



SACRAMENTO STATE
PARAMEDIC PROGRAM

Student Handbook

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INTRODUCTION

The Paramedic Program supports the mission of Sacramento State. The instructors are committed to excellence in teaching and student service. Learning is best accomplished by providing students with accurate, reliable and current information. Opportunities for individualized learning experiences with guidance and direction to supportive resources is the focus of the teacher – learner relationship. Students are supported and guided by instructors to become active participants in their learning and to develop the scientific reasoning and critical thinking skills that are needed for clinical judgment.

The internship portion of the Paramedic Program at Sacramento State is an exciting and challenging time. *The responsibility for your educational preparation for your role as a paramedic is a shared responsibility.* Instructors of the Paramedic Program are committed to guiding you as you learn the accurate and current theoretical knowledge as well as the necessary technical skills needed in this challenging professional role. As a student, you have the responsibility to be equally invested in your education. *You can assume this responsibility by attending class, being prepared, paying attention, involving yourself in the class, and letting go of any preconceived notions.* By doing so, you will be open to truly exploring and learning both the science and art of pre-hospital care.

The program will prepare you for your role as a professional who will meet the ever-changing health care needs of society - both a challenging and awesome responsibility. To make this experience both productive and positive, the **Student Handbook** has been designed to provide answers for the most frequently asked questions.

MISSION, PURPOSES, AND PHILOSOPHY

A. Mission Statement

The Paramedic Program provides excellent and innovative education designed to achieve eligibility for certification as a paramedic who can meet the needs of a diverse community. Students are prepared for roles as clinicians, advocates, educators, and leaders in the changing pre-hospital health care system.

B. Paramedic Program Purposes

The purposes of the undergraduate program are to provide a program of study that leads to eligibility for national and state licensure as a Paramedic.

The objectives of the Paramedic Program are to provide opportunities for the student to acquire:

1. Practice knowledge that emanates from the physical, behavioral, and social sciences
2. Knowledge of theoretical pre-hospital care content that can be synthesized to the clinical setting
3. The ability to synthesize knowledge and skills while executing the role of a Paramedic in the pre-hospital healthcare setting.
4. The ability to utilize the knowledge and skills to facilitate optimal pre-hospital care for diverse individuals and groups in the pre-hospital setting.
5. Communication and collaboration skills to function in a leadership role with customers, colleagues, and members of other disciplines.
6. A foundation for continuing personal and professional growth, including a foundation for further education in undergraduate or graduate programs.

C. Philosophy

We believe that the Paramedic Program serves its students and the society at large by creating an environment in which instructors and students pursue the knowledge of pre-hospital care guided by the following core values:

- Caring
- Professionalism
- Integrity
- Diversity
- Leadership

The faculty promotes an environment of intellectual honesty, personal integrity, trust, respect, and support. Due to the unique responsibilities paramedic students have on behalf of the greater public, students are also expected to adhere to the *EMT Code of Ethics*. At all times, paramedic students should recognize how personal behaviors may negatively affect others, accept responsibility for personal actions, and look to serve as a positive role model for others.

The faculty believes that the delivery of healthcare requires consideration of the sum of the client's life circumstances. Diversity includes, but is not limited to race, ethnicity, nation of origin, religion, age, gender, sexual orientation, economic status, education level, and social, mental, and physical differences among individuals and communities (Andrews & Boyle, 1999).

The faculty view paramedic education as a dynamic process. The creation and implementation of curriculum improvements follows careful assessment with process and outcome evaluations. This progression reflects current technologies, teaching strategies, and healthcare trends while allowing for the creative dissemination of paramedic knowledge.

The ultimate responsibility and first priority of the program instructors are to develop a beginning practitioner who is safe and competent to practice according to established standards of care. The

instructors strive to assist students to grow and learn as unique individuals, active citizens of the community and as competent practitioners of pre-hospital care.

The instructors believe pre-hospital education is a dynamic process. The creation and implementation of curriculum follows careful assessment with process and outcome evaluations. This progression reflects current technologies, teaching strategies, and healthcare trends while allowing for the creative dissemination of knowledge and skills.

D. Teaching Strategies

Instructors and preceptors use a variety of methods to facilitate student learning. The instructors or preceptor may use questioning, student presentation of patient, group discussion, observation of skills or demonstration of skills to a group. Varying the stimuli and style of instruction has been found to facilitate student learning. Students will be expected to defend their care and proposed actions with scientific principles based on evidence based medicine.

E. Preceptor Role

Clinical and field preceptors are often utilized in the internship area to assist the student in meeting clinical and field objectives. Preceptors should be treated in a courteous and respectful manner. *Any student who encounters a problem with a preceptor should bring it to the attention of the clinical or field coordinator immediately for appropriate action.* All preceptors have the responsibility to monitor the student's fatigue status and have the responsibility to send students home if they are not functioning safely.

SUMMATIVE OUTCOMES FOR PARAMEDIC PROGRAM

1. Applies principles of EMS safety standards to maintain the well-being of the paramedic, emergency response personnel, patients and the community.
2. Integrates a fundamental understanding of the concepts of anatomy, physiology and pathophysiology as they relate to the life-span development and the application of patient care standards within the paramedic role.
3. Employs effective inter-professional communication to foster positive working relationships and patient-centered care for patients with special needs and diverse cultures.
4. Applies fundamental knowledge of principles of public health and epidemiology as they relate to health promotion, illness and injury prevention and public health emergencies.
5. Integrates knowledge of anatomy, physiology and pathophysiology into patient assessment to develop and implement a treatment plan that provides for adequate oxygenation for patients of all ages.
6. Formulates an appropriate treatment plan for individual patients in the pre-hospital setting using clinical judgment based on principles of pathophysiology and epidemiology and patient and scene assessment.
7. Develops a comprehensive treatment plan and disposition for patients in cardiac arrest or peri-arrest states based on fundamental understanding of the etiology, pathophysiology and standards of care.
8. Synthesizes patient and scene assessment findings, concepts of pathophysiology and standards of care to achieve early intervention and effective management of critical patients with compromise to oxygenation or tissue perfusion.
9. Demonstrates ability to manage a complex scene using concepts of scene safety, operational roles and effective communication skills.
10. Recognizes concerns relative to protected health information and takes effective measures to ensure patient confidentiality.
11. Safely and effectively perform all psychomotor skills within the National EMS Scope of Practice Model and state Scope of Practice for the paramedic level.
12. Understands the importance of affective behavioral characteristics and adheres to principles established their instructors and peers.

OVERVIEW OF CURRICULUM

The Paramedic Program is divided into three major sections. Included is a theoretical portion, clinical experience portion and field experience portion. The students will begin in the theoretical portion. The theoretical portion occurs over 22 weeks of instruction. The general schedule is as follows:

A. NURS 51: EMT Paramedic Advanced Life Support Part I (5 units)

Part 1 of core theoretical courses providing foundational knowledge required for pre-hospital care in the Emergency Medical System (EMS). This is the first course in a five part series in which participants learn the theoretical knowledge and skills of Advanced Life Support practices in relationship to paramedicine. Students will also receive Advanced Life Support (ALS), Advanced Cardiac Life Support (ACLS) training. Prerequisite: Admission to Paramedic program. Co-requisite: NURS 53

- Week 1: Introduction to Advanced Pre-hospital Care
Medical / legal Aspects of Advanced Pre-hospital Care
Anatomy and Physiology
BLS skills practice
- Week 2: Ambulance Operations/Scene Management
Anatomy and Physiology
BLS skills practice
- Week 3: Anatomy and Physiology
BLS skills practice
- Week 4: Anatomy and Physiology continued
General Principles of Pathophysiology
- Week 5: General Principles of Pathophysiology continued
Life Span Development
Therapeutic Communication / History Taking/ Physical Exam Techniques
- Week 6: Patient Assessment
Clinical Decision Making
Airway Management and Ventilation
- Week 7: Airway Management and Ventilation continued
Pulmonology
Pharmacology
- Week 8: Pharmacology continued
Venous Access and Medication Administration
- Week 9: Cardiology
- Week 10: Cardiology continued
Advanced Cardiac Life Support
- Week 11: Advanced Cardiac Life Support continued
Neurology
Endocrinology

B. NURS 52: EMT Paramedic Advanced Life Support Part II (5 units)

Part 2 of core theoretical courses providing foundational knowledge required for pre-hospital care in the Emergency Medical System (EMS). Content builds on learning in NURS 51 and continues to expand the theoretical knowledge and skills of Advanced Life Support practices in relationship to paramedicine. The Participant will receive Pediatric Advanced Life Support (PALS) and International Trauma Life Support (ITLS) training. Pre requisite: Admission to the Paramedic Program Co requisite: NURS 54.

