

2026-2027 EMS Student Handbook

Version 1.0



Kellogg Community College
450 North Avenue
Battle Creek, MI 49017

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Table of Contents

Kellogg Community College EMS Program Accreditation.....	9
EMS Program Mission Statement.....	9
EMS Education Overview.....	10
The EMT Code of Ethics.....	11
EMS Code of Ethics: Michigan.....	11
EMS Code of Ethics: National Association of Emergency Medical Technicians.....	11
Department Administration, Faculty, and Staff.....	13
Administration.....	13
Instructor Biographies.....	13
Michigan State-Level Agency Responsible for Regulating EMS Education.....	16
Program Approval #.....	16
Michigan Requirements and Objectives for Initial Education Programs.....	16
All Levels.....	16
EMS Instructor Coordinator (IC):.....	16
Community Integrated Paramedicine:.....	16
National Education Standards.....	16
National Education Standards:.....	16
National EMS Scope of Practice Model:.....	16
Admissions Requirements.....	17
General.....	17
Student Advising.....	17
Registration for Classes.....	18
Medical First Responder.....	18
Basic EMT Program.....	18
Advanced EMT and/or Paramedic.....	18
Probationary Admission (Paramedic Program).....	18
Critical Care Paramedic Program.....	19
Community Integrated Paramedic Program.....	19
EMS Associate Degree Program.....	19
EMS Programs – Degrees & Certificates.....	20
Medical First Responder Certificate.....	20
Basic EMT Certificate.....	20

High School/Career Center Basic EMT Certificate.....	21
Advanced EMT Certificate.....	21
Paramedic Certificate Program	21
EMS Instructor-Coordinator Certificate Program.....	22
EMS Associate of Applied Science Degree	23
Graduation Requirements	24
Graduation Application	24
EMS Course Descriptions	25
Dress Code Classroom	35
Requirements	35
Identification Badge (Name Tag/Level of Training)	35
Fit Testing.....	35
General Classroom Policies	36
Attendance/Certification Requirements.....	36
Attendance:.....	36
Grades:	36
Program Components:.....	36
Clinical and Simulation Requirements:	36
Examinations:	36
General Policies	36
Cell Phones	38
Alcohol and Drug Policy	39
Patient Rights and Confidentiality Legal Responsibilities.....	39
Smoking/Vaping/Tobacco Policy	39
Student Employment.....	40
Vehicle Parking	40
Advanced Placement	40
Academic Performance	41
Student Responsibilities	41
Didactic Grading Policies	41
Minimum Passing Grade.....	42
Lecture Attendance	43
Comprehensive Final Written Examination	43
Comprehensive Computerized Adaptive Testing	44

Lab Grading.....	44
Lab Skills Exam Grading.....	44
Clinical/Internship Grades.....	45
Basic EMT, Specialist EMT and Paramedic Level.....	45
Critical Concepts & Skills.....	45
Medical First Responder.....	45
Basic EMT.....	46
Advanced EMT.....	46
Paramedic.....	46
Remediation.....	46
Re-Evaluation of Critical Skills.....	47
Comprehensive Final Practical Examination.....	47
Affective Laboratory Evaluation.....	48
Platinum Testing.....	48
Cheating.....	49
Tutoring.....	49
Incomplete “I” Grade Policy.....	49
Course Withdrawal Policy.....	50
Laboratory Policies.....	51
Lab Attendance.....	51
General Lab Policies.....	51
Lab Simulation Policies.....	52
Medical Simulation for Clinical Competencies.....	52
Invasive Lab (wet skills lab).....	54
Open Lab Hours.....	56
EMS Ambulance.....	56
Preparation Rooms.....	56
Student Health.....	58
Occupational Risks.....	58
Student Health Issues.....	58
Pregnant Student Policy.....	59
Americans With Disabilities Act.....	59
Health Certificate Form.....	59
Health Insurance.....	60

Personal Illness or Injury	60
Classroom/Clinical Injury or Exposure	61
Communicable Disease Policy	61
Partial Body Exposure/Preparation	62
Body Contact	62
Student Coaching and Counseling Procedure	63
Criteria for Coaching and Counseling	63
Student Reply to Coaching and Counseling	64
Resolution of Coaching and Counseling	64
Changes in Clinical Schedule Due to Coaching and Counseling	64
Appeal Process	65
Student Complaint Process	65
Re-Consideration to an EMS Program	65
National Registry Certification Process	67
Application for National Registry Exam	67
National Registry Written and Psychomotor Examination	67
EMS Certification	67
EMR Certification	67
EMT-BASIC Certification	67
ADVANCED EMT Certification	67
PARAMEDIC Certification	67
National Registry Exam Results	67
State of Michigan Licensing Process	68
Michigan Licensure Application Process	68
Personnel Licensure & Education Requirements-new links	68
Licensure vs. Registry Status	68
Michigan License Verification	68
Program Policies	69
Policy for Continuous Quality Improvement	69
Policy for Instructor Evaluation	69
Policy for High Stakes Exam Analysis	69
Student Code of Conduct	71
Prohibited Conduct	71

Policy for Operations During a Pandemic Event, Site Closures, or Extended Campus Closure	72
General operating guidelines for a possible pandemic.....	72
In the event of clinic site or CAPSTONE site closure	73
In the event of campus closure.....	73
Additional Resources.....	73
Policy for EMS Student Records - Initial and Continuing Education	74
EMS Initial Education Courses	74
EMS Refresher and Continuing Education Course	74
Policy for Curriculum Review	74
Advisory Committee Objectives:.....	74
EMS Medical Director involvement in Advisory Committee.....	75
EMS Advisory Committee Members and Meeting.....	75
Purpose of the Advisory Committee	75
Responsibilities of the Advisory Committee.....	76
Current EMS Advisory Committee Members & Community of Interest	76
Field Experience, Clinical, and Internship Requirements – Student Handbook.....	78
EMS Clinical Coordinator	78
Clinical Observation	79
Patient Rights and Confidentiality	79
Student/Patient Confidentiality.....	79
Clinical Scheduling.....	80
Schedules on Platinum Planner:.....	80
Clinical Contacts.....	81
Standards of Clinical Conduct.....	81
Desirable and Disruptive Conduct	81
Appearance Standards: Clinical, Field Experience/Internship, and Simulation Dress Code...83	
Appearance	83
Clinical Uniform Policy (KCC)	84
Identification Badges (Name Tags)	85
Electronic Communication and Cell Phones at Clinical Sites.....	85
Smoking, Drugs, and Alcohol at Clinical Sites	86
Substance Abuse/Drug Screens	86
Criminal Background Checks	86

