropriate hand hygiene includes diligently cleaning and trimming fingernails, which may harbor dirt and germs and can contribute to the spread of some infections. Fingernails should be kept short (natural nail tips less than ¼ inch long) and the undersides should be cleaned frequently with soap and water when caring for patients. No artificial nails tips, wraps, appliqué, acrylics, gels or any additional items applied to the nail surface may be worn while in the clinical units or field experience (CDC). Polish, if worn, must be of good repair without cracks or chips.

EXPOSURE to Blood/Body Secretions:

If any student experiences a significant exposure event (see System policy I-2) immediately wash the area with soap and water or irrigate their eyes with water/saline.

Follow up based on location where exposure occurred:

Class activity at NCH: Immediately notify the class LI who shall follow NCH policy for an employee exposure. All students with a significant exposure shall be immediately seen by a medical professional.

Clinical rotation at NCH: Immediately notify the nurse preceptor and the PM Program Clinical Coordinator.

If exposure occurs Monday-Friday: 7:30 a.m. - 5:00 p.m., go to the Occupational and Employee Health Department.

Location: South Pavilion, 1st Floor, Pod E, near gift shop. **Phone:** 847-618-5150; **Fax:** 847-618-5159

If exposure occurs outside of those hours, go to the NCH emergency department

In all cases a Workplace incident report; BBP Report of Exposure, and Supervisor's Investigation form shall be generated in compliance with NCH policy. The Supervisor's report must be signed by the PM Program Director.

Facility other than NCH: Immediately report the exposure to the nurse preceptor, contact the PM Program Clinical Coordinator and your EMS employer's DICO (if applicable). You should be seen in the ED at the hospital where the exposure occurred for a determination of needed titers (source and student) and follow up.

Riding with an EMS Agency: Immediately report the exposure to your preceptor, the Agency's Provider EMS Coordinator, and Designated Infection Control Officer (DICO) plus the class Clinical Coordinator. Follow the DICO's instructions.

Outside of Class or Clinical Activities: Contact your primary care practitioner and provide the Class LI with your physician's recommendation for follow up.

FOOD in Classroom: Depending on the hospital policies, eating or drinking in the classroom is generally permitted. There is a small refrigerator and microwave oven in the classroom that is available for student use. Students are responsible for cleaning and disinfecting the food station area each day and removing all old food from the refrigerator. All food and beverage privileges will be revoked if classroom furnishings are soiled or damaged due to food or beverages and/or educators must clean up after class.

HARASSMENT: An unwelcome behavior that disturbs or irritates others and/or creates a hostile work environment. **Students have the right to a safe and secure campus environment and to be free from acts of intimidation, abuse, bullying, harassment, discrimination or hate violence.** Title IX requires institutions to protect all students, faculty, and staff from sex-based discrimination, including sexual harassment and sexual violence.

The U.S. Department of Education issued updated proposed Title IX regulations on June 23, 2022. When finalized, the new regulations will make sweeping changes to the current regulations' definitions of sexual harassment, scope of coverage and procedural requirements. Final rule is anticipated in Oct. 2023. The NCH PM Program shall update our policies and comply with the new regulations when they are adopted.

Sexual Harassment: Includes unwelcome conduct of a sexual nature. The conduct substantially interferes with an individual's performance or creates a hostile, intimidating, or offensive work (class) environment.

Examples of inappropriate conduct:

- Pressure for sexual favors or a date
- Deliberate touching, leaning over, or cornering someone

- Sexual looks, gestures, or whistling at someone
- Sexual teasing, jokes, remarks, or questions
- Actual or attempted rape or sexual assault
- Making phone calls of a sexual nature
- Turning work discussions to sexual topics
- Asking about sexual fantasies, preferences, history.
- Making sexual comments about a person's body, clothing, or looks
- Telling lies or spreading rumors about a person's sex life
- Touching another student's or faculty's clothing, hair, or body

Conduct online and through social media can constitute sexual harassment even when it occurs outside of work or class, off-site, or out of state. Using e-mails, texts, internet postings, online comments, blog posts and social media to send communications of a sexual nature is considered online sexual harassment. Ex: flirting or requests/demands for a date or sex, unwelcome sexual advances, cyber stalking, sending inappropriate or sexually graphic photos/videos; using sexual language or comments including sexually offensive language or other verbal or physical conduct of a sexual nature.

A hostile work (class) environment may occur when unwelcome sexual advances, requests for sexual favors, or any conduct of a sexual nature has the purpose or effect of substantially interfering with an individuals' work (school) performance or creating an intimidating, hostile, or offensive working environment.

Sexual Coercion

This is known as Quid Pro Quo Sexual Harassment: "You do something for me, and I'll do something for you."

Reporting an allegation of sexual harassment is a personal decision and options are not mutually exclusive. Pursue one or more of the following:

- Report to the PM Program LI or Program Director
- See Harper College reporting guidelines: https://www.harpercollege.edu/about/police/prevention/sexual_assault.php
- Call the Illinois Sexual Harassment & Discrimination Hotline
- File a charge with the IDHR

The Illinois Dept. of Human Rights (IDHR) is responsible for enforcing the Illinois Human Rights Act that makes it illegal to engage in sexual harassment or retaliation.