- Week 12: Allergies and Anaphylaxis
Toxicology and Substance Abuse
Hematology
Environmental Emergencies
- Week 13: Infectious Disease
Psychiatric and Behavioral Disorders
Gastroenterology
Urology
- Week 14: Gynecology/ Obstetrics
Pediatric Advanced Life Support
- Week 15: Geriatric Emergencies
Abuse and Neglect
- Week 16: Acute Interventions for the Chronically Ill
Trauma and Trauma Systems
Blunt and Penetrating Trauma
- Week 17: Hemorrhage and Shock
Soft Tissue Trauma
Burns
Musculoskeletal Trauma
Head, Facial and Neck Trauma
Spinal Trauma
Thoracic Trauma
- Week 18: Abdominal Trauma
International Trauma Life Support
- Week 19: Make up
Module Review
- Week 20: Module Review continued
- Week 21: Module Review continued
- Week 22: Final Exams

C. NURS 53-54: EMT Paramedic Lab/Skills (5 units)

Foundational ALS skills content for pre-hospital care in the Emergency Medical System (EMS). Participants apply theoretical knowledge of Advanced Life Support in skills lab and simulated patient care experiences. Students will practice assessment and intervention of psychomotor skills for Advanced Life Support (ALS), Advanced Cardiac Life Support (ACLS), Pediatric Advanced Cardiac Life Support (PALS) and International Trauma Life Support (ITLS). Pre requisite: Admission to the Paramedic program Co requisite: NURS 51, 52 Graded: CR/NC

D. NURS 55: EMT Paramedic Clinical Experience (5 units)

Clinical course provides students with 176 hours of acute care experience under the direct supervision of a licensed nurse in multiple settings offering a wide variety of patients and care settings preparing them to understand and address the needs of the pre-hospital patient. Pre requisite: NURS 51, NURS 52, NURS 53, NURS 54. Graded: CR/NC

E. NURS 56: EMT Paramedic Field Experience 480-720 hours (10 units)

This is a culminating clinical internship course of 480 minimum-720 maximum hours on an Advanced Life Support (ALS) ambulance and/or fire engine. Students will work in a variety of patient care situations under the direct supervision of a Paramedic Preceptor. Pre requisite: NURS 51, NURS 52, NURS 53, NURS 54. Graded: CR/NC

F. Community Service Project

To prepare students for the community engagement needed to be a successful paramedic, each cohort is asked to complete a community service project while enrolled in the theoretical portion of the program. Participation in this project is highly recommended and voluntary. This project will be coordinated by the class leader and should be cleared with the lead instructor prior to beginning. Specific requirements will be discussed by the lead instructor during the first few weeks of instruction. Any media involvement should be cleared with the Program Manager and Program Director.

G. Completion

Students must successfully complete NURS 51, NURS 52, NURS 53, and NURS 54 with a grade of 80% or above. Upon completing the Paramedic Program, the student will receive:

1. Certificate of completion
2. Verification of completion letter
3. Certification cards earned for ACLS, PALS, ITLS and AMLS
4. Will be eligible for the NREMT national examination

ENROLLMENT AND ADMISSION

A. Admission Criteria

Admission criteria are delineated on the Paramedic Program website. Space in the program is reserved for the number allotted in each class. Students retain their spaces in courses throughout the program if they follow the regular curricular progression (successful completion of each course in sequence).

The Sacramento State Paramedic Program does not discriminate on the basis of race, color, national origin, sex, age, disability or veteran status.

B. Admission of Students with a History of Disciplinary Action

Applicants must present complete documentation of any history of disciplinary action from a previous academic institution to the Admissions Committee at the time of admission interview. The Admissions Committee may request a letter of explanation and documentation from the institution regarding falsification of admission, financial or medical records. The committee may also request an interview with the applicant regarding the incident. Applications for admission or readmission that include a history of disciplinary action for falsification of university or clinical documents may be denied.

C. Advanced Placement and Experiential Learning

Experiential learning in a variety of professional settings is encouraged prior to applying for the Paramedic Program. However, *no course credit or advanced placement will be given for prior life or work experience.*

D. Licensure/Credentialing Statement

Admission into programs leading to licensure and credentialing does not guarantee that students will obtain a license or credential. Licensure and credentialing requirements are set by agencies that are not controlled by or affiliated with the CSU and requirements can change at any time. For example, licensure or credentialing requirements can include evidence of the right to work in the United States (e.g., social security number or tax payer identification number) or successfully passing a criminal background check. Students are responsible for determining whether they can meet licensure or credentialing requirements. The CSU will not refund tuition, fees, or any associated costs, to students who determine subsequent to admission that they cannot meet licensure or credentialing requirements. Information concerning licensure and credentialing requirements is available from Jason Hemler, 3000 State University Drive Sacramento, CA 95819, or by phone at 916-278-4846.

Student Services

A. Academic Advising

Academic Advising is performed by class lead instructor for major courses and by advisors in the College of Continuing Education for general education.

The formal line of communication for student needs, concerns and advisement first exists with the lead instructor. Secondly, the student may seek out the Program Manager or Program Director if an issue remains outstanding.

A verbal discussion or written complaint is considered appropriate for any concerns a student may have regarding the Paramedic Program. To file a formal complaint with the program, please see the section on student complaint procedures within this handbook.

The lead instructor is available to assist students in planning an academic program appropriate for each student.

B. Student Conferences/ Progressive Discipline/ Extension or Hours

Student conferences are a required part of the teaching process. They are used for consultation, evaluation, and problem-solving. Those conferences are an inherent element of the Paramedic Program and the student is required to participate in all scheduled conferences and evaluations. The student, the instructor, and Program Director are to be present during a conference, or other persons as needed. Conferences are scheduled during the semester and as needed, based on student's progress and performance.

The student should notify the instructors immediately if they are unable to keep the scheduled appointment. Common reasons for a student to require a formal consultation include, but are not limited to:

- Theory grade of less than 80% in any course
- Absences from required clinical or field assignments
- A critical incident or indication of inappropriate or unprofessional conduct
- Recurrence of a behavior about which the student has been given previous verbal feedback by the instructor
- Any breach of the Sacramento State Paramedic Program policy by the student
- One or more critical incidents or sentinel events
- Patterns of behavior inconsistent with the program/course outcomes
- Absences and tardiness
- Continued disruption of class or internship for any cause, (i.e. pagers, cell phones or side conversations)

Written feedback is provided when a student conference is held. The written feedback is designed to promote clarity, positive feedback and provide guidance for the student. A consultation focuses on either the clinical or professional conduct/performance category. The student will receive a copy of the written feedback at the conclusion of the conference.

The outcome of a student conference may be placement of the student on probationary status, extension of a clinical or field phase and up to and including dismissal from the program.

Progressive Discipline

Discipline, if necessary will be progressive. The student will be given a letter of concern, followed by a letter of jeopardy, then a letter of failure. All letters will clearly outline the expectations for success, all letters will be approved by the administrative team prior to delivery.

Extension of required Hours

Extended hours may result from, but are not limited to the following:

- Inability to perform consistent or adequate clinical assessments
- Inability to determine appropriate protocols when the chief complaint is identified
- Inability to demonstrate assertiveness in the clinical or field situation
- Inability to demonstrate adequate communication techniques
- Inadequate number of patient contacts

The determination of extension hours are made on a case-by-case basis and are at the discretion of the Program Director, Clinical or Field Coordinator. Daily and final evaluations must be completed during the extension process. Failure to meet specified objectives during the extended clinical or field phase will result in course failure. As with all courses, a course completed with extended hours may only be repeated once. If a second attempt is not successful, student must retake the program in its entirety.

C. Financial Aid

Sacramento State does not currently certify student loans for students participating in certificate based education programs. Financial aid may be available to students through scholarships and private loans. Information about scholarships and loans can be obtained from the CCE Financial Aid Coordinator, Veronica Nava at 916-278-2676 or veronica.nava@csus.edu.

D. Services to Students with Disabilities

The College of Continuing Education (CCE) and Sacramento State are committed to assisting students with disabilities in attaining their educational and vocational goals. Students have the responsibility of making their needs known and disclosing any particular issues they may anticipate. Accommodations and services are determined based on available documentation and an interactive collaboration with students. If you have a disability, please contact SSWD in Lassen Hall, 1008, (916) 278-6955; 278-7239 TDD, sswd@csus.edu to initiate the accommodation process.

Accommodating students with disabilities is a collaborative effort involving CCE, Services to Students with Disabilities (SSWD), staff, faculty and students.

The following outline describes the process for accommodating students with disabilities enrolled in the Paramedic program.

1. Students with disabilities who request service(s) must provide the CCE Human Resources Specialist (HRS) with appropriate documentation of disability. This documentation along with the Application for Student Support Services must be submitted to CCE at least 2 weeks before the first day of class/needed services.
2. The HRS will submit the request to SSWD who will review student's medical/disability documentation and verify eligibility for services and accommodations.
3. Upon completion of the SSWD verification review, the HRS will provide a letter to the student listing test/course accommodations for students in CCE classes. Approved accommodations will be valid for the current semester.
4. If SSWD cannot verify a student's eligibility based on the documentation provided, an interview will take place with the SSWD counselor/specialist (about 1 hour).