Student/Employment at Clinical Sites	87
Clinical Documentation.....	87
Meetings With the Clinical Coordinator.....	88
Minimum Clinical Requirements	88
Minimum Clinical Hour Requirements	89
Paramedic Clinical and Student Minimum Competency Requirements	91
Paramedic Skill Competency Overview	92
Student Minimum Competency Table 1: Ages	92
Student Minimum Competency Table 2: Pathology/Complaint	92
Student Minimum Competency Table 3: Skills	93
Student Minimum Competency Table 4: Field Experience / Capstone Field Internship	94
Student Minimum Competency Table 5: EMT Skills Competency	95
Clinical Injury or Exposure.....	96
Field Experience and Clinical Criteria	97
Schedules.....	98
EMS:	98
Hospital:.....	98
Changes in schedules:	98
When you need to communicate with the Clinical Coordinator:	99
Professional Appearance and Behavior (you are a guest of the clinical site)	99
Attendance	99
Documentation	100
Clinical Site Orientation Check List	101
Criteria For Evaluating Student Performance.....	101
Affective Behavior Evaluation for Field Experience/Clinical/Field Internship.....	107
Field Experience, Clinical and Field internship PCR Audits	107
Field Experience, Clinical and Field Internship PCR Audit Form.....	108
Preparation For Completion of Field Experience, Clinical and Field Internship	110
Filed Experience and Clinical Statement of Completion	111
Internship Preceptor Training.....	112
Appendix A: Health Record & Immunizations.....	113
Required Program Forms.....	113
Immunizations	114
Appendix B: Drug Screen Process for EMS Students.....	115

Drug Screen Ordering Process for EMS Students (Lab Fee Based)	115
How do I order my drug screen?.....	115
Appendix C: Fingerprint Criminal Background Check.....	117
Live Scan Fingerprint Criminal Background Check Ordering Process for EMT Students (Lab Fee)	117
How do I obtain my criminal background check?	119
Appendix D: Steps to Obtain KCC Student ID for Clinicals	120
Appendix E: Technical Standards and Functions	122
Appendix F: KCC Incident Report Form	123
Appendix G: Fit Test Form.....	124
Appendix H: PAPR Competency Checklist	125
Appendix I: Professional Behavior Evaluation Form	127
Appendix J: Clinical Rotation Objectives	129
Emergency Department	129
Ambulance Service	129
ICU/CCU/CSU.....	Error! Bookmark not defined.
Labor & Delivery	132
Neonatal Care Unit/Pediatrics	132
Inpatient OR	133
Outpatient OR	134
Psychiatric	Error! Bookmark not defined.
Telemetry	135
Student Handbook Acknowledgement & Release Form	138

Kellogg Community College EMS Program Accreditation



The EMS Program at Kellogg Community College is nationally accredited through the Commission on Accreditation of Allied Health Education Programs (CAAHEP)/Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP). This national accreditation means that students who successfully complete the program and National Registry of Emergency Medical Technicians (NREMT) practical and written testing are capable of transferring their certification to other states. National

accreditation means that the KCC EMS Program upholds the highest standards for the education of prehospital providers.

The EMS Program is approved through the Michigan Department of Health and Human Services EMS Section (MDHHS-EMS) to educate all levels of EMS licensure in the State of Michigan. Students successfully completing their EMS certificate will be eligible for testing through the NREMT and licensing through the State of Michigan, assuming all requirements are met.

In addition to national accreditation and state approval, the KCC EMS Program is approved in a number of specialty certification required for the prehospital workforce. These include; 1) a fully approved training center with the American Heart Association and can certify students in Basic Cardiac Life Support, Advanced Cardiac Life Support and Pediatric Advanced Cardiac Life Support training. 2) the only Michigan approved provider/sponsor for the University of Maryland-Baltimore County Critical Emergency Medical Transport Program. 3) an approved site for National Association of Emergency Medical Technician training courses. All of these programs allow students to obtain required certifications so that they are ready to enter the workforce.

EMS Program Mission Statement

Kellogg Community College defines their Mission Statement as “We are dedicated to providing accessible, high-quality education to enrich our community and the lives of individual learners.” To further that mission, the EMS Program Mission Statement is as follows:

To meet the EMS Education needs of the College service district community members with the highest quality education program.

It is because of the mission above that the EMS Program has adopted the motto, “Saving Lives through Education.”

EMS Education Overview

Emergency Medical Services is a new and rapidly changing field. As this area continues to upgrade and expand, there will be an increasing demand for trained personnel, especially at the Paramedic and associate degree levels. Because the EMS field is broad, students completing this program may work in a variety of different fields such as industrial, safety, ambulance (private and public), fire, and emergency department.

The Kellogg Community College Emergency Medical Services Program offers several levels of study through which students can meet their future employment needs. Study is available at the certificate level in Medical First Responder, Basic Emergency Medical Technician, Advanced Emergency Medical Technician (Specialist), Paramedic, Critical Care Adult and Pediatric, and Community Integrated Paramedic. Also available is the Associate of Applied Science Degree in Emergency Medical Services.

The EMS System is composed of various components which together create an environment where the maximum number of lives are saved, and disability and injury are decreased. The KCC EMS Program serves the system in a variety of ways. First, by offering a variety of continuing education opportunities for both licensed and non-licensed individuals who are part of the EMS System. Second, by maintaining a close relationship to the Calhoun County Medical Control Authority with joint operations and programming. Finally, the program maintains close ties to the employers (EMS and otherwise) who have need of the services which are offered or can advise the program on how to best meet the needs of the community.

To support the EMS System and students within the program, KCC maintains an active American Heart Association Community Training Center. Both Basic and Advanced Cardiac Life Support Programs are offered through the training center. Often, graduates of the EMS Program return after graduation to provide service within the Community Training Center.

In addition, a variety of continuing education programs are offered to meet the needs as determined by the EMS Advisory Committee and Calhoun County Medical Control Authority. These include Emergency Medical Dispatch Training, Automatic Defibrillator Training, UMBC Critical Care Paramedic, First Aid in the Workplace and more. The EMS Program also offers ongoing education credits to employer sites throughout Branch, Barry and Calhoun counties. These classes are designed keep employees up to date with the latest EMS techniques and knowledge base while granting approved ongoing education units used towards re-licensing.

The EMT Code of Ethics

EMS Code of Ethics: Michigan

Emergency Medical Services providers are trusted entities by the public. They interact with patients and families during times of crisis and vulnerability, sometimes on the worst day of the patient's life. Therefore, it is incumbent upon EMS providers at all levels to adhere to an ethical framework and principles that ensure the trust and respect that is imparted to them is warranted.