If you have experienced or witnessed unwelcome conduct of a sexual nature, call the **Illinois Sexual Harassment and Discrimination hotline** at **877-236-7703** Mon- Fri, 8:30 AM - 5:00 PM. Calls are confidential and anonymous. Call takers can offer reporting options and share info related to counseling, legal assistance, and FAQs.

Victims may file a charge any time within 300 days of the incident.

To file a charge, call or visit the IDHR online:

1-800-662-3942 | www.Illinois.gov/DHR

Diversity, equity, and belonging | Cultural competence and humility:

Means the ability to understand, communicate with, and effectively interact with people across cultures, ethnicities, gender identity, age, socioeconomic backgrounds, sexual orientation, disabilities, race, religions and sincerely held beliefs. This involves understanding and respecting each person's unique needs, values and preferences.

We are committed to providing an environment that actively welcomes all qualified students and provides equal and unbiased opportunities for them to succeed. **Students and faculty are expected to demonstrate cultural humility and competence without prejudice, discrimination, implicit or explicit bias, intimidation, or collusion while establishing strong cross-cultural relationships.**

Cultural Humility: A process of inquisitiveness, self-reflection, critiquing, and lifelong learning.

Cultural Competence: The ability of providers to effectively deliver health care services that meet the social, cultural, and linguistic needs of patients.

Prohibited behaviors:

Stereotyping: Fixed, overgeneralized, often unfair and untrue beliefs about an entire group or class of people or things with a particular characteristic.

Prejudice: Refers to a preconceived judgment or opinion. Often takes the form of ethnocentrism (the belief that one's group is superior to all others). May involve a tendency to see differences as weakness.

Discrimination: Unfair treatment of a person or group of people as a result of prejudice and/or bias. Discrimination is a violation of the inherent dignity of all persons.

Implicit or unconscious bias is when one's decisions are unconsciously influenced by pre-existing beliefs or social stereotypes about a certain groups of people.

Explicit bias is when one is aware of their pre-existing beliefs about a specific group of people and makes intentional decisions based on these beliefs.

Intimidation; Occurs when a person belittles, frightens, discourages or inhibits other people, especially those perceived as weaker.

Collusion: Form of exclusion. Involves cooperation with others, through which stereotypical attitudes, prevailing behaviors and/or norms are knowingly or unknowingly reinforced. Silence is the most common form of collusion.

All students and faculty are responsible for reporting allegations of abuse, discrimination, harassment, or harm to any person on the NCH campus or other Program sites to the LI. It is our policy to:

- Promptly report to appropriate persons and/or investigate any allegations of abuse or bias;
- Take steps to protect the safety of the person during the investigation;
- Protect the reporter from any retaliation; and
- Train all staff in the detection and reporting of such suspected behaviors.

INCLEMENT WEATHER

If class schedule or delivery needs to be altered due to inclement weather, the program will exercise flexibility based on the need to protect student safety.



The LI will decide to change class times or move to remote learning in consultation with the Program Director at least two hours before class start times. **Changes will be communicated to students by e-mail. Squad leaders shall ensure that all members have received class alerts.**

LICENSE / CERTIFICATION RENEWAL

Students must maintain an active EMT, AEMT, or EMT-I license and current AHA CPR card for Healthcare Provider until they gain PM licensure.

Didactic hours completed in the PM class will count toward CE requirements to renew EMT licenses.

Expiring EMT license: Contact the Program Director to renew

Expiring CPR card: Contact Pam Ross for options

PARKING:

At NCH, students must park in free surface parking in Lot 6 just south of the 901 building or the 5th floor of the Busse Center parking garage. **DO NOT park in the lower levels of the Busse Center. Those spaces are reserved for patients and your car may be towed at your expense.**

SMOKING AND TOBACCO USE:

NCH recognizes the negative effects of tobacco and nicotine use on our society and is committed to providing a healthy environment for our patients, employees, physicians, students, visitors and volunteers without the hazards of these products.

Tobacco-free campus. Use of all tobacco products is prohibited on the NCH campus including the hospital, adjacent grounds, parking lots, and Wellness Center.

Students may only smoke or use tobacco products in their own vehicles. Tobacco products include cigarettes, e-cigarettes, pipes, vaporizers, cigars, hookahs, or tobacco in any other form including smokeless tobacco which is any loose, cut, shredded, ground, powdered, compressed or leaf tobacco that is intended to be placed in the mouth without being smoked.

The Harper College Health and Psychological Services department and NCH both offer assistance to students who desire to quit smoking.

Violation of this policy constitutes grounds for dismissal from the program.

SOCIAL MEDIA

Social media can be a fun and rewarding way to share your life and opinions with others. Social media behavior has extensive protections under the First Amendment and the Program supports and defends those freedom of speech rights. However, protected speech does not mean that it has no consequences or may not carry an impact on yourself and others. Use of social media can present risks and carries with it certain legal and ethical responsibilities.