**The Application for Student Support Services and Accommodation Request Forms are available from the program coordinator by request.

Student Responsibilities

- It is the responsibility of the student to request a new letter of accommodation for each semester by completing and submitting the Accommodation Request Form to the HRS.
- It is the responsibility of the student to notify their instructor(s) of their approved test/course accommodations.
- It is the responsibility of the student to notify the HRS at least a week prior to any scheduled exam in which testing accommodations are needed.
- Requested revisions to a student's initial approved accommodations will be reviewed by SSWD and may require appropriate updated documentation of disability.

FEES

All lab, textbook, background check and drug screening* fees (\$100) are included in the Paramedic Program course fees. In addition to registration fees, students should plan for personal transportation costs (weekly parking passes \$11). The current program fee is \$425 per unit and is subject to change at any time.

Course Fees:

Nursing 51: EMT Paramedic Advanced Life Support Part I (5 units)	\$2,125
Nursing 52: EMT Paramedic Advanced Life Support Part II (5 units)	\$2,125
Nursing 53: EMT Paramedic Skills (2 units)	\$850
Nursing 54: EMT Paramedic Skills (3 units)	\$1,275
Nursing 55: EMT Paramedic Clinical Experience (5 units)	\$2,125
Nursing 56: EMT Paramedic Field Experience (10 units)	\$4,250 +
Field Agency Fee (Approximate)	\$1,000-\$2,500

*Please Note: Background check and drug screening is required by the hospitals and ambulance agencies used for clinical and field internship placement and not an admission criteria for the program.

REFUNDS

Refunds will be calculated based on the total length of the class. A partial refund will be available for drops made within the first 25% of the course. Drops made after 25% of the course has elapsed will not be eligible for a refund. Please contact our office for the partial refund date for specific classes.

- Drops made prior to the first day of a course will be entitled to a full refund less a \$10 processing fee; no notation will appear on a student's transcript.
- Drops made during the partial refund period will be eligible for a 65% refund less a \$10 processing fee; no notation will appear on the student's transcript.
- Drops made after the partial refund period does not entitle the student to a refund; a notation of "W" will appear on the student's transcript.
- No refund will be granted for clinical (NURS 55) or field (NURS 56) experience once the placement process has been initiated by the clinical and field coordinator. This includes paperwork processing for TERT training in Anniston, Alabama.

If you must drop due to a serious and compelling reason, such as serious illness or death in the family, please contact our office at (916) 278-6984 as soon as possible for information about petitioning for a refund.

Failure to drop through either the Student Center or with the Credit Registration Services office at CCE will result in a notation of WU on the student's record.

Comprehensive refund information can be found on the College of Continuing Education website.

STUDENT RESPONSIBILITIES

A. Student Code of Conduct

As members of the Sacramento State community, students in the Paramedic Program are responsible to familiarize themselves with the University Policy Manual Student Code of Conduct. (<http://www.csus.edu/umannual/student/UMS16150.HTM>)

In addition to the University Student Code of Conduct, Paramedic Program students are required to adhere to the following shared behavioral expectations established by the National Association of EMS Educators.

1. Foster teamwork
2. Act with integrity
3. Practice empathy
4. Use self-motivation
5. Increase self-confidence
6. Be respectful
7. Engage in appropriate advocacy
8. Exercise diplomacy
9. Embody integrity
10. Maintain neat grooming standards and personal appearance
11. Practice conscientiousness
12. Use clear and appropriate communication

Classes may be given the option to create a personalized code of expectations for their group. At that time students are encouraged to participate in forming both personal and group standards of professionalism of which they agree to follow.

B. Dress Code

The official Paramedic Program uniform must be worn at all time when in class, clinical, field or other program related activities. The paramedic uniform consists of:

- Designated paramedic shirt; a short sleeve polo shirt with Sacramento State Paramedic emblem on the front chest. This shirt is issued to you.
- If a garment is worn under the polo due to weather or concealment of tattoos, the garment must be of a thin material and dark blue or black in color.
- Navy uniform pants can be found at <http://www.96a1tactical.com/All-Products/Pants/TDU-Pants/TDU-Pants-Ripstop.html> No other pants are permitted.
- Photo ID badge: Badges are to be worn any time the student is in uniform. Students will be scheduled to have pictures taken for the badge and the badge laminated.
- Black leather slip resistant boots with navy or black socks. Boots are to be clean and polished.
- Black leather belt
- Students are supplied a navy blue, "511" brand job shirt/sweatshirt with the Sacramento State Paramedic emblem on the chest. This is to be the only approved outerwear during classroom and / or clinical rotations in the hospital setting.
- Coats/ jackets available for outdoor field rotations. Jackets should be dark in color to coordinate with the uniform. No advertising or embroidery is allowed on the uniform or outerwear
- Hats with the Paramedic Program emblem on the front are available for purchase and the only acceptable hat to be worn when in uniform.

Students who arrive for class not in full acceptable uniform will be asked to go home and not return until the uniform deficiencies have been remedied.

C. Alcohol, Tobacco and Illicit Drug Use

Per the University Policy Manual Student Code of Conduct the following are considered unacceptable student behaviors

- Use, possession, manufacture, or distribution of illegal drugs or drug-related paraphernalia (except as expressly permitted by law and University regulations) or the misuse of legal pharmaceutical drugs.
- Use, possession, manufacture, of distribution of alcoholic beverages (except as expressly permitted by law and University regulations), or public intoxication while on campus or at a University related activity

Smoking is not permitted in all university buildings and within 20 feet of doorways/buildings per the University Policy Manual Smoking Policy.

In addition, tobacco use, including chewing tobacco, is not acceptable in the classroom, skills lab, or clinical/field setting.

D. Academic Dishonesty

The Paramedic Program expects paramedic students to adhere to the highest ethical standards in both clinical and academic settings. Any student suspected of gaining an unfair advantage in a course (e.g. cheating on an exam, plagiarism, handing in work that is not one's own) will be reported, per University policy, to the Vice President of Student Affairs.

It is the student's responsibility to review the University policy and procedures on academic dishonesty. Please visit the following web link to learn how academic dishonesty is defined and the procedure related to violation of this policy: <http://www.csus.edu/manual/student/STU-0100.htm>.

The CSUS library provides an online course and information about plagiarism. We recommend that you review the guidelines for academic plagiarism: <http://library.csus.edu/content2.asp%3FpageID=353.html>

Please also review the following sections on the Student Code of Conduct.

E. Student Conduct Procedures

Student Conduct:

Concerns regarding student conduct may be raised by the program instructors, program director, administrative staff, hospital representatives, field agency representatives or preceptors. If a concern is raised, the following steps will be followed:

1. Problem solving discussion between the instructor, student, and/or the agency represented to resolve the issue. A written letter regarding future performance will be placed in the student's file. This letter will in the form of a *Letter of Concern, Jeopardy or Failure* depending on severity.
2. If the issue is not resolved, or if the concern continues, the student will be required to attend a student conference (see student conference procedures).
3. A written review of the student conference including corrective measures and a timeline to remediate will be provided for the student. This letter will in the form of a *Letter of Concern, Jeopardy or Failure* depending on severity.
4. The goal of a student conference is consultation, evaluation and problem-solving aimed at designing clear steps that promote student success in the future.

5. In the event behavioral misconduct is determined by the course instructor, Program Manager, and/or the Program Director, sanctions may be applied that may include course failure or referral to the department of student conduct. This letter will in the form of a Letter of Concern, Jeopardy or failure depending on severity.
6. Student will be provided an opportunity for due process and may submit a written rebuttal to the letter.
7. Failure to resolve behavior misconduct may result is dismissal from the Paramedic Program.
8. Written documentation will be provided for the student's signature, faculty and/or program staff signature, and placed in the student's permanent file. This letter will in the form of a Letter of Concern, Jeopardy or failure depending on severity.
9. Copies of all notifications should be sent to the Coordinator of CCE Programs at the School of Nursing, the Program Manager and the Paramedic Program Director.

Additional information on [Student Conduct Procedures](#) is available on the Sac State website.

<http://www.csus.edu/umannual/student/STU-0100.htm>

Academic Standing:

As soon as the faculty determines that a student is in jeopardy of failing of a theory or clinical course, the faculty will notify the student in writing. One of the chief purposes of placing a student in jeopardy is to provide enough time for the student to remediate. The faculty shall follow the procedure outlined below:

1. The student placed in jeopardy in a course must be notified in writing of the: (a) course objectives that are not being met at that time, (b) the specific reason that course objectives were not met, and (c) the recommended steps to remediate the potential for course jeopardy.
2. A student conference meeting will be scheduled with the faculty and the Program Manager.
3. Written documentation will be provided for the student's signature, faculty signature, and placed in the student's permanent file. This letter will in the form of a *Letter of Concern, Jeopardy or failure* depending on severity.
4. Copies of all notifications should be sent to the Coordinator of CCE Programs at the School of Nursing, the Program Manager and the Paramedic Program Director.