- [Click here for the full Michigan EMS Code of Ethics](#)

EMS Code of Ethics: National Association of Emergency Medical Technicians

Professional status as an Emergency Medical Technician and Emergency Medical Technician-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 at the basic level or an Emergency Medical Technician-Paramedic, I solely 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 dignity, unrestricted by consideration of nationality, race, creed, color, or status.

The Emergency Medical Technician does not use professional knowledge and 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.

(Source: The National Association of Emergency Medical Technicians ©2007)

Department Administration, Faculty, and Staff

Administration

Dean of Health Sciences	Jennifer Rodriguez
Director of Allied Health Education,	Clark Imus
EMS Faculty EMS Program Director/Clinical Education Coordinator .	Jay Radabaugh
EMS Faculty.....	Larry Wagner
EMS Faculty.....	Aleatha Lycos
EMS Faculty.....	Hunter Johnson
EMS Equipment Technician.....	Dan Lok
Medical Director for EMS Education	Dr. Stephanie Van Alsten, MD
Department Assistant EMS Education.....	Hetal Patel

Instructor Biographies

Brent Cornwell

EMT-P/IC, CCEMT-P, B.S., EMS Success Coach

Mr. Cornwell has over 35 years EMS experience, and was one of the first 13 nationally registered EMT's in Calhoun County hosted by Kellogg Community College in the early 1970's. He holds two Associates in Applied Science degrees, one in Criminal Justice and the other in Emergency Medical Services. He also received a Bachelor's of Applied Science in Public Service from Siena Heights University. He holds instructor certifications in BLS, ACLS, PALS, and ITLS. Mr. Cornwell is also a part paid firefighter for almost 40 years with the City of Marshall, holding the rank of Sergeant with certificates in Firefighter I & II and Officer Class I, II, & III and is a Technician Level responder with the Calhoun County Haz-Mat Team, serves on the operations board of Calhoun County Emergency Services, and instructor/trainer for several of the local fire departments. Along with instructing many of the programs at KCC he is a Critical Care Paramedic/Supervisor for Marshall Area Firefighters Ambulance Authority.

Clark A. Imus

Paramedic, EMS I/C, MA, BAS, Director of Allied Health Education

Mr. Imus is the Director of Allied Health Education at Kellogg Community College. After graduating with an Associate of Applied Science degree from KCC, Clark earned his Bachelor of Applied Science from Siena Heights University in the field of Emergency Medical Services. Clark earned his MA in Education from Eastern Michigan University. Clark is certified to instruct BLS, ACLS, and PALS training courses as an American Heart Association instructor. As a former KCC EMS student, Clark received the award for Outstanding EMS Student in 2006.

Aleatha Lycos

Paramedic, EMS I/C, AGS, EMS Faculty

Ms. Lycos is a full-time faculty member at Kellogg Community College, she oversees the EMT program. She worked for LifeCare Ambulance for 23 years as a road paramedic and shift supervisor for 11 of those years. She graduated with an Associate degree from KCC and plans on working on her bachelor's degree in the near future. Aleatha is certified to instruct BLS, ACLS, PEPP and PHTLS training courses. Aleatha has been an adjunct with KCC for the past 10 years as a licensed IC with the State of Michigan and is now a full-time faculty member. In addition to her teaching, Aleatha is currently working part-time as a Paramedic with LifeCare Ambulance.

Dr. Stephaine Van Alsten, MD

EMS Education Medical Director

Dr. Stephanie Van Alsten is a board-certified Emergency Physician and Prehospital educator and obtained her degree from the Western Michigan University. Dr. Van Alsten has practiced emergency medicine in community, academic, pre-hospital, and other healthcare settings.

Jay Radabaugh

Professor, BHSA, Paramedic, EMS-I/C, EMS Program Director/Clinical Education Coordinator

Mr. Radabaugh has worked in the EMS industry since 1985. He started his career with Reading Emergency Unit as a Licensed Ambulance Attendant and then received his EMT license in 1986. A Paramedic since 1991 and I/C since 1993, Mr. Radabaugh holds an Associate's degree from Baker College in Applied Science Allied Health Technology, and a Bachelor's degree from Baker College in Health Services Administration. Mr. Radabaugh has instructed many aspects of EMS in various venues including Reading Emergency Unit and Hillsdale Area Career Center where he taught for over 15 years. His career includes work in both the private and public sectors. He retired from the Reading Emergency Unit after 25 years of service where he worked as a Paramedic and EMS Education Coordinator. Mr. Radabaugh served as the Program Manager of the Health Science and EMS program for the Hillsdale Area Career Center for 13 years. Mr. Radabaugh worked for Huron Valley Ambulance for 10 years as a senior Paramedic.

Jay has been a past member of the Hillsdale Township Fire Department where he served as Captain, Hillsdale City Fire Department and now he is Captain/Medical Officer of the Montgomery Fire Department where he is responsible for their EMS Education and Safety Officer. He is a certified Firefighter I & II, Fire Officer and Fire Service Instructor. He has served in the Fire Service for over 35 years.

Jay has been an active member of the Hillsdale County Medical Control Authority where he serves as a board member for 8 years. He is a member of the Society of Michigan EMS Instructor/Coordinators since 1993. Mr. Radabaugh is the EMS Program Director/Clinical Education Coordinator for KCC and responsible for clinical requirements, schedules, and simulation course curriculums. Mr. Radabaugh teaches at all levels of the EMS program.

Larry Wagner

EMT-P, EMS I/C, CCEMT-P, PNCCT, M.A. EMS Professor

Mr. Wagner has been in EMS since 1987. He holds an Associates in Applied Science from Kellogg Community College in EMS and a Bachelors of Applied Science in EMS Management at Siena Heights University. He has worked in rural northern Wisconsin, the Detroit-metropolitan area and retired from AMR of West Michigan as a Critical Care Paramedic. He is the former ACLS Coordinator for AMR. He holds AHA Instructor certificates in CPR, ACLS and PALS. He also is an ITLS Instructor. Mr. Wagner is responsible for KCCs American Heart Association Training Center, UMBC Program, and teaches at all levels of the program including EMS specialty courses.

Hunter Johnson

Paramedic, EMS I/C, CCEMT-P, AAS, EMS Faculty

Hunter Johnson is a full-time EMS faculty member at Kellogg Community College, where she serves as the Lead Instructor for the Paramedic Program and a primary instructor for EMT simulation training. She brings a decade of experience in fire and EMS, having served in both volunteer and paid roles across multiple agencies in mid and southwest Michigan since 2015.