These guidelines have been established to assist you in making responsible decisions about use of social media while a student in the NCH PM program.

Social media includes all means of communicating or posting information or content of any sort on the Internet, including to your own or someone else's web log or blog, journal or diary, personal web site, social networking or affinity web site, web bulletin board or a chat room, whether or not associated or affiliated with NCH, as well as any other form of electronic communication.

Before creating online content, consider the risks and rewards that are involved. Courts have long held that when students are subject to school supervision, schools have a special interest in regulating student speech that materially disrupts classwork or involves substantial disorder or invasion of the rights of others. Thus, speech that causes substantial and material disruption on campus or to a Program-sponsored activity is not protected by the First Amendment and is subject to Program disciplinary action.

Students are not allowed to use any unauthorized personal electronic devices while class is in session **or when in patient care areas of clinical units**. Cell phones, pagers or other electronic devices used for messaging must be silenced and all electronic access and/or communication other than class-related content deferred until breaks unless an emergency exists.

If, on rare occasions an emergency requires an immediate response, the student shall exit the classroom to use the device.

Even if your social media activities take place outside of class, as your personal activities should, what you post can reflect on your professionalism and the program. Thus NCH reserves the right to monitor postings by students.

Be respectful

We ask that you always be fair, truthful, respectful and accountable when posting to social media. Avoid posting statements, photographs, video or audio feeds that reasonably could be viewed as malicious, obscene, threatening or intimidating, and/or that defames patients, peers, instructors, Program personnel or Harper College or that might constitute harassment or bullying.

Prohibited, Objectionable or Inflammatory Posts

Cyber-harassment, cyber-bullying, inciting others to imminent lawless action, and "true threats" are serious and are not constitutionally protected speech. The Program has the legal right to address these issues.

Inappropriate postings include, but are not limited to, discriminatory remarks, harassment, and threats of violence or inappropriate or unlawful conduct. Students shall not post anything that is false, misleading, profane, discriminatory, libelous, vulgar, unlawful, or is hateful or intended to inflict emotional harm on another person or entity. They shall not claim or imply that they are speaking on behalf of ENDEAVOR HEALTH, the EMS System, or Harper College.

It is not advisable for faculty or students to post photos or videos of students to their personal social media accounts without student permission.

The HIPAA Privacy Rule prohibits the disclosure of ePHI on social media networks without the express consent of patients. This includes any text about specific patients as well as images or videos that could result in a patient being identified.

The publication of an individual's private health information (PHI) could result in legal liability for you and the EMS program and will subject you to disciplinary action up to and including termination from the program.

TUITION AND FEES

Students must pay current Harper College tuition and fees within due dates set by the College. **All students employed by or riding with a NWC EMSS provider agency are eligible for in-district tuition.**

Tuition does not cover the cost of books, CPR card, health screening exams, immunizations, criminal background check, the NREMT exams, nor the initial Illinois State PM licensure fee.

Students whose tuition is being paid by their employer must provide 3rd party authorization forms to Harper College in a manner and by deadlines set by the College or they will be held personally accountable for Harper-generated tuition and fees.

Students who have not paid tuition or fees on time and have not made alternative arrangements with the College shall be dropped by Harper College from the class roster.

REFUND POLICY: See Harper College student handbook for their refund policy.

Retake fees: Students retaking the course or a portion of the course will be charged current tuition and fees unless compelling circumstances exist and alternate arrangements are made by the Program Director.

VETERAN'S BENEFITS

The program is approved by the Department of Veteran's Affairs for educational benefits via Harper College. Eligible veterans, dependents, reservists, and service members may be able to seek tuition reimbursement while they are in good standing in the program. If you think you may be eligible and would like to pursue these benefits, please contact Harper College.

WITHDRAWALS

Students may electively withdraw from the program at any time based on the need for extended leave or extenuating personal circumstances. They will be considered for readmittance on a case-by-case basis. Placement will depend on the student's previous performance and the point when they withdrew.

Students who withdraw after the regular registration period for each class must do so officially at Harper College by the appropriate deadline date. A student who does not withdraw officially prior to the last date for withdrawals is subject to an F grade and full tuition payment for that class. See the Harper College catalog for specific details.

RESOURCES FOR STUDENTS

Harper College makes a wide variety of resources available to all PM students. See the Harper College Catalog/Student Handbook for details relative to Student Development, Access and Disability Services (ADS), Health and Psychological Services and Wellness Programs; Student Activities, Fitness Center, Academic Support Services such as the Writing Center, and Resources for Learning Division; Library Services; and the computer lab.

Academic Support Centers

Success Services for Students is part of the Resources for Learning Division of Harper College. Referral to this Center may be a mandatory element of a PM student Individual Education Plan (IEP) if they demonstrate consistently poor performance and/or time management. Appointments may be scheduled at that office or by calling 847.925.6715.

Success Services for Students provides instruction for students wanting to improve their learning skills. One-hour sessions include *Study Skills, Test Taking Tips, Time Management, Reading Strategies, Test Anxiety, Memory, Concentration, Motivation, Note-taking Skills, Math Strategies, Accounting Tips, Economics Tips, Preparing for Finals, and Online Study Tips.*

Academic assistance: Individualized instruction is available to students from program faculty or learning coaches at the mutual convenience of both parties.