F. Student Complaint Procedures

A student grievance exists where a student claims that a violation, misapplication, or misinterpretation of a University policy, procedure, or practice has occurred. A student filing a grievance should follow the following procedures.

Should a condition exist that a student believes is in violation of the rules, procedures, policies, or the standards of the university, it is important that he/she bring it to the attention of the appropriate individual or office.

An attempt at an informal resolution should be the first action taken by the aggrieved party. If an informal resolution is not possible, then the aggrieved party should file a written complaint with the Paramedic Program Director.

In the College of Continuing Education, unresolved student complaints may be brought to the Dean or the Dean's delegate. The student will be entitled to present evidence and documentation to substantiate the complaint. The complaint must be specific and factual. The Dean or Dean's delegate may request additional relevant information or documentation from the student, instructors, staff, or other persons, and shall render a decision in writing. The decision may find that the violation was not proven, that the issue be returned to the Program for resolution, or that a specific remedy be granted

If an informal resolution is not possible then the written complaint should be submitted for consideration based on the following:

In cases involving an employee or member of the faculty which is based on discrimination (race, age, sexual orientation, color, religion, national origin, gender, disability, or veteran status) see policy [Discrimination Complaint procedure for Current Students or Applicants for Admissions \(UMS 16310.htm\)](#).

In cases involving a violation of academic rights see policy on [Student Rights and Responsibilities \(UMS16500.htm\)](#).

G. Grade Corrections, Changes and Appeals

Grade correction: A grade correction is possible only in the case of a declared administrative error. A correction in letter grade must be approved by the instructor of record and the department chairperson by the last day of the semester, either spring or fall, after the grade is posted to the student's record. The definition of administrative error is an error made by the instructor or assistant in grade determination or posting.

Grade change: A grade change may not be made as a result of work completed or presented following the close of a grade period, except for completion of work when an 'Incomplete' grade was issued. Grades cannot be changed to "W" nor can they be changed from a letter grade to Credit/No Credit.

A grade change after the semester following grade award will be allowed only if the course instructor and chair of the department where the course was offered submit the grade change and an explanation for the late grade correction to the Registrar. In the case where the course instructor and/or department chair is unavailable, the department faculty or a committee of department faculty must approve the grade correction. In such a case, a statement of the nature of the exception, the department's method of approval, and the date of approval, must be forwarded with the grade correction.

Grade Appeal: The campus has a single grade appeal procedure available to students in all academic disciplines. Information in its entirety about the grade appeal process can be accessed on the Sacramento State Web site at:

<http://www.csus.edu/acaf/academic%20resources/studentgradeappeals.html>

H. Safety

Instructors and preceptors are acutely aware of student safety at all times. Likewise, students should be aware of safety concerns in all areas of paramedic training. Whether in the classroom, clinical or field setting, the student is responsible for being aware of surroundings and the actions of others. General safety rules apply to each of these settings as well as more specific safety advisements that apply to specific areas and found throughout this handbook.

- Valuables should be guarded at all times whether on campus or in clinical or field settings. The clinical facility/ agency nor Sacramento State can be responsible for lost or stolen valuables. It is recommended that valuables be left in a secure location. The student should be aware that locking valuables in the trunk of a vehicle may not be adequate in some locations.
- EMS vehicles are a unique setting for paramedic students. At no time shall the student be allowed in the driver's compartment while the vehicle is in motion. Hearing protection provided by the agency should be used as directed and seat belts must always be worn while the vehicle is in motion.

EMS PROFESSIONAL CODE OF ETHICS

A. Professional Status AS EMT and Paramedic

Professional status as an Emergency Medical Technician and Paramedic is maintained and enriched by the willingness of the individual practitioner to accept and fulfill obligations to society, other medical professionals, and the profession of Emergency Medical Technician. As an Emergency Medical Technician or a Paramedic, I solemnly pledge myself to the following code of professional ethics:

- A fundamental responsibility of the Emergency Medical Technician is to conserve life, to alleviate suffering, to promote health, to do no harm, and to encourage the quality and equal availability of emergency medical care.
- The Emergency Medical Technician provides services based on human need, with respect for human need, with respect for human dignity, unrestricted by consideration of nationality, race, creed, color, or status.
- The Emergency Medical Technician does not use professional knowledge and skills in any enterprise detrimental to the public wellbeing.
- The Emergency Medical Technician respects and holds in confidence all information of a confidential nature obtained in the course of professional work unless required by law to divulge such information.
- The Emergency Medical Technician, as a citizen, understands and upholds the law and performs the duties of citizenship; as a professional, the Emergency Medical Technician has the never-ending responsibility to work with concerned citizens and other health care professionals in promoting a high standard of emergency medical care to all people.
- The Emergency Medical technician shall maintain professional competence and demonstrate concern for the competence of other members of the Emergency Medical Services health care team.
- An Emergency Medical Technician assumes responsibility in defining and upholding standards of professional practice and education.
- The Emergency Medical Technician assumes responsibility for individual professional actions and judgment, both in dependent and independent emergency functions, and knows and upholds the laws which affect the practice of the Emergency Medical Technician.
- An Emergency Medical Technician has the responsibility to be aware of and participate in matters of legislation affecting the Emergency Medical Technician and the Emergency Medical Services System.
- The Emergency Medical Technician adheres to standards of personal ethics which reflect credit upon the profession.
- The Emergency Medical Technician has an obligation to protect the public by not delegating to a person less qualified, any service which requires the professional competence of an Emergency medical Technician.
- The Emergency Medical Technician will work harmoniously with and sustain confidence in Emergency Medical Technician associates, the nurse, the physician and other members of the Emergency Medical Services health care team.
- The Emergency Medical Technician refuses to participate in unethical procedures, and assumes the responsibility to expose incompetence or unethical conduct of others to the appropriate authority in a proper and professional manner.

B. The EMT Oath

Be it pledged as an Emergency Medical Technician, I will honor the physical and judicial laws of God and man. I will follow that regimen which, according to my ability and judgment, I consider for the benefit of patients and abstain from whatever is deleterious and mischievous, nor shall I suggest any such counsel. Into whatever homes I enter, I will go into them for the benefit of only the sick and injured, never revealing what I see or hear in the lives of men unless required by law.

I shall also share my medical knowledge with those who may benefit from what I have learned. I will serve unselfishly and continuously in order to help make a better world for all mankind.

While I continue to keep this oath un-violated, may it be granted to me to enjoy life, and the practice of the art, respected by all men, in all times. Should I trespass or violate this oath, may the reverse be my lot. So help me God.

C. Star of Life EMS Symbol

In 1973, the Department of Transportation adopted the “Star of Life” emblem as a symbol of Emergency Medical Services. The use of the Star of Life symbol by both the private sector and government has served to identify emergency medical services and contributed greatly to a realignment of objectives and commitment to improved emergency medical care.

The Star of Life is the universally recognized symbol of emergency medical services, and can be seen displayed on ambulances and other EMS equipment. Each of the six “points” of the star represents a different aspect of the EMS system. The “points” on the Star of Life represent the six following aspects of the EMS system:

- i) Detection
- ii) Reporting
- iii) Response
- iv) On Scene Care
- v) Care in Transit
- vi) Transfer to Definitive Care

GRADING POLICIES

A. Academic Status of “Good Standing”

A student in “good standing” has a current course average of 80% or higher and attendance at 90% or greater in classroom and labs taught to date. A student in “good standing” has no academic or clinical probation in place or pending. A student in “good standing” has no disciplinary action in place or pending.

B. Academic Grading

The academic grading scale used in the Paramedic Program is as follows:

- A = 94% - 100%
- B = 87% - 93.9%
- C = 80% - 86.9%
- D = 73% - 79.9%
- F = 72.9% and below

Successful completion of each course requires the student to achieve 80% or greater in the theoretical portion of the course, maintain 90% attendance, attend all required clinical rotations and receive a passing summative evaluation. Students must also meet all cognitive, psychomotor and affective course objectives as outlined in the course syllabus.

C. Internship Grading

The clinical and field internship grade is a credit/no credit. Students must have a 80% average or better grade in all courses to attend clinical assignments. Students must attend all mandatory clinical hours and submit satisfactory documentation within the required 14 days after completing the clinical phase and receive a passing grade on summative evaluation to pass the clinical portion of the course.

Students not passing the clinical portion of a course will receive a grade of “NC” or “F” in the entire course.

Clinical and Field preceptors are integral partners in the clinical and field internship process. These individuals are responsible for evaluating the abilities and performance of students while in the internship placement. In the event a preceptor determines the student is not meeting the: (a) required skill competency level, (b) appropriate behavioral expectations, or (c) attendance requirements the preceptor may submit a written recommendation that the student receive a NC for the course. If a NC grade is recommended by the preceptor, then a student conference will be scheduled.