A proud alumna of KCC, Hunter holds an Associate of Applied Science in Emergency Medical Services and plans to pursue a bachelor's degree in the near future. She is a certified instructor in BLS, ACLS, PALS, and PHTLS, and has been a licensed EMS Instructor-Coordinator (IC) in the State of Michigan for over four years.

Prior to joining the faculty full-time, Hunter taught as an adjunct at KCC for five years. In addition to her academic role, she continues to serve her community as a critical care paramedic, and supervisor with the Marshall Area Fire Fighters Ambulance Authority.

Michigan State-Level Agency Responsible for Regulating EMS Education

Program Approval

Initial Education: P-03-1102

Continuing Education: CE-06-6012

EMS Instructor Coordinator: I-03-5002

Michigan Requirements and Objectives for Initial Education Programs

All Levels Kellogg Community College meets the standards and guidelines of the following Michigan Requirements and Objectives for Initial Education Programs:

All Levels

- [Click here for Michigan Requirements and Objectives for Initial Education Programs All Levels](#)

EMS Instructor Coordinator (IC):

- [Click here for IC Curriculum – 2022](#)

Community Integrated Paramedicine:

- [Click here for Community Integrated Paramedicine Curriculum](#)

National Education Standards

All Levels Kellogg Community College meets the standards and guidelines of the following National Education Standards for Initial Education Programs:

National Education Standards:

- [Click here EMS Education Standards 2021](#)

National EMS Scope of Practice Model:

- [Click here National EMS Scope of Practice Model](#)

Admissions Requirements

General

The College has general admission requirements that are outlined in the College catalog. Please refer to the College catalog for more details. All students who apply to the EMS Program must have applied and been accepted to the College before acceptance to the program can occur. To be accepted to the College, one of the following conditions of admission must be met:

- A high school graduate
- Successful completion of the GED Test
- A student desiring to participate in the Dual Enrollment Program
- Both NREMT and the MDHHS-BEPESoC ask the applicant if they have been convicted of anything other than a minor traffic citation.
 - Please refer to MDHHS-BEPESoC criminal compliance policy here:
https://www.michigan.gov/documents/mdch/EMS-500-Personnel_Non_Compliance_6-12_491993_7.pdf
 - The NREMT criminal conviction policy is located here:
https://content.nremt.org/static/documents/Criminal%20Convictions%20Policy_Nov_2018.pdf

Please Note: To license at any MDHHS level, applicants must be 18 years of age or older. There are no exceptions to this State of Michigan Rule.

Student Advising

Because of the unique nature of the EMS Program, advising for different levels is as follows:

Program	Advisor	Ideal Advising Time
Medical First Responder	Aleatha Lycos Jay Radabaugh	Mid-August – May Mid-August – May
Basic EMT	Aleatha Lycos Jay Radabaugh	Mid-August – May Mid-August – May
Specialist or Paramedic	Hunter Johnson Jay Radabaugh	Mid-August – May June-August
Critical Care Paramedic	Larry Wagner	Anytime
Community Integrated Paramedic	Larry Wagner	Anytime
EMS I/C, AAAs	Clark Imus	Anytime

Registration for Classes

Registration for classes is on a first-come, first-served basis. Specific section numbers are not normally held open. Registration dates are published in the schedule of classes. The EMS Program has no control over courses offered in other disciplines (Biology, Graphic Design, etc.) For this reason, **to guarantee the schedule of choice, students are advised to register early**. Waiting until two weeks prior to classes starting will likely cause a different course schedule than what is desired.

Medical First Responder

The Medical First Responder Certificate is an open admission course. There are no pre-requisites beyond college admission for this level.

Basic EMT Program

The Basic EMT Certificate is an open admission course. The Basic EMT program approval is required to enroll in this program of study.

Advanced EMT and/or Paramedic

The requirements for admission to the Advanced EMT or Paramedic Certificate programs are:

1. Application and acceptance to the College.
2. Current Basic EMT license.
3. Application to the Paramedic Program.
4. Next Gen ACCUPLACER® Testing.
5. Admission/Academic advisement meeting with EMS EMS EMS Program Director or designee.

Probationary Admission (Paramedic Program)

Students who have yet to complete the national certification exam or have not yet received their Michigan state-level license may be granted Probationary admission to the Paramedic Academy.

Probationary admission allows the student to participate up to the first semester of the paramedic or specialist program. It is expected that the student will receive their MDHHS Basic EMT license during this time. It is the student's responsibility, upon receipt of the license, to provide a copy to their instructor for forwarding into their file. On receipt of the license, general admission status is granted (removing the probationary admission). Failure to provide a license prior to the start of the Spring semester will result in administrative withdrawal from the program.

Likewise, if a student is taking Anatomy (BIOL 201/202) or Essentials of A&P (BIOL105) concurrently with their Fall courses, they must complete the course with a "C" or better to be allowed to continue in the program. Students who do not achieve a "C" or better will be Administratively dropped from all EMS coursework.

Courses taken under probationary admission, where general admission has not been achieved, will not count towards any EMS certificate or degree.

Critical Care Paramedic Program

The requirements for admission to the Advanced EMT or Paramedic Certificate programs are:

1. Application and acceptance to the College.
2. Current Paramedic license.
3. Next Gen ACCUPLACER® Testing.
4. Admission/Academic advisement meeting with EMS Program Director or designee.

Community Integrated Paramedic Program

The requirements for admission to the Advanced EMT or Paramedic Certificate programs are:

1. Application and acceptance to the College.
2. Current Paramedic license.
3. Next Gen ACCUPLACER® Testing.
4. Admission/Academic advisement meeting with EMS Program Director or designee.

EMS Associate Degree Program

The requirements for admission to the associate degree program are:

1. Application and acceptance to the College.
2. Current EMT or Advanced EMT license or department permission.
3. Application to the Program.
4. Next Gen ACCUPLACER® testing, depending on past coursework, this requirement may be waived.
5. Admission/Academic advisement meeting with the EMS Program Director or designee.

EMS Programs – Degrees & Certificates

Medical First Responder Certificate

The Medical First Responder level is designed for firefighters, police officers, healthcare workers or anyone who must stabilize the patient until the ambulance arrives. **The goal of the KCC MFR Program is to prepare competent entry-level Emergency Medical Responders in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.** This program is divided into didactic and laboratory experience where knowledge and skills are obtained which prepare the student to meet the challenges of the pre-hospital setting. Students who are uncertain if EMS is their best career choice often use this level to explore their opportunities in EMS. Clinical experience is optional at any of the ambulance or first responder clinical sites.