Writing Center: Provides several free services that are available to help students succeed. They can work in the open computer lab, consult with tutors on a walk-in basis about their papers in all academic areas, and make appointments with English tutors to discuss specific assignments and develop skills in writing, literacy, and critical thinking.

Referral to this Center may be a mandatory element of a student's Individual Education Plan (IEP) if they demonstrate consistently poor performance on written assignments.

Access services here:

<https://www.harpercollege.edu/academic-support/success/index.php>

STUDENTS with DISABILITIES Requests for Reasonable Accommodations

The PM Certificate Program asserts that all otherwise qualified students* should receive a fair and unbiased opportunity to participate in class and demonstrate their knowledge, skills, and affective abilities related to EMS practice in compliance with the Americans with Disabilities Act (ADA) and consistent with our mission, program standards, and duty to safeguard the public.

The Paramedic Certificate Program is a **LIMITED ENROLLMENT** course due to the special and very specific nature of EMS work and **limited accommodations are available to PM students** as they [must fully demonstrate the ability to perform competently in class and during all assessments and examinations](#)

[meeting the essential paramedic job functions listed in the NCH PM Program Student Handbook in the same manner as they would be expected to perform on duty in a hospital and/or at an EMS agency.](#)

*Only students with a diagnosed disability under the ADA (learning, ADHD, physical, psychological or other) who are otherwise qualified and able to competently perform all the essential functions of the paramedic profession and meet the eligibility requirements for PM licensure are eligible for accommodations.

The PM Certificate Program provides all instruction and administers all assessments and examinations in English only as we must ensure that graduates are able to function competently and communicate effectively as a PM within the general communities that we serve. We are unable to provide education in a student's primary language if an English language learner or for those with limited English proficiency.

See: <https://www.eeoc.gov/disability-discrimination>

A reasonable accommodation is any modification or adjustment to a job or the work environment that will enable a qualified applicant or employee with a diagnosed disability to participate in the application process or to perform essential job functions (defined in the Appendix) and as defined by the Americans with Disabilities Act (ADA).

Requesting an accommodation: If you have a diagnosed disability defined in the ADA; are able to meet the functional job description of a paramedic with the requested accommodation that would be available to you in the field/employment environment; and **are requesting that accommodation** during the program, you must **contact the Program Director** in sufficient time to consider and determine if the accommodation is reasonable and may be granted. No grades will be adjusted retroactively after the need for accommodation is revealed and considered.

Students may **contact Access and Disability Services (ADS) at Harper College** to discuss eligibility for possible accommodations generally, but the final decision as to whether an accommodation is reasonable and will be granted during the paramedic program rests with the PM Program Director and Medical Director.

Any student already connected with ADS shall provide the NCH Program Director with a copy of their approved Accommodation Plan to determine if it is applicable to, and reasonable to honor, during the PM Certificate Program.

Harper College Access & Disability Services (ADS)

1200 West Algonquin Road; Building D, room D119
Palatine, Illinois 60067
847.925.6266 Phone 847.925.6267 Fax
ads@harpercollege.edu

The PM Program Director will review each request on an individual basis and make decisions based on the following:

- The student must present adequate documentation demonstrating that their diagnosed condition substantially limits one or more major life activities.

- Only students with disabilities who, with or without reasonable accommodations, meet the eligibility requirements for PM licensure are eligible for accommodations.
- Requested accommodations must be reasonable and appropriate for the documented disability and must **not** fundamentally alter the program's course of instruction or standards, or the ability to assess the student's ability to competently perform the essential job functions of a paramedic.

- All documentation submitted in support of a requested accommodation will be kept in confidence and will be disclosed to NCH staff and consultants only to the extent necessary to evaluate and implement the accommodation. No information concerning an accommodation request will be released to third parties without written permission from the student.

NCH reserves the right to request additional information or documentation at any time from a student requesting accommodations.

If you believe that you have been unfairly or improperly treated due to a disability, you may contact the Harper College Campus Section 504/ADA Compliance Officer. The process, steps, and timelines to follow for filing a grievance are set forth in the Harper College Grievance Policies available on line:
<http://goforward.harpercollege.edu/services/ads/policies.php>

DISCLAIMER

The NWC EMSS reserves the right to change requirements, curriculum, and class policies as the educational, legal, regulatory, State policy, or healthcare environments change and as deemed necessary by the NCH Program Director or Program MD.

NCH FACULTY and STAFF Contact Information

The program operates under the authority of **Matthew T. Jordan, M.D. FACEP**, Program Medical Director.