D. Course Progression

A student who earns a final course grade of less than an 80% in a required course is not eligible to progress until successful completion of the course is achieved. (i.e., maintain “good standing”) Students may be permitted to repeat a course once after failing a course.

Required certifications for completing the Paramedic Program include: Advanced Cardiac Life Support, Basic Life Support for Health Care Practitioners, Pediatric Advanced Life Support, International Trauma Life Support, Advanced Medical Life Support, Incident Command System 100 and 200 and Hazardous Materials.

CLINICAL ELIGIBILITY

To ensure the safety of patients, students, and instructors, and to meet contractual obligations with outside agencies, students are required to have evidence of completion of the Clinical Requirements listed in this section on file before participating in clinical courses.

Paramedic students must satisfactorily complete all clinical, community and laboratory requirements in order to receive their Certificate of Completion. In order to make an initial determination as to whether there are any current barriers to admitted students qualifying for and / or participating in clinical programs, all admitted students must submit to a background check and 10 panel drug screening under the direction of the Paramedic Program **prior to formal enrollment in the program and/or in any courses. Students are also required to obtain health insurance prior to starting the program and to maintain health care coverage until they have successfully completed the program.**

A. Clearance Deadlines

Upon acceptance into the program, the Program Coordinator will e-mail instructions for logging into Castle Branch for the first time. All required documents will need to be uploaded to Castle Branch (www.castlebranch.com) prior to the start of the program. The requirements are listed below and will be provided once you log into Castle Branch. Evidence of completion of all paramedic clinical requirements must be submitted to the program coordinator before the **first day of NURS 51/53** and maintained during enrollment. Students should submit photocopies only. Originals should be retained by the student in a personal portfolio for future reference.

Students who do not have evidence of completion of all clinical requirements by the first day of instruction will be DROPPED from all courses for that semester. Students who are dropped will not be considered for readmission until the next term. Dropped students, requesting to return to the program, must re-apply to the program.

If a clinical clearance item will expire during the program, it is the student's responsibility to upload the updated information to Castle Branch **at least 1 week prior to the expiration of the clearance item** or the student will be dropped from classes for the remainder of the term.

B. Immunizations

Students entering the Paramedic Program are required to submit proof of immunization status. This can be done at by a private physician, clinic or health department.

Tuberculosis (TB/PPD)

Students must document the absence of tuberculosis at entrance to or within three months prior to entrance into the program and on a yearly basis thereafter. Absence of TB may be documented in one of the following ways: 1) Two-step PPD process demonstrating a negative TB skin test is required within the past three months; 2) students with a positive reaction to the PPD (or a history of a positive test) will require a chest x-ray with confirmation of negative results.

STUDENTS SHOULD NOT RECEIVE ANY IMMUNIZATION UNTIL THEY HAVE HAD A PPD (Tuberculosis Screening). Immunizations and PPD may be given together, but immunizations cannot be given before the PPD. Recently administered live virus vaccines can cause false negative PPD results.

Mumps/Rubeola/Rubella/Varicella (MMR)

Students are required to demonstrate immunity to rubella (German measles), rubeola (measles), mumps, and varicella zoster (chickenpox). This demonstration may take three forms: 1) serologic testing that establishes immunity through a positive antibody titer, 2) proof of previous adequate vaccination (two doses, four weeks apart).

Hepatitis B (Hep B)

One of the following is required: 3 vaccinations or positive antibody titer from a lab report or physician verification of titer results. If series is in progress, new alerts will be created for the student to complete the series. If the titer is negative or equivocal, the student must repeat the series.

Influenza

One of the following is required: Documentation of a flu vaccine administered during the current flu season or a declination waiver. A declination waiver is available to download, print, complete and re-upload to the influenza requirement on Certified Profile. Students should not receive nasal inoculations. These are live viruses and put patients at risk for contracting the infection. Students who have declined the immunization will be required to wear masks in the clinical/field facility during flu season.

Tetanus, Diphtheria & Pertussis (Tdap)

Documentation of a Tdap booster within the past 10 years is required. The renewal date will be set for 10 years from administration date in Certified Profile.

Change in Health Status

The Program Coordinator for the Paramedic Program may request that a student submit additional health documentation if the student demonstrates health problems or a change in health status. The Program Coordinator must clear the student for return to the clinical/field area.

C. Drug and Alcohol Screening

1. All students are expected to be free of drugs and alcohol while on campus and off campus during their clinical rotations and field internships. As a profession, it is not tolerated to be under the influence of drugs or alcohol.
2. All admitted students must obtain a drug screen prior to enrollment. To order the drug screening, the student must log into Certified Profile. Admitted students must also agree that the results of drug screens will be made available to the Paramedic Program's affiliated clinical agencies (partner agencies). Students will be advised of any identified issues impacting their eligibility for placement with partner agencies prior to making their decision to enroll.
3. Partner agencies have full discretion to determine whether to accept a particular student into the clinical placement they offer based on the drug screen. Partner agencies may also require additional drug screens at the time of the clinical placement.
4. Students who test positive on the drug screen due to health reasons should meet with the Paramedic Program Director regarding admission status.
5. If a student is denied a clinical/field placement by a partner agency as a result of a drug screen and cannot, therefore, satisfy the clinical and community placement requirements, they will not satisfy requirements for paramedic course completion.
6. Students who re-apply to the Paramedic Program must submit to a new drug screen prior to re-enrollment.

D. Criminal Background Check

1. Satisfactory completion of all clinical and laboratory experiences is required for course and program progression
2. All admitted students will need to order their background checks through Certified Profile prior to enrollment. Admitted students must also agree that the results of their background check will be made available to the Paramedic Program's affiliated clinical agencies (partner agencies) which provide the required clinical and community placements necessary for course completion. Students will be advised of any identified issues impacting their eligibility for placement with partner agencies prior to making their decision to enroll.
3. Partner agencies have full discretion to determine whether to accept a particular student into the clinical placement they offer based on the background. Partner agencies may also require additional background checks at the time of the clinical placement.
4. Partner agencies may deny access to a clinical or community experiences based on offenses appearing on students' criminal record which may have occurred as long as 10 or more years ago.
5. Partner agencies will not approve students for participation in clinical placements for a variety of convictions including, but not limited to:
 - a. Murder
 - b. Sexual offenses/sexual assault
 - c. Felony possession and furnishing
 - d. Class B and Class A misdemeanor theft
 - e. Fraud
 - f. Felony assault
 - g. Abuse
 - h. Felony theft
 - i. Other felonies involving weapons and / or violent crimes
 - j. DUI

If a student is denied a clinical/field placement by a partner agency as a result of a background check and cannot, therefore, satisfy the clinical and community placement requirements, they will not satisfy requirements for graduation.

Students who take a leave of absence must submit to a new background check prior to re-enrollment.

In addition to qualifying for and participating in required clinical and community placements, students will ultimately need to secure paramedic certification. Students are advised that initial certification is the responsibility of the California EMS Authority and not Sacramento State Paramedic Program. Completion of the Paramedic Program at Sacramento State does not guarantee eligibility will be granted by the EMS Authority.

CLINICAL AND FIELD ASSIGNMENTS

A. Scheduling of Clinical Assignments

Paramedic students may be assigned to any of the clinical locations from the Sacramento and the Bay Area. Clinical assignments may not necessarily conform to work schedules, carpools, or student preference. One purpose of having different clinical groups and rotations is to increase exposure to clinical areas and networking with fellow students. Rotations are created to expose the student to a variety of clinical experiences. The student should be prepared for assignment to any clinical facility with the Sacramento State Paramedic Program.

Approved uniform during clinical assignment will be black scrubs that will be provided by the program upon your admission to didactic. Shoe and outerwear requirements will be the same as the classroom uniform. There will be no other uniform or variance accepted.

All paramedic students placed in a clinical internship will maintain an average of 16 hours per week minimum in a hospital setting. This average will be calculated based on the total number of weeks in the internship, and not on a weekly basis. Time in the internship begins with the student's first shift. It is recommended that students plan ahead to prevent critical drops in their weekly average. If a student is aware of any potential that will prevent compliance with this policy, they must contact the Clinical Coordinator immediately. Students have a total of **90 days** to complete clinical hours.

All clinical scheduling will be conducted through the Sacramento State Paramedic Program to meet course requirements and objectives.

The following are scheduling restrictions for clinical rotations:

1. Students may not coordinate their individual clinical rotations with clinical facilities.
2. Due to the time limitations and student volume, no additional clinical hours will be scheduled unless required to meet course objectives or approved through the Clinical Coordinator.
3. Any clinical assignment not scheduled through the Clinical Coordinator will not be counted toward meeting course objectives.
4. Under no circumstances are students to exchange or "swap" internship assignments or preceptors. Permission to exchange assignments is at the sole discretion of the Clinical Coordinator.
5. Students may request shift trades when appropriate by submitting a request in writing or by email to the Clinical Coordinator. The Clinical Coordinator will confirm or deny the request in writing to the student.