There are no prerequisites for this certificate.

Required Courses		Credits
EMT C200	Medical First Responder Training	6.4
Total CEUs		6.4
OR		
Required Courses		Credits
EMT 140	EMT Basic 1	6
Total Credits		6

Basic EMT Certificate

The Basic EMT Certificate is the best entry point for individuals who are interested in working in the pre-hospital setting. **The goal of the KCC EMT-Basic Program is to prepare competent entry-level Emergency Medical Technician-Basics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.** Both the demands and work settings a Basic EMT is utilized in varies. This program is divided into didactic lectures, laboratory experience, high-fidelity simulation, and clinical experiences.

Required Courses		Credits
EMT 140	EMT Basic 1	6
EMT 141	EMT Basic 2	7
EMT 142	EMT Basic Simulation	1
EMT 143	EMT Basic Clinical	0.5
EMT 144	Pre-Hospital Trauma Life Support	1.5
Total Credits		16.0

High School/Career Center Basic EMT Certificate

Required Courses		Credits
EMT 130	Basic EMT 1	8.75
EMT 133	Basic EMT 2	8.25
EMT 142	EMT Basic Simulation	1
EMT 143	EMT Basic Clinical	.5
Total Credits		18.5

Advanced EMT Certificate

At the time of printing this handbook, the Advanced EMT (Specialist) is not being offered due to an assessment of community needs.

Paramedic Certificate Program

The KCC Paramedic Certificate is designed to prepare the student for licensure at the Paramedic Level. This program is designed to be conducted over 15 months.

The goal of the KCC Paramedic Program is to prepare competent entry-level Emergency Medical Technician-Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.

Students must successfully complete a specific sequence of classes to be certified. Students who fail, drop, or otherwise withdraw from a class are not eligible to continue with the program. The minimum passing grade in any core required course is a "C-" or a "Pass" in the case of Pass/Fail classes. Students who wish to be readmitted to the program must follow the guidelines listed under Requirements Necessary for Consideration for Readmission.

Students must be admitted to the program and licensed as Basic EMT before entry to this certificate level is allowed. This program is divided into 418 hours of didactic lecture, 277 hours of laboratory/simulation experience and 585 hours of clinical experiences. Listed below is the required sequence of classes for this certificate.

Total Program Credits: 45

Pre/Co-Requisite Work		Credits
Next-Gen ACCUPLACER® Testing Minimums:	Writing: 250 Reading: 244 Quantitative Reasoning: 250	
BIOL 105	Essentials of Anatomy & Physiology	4
FYS 101	First Year Seminar	1
Total Credits		5

Required Courses – Fall 1 Semester		Credits
EMT 200	Pharmacology 1	2
EMT 211	Cardiology 1	2
EMT 221	Paramedic 1	5
EMT 240	Skills Lab 1	2
EMT 251	Clinical Introduction	1
Total Semester Credits		12

Required Courses – Spring Semester		Credits
EMT 205	Pharmacology 2	2
EMT 216	Cardiology 2	2
EMT 225	Paramedic 2	4
EMT 245	Skills Lab 2	2
EMT 252	Paramedic Clinical Experience 1	2
Total Semester Credits		12

Required Courses – Summer Semester		Credits
EMT 230	Paramedic Advanced Practice	4
EMT 235	Paramedic Pediatric ALS	2
EMT 255	Paramedic Clinical Experience 2	3.5
Total Semester Credits		9.5

Required Courses – Fall 2 Semester		Credits
EMT 260	Paramedic Clinical Internship	5
EMT 261	Clinical Field Preparation	1.5
Total Semester Credits		6.5

EMS Instructor-Coordinator Certificate Program

The KCC EMS Instructor-Coordinator Certificate is designed to prepare the student for licensure at the State of Michigan EMS Instructor-Coordinator level. In this program, students learn the skills and knowledge base to perform the duties of an EMS Instructor Coordinator. Students must apply to the EMS Department for admission to this program. Admission is based on evidence of three years field experience with a life support agency, licensing at the MFR (or above) level, written application to the program, references by two licensed EMS I/C's, successful oral interview and completion of all required admission documentation. Students who are accepted into the program must complete the entire program within the semester(s) it is offered. This includes the student-teaching assignments and accompanying documentation. Listed below is the required coursework for this certification.

Prerequisite Work	
Next Gen ACCUPLACER® Testing Preferred Scores:	Writing: 250 Reading: 244 Quantitative Reasoning: 250
Evidence of Coursework in:	Human Anatomy and Physiology

Required Courses		Credits
EMT 280	EMS Instructor-Coordinator Didactic	5
EMT 285	EMS Instructor-Coordinator Practicum	5
Total Credits		10
OR		
EMT 286	EMS IC Training Practicum	10
Total Credits		10

EMS Associate of Applied Science Degree

The Associate of Applied Science Degree Program allows students who pursue the Basic and Paramedic Certificate Programs the option of completing an Associate Degree. The addition of several supportive and core competency courses in English, psychology/sociology and humanities help the student achieve a more rounded education. Students may use this degree as a starting point for higher level studies at the baccalaureate level and beyond.

A complete listing of the required courses and their descriptions can be found in the Kellogg Community College Catalog. Also included in the College catalog are any prerequisites and co-requisites that may be required for the successful completion of these programs. It is strongly advised that any student preparing to obtain a degree in an EMS field seek advisement from the EMS Department.

Total Degree Program Credits: 69-71

Required Courses – Fall 1 Semester		Credits
FYS 101	First Year Seminar	1
EMT 140	EMT Basic 1	6
EMT 141	EMT Basic 2	7
EMT 142	EMT Basic Simulation	1
EMT 143	EMT Basic Clinical	.5
EMT 144	Pre-Hospital Trauma Life Support	1.5
Total Semester Credits		17

Required Courses – Spring 1 Semester		Credits
ENGL 151	Freshman Composition	3
PSYC 201	Introduction to Psychology	3
HUMA 151	Humanities	3
Total Semester Credits		15

Required Courses – Fall 2 Semester		Credits
BIOL 105	Essentials of Anatomy and Physiology	4
EMT 200	Pharmacology 1	2
EMT 211	Cardiology 2	2
EMT 221	Paramedic 1	5
EMT 240	Skills Lab 1	2
EMT 251	Paramedic Clinical Introduction	1
Total Semester Credits		16

Required Courses – Spring 2 Semester		Credits
EMT 205	Pharmacology 2	2
EMT 216	Cardiology 2	2
EMT 225	Paramedic 2	4
EMT 245	Skills Lab 2	2
EMT 252	Paramedic Clinical Experience 1	2
Total Semester Credits		12

Required Courses – Summer Semester		Credits
EMT 230	Paramedic Advanced Practice	4
EMT 235	Paramedic Pediatric Advance Life Support	2
EMT 255	Paramedic Clinical Experience 2	3.5
Total Semester Credits		9.5

Required Courses – Fall 3 Semester		Credits
EMT 260	Paramedic Internship	5
EMT 261	Paramedic Field Preparation Course	1.5
Total Semester Credits		6.5

Graduation Requirements

To successfully graduate at a particular level, a number of requirements must be met by the student. The following items must be completed to be graduate and become licensed.