Program Director:	Kourtney Chesney kchesney@nch.org 847-618-4488
Lead Instructor:	Mike Gentile mgentile@nch.org 847-618-4490
Lab/Clinical Coordinator:	847-618-4486
Secretary: Pamela Ross PRoss@nch.org	847-618-4482

For additional staff names and EMS agency contact information, see the **Program Organizational Chart** (attached) and the **EMS System Directory** posted on the NWC EMSS website under the About Us tab.



https://www.sparkacademynh.org/students/student_services/social_emotional_support

- Professionals conducting assessments, rendering diagnoses of specific disabilities and/or making recommendations for accommodations must be qualified to do so. Documentation must include a comprehensive evaluation with objective evidence demonstrating the existence of a disability. The name, title and professional credentials of the qualified professional must be clearly stated in the documentation. Documentation must be submitted on official letterhead, typed, dated, and signed. The professional diagnosis must include:
 - A professionally recognized diagnosis of the candidate's disability (pursuant to the Diagnostic and Statistical Manual of Mental Disorders (DSM V: revised)) by an appropriately qualified expert with copies of and reported scores from professionally recognized diagnostic tests, where applicable.
 - Documentation that clearly identifies the nature and extent of the functional limitations that exist as a result of the diagnosed disability.
 - Sufficient evidence to demonstrate that the functional limitation substantially limits the individual in performing one or more major life activity.
 - Specific information about the significance of the impact the disability has on the candidate in the learning and measurement environments.
 - Specific recommendations for accommodations.
 - An explanation of why each accommodation is recommended and why it is necessary to alleviate the impact of the disability in taking the learning and measurement environments.

All classes are conducted at:

Endeavor Health Northwest Community Hospital
800 W. Central
Arlington Heights, Illinois 60005

Classrooms: Learning Center (B1 Level Busse Center)

EMS offices – located in the 901 Kirchoff

Behavioral Health Center 1st floor

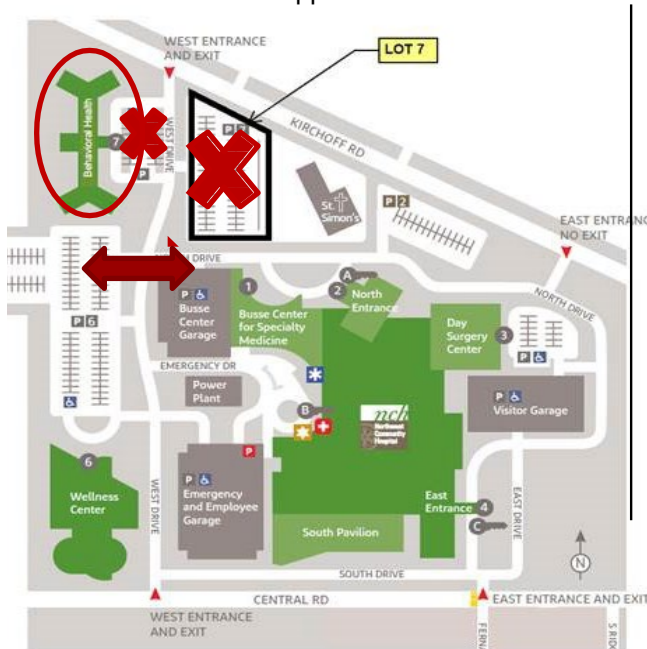
Office hours: M-F 8:00 am –4:30 pm

Paperwork for the program may be dropped off in wall-mounted mailboxes outside of the EMS secretary's Office in the 1st floor lobby of the Kirchoff Center building.

The Behavioral Health Center is locked to visitors at 4:30 PM. Security guards are on duty, and generally present at the front desk 24/7 and may allow students access to the above mentioned mail boxes. Show your student ID badge to allow entry to the building.

WEBSITE: www.nwcemss.org

Parking is free in Lot 6 just to the South of the Behavioral Health Center and in the upper levels of the Busse Center



The Family Educational Rights and Privacy Act (FERPA)

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

The Act establishes the rights of students to inspect and review their education record; provides that personally identifiable information will not, with certain exceptions, be disclosed without the student's permission; provides for guidelines for the correction of inaccurate or misleading data through informal or formal hearings; grants the right to file complaints with the Family Educational Rights and Privacy Act office concerning alleged failures by the institution to comply with the Act, and makes provision for notice to the students concerning their rights.

FERPA allows schools to disclose student records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):

- School officials with legitimate educational interest (demonstrable need to know by any staff member in terms of his or her assigned duties);
- Other schools to which a student is transferring;
- Specified officials for audit or evaluation purposes;
- Appropriate parties in connection with financial aid to a student;
- Organizations conducting certain studies for or on behalf of the school;
- Accrediting organizations;
- To comply with a judicial order or lawfully issued subpoena;
- Appropriate officials in cases of health and safety emergencies; and
- State and local authorities, within a juvenile justice system, pursuant to specific State law.

Records kept by the NCH that are accessible to the student:

RECORDS ON FILE	PURPOSE OF RECORDS
Application	Placement
EMT Transcripts	Advisement
Admission test scores	Determine placement
Grades	Measurement of objective achievement
Correspondence	Anecdotal notes used to document performance and validate trends
Disclosure records	Record of disclosure of personally identifiable information; advisement
Fact sheet	Demographic information for records
Scores: written & practical	Measuring performance and identifying future learning needs
Immunization records	Health counseling; risk assessment
Physical examination	Fitness for duty on clinical and field units
Student grievance	Official record
Disciplinary record	Official record
Evaluations	Counseling and evaluation
Financial data	Billing and collection
Records, exclusive of Federal and State Codes listed below**	Safety and security of students

* Students who wish to determine the general content of their record may make an appointment with the Course Coordinator to secure this information.