Changes in Clinical Assignment:

The Clinical Coordinator has the option to change a student clinical assignment. Changes in clinical assignment are based on the availability of the clinical site and the availability of preceptors.

Student Responsibilities:

1. The student is responsible for their own transportation to and from the clinical assignment site. Most clinical assignments are in the greater Sacramento area, and throughout the foothills and the East Bay.
2. Students are responsible for arranging childcare during the clinical hours. Children may not be brought to the clinical site under any circumstances.

B. Scheduling of Field Assignments

During the field internship phase (minimum of 480 hours, maximum of 720 hours), the student is assigned to an active paramedic (ALS) Unit at the discretion of the program and as available. The student should be prepared for assignment to any affiliate provider that contract with the Sacramento State Paramedic Program. While in this rotation, the student performs the full scope of practice of an EMT-Paramedic, under the direct supervision of at least one certified EMT-Paramedic with at least two years field experience.

Field internships are under the auspices of, and are monitored by, the Sacramento State Paramedic Education Program. All field internship experiences will take place with approved, contracted providers. Assignments are typically made within one month of completion of clinical, but may take as long as 90 days depending on the availability of preceptors at approved affiliated providers.

Electronic documentation of internship experience data must be entered within 72 hours of each shift. Failure to do so will result in suspension from further shifts. Missing entries will prevent the student from moving onto his/ her 8th, 15th or final shifts.

Approved uniform during field internship will be the same uniform as described in Section E (student dress code below). Black steel toed safety boots are required during field internship. No other uniform or variance of will be accepted unless prior approval is given.

All paramedic students placed in a field internship will main an average of 24 hours per week minimum in a pre-hospital/field setting. This average will be calculated based on the total number of weeks in the internship, and not on a weekly basis. Time in the internship begins with the student's first shift. It is recommended that students plan ahead to prevent critical drops in their weekly average. If a student is aware of any potential that will prevent compliance with the 24-hour attendance policy, they must contact the field coordinator immediately. Students have a total of 6 months (24 weeks) to complete field internship.

All field scheduling will be conducted through the Sacramento State Paramedic Program to meet course requirements and objectives.

The following are scheduling restrictions for field work rotations:

7. Students may not coordinate their individual field work rotations with clinical facilities.
8. Due to the time limitations and student volume, no additional clinical hours will be scheduled unless required to meet course objectives or approved through the Field Coordinator.
9. Any clinical assignment not scheduled through the Field Coordinator will not be counted toward meeting course objectives.
10. Under no circumstances are students to exchange or "swap" internship assignments or preceptors without first obtaining permission from their Field Coordinator. Permission to exchange assignments is at the sole discretion of the Field Coordinator.
11. Students may request shift trades when appropriate by submitting the request in writing or by email to the Field Coordinator.
12. Any field assignment not scheduled through the field coordinator will not be counted toward meeting course objectives.

Changes in Field Placement:

The Field Coordinator has the option to change a student Field assignment. Changes in field assignment are based on the availability of the Field agency and the availability of preceptors.

Student Responsibilities:

1. The student is responsible for their own transportation to and from the Field assignment site. Most Field assignments are in the greater Sacramento area and throughout the foothills and the East Bay.
2. Students are responsible for arranging childcare during the Field hours. Children may not be brought to the Field site under any circumstances.

C. Clinical and Field Evaluation Forms and Attendance Documents

Students are responsible to complete the clinical and field evaluation forms during their clinical and field rotations. Students should complete the paper work and document skills performed and have them initialed by the preceptor. In addition, the student must enter in all clinical and field occurrences on their FSDAP.

There are strict and timely requirements for submitting clinical and field work documentation:

1. In order to submit this information, students must submit the FSDAP form 72 hours after a consecutive shift.
2. For the clinical phase, forms must be submitted after three (3) days or 72 hours following the completion of a clinical phase or they will not be accepted.
3. For the field work phase, forms must be submitted after three (3) days or 72 hours following the completion of a field phase will be accepted.

Process and requirements for obtaining required signatures for each shift:

1. Paramedic students are responsible for the completion of all daily and major evaluations. The student will have the preceptor sign, date and time the clinical or field summary sheet for each shift worked. The clinical preceptor should complete both the evaluation form and the clinical summary form with date, time and signature.
2. These forms are to be completed within 30 minutes of the scheduled shift end time in order for the evaluation to be accepted.
3. If two preceptors were assigned to a student during a shift, both preceptors must date, time and sign the evaluation form prior to the end of the shift.
4. The clinical site summary only requires one signature prior to leaving the clinical area. The field preceptor has until the end of the scheduled shift to complete the daily evaluation form. The student has until the end of the field shift to complete the daily evaluation form.
5. If at any time the preceptor does not complete the documentation, the student should immediately notify the proper coordinator. The student must immediately notify the proper coordinator if documentation cannot be submitted in a timely manner.
6. Some portions of the internship phase will require students to document patient contacts. This documentation will be done in accordance with HIPAA laws and rules of the facility in which you are a participant. Documentation must be completed and submitted with all other documents (daily and final evaluations) at the end of that clinical portion.

Falsification of any part of the clinical or field evaluation form is considered academic misconduct.

D. Student Responsibilities in the Clinical Setting

Student as Representative of the Sacramento State Paramedic Program:

The Paramedic Program student is expected to represent Sacramento State Paramedic Program in a positive way to the client, the agency and the community. The student's appearance is to be consistent with the dress code while entering, exiting or while present in any field internship site or clinical facility as

a representative of the program. The student's behavior is to be consistent with that expected of an adult learner and student of the Sacramento Paramedic Program.

Client Safety in Clinical Care:

When in the field or clinical area, the student is to keep the client's safety in mind at all times. The student should identify aspects of safety in the client's care and validate this information with the preceptor or instructor. If an incident concerning the client's safety occurs, the student should notify the instructors or preceptor.

Supervision of Students in Selected Clinical Situations:

In selected clinical situations the students may be required to have an instructor or preceptor present when performing specific skills. The instructors will inform the student of the protocol in place as selected clinical rotations.

Clinical Progress Checks:

During the course of the clinical internship, a representative from the Paramedic Program (clinical mentor) may visit the internship site to observe the student and preceptor in the clinical setting. These visits will be arranged in advance according to agency procedures. . The paramedic student must contact the clinical coordinator at the completion of 80 hours in the emergency department to review their status in the clinical phase.

Field Progress Checks:

During the course of the field internship, a representative from the Paramedic Program (field mentor) may visit the internship site to observe the student and preceptor in the field setting. These visits will be arranged in advance according to agency procedures. In addition to the site visit, the paramedic student must contact the field coordinator at the completion of 240 hours in the field to review their status in the field phase.

Client / Patient Confidentiality:

The student is to maintain client confidentiality at all times. Use of the medical record should be solely for the purposes of patient care and documentation only. Breach of client confidentiality is a violation of HIPAA, ethics and course objectives and may result in disciplinary action up to and including failure of the course. In addition, breach of client confidentiality may be grounds for legal action by clients against students for invasion of privacy.

Use and Care of Sacramento State Paramedic Program and Hospital Supplies and Equipment:

Skills laboratory will require use of specific supplies and equipment. Students are expected to handle equipment with care and to ensure that equipment is stored appropriately after learning activities. Equipment and supplies are not to be removed from the hospital or skills laboratory. Removal of such supplies will subject the student to immediate dismissal from the program. Equipment is to remain in the skills lab unless specific arrangements have been made with an instructor. Items such as the monitor/defibrillator, intravenous arm, ALS manikins and other demonstration models are to be used only under direct supervision.

Reporting an Error or Sentinel Event in the Field or Clinical Area:

The clinical and field segments of the program constitute a learning experience for the student. In disclosing errors, the student and instructors can review the incident and learn from the experience. The student is to immediately report to the course instructor any sentinel event or error which may occur in the clinical or field area.

Failure to disclose an error or sentinel event may result in clinical failure. Examples of occurrences include, but are not limited to: medication errors, patient falls, patient injuries, equipment failure.

The following steps will be taken when there is a reportable occurrence:

1. Students will consult with the preceptor and the clinical instructor to ensure that all agency procedures for incident reports and error disclosures are followed.
2. The preceptor will immediately complete an occurrence form. These forms are to be filed with the preceptor on the same day of the incident.
3. A written incident occurrence form report must be submitted to the Paramedic Program Director by the end of the following business day.
4. The instructor for the day will notify the Program Director immediately when a sentinel event occurs.
5. The instructors will inform the Program Director immediately if an occurrence report is filed with the hospital/agency.
6. The appropriate chain of command will be followed in reporting to the hospital or EMS personnel.

Clinical Skills:

Paramedic students may perform skills learned in class on assigned clinical rotations only under the direct supervision of the designated preceptor or clinical instructors.