Intent to Graduate Form

All students in the EMT Program need to file an application for graduation with the Registrar's office by the second week of the semester which they intend to graduate.

This form generates the award of a certificate or degree on the permanent student record. This is not recorded until all required classes within a program of study are completed with a passing grade. However, the information is added to the student transcript (and KCC record system) so that the moment all grades are successfully completed, the certificate is awarded.

In addition, you may have a formal certificate printed which is suitable for framing. It is this recording of a certificate that is used to allow the student to apply for licensing to the State of Michigan. **It is very important that students complete this step.**

Graduation Application

- <https://kellogg.edu/current-students/graduation/>

EMS Course Descriptions

EMT C200

6.4 CEUs

Medical First Responder Training

The Medical First Responder Course is designed to provide licensure for the student with the Michigan Department of Health and Human Services as a medical first responder. This course is based on the current medical first responder curriculum as established by the Michigan Department of Health and Human Services EMS Division. Students who successfully complete the requirements of this course will be eligible for licensure as medical first responders with the Michigan Department of Health and Human Services EMS Division. This course is designed to provide the student with the knowledge of what to do for a patient prior to the arrival of an ambulance. This course is designed for anyone who may be required to provide care for a sick or injured individual prior to the arrival of an ambulance. This includes (but is not limited to) firefighters, police officers, and first response team members. The course includes training in CPR; bleeding control; airway management; splinting; extrication; oxygen therapy; and medical, environmental, and other emergencies.

EMT 130

8.75 CR

Basic EMT 1

This course is designed to prepare the student for licensure as a Basic Emergency Medical Technician in Michigan. This course involves medical procedures and use of equipment as prescribed by the American Academy of Orthopedic Surgeons, U.S. Department of Transportation, and the Michigan Department of Health and Human Services EMS Section. Topics include: legal responsibilities, anatomy, physiology, patient assessment, management of various emergency situations, extrication, and current standards for BEMTs in the field. This course is based on the requirements for Emergency Medical Technician training from the Michigan Department of Health and Human Services EMS Section. This course is part of a three-semester offering of the Basic EMT Program. This course includes certification in Basic Life Support through the American Heart Association.

EMT 133

8.75 CR

Basic EMT 2

A continuation of EMT 130. This course is designed to prepare the student for licensure as a Basic Emergency Medical Technician in Michigan. This course involves medical procedures and use of equipment as prescribed by the American Academy of Orthopedic Surgeons, U.S. Department of Transportation, and the Michigan Department of Health and Human Services EMS Section. Topics include legal responsibilities, anatomy, physiology, patient assessment, management of various emergency situations, extrication, and current standards for BEMTs in the field. This course is based on the requirements for Emergency Medical Technician training from the Michigan Department of Health and Human Services EMS Section. This course is part of a three-semester offering of the Basic EMT Program. This course includes certification in Basic Life Support through the American Heart Association.

EMT 136
Basic EMT Review

2.25 CR

The Basic EMT Review course is designed to prepare a student for the National Registry EMT (NREMT) Examination for the Basic level. Students who participate in this course must have recently completed the Basic EMT certificate at Kellogg Community College. Classroom and computer testing methods are utilized to improve NREMT results on the computer adaptive cognitive test.

EMT 140
EMT Basic 1

6 CR

The Emergency Medical Technician Basic 1 is a Michigan Department of Health and Human Services approved course. This course provides the information and experience necessary to prepare the student to sit for the National Registry for Emergency Medical Responder Certification exam. Topics include legal responsibilities, anatomy, physiology, patient assessment, management of various emergency situations, extrication, and current standards for Emergency Medical Service providers in the field. Students will also participate in scenario-based education and computer-based testing and scenarios to reinforce skills learned within these areas.

EMT 141
EMT Basic 2

7 CR

The Emergency Medical Technician Basic 2 is a Michigan Department of Health and Human Services approved course. This course provides the information and experience necessary to prepare the student to sit for the National Registry for Emergency Medical Technician Certification exam. Topics include legal responsibilities, anatomy, physiology, patient assessment, management of various emergency situations, extrication, and current standards for Emergency Medical Service providers in the field. Students will also participate in scenario-based education and computer-based testing and scenarios to reinforce skills learned within these areas. Additional Information: Departmental approval required.

EMT 142
EMT Basic Simulation

1 CR

Emergency Medical Technician Simulation (EMT Basic Simulation) is a Michigan Department of Health and Human Services approved course. This course provides the information and experience necessary to prepare the student to sit for the National Registry for Emergency Medical Technician Certification exam. Simulation education is a bridge between classroom learning and real-life clinical experience. Simulation offers valuable learning experiences that are difficult to obtain in real life. Learners address hands-on and thinking skills, including knowledge-in-action, procedures, decision-making, and effective communication. Critical teamwork behaviors such as managing high workload, trapping errors, and coordinating under stress can be taught and practiced through various low and high-fidelity simulated emergency events. Additional Information: Concurrent enrollment in EMT 141.

EMT 143
EMT Basic Clinical

.5 CR

This course is designed to provide the clinical hours necessary to meet the requirements of the Emergency Medical Technician Academy Clinical course is a Michigan Department of Health and Human Services approved course. This course is designed for students to observe and participate in the clinical experiences in both the pre-hospital and hospital settings to prepare the student to sit for the National Registry for Emergency Medical Technician Certification exam. Students must have mobile tablet/phone with camera and touchscreen capabilities to participate in this course. Students are subject to background check and drug screen. Additional Information: Concurrent enrollment in EMT 142.

EMT 144
Pre-Hospital Trauma Life Support

1.5 CR

This course is designed to provide the student with the knowledge and skills necessary to care for patients in emergency trauma situations. The course is based on the current National Association of Emergency Medical Technicians' Prehospital Trauma Life Support (PHTLS) curriculum. Recommend Concurrent: EMT 142

[Additional Information](#)
Department approval required

EMT 200
Pharmacology 1

2 CR

This course is designed to provide the paramedic students with a knowledge of basic pharmacological principles, biological factors influencing drug actions, predictable effects of drugs on physiologic problems, modifiers of predictable effects, commonalities and variations between the actions of drugs employed for comparable therapeutic effect, adverse effects of drugs that can and do commonly occur, and application for pharmacological therapy in the pre-hospital setting. Concentration will focus on cardiovascular drugs in this semester.