** The basis for this policy is the Ill Rev Statute, Ill Juvenile Court Act - Chapter 37, Article 2, Section 702-8(3). Ill Rev Statute, Ill Criminal Code - Chapter 38, Sections 206-3 and 206-7. Title 42, U.S.C., 3771b.

Educational records which are not governed by the Act and which are not accessible to students

1. Records kept by NCH personnel which are used only by the maker or his or her substitute and are not available to any other person.
2. Law enforcement records that are kept apart from the student's other educational records and are maintained solely for law enforcement purposes, and are made available for inspection by Public Safety personnel only when acting in the line of duty. Such records are not made available to persons other than law enforcement officials of the same jurisdiction so long as educational records maintained by the institution are not disclosed to the personnel of the law enforcement unit.

3. Student records made or maintained by a physician, psychiatrist, psychologist, or other recognized professional or para-professional acting in his or her professional capacity or assisting in that capacity, and which are made, maintained, or used only in connection with the provision of treatment to the student and are not available to anyone other than persons providing such treatment, except that such records can be personally reviewed by a physician or other appropriate professional of the student's choice.

Directory information. The following items are designated as "Directory Information", and may be disclosed or released by the hospital for any purpose, at its discretion: the student's name, address, program of study, participation in officially recognized activities and dates of attendance, diplomas and awards received, and the most recent previous educational institution attended.

Currently enrolled students have the right to withhold the release and disclosure of any or all of these items by giving written notice to the Course Coordinator. Request for non-disclosure will be effective for one academic year.

Procedure to inspect and review records

The law provides students with the right to inspect and review information contained in their education record; to a response to reasonable requests for explanations and interpretations of the records; to challenge the contents of their education record; to have a hearing if the outcome of the challenge is unsatisfactory; and to submit explanatory statements for inclusion in their files if they feel the decision of the hearing officer is unacceptable.

The Course Coordinator will coordinate the inspection and review procedures for student education records, which include admission, personal, academic, and financial files, and academic, disclosure and placement records. Students wishing to review their records must make written request to the Course Coordinator listing the item or items of interest.

Records covered by the Act will be made available within 10 working days of the request. Students may have copies made of their records with certain exceptions, (e.g., a copy of the academic record for which a financial "hold" exists, or a transcript of an original or source document which exists elsewhere.) There may be a cost for the photocopies. Education records do not include records of instructional, administrative, and educational personnel which are the sole possession of the maker and are not accessible or revealed to any individual except a temporary substitute, records of a law enforcement unit, student health records, or employment records. Physicians of the students' choosing may review health records.

Students MAY NOT inspect and review the following: Financial information submitted by their employers; confidential letters and recommendations associated with admissions, educational records containing information about more than one student, in which case the hospital will permit access ONLY to that part of the record which pertains to the inquiring student.

Procedures to amend records and request hearings

Students who believe that their education records contain information that is inaccurate or misleading, or is otherwise in violation of their privacy or other rights may discuss their problems informally at a meeting with the author of the record and the EMS Administrative Director. If the decisions are in agreement with the student's request, the appropriate records will be amended. If not, the student will be notified within a reasonable period of time that the records will not be amended; and they will be informed by the Course Coordinator of their right to a formal hearing.

Students' requests for a formal hearing must be made in writing to the EMS Administrative Director who, within a reasonable period of time after receiving such requests, will inform students of the date, place, and the time of the hearing. Students may present evidence relevant to the issues raised and may be assisted or represented at the hearing by one or more persons of their choice, including attorneys, at the students' expense. The hearing officer who will adjudicate such challenges will be the EMS MD.

Decisions of the EMS MD will be final, will be based solely on the evidence presented at the hearing, and will consist of written statements summarizing the evidence and stating the reasons for the decision, and will be delivered to all parties concerned. The education records will be corrected or amended in accordance with the decisions of the EMS MD, if the decisions are in favor of the student.

If the decisions are unsatisfactory to the student, the student may place with the education records statements commenting on the information in the records, or statements setting forth any reason for disagreeing with the decisions of the EMS MD. The statements will be placed in the education records, maintained as part of the student's records, and released whenever the records in question are disclosed.

Students who believe that their rights have been abridged may file complaints with the Family Educational Rights and Privacy Act office, Department of Education, Washington, D.C., 20201, concerning alleged failures of the hospital to comply with the Act. For additional information, you may call 1-800-USA-LEARN (1-800-872-5327) (voice). Individuals who use TDD may use the [Federal Relay Service](#). Or you may contact us at the following address: Family Policy Compliance Office; U.S. Department of Education; 400 Maryland Avenue, SW; Washington, D.C. 20202-85

EMS and the ADA

Essential job functions of an EMS Clinician

An EMS clinician must be a confident leader who can accept the challenges and high degree of responsibility entailed within their scope of practice. They must provide consistent, compassionate and evidence-guided EMS care for everyone and be prepared for any situation: big or small, planned or unplanned, day-to-day or major events (EMS Agenda 2050). This requires excellent knowledge, skills, attitudes, judgment and the ability to rapidly process information, prioritize decisions and act quickly in the best interest of a patient and their team members.