Skills may not be performed without direct supervision. Violation of this policy constitutes unsafe practice and consequences include a student conference with possible suspension or dismissal from the Sacramento State Paramedic Program.

There are specific restriction of the use of skills learned during your clinical student rotation and the use of those skills in any other setting. Skills learned while in training may not at any time be performed while on duty as a basic EMT or in a volunteer capacity.

Skills performed in any setting outside the level of your licensure for that setting (either work or volunteer) may have the following consequences:

- Dismissal from the Sacramento Paramedic Program
- Termination from employer for violation of company policies
- Possible revocation of current certificates by the local EMS Authority
- Potential personal malpractice civil suit

Student Dress Code in Clinical and Field:

A uniform is required for all clinical and field experiences unless the student is otherwise notified. Students who fail to meet the dress code, hygiene, and appearance policies may be asked to leave the clinical/field site. Students who cannot achieve compliance with the dress code are at risk of not meeting the competency standards of the course and receipt of a “no credit” grade.

The paramedic uniform consists of all previously mentioned dress code standards with the addition of:

- Black scrubs with the Paramedic Program emblem only are allowed in the clinical setting.
- If a garment is worn under the polo due to weather or concealment of tattoos, the garment must be of a thin material and dark blue or black in color.
- Photo ID badge: Badges are to be worn any time the student is in uniform. Students will be scheduled to have pictures taken for the badge and the badge laminated.
- Paramedic Program intern shirts may be worn during sleeping hours while in 24 or 48 hour field internship shifts.
- Any additional requirements (i.e. steel toe boots) required by the field internship agency.

Personal Appearance:

Students should be mindful that when in uniform they are representatives of Sacramento State and present themselves accordingly.

- Hair is to be clean, groomed, and off the face. Hair is to be restrained. Hair ornaments should be very conservative in style and basic in color. Hairstyle should be conservative.
- Beards/mustaches are to be well maintained with regular grooming. Otherwise, the male student is to appear cleanly shaven.
- Fingernails should be short, clean and manicured. Cuts or abrasions of the cuticles increase the risk of infection to the student and client. Long fingernails are not consistent with effective hand washing and use of gloves. Only clear or light colored nail polish is appropriate.
- Personal hygiene is mandatory. The student is expected to wear appropriate deodorant, bathe thoroughly and prevent body odor. Mouth care should be done appropriately to prevent offensive breath. Students who smoke are to be aware that odor of smoke on clothing and breath is offensive to many clients. In addition, all clinical facilities are smoke free. Therefore, smoking will not be allowed during clinical rotations.
- Chewing material in the form of gum or tobacco is not permitted while in uniform.
- Jewelry should be limited to wedding or engagement rings and small stud earrings. The student should consider leaving all jewelry at home. No jewelry may be worn on uniforms except the photo ID clinical badge. Excessive jewelry and body piercing is not acceptable. Students must comply with the dress code of the clinical facility if it is more restrictive than the dress code for the Sacramento State Paramedic Program.
- Perfume or cologne odors are a problem for some clients and may cause nausea. The student is to avoid use of perfume or cologne during clinical and field assignments.
- Cosmetics should contribute to a conservative, natural and well-groomed appearance. The student is to avoid excessive or inappropriate use of cosmetics.
- Tattoos that are distracting in the client environment may interfere with medic-patient relationship and must be concealed. Some clinical agencies require all tattoos be concealed. Students in these agencies will be expected to comply with the agency policy.

POLICY FOR CONTROL OF INFECTIOUS DISEASE

A. Care of Patients/Clients with Infectious Disease by Students

Paramedic students must be cognizant of general infectious disease control techniques, for both their safety and the safety of the patients/clients with whom they work. Students must be knowledgeable of practice standard blood and body fluid precautions, as well as the Standard Operating Procedures (SOPs) for control of infectious diseases as developed and defined by the agencies in which they are assigned for their clinical practice.

B. Clinical and Field Practice Issues for Students – Standard Precautions

Paramedic students should develop work practices based on the assumption that all body fluids and tissues are infectious. All students will be cautioned verbally, and in the Student Handbook, of risk factors associated with providing care for patients with communicable/infectious diseases. When caring for any patient, paramedic students will follow prescribed agency and school policies to protect themselves from occupational exposure to an infectious disease.

Handwashing: Wash hands after touching blood, body fluids, secretions, excretion, and contaminated items, whether or not gloves are worn. Wash hands immediately after gloves are removed, between patient contacts, and when otherwise indicated to avoid transfer of microorganisms to other patients or environments. It may be necessary to wash hands between tasks and procedures on the same patient to prevent cross-contamination of different body sites.

Gloves: Wear gloves (clean, non-sterile gloves are adequate) when touching blood, body fluids, secretions, excretions, and contaminated items. Put on clean gloves just before touching mucous membranes and non-intact skin. Change gloves between tasks and procedures on the same patient after contact with material that may contain a high concentration of microorganisms. Remove gloves promptly after use, before touching non-contaminated items and environmental surfaces, and before going to another patient, and wash hands immediately to avoid transfer of microorganisms to other patients or environments.

Masks, eye protection and face shield: Wear a mask and eye protection or a face shield to protect mucous membranes of the mouth, nose, and eyes during procedures and patient care activities that likely generate splashes or sprays of blood, body fluids, secretions and excretions.

Gowns: Wear a gown (clean, non-sterile gown is adequate) or protective aprons to protect skin and to prevent soiling or clothing during procedures and patient care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions. Select a gown that is appropriate for the activity and amount of fluid likely to be encountered. Remove a soiled gown as promptly as possible and wash hands to avoid transfer of microorganisms to other patients or environments.

Patient Care Equipment: Handle used patient care equipment soiled with blood, body fluid, secretions, and excretions in a manner that prevents skin and mucous membrane exposures, contamination of clothing, and transfer of microorganisms to other patients and environments. Ensure that reusable equipment is not used for the care of another patient until it has been cleaned and reprocessed appropriately. Ensure that single-use items are discarded properly.

Environmental Control: Follow facility procedures for the routine care, cleaning, and disinfection of environmental surfaces, beds, bedrails, bedside equipment stretchers, and other frequently touched surfaces.

Linen: Handle, transport and process used linen soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposures and contamination of clothing; and that avoids transfer of microorganisms to other patients and environments.

Spills: Blood, body fluid or tissue specimen spills are to be cleaned up promptly per agency policy and procedure. Housekeeping should be contacted for large spills. Contaminated linen, dressings, clothing, or equipment should be placed in appropriate biohazard containers.

Soiled clothing: Students will remove any clothing that becomes contaminated with blood or body fluids as soon as possible. Change into a scrub uniform from the clinical agency and secure contaminated clothing in a plastic bag. Wash any soiled uniforms separately in hot water with detergent.

Sharps: Take care to prevent injuries when using needles, scalpels, and other sharp instruments or devices. Avoid recapping used needles. Utilize safety features built into needles to avoid needle sticks. Place used needles, scalpels and other sharps in to puncture-resistant containers provided in clinical areas. Avoid leaving any sharp objects unattended anywhere in the clinical setting.

Airway management: Use mouthpieces, resuscitation bags, or other ventilation devices as an alternative to mouth to mouth resuscitation methods. These devices should be immediately available in clinical areas.

C. Occupational Exposures

There are two types of blood-borne pathogen exposure. In the first type, the natural barrier of intact human skin is breached by a sharp blood-contaminated object such as a needle, staple, or medical instrument. In general, large-bore needles that have been in direct contact with blood are considered more hazardous than small-bore needles used to administer subcutaneous injections. In the second type, non-intact skin, eyes or mucous membrane become soiled or splashed with blood or blood-containing secretions such as peritoneal fluids, pericardial fluids, synovial fluids and amniotic fluids. Other secretions (i.e., feces, urine, sweat, vomit) are considered infectious only if they contain blood.

The risk of exposure is low, even when a student cares for an infectious client. The risk of contracting illness following exposure varies from organism to organism and must be assessed at time of exposure by a member of the blood-borne surveillance team at the institution at which the exposure occurred. This assessment will be made by a member of the team, based on the information submitted on the official exposure form.

After sustaining any exposure, however small, the following steps should be taken:

- a. Cleanse. Skin should be washed immediately with antibacterial soap, and blood should be squeezed from the site, if possible. Eyes should be rinsed with clear water for at least 5 minutes.
- b. Notify your clinical instructor immediately
- c. Complete any exposure form required by the clinical agency. These may be found either on-line or hard copy.

The student should seek care and further testing and immunization through their primary care provider after an exposure.

ATTENDANCE

A. Absences from Clinical Learning Experiences

The clinical portion of the course enables the student the opportunity for actual work experience under the guidance of a qualified preceptor. In addition, these experiences are designed to teach the student professionalism, work ethics and accountability.