[Additional Information](#)
Department approval required

EMT 205
Pharmacology 2

2 CR

This course is designed to provide pharmacological information on the remaining non-cardiac drugs, which a paramedic will experience in the pre-hospital and hospital setting. This course is based on the Paramedic Education program requirements as set by the Michigan Department of Health and Human Services.

[Prerequisites & Requisites](#)

- Take EMT 200 with at least a grade of C-.

[Additional Information](#)
Department approval required.

EMT 211
Cardiology 1

2 CR

This is a course designed to provide knowledge in cardiology to fulfill the needs of the Paramedic Program. This course involves medical procedures and use of equipment as stated by the U.S. Department of Transportation, Michigan Department of Health and Human Services, and the American Heart Association Advanced Cardiac Life Support standards. Topics include: rapid interpretation of EKGs, static recognition of EKGs, electrical therapy, pharmacological therapy, and basic algorithms for treatment of cardiac arrhythmias.

[Additional Information](#)

Department approval required.

EMT 216
Cardiology 2

3 CR

This course is designed to provide knowledge in cardiology to fulfill the needs of the Paramedic program. This course involves medical procedures and use of equipment as stated by the U.S. Department of Transportation, Michigan Department of Health and Human Services, and the American Heart Association Advanced Cardiac Life Support standards. Topics include; pathophysiology of heart disorders, Multi-lead EKG interpretation, and therapeutic modalities.

[Prerequisites & Requisites](#)

- Take EMT 210 with at least a grade of C-.

[Additional Information](#)

Department approval required.

EMT 221
Paramedic 1

5 CR

This course is designed to prepare the student for licensure as a Paramedic in Michigan. This course includes patient assessment techniques and concepts, advanced airway management, fluid and shock resuscitation, acid/base and body buffer systems, and multi-systems trauma treatments. Included in this course is a module on medical terminology. The course involves medical procedures and use of equipment as prescribed by the U.S. Department of Transportation, Michigan Department of Health and Human Services, and Calhoun County Medical Control Authority.

[Additional Information](#)

Department approval required.

EMT 225
Paramedic 2

4 CR

This course is designed to prepare the student for licensure as a Paramedic in Michigan. The course involves medical procedures and use of equipment as prescribed by the U.S. Department of Transportation, the Michigan Department of Health and Human Services, and Calhoun County Medical Control Authority. Topics include: advanced life support in gynecological emergencies, emergency management, gastrointestinal emergencies, lab test analysis, and other medical emergencies.

Prerequisites & Requisites

- Take EMT 220 with at least a grade of C-.

Additional Information

Department approval required.

EMT 230
Paramedic Advanced Practice

4 CR

This course provides the paramedic student the knowledge in the transport of patients with special considerations and advanced EMT operations as prescribed in the U.S. Department of Transportation's Paramedic Curriculum. Student will take a comprehensive exam at the conclusion of this course for certification by Kellogg Community College. This certification can be used as evidence of completion for the National Registry Exam (passage of which leads to licensing in most U.S. states).

Additional Information

Department approval required.

EMT 235
Paramedic Pediatric Advance Life Support

2 CR

This course is designed to provide the Paramedic student with the skills and knowledge to handle pediatric emergencies in the pre-hospital setting. Pediatric patients are not treated as young adults. They are a distinct population with different responses to injuries than adults.

Additional Information

Department approval required.

EMT 240
Skills Lab 1

2 CR

This course is designed to provide the Paramedic student with the skills as prescribed by the Michigan Department of Health and Human Services for the paramedic curriculum. This course includes skill practice and scenarios (computer, simulation, and classroom). This course is part of the paramedic curriculum and must be taken with EMT 245 within the same year of instruction.

[Additional Information](#)

Department approval required.

EMT 245
Skills Lab 2

2 CR

This course is designed to provide the Paramedic student with the skills as prescribed by the Michigan Department of Health and Human Services for the paramedic curriculum. This course includes skill practice and scenarios (computer, simulation, and classroom). This course is part of the paramedic curriculum and must be taken with EMT 240 within the same year of instruction.

[Additional Information](#)

Department approval required.

EMT 251
Introduction to the Clinical Experience

1 CR

This course is designed to provide the first semester clinical hours necessary to meet the requirements of the Michigan Department of Health and Human Services Paramedic curriculum. This course includes clinical rotations at various sites including ambulance, hospital, and skilled care facilities. In addition, classroom time is scheduled to review clinical procedures and review progress of the students. Clinical education represents the most important component of paramedic education since this is where the student learns to synthesize cognitive and psychomotor skills. To be effective, clinical education will integrate and reinforce the didactic and skills laboratory components of the program. Clinical instruction will follow sound educational principles, be logically sequenced to proceed from simple to complex tasks, have specific objectives, and be closely supervised and evaluated.

[Additional Information](#)

Department approval required.

EMT 252

3.5 CR

Paramedic Clinical Experience 1

This course is designed to provide the second semester clinical hours necessary to meet the requirements of the Michigan Department of Health and Human Services Paramedic curriculum. This course includes clinical rotations at various sites including ambulance, hospital, and skilled care facilities. In addition, classroom time is scheduled to review clinical procedures and review progress of the students.

Additional Information

Department approval required.

EMT 255

3.5 CR

Paramedic Clinical Experience 2

This course is designed to provide the second semester clinical hours necessary to meet the requirements of the Michigan Department of Health and Human Services Paramedic curriculum. This course includes clinical rotations at various sites including ambulance, hospital, and skilled care facilities. Included in this course is 7 hours of meeting and lecture time with the clinical coordinator, 28 hours of simulation time to aid the students in meeting their required clinical competencies, and 140 hours of time in the clinical environment. Classroom time is scheduled to review clinical procedures and review progress of the students.

Additional Information

Department approval required.

EMT 260

5 CR

Paramedic Internship

This course is designed to provide the Field Internship as prescribed by Michigan Department of Transportation and the requirements of the Michigan Department of Public Health paramedic curriculum. This course is the last course taken as part of the Paramedic Program. This course includes clinical rotations at ambulance services as the lead Paramedic under the supervision of a field Paramedic. Students are expected to complete their clinical competencies during this class. In addition, classroom time is scheduled to review clinical procedures and review progress of the students. This course includes at least eight hours of medical simulation to help achieve any missing Paramedic competencies.