They must be self-disciplined, able to develop rapport, safely and effectively interview patients and bystanders unless impossible to do so based on altered mental status, and use communication aids, tools, or strategies unique to diverse multicultural groups, ages within those groups, as well as persons with a variety of disabilities under the Americans with Disabilities Act (ADA). EMS personnel must be able to function independently at optimum levels in a non-structured environment that is constantly changing. They must be lifelong learners; have knowledge with deep understanding for their role; be complex thinkers; creative persons; active investigators; effective communicators; and reflective and self-directed practitioners with the ability to meet the physical, intellectual, psychomotor and affective requirements demanded by their level of licensure/certification. https://one.nhtsa.gov/people/injury/ems/EMT-P/disk_1%5B1%5D/Intro-C.pdf

Applicants to, and students in, the NCH EMT and Paramedic Programs affiliated with Harper College are considered on the basis of individual merit. We do not discriminate on the basis of race, color, religion, sex, gender identity, sexual orientation, national or ethnic origin, age, marital status, protected veteran status, or other protected classes under the law as long as the individual is otherwise qualified and able to competently perform the essential job functions and meet essential eligibility requirements for licensure at the time of application and throughout the program.

The Program is guided by Title VI and VII of the Civil Rights Act of 1964 and Civil Rights Act of 1991; Title IX of the Education Amendments of 1972 published under the United States Code at 20 U.S.C. §1681-§1688); the Americans with Disabilities Act (ADA) of 1990; the Americans with Disabilities Act Amendments Act of 2008; and other federal laws or Illinois statutes which guarantee equal opportunity to qualified individuals and protected classes within our society.

Under the ADA, a public entity is prohibited from discriminating against qualified individuals with disabilities on the basis of disability in the granting of licenses or certification. A person is a "qualified individual with a disability" with respect to licensing or certification if they can meet the essential eligibility requirements for receiving the license or certification (see {35.104}).

The phrase "essential eligibility requirements," is taken from the definitions in the regulations implementing section 504, so case law under section 504 is applicable to its interpretation. In *Southeastern Community College v. Davis*, 442 U.S. 397, the Supreme Court held that section 504 does not require an institution to "lower or effect substantial modifications of standards to accommodate a handicapped person," 442 U.S. at 413. Whether a particular job function requirement is "essential" is listed below. All EMS students and licensed clinicians must meet the qualifications within the functional job analysis. Further eligibility requirements for licensure in Illinois are listed in the EMS Systems Act and the Administrative Code.

Functional Job Analysis: Essential Skills, Abilities, and Aptitudes

Language and communication – verbal and reasoning skills are used extensively

- Communicate effectively (verbal, nonverbal and written) with English language fluency, range, accuracy, and clarity (speak smoothly and freely without the need for extended pauses to think about the grammar, vocabulary or pronunciation needed to communicate).
- Rapidly read, understand, analyze, apply and take action on work-related written messaging, assessments, policies, procedures, forms, publications, and regulations in a time-sensitive manner where there is no extended time or alternate accommodations for receiving, processing or deliberating on the content. This also includes accurately reading and discerning street names through signage, map or GPS reading, and correctly distinguishing house numbers or business addresses.

Essential Job Functions - EMS Clinician

- Write factual, accurate, complete, and timely reports and business correspondence that includes all relevant data. This may require a detailed narrative relative to extenuating circumstances or conditions that go beyond what is required on a prescribed form or electronic template.
- Use required communication equipment to concisely and accurately describe verbally to dispatcher, supervisor and on-line-medical control (OLMC) their impression of situation and/or patient's condition.

Reasoning skills

- Strong reasoning ability is required to deal with the complexity and variety of the situations in which an EMS clinician works. This includes providing quality emergency medical care requiring the use of logic and reason to rapidly define problems and arrive at solutions on a practical basis.
- Understand and appropriately apply an extensive variety of complex technical and instructional materials.
- Must think critically and strive for clarity, precision, accuracy, relevance, depth, breadth and logicalness.
- Must solve problems and reach reasonable, ethical, and legally defensible conclusions from abstract variables and information which may be imperfect, ambiguous, conflicting or disjointed.
- Make rapid and accurate independent judgments and assumptions and determine a plan of care within their scope of practice and in a timely manner; while following oral or written directives.

Mathematical skills | Numerical aptitude (Perform arithmetic operations quickly and accurately)

Practical application of fractions, percentages, ratio and proportion, and measurement. Must accurately add, subtract, multiply, and divide in English and metric units of measure using whole numbers, common fractions and decimals; estimate patient weights in kg; determine age from date of birth; calculate accurate drug doses based on the patient's weight, age, and other factors that warrant adjustment of volume; draw up the exact amount of drug for each patient from original packaging, and administer IVF/drugs over time intervals specified by SOP/OLMC including IV drip rates. A Paramedic is legally accountable and responsible for maintaining Class I Medications (opioids) and must keep accurate count and inventory of such items.