The minimum amount of clinical hours for each level of training is mandated by the State of California EMS Authority and Title 22. Therefore, the student must attend all clinical and other scheduled learning activities on the assigned day and time.

Students are not permitted to attend any unscheduled clinical hours. Students who attend unscheduled clinical hours are not covered under medical malpractice insurance and will not receive credit towards the mandated hours as set forth above.

Students unable to complete clinical assignments will not meet course clinical objectives and will not pass the course. The policy does not apply when cancellations are initiated from clinical sites or Sacramento State Paramedic Program or due to inclement weather.

B. Clinical/Field Absences:

Any time a student does not complete the entire assigned shift from beginning to end (i.e., absent, tardy, or leaves early during the clinical) a student- instructor conference will be required.

In cases of tardiness, absence, or leaving early, the students will follow the steps listed below:

1. If the student will be absence, notify the facility / agency to which the student is assigned prior to the beginning of the clinical assignment.
2. If the student is tardy or leaves early, notify the clinical preceptor immediately.
3. Students are not permitted to attend unscheduled shifts, however, if the student reports to a clinical shift on an unscheduled day or time, the student will not receive credit for the hours completed.

In all cases listed above:

Leave a message on the Clinical Coordinator's voice mail 916-212-1375 informing of the absence, tardiness or any other related clinical situation. Messages should include: student's name, name of person contacted at the agency, identify the clinical site (Kaiser North Hospital ER), time of shift assignment and a brief explanation of the reason for the absence, tardiness, or early termination of the assignment.

The Clinical Coordinator will not return calls regarding clinical absences. However, the Clinical Coordinator's voice mail system will automatically time stamp the message. Students may leave messages after midnight or before 6:00 am.

Failure to report or notify the Clinical Coordinator prior to the start of the shift will result in a paper assignment, in addition to completing a make-up shift, and an apology letter to the hospital department. The paper assignment will be assigned by the Clinical Coordinator and will need to be completed prior to re-assignment of the clinical experience.

The Clinical Coordinator will assign the student a make-up time and location based on availability. Make-up clinical assignments will only be arranged based on availability. Students should be prepared to attend

any clinical area under contract with the Sacramento State Paramedic Program. Any delay in completion of clinical assignments may result in course failure and delay eligibility for the National Registry Examination.

Students are only allowed a maximum of two instances of absences, tardiness, leaving early or unscheduled shift. The third instance of student absence, tardiness, leaving early, or reporting to a clinical and/or field assignment on an unscheduled day for any reason, may result in failing the course.

Clinical grades are Pass/Fail. Students are required to complete all clinical hours within the time allotted (see above) and perform satisfactorily to receive a passing grade. Any student arriving late or leaving early from a clinical must accurately report their time on their evaluation form.

The Clinical Coordinator should be notified, by the internship site and the student, immediately when a student is sent home early from a clinical assignment.

Any falsification of the clinical time sheet will result in dismissal from the program. A variety of mechanisms are in place for the Sacramento State Paramedic Program instructors to verify clinical attendance. Students should expect periodic visits from clinical mentors while in clinical placements.

C. Emergency Leave of Absence

In the event a student must take an emergency leave of absence (LOA), during the Paramedic Program, the student should immediately contact the Paramedic Program Coordinator or Program Director to notify him/her of the situation and to obtain official written approval for the LOA

WITHDRAWAL AND RE-ADMISSION POLICIES

Note that the decision to drop from the Pre-hospital Education course or to withdraw from the University has serious implications for students and may impact a student's ability to continue in future educational programs. Students must meet with their lead instructor and/the Program Director if contemplating a change in their progression in the Paramedic Program.

A. Dropping

Requests to DROP courses within the Paramedic Program after the second week of the semester will be considered only for serious and compelling reasons and at the discretion of the instructor(s) and the Program Director. After the first two weeks, students may not request a drop unless they are in good standing.

Drops are NOT permitted during the last two weeks of the semester except for situations clearly beyond the student's control.

B. Withdrawal

A student who withdraws from the Paramedic Program while in good standing (i.e. passing all courses at the time of the withdrawal) is required to re-apply to the next cohort and follow the same procedure for admission. No preference will be given.

C. Re-admission Policy

Re-admission is defined as any student previously enrolled in the Sacramento State Paramedic Program.

The Sacramento State Paramedic Program will not consider any applicant who has exited the Paramedic Program two or more times. All applicants for re-admission must meet the following criteria before being considered for placement into the Paramedic Program applicant pool.

The applicant must file an application for re-admission to the Sacramento State Paramedic Program.

The Admissions Committee will interview re-entry applicants that qualify. Placement of a re-entry applicant is limited to available space. Applications are considered based on previous academic performance as well as data supporting the probability of successful completion of the program and the National Registry paramedic examination. Placement into the applicant pool does not guarantee admission. All accepted re-entry applicants are placed into the pool of applicants competing for placement into the first semester of the Paramedic Program.

SOCIAL MEDIA POLICY

Policies Related to Social Media

- Social media may be used by students of the Paramedic Program for educational related purposes subject to the restrictions set forth in this policy. These restrictions are intended to ensure compliance with legal and regulatory restrictions and privacy and confidentiality agreements in place with health care agencies. Social media includes items such as blogs, podcasts, discussion forums and social networks.
- Professional and appropriate use of social media allows instructors to enhance the educational experience of students enrolled in the Paramedic Program. The purpose of this policy is to promote responsible use of Social Media as it pertains to education of EMT-Paramedic student.
- University technology resources should be used to promote the core mission of the Paramedic Program and used in a manner that protects the integrity and performance of our technology resources.
- Instructors at the Paramedic Program accept the responsibility that future healthcare providers need to be educated in how to include social media as part of their practice. It is important that Paramedic students understand how to interact and collaborate with other members of the health care team using technology and how to guide their patients and their families in the use of social media technology as it pertains to gaining knowledge about their health and finding support from other patients and resources.
- Advantages of using Social Media can include creating a community of learning, providing opportunities to create new learning spaces and experiences, building alumni and preparing students for the future.

Definitions of Social Media Terms

1. **Blog** – Short for “Web log,” a site that allows an individual or group of individuals to share a running log of events and personal insights with online audiences.
2. **Electronic Media** - Non computing devices, e.g., floppy diskettes, flash memory drives, CDs DVDs, tapes, hard disks, internal memory and any other interchangeable, reusable, and / or portable electronic storage media (1) on which electronic information is stored, or (2) which are used to move data among computing systems/ devices.
3. **PodCast**- A collection of digital media files distributed over the Internet, often using syndication feeds, for playback on portable media players and personal computers.
4. **RSS feeds or Syndication feeds**- A family of different formats used to publish updated content such as blog entries, news headlines or podcasts and “feed” this information to subscribers via e-mail or by an RSS reader. This enables users to keep up with their favorite Web sites in an automated manner that is easier than checking them manually. This is known colloquially as “really simple syndication”.
5. **Social Media**- Includes but not limited to blogs, podcasts, discussion forums, on line collaborative information and publishing systems that are accessible to internal and external audiences (i.e Wikis), RSS feeds, video sharing and social networks like MySpace and Facebook.

- 6. Protected Health Information-** Individually identifiable information (oral, written or electronic) about a client's/patient's physical or mental health, the receipt of health care, or payment for that care. This includes name, date of birth, social security number, date of service, place of service, diagnosis, physical features, ethnicity, and any other personal information.

Use of Social Media

- Students are expected to adhere to all principles of patient confidentiality when participating in social media forums.
- Students are expected to be respectful in all material that is posted on a social media site. This includes the avoidance of material that is obscene, defamatory, profane, libelous, threatening, harassing, abusive, hateful or embarrassing to another person or to the Paramedic Program.
- Students are expected to abide by the law and respect copyright laws. It is critical that all students abide by the copyright laws by ensuring that they have permission to use or reproduce any copyrighted text, photos, graphics, videos or other material that is owned by others.
- Students are expected to obtain approval prior to setting up a class social media site.
- It is strongly recommended that students not accept "friend requests" from current or former patients or families of patients.
- Students should be aware that information posted on sites can be forwarded and used by others.

Posting on Non-Sac State Sites

- Students must abide by the same patient confidentiality policies when posting on private or non-educational sites.
- Students should be careful when expressing views to identify those views as personal and not, necessarily the views of Paramedic Program.
- Students are expected to conduct themselves in a manner that positively reflects on the Paramedic Program whenever posting on non-university sites. When the student's Sacramento State Paramedic Program affiliation is known or presumed, students are expected to abide by the premise of respectfulness and avoid posting material that is obscene, defamatory, profane, libelous, threatening, harassing, abusive, hateful or embarrassing to another person or to the Paramedic Program.

Disciplinary Action

- Students who violate this policy will be referred to the Program Director.
- Disciplinary action can include, but is not limited to, a student conference, remediation on the importance of compliance with the policy and documentation in the student's file, suspension or expulsion from the program.