Physical demands and Psychomotor skills

- The job frequently involves very heavy lifting (>125 pounds, no maximum) and requires sufficient strength, stamina, endurance, conditioning, and motor coordination to stand, walk, run, stoop, crouch, crawl, squat, bend, kneel, climb, lift, pull, push, reach, balance, and carry patients/EMS supplies and equipment in all environments and perform all EMS-related skills and tasks.
- Mental alertness, strength, manual and finger dexterity, hand-eye coordination, and sensory perception sufficient to competently perform all EMS-related assessments and skills within their scope of practice with correct technique, sequencing, timing, and without coaching or critical error

Motor coordination (Ability to make a movement response quickly and accurately and coordinate eye-hand movements): Ability to move over rugged, uneven terrain, up and down stairs, in and out of tight spaces and vehicles (private and EMS-related)

Finger Dexterity (Ability to move fingers and manipulate small objects rapidly and quickly)

Manual Dexterity (Ability to move the hands easily and skillfully)

Sensory perception to detect texture, moisture, temperature, thickness, swelling, elasticity, contour, lumps/masses/deformities, consistency/density/tenseness, strength, resistance, size, vibration, pulsatility, fasciculations, crepitation and presence of pain.

- Competently operate all EMS and communications equipment and safely drive an ambulance
- Accurately type assignments and enter data into and retrieve data from an electronic device using System-approved software and meeting System standards of competency
- (Corrected) vision to 20/30 in at least one eye with near and far visual acuity and full visual fields, depth perception, and color discrimination for at least red, amber, and green to drive an EMS vehicle, assess scenes and patients, read small print such as, but not limited to, markings/labels/instructions on medications, medication delivery devices, prescription bottles, and EMS equipment, and the ability to differentiate normal and abnormal skin colors and the color of various body tissues/fluids
- (Amplified) hearing adequate to hear conversational speech, radio/phone communication, equipment alarms, percussion notes, and auscultate a BP, carotid bruit; lung, bowel, heart sounds; and fetal heart tones
- Perform at least two minutes of uninterrupted high quality manual CPR with two minute breaks between compression sets for at least 30 minutes

Psychological/Social/Emotional skills

- Must perform effectively under stress. Frequently experience mental stressors due to the physical and emotional demands of the job, high levels of responsibility, sleep deprivation and fatigue; irregular access to food, workplace culture and conflicts, dynamic working conditions, risks inherent in EMS duties; 24/7 shift work and unintentional overtime disrupting work-life balance; high call volumes; and changing policies, protocols, procedures, and competencies.
These require a survivor mentality, self-confidence, self-regulation; self-compassion; strong emotional and social intelligence; tolerance, and resilience to cope with stress, grief and loss, and the ability to maintain self-care while caring for others. Clinicians must use healthy coping strategies and effectively draw on a reservoir of strength that helps them appropriately respond to stress, hardship and frustration without dysfunctional anxiety, anger, illness, addictions, or harmful behaviors to self or others.
- Flexible and adaptable to meet job demands in a volatile, uncertain, complex, ambiguous, and changing environment.
- Intellectual humility; integrity; fair mindedness; courage; empathy; autonomy; optimism (confidence in reason); and perseverance
- Must deal well with people and function effectively as a team member and leader when required.
- A preference for working for the presumed good of people and to do no harm
- Must conform to all legal, ethical, and moral obligations inherent within their scope of practice.

Work environment

Considerable health and physical strength is necessary to perform the duties of a paramedic. Though safety measures are implemented whenever possible and a culture of safety is embraced, there remain numerous unavoidable aspects of a paramedic's job that may place the individual at risk of personal illness or injury.

These include, but are not limited to:

- Driving an emergency vehicle safely with and without using lights and sirens
- Exposure to hostile or combative patients and other individuals
- Response to violent scenes
- Response to incidents involving chemical, radiological, biologic, and explosive hazards
- Exposure to communicable diseases
- Danger from moving traffic at highway/roadway incidents
- Exposure to contaminated sharps and medical waste
- Performance of certain high-risk procedures in the delivery of patient care
- Noise level is moderate to high
- Temperatures vary from extreme cold to extreme heat
- Moisture level will vary from extremely dry to rain, snow and ice, and may require immersion in water

Abbreviations:

ALS: Advanced Life Support | BLS: Basic Life Support
CPR: Cardiopulmonary resuscitation
OLMC: On-line medical control

BP: Blood pressure
IVF: Intravenous fluids
SOP: Standard Operating Procedures

References:

National Highway Traffic Safety Administration. Functional job analysis. USDOT 1998 National Standard Paramedic Curriculum Functional Job Analysis. Accessed online:
https://one.nhtsa.gov/people/injury/ems/EMT-P/disk_1%5B1%5D/Intro-C.pdf

EMS Agenda 2050: https://www.ems.gov/assets/EMS_Agenda_2050_Guide_to_the_Vision.pdf