EMT 261

2.25 CR

Paramedic Field Prep

This course is designed to prepare the Paramedic student for a leadership role during the clinical field internship. This course will certify the student in Advanced Cardiac Life Support, Pediatric Advanced Life Support, and Trauma Advanced Life Support. The course involves medical procedures and use of equipment as prescribed by the U.S. Department of Transportation, the Michigan Department of Health and Human Services, and Calhoun County Medical Control Authority.

EMT 271
Community Paramedic 1

3 CR

This course introduces students to the scope of practice and the role of the Community Integrated Paramedic within the healthcare system. Students will obtain an understanding of various systems of Community Paramedicine, the system they function within, and the patients they serve. A valid State of Michigan Paramedic License is required through the end of program.

EMT 272
Community Paramedic 2

3 CR

This course immerses students into the various roles of a Community Paramedic where they are able to evaluate, plan, and implement care strategies specific to their scope and role. Students will engage in case studies and scenarios, developing critical thinking skills required of a Community Paramedic. A valid State of Michigan Paramedic license is required through the end of program.

EMT 273
Community Paramedic Practicum

5 CR

This course introduces students to the management of chronic disease states commonly encountered in the community setting. Students will obtain an understanding of treatment and assessment modalities which will enable them to provide safe and efficient patient care. A valid State of Michigan Paramedic license is required through the end of program.

EMT 274
Community Paramedic Clinical

5 CR

This course immerses students into clinical and simulation rotations allowing them to experience various patient encounters. Under the supervision of a clinical preceptor and working within a healthcare team, students will perform interventions, assess and manage patients. A valid State of Michigan Paramedic license is required through the end of program.

EMT 280
EMS Instructor/Coordinator Training

5 CR

The EMS instructor/coordinator course is designed to provide the student with the knowledge to become a licensed EMS Instructor/Coordinator within the State of Michigan. This course is based on the U.S. Department of Transportation National Standard Curriculum for an instructor training program. This course is approved by the Michigan department of Public Health in conjunction with [EMT 285](#) for licensure as an EMS Instructor/Coordinator in Michigan. For more information, please contact the EMS Education Director or EMS Instructor-Trainer.

Additional Information

Licensure as an EMT-B, AEMT, or EMT-P; three years of full-time field experience; and departmental approval.

EMT 285

5 CR

EMS Instructor/Coordinator Practicum

The EMS Instructor/Coordinator Practicum course is designed to provide the student with guided student teaching within an EMS course or courses. The student will be assigned a site(s) for student teaching. Within this site(s) the student will follow MDHHS guidelines in didactic and lab skills lecture. The course instructor and site instructor will periodically meet with the student to review their performance. Following successful completion of this course, the student will be recommended for MDHHS licensure as an EMS Instructor/Coordinator.

Prerequisites & Requisites

- Take EMT 280 with at least a grade of C-.

Additional Information

Department approval required.

EMT 286

10 CR

EMS Instructor/Coordinator Practicum

The EMS Instructor Coordinator course will include student participation in classroom and online course work along with guided student teaching to prepare the student for licensure as an EMS Instructor Coordinator within the State of Michigan. Following successful completion of this course, the student will be recommended for Michigan Department of Health and Human Services licensure. This course is based on the U.S. Department of Transportation National Standard Curriculum for an instructor training program.

EMT 292

7 CR

UMBC Critical Care Emergency Medical Transport

This course is the nationally accepted University of Maryland-Baltimore County Critical Care Emergency Transport Program. This program is designed to prepare paramedics and nurses to function as members of a critical care transport team. Critical patients that must be transported between facilities require a different level of care from hospital or emergency field patients. Participants will gain an understanding of the special needs of critical patients during transport, become familiar with the purpose and mechanisms of hospital procedures and equipment, and develop the skills to maintain the stability of hospital equipment and procedures during transport. Topics include: the critical care environment, breathing management, surgical airway management, hemodynamic management, cardiac management, pharmacological management, GI, GU and renal management, neurological management, complications of transport, and special considerations. This course is based on the updated 2011 curriculum as prescribed by the UMBC. It is highly recommended that students who take this course are currently licensed as a Paramedic or Registered Nurse, have BLS Provider, ACLS, ITLS/TNCC/PHTLS, PALS certifications and at least 2 years field experience. Lab fee

EMT 295

4.25 CR

UMBC Pediatric/Neonatal Critical Care Transport Course

This intensive one-week course is designed to prepare experienced paramedics, nurses, and respiratory therapists to function as members of a pediatric and neonatal critical care support team. This course is based on the nationally accepted University of Maryland-Baltimore County course in pediatric/neonatal care. Participants will gain an understanding of the special needs of critical patients during transport, become familiar with the purpose and mechanisms of hospital procedures and equipment, and develop the skills to maintain the stability of hospital equipment and procedures during transport. In addition, this course may serve as a springboard for those institutions looking to expand into pediatric critical care.

Additional Information

Two years documented experience in critical care environment.

Dress Code Classroom

Requirements

- Students are required to be in full uniform in classroom settings
- KCC EMS Education Polo Shirt (Classroom/Simulation/Clinical): Provided by KCC EMS Education Department
- Navy EMS slacks/navy jacket (no logo) for clinical
- Black polishable shoes (leather and lace-up preferred)
- Black belt
- Watch with sweeping second hand
- TB mask (provided in class)
- Name Badge (KCC and Hospital ID Badge)
- See Clinical Requirements for Clinical and Simulation Appearance Standards (Dress Code)

Identification Badge (Name Tag/Level of Training)

All EMS students will be required to always wear a name badge. The name badge can either be clipped on the shirt at the neckline or worn on a lanyard during class. The name badge must display the student's name, their EMS program of study/level of training, and the program expiration date and clearly indicate the role of "EMS Student".

Fit Testing

Each student is required to be fitted with an approved TB mask (N95). The mask will be fitted in class prior to clinical participation. Due to OSHA requirements, no facial hair will be permitted if a proper mask seal cannot be obtained. It is the responsibility of the student to remember his/her mask size and to carry the mask during all clinical rotations. (See Fit Testing Form Appendix G).

General Classroom Policies

The following are departmental general didactic classroom policies that are in effect unless otherwise stipulated in the course syllabus.

Attendance/Certification Requirements

To successfully complete EMS core courses, students must:

Attendance:

To successfully complete EMS core courses, students must:

- Have no more than 7% unexcused absences within a course. Exceeding this will result in a one-letter grade reduction. Excessive absences may result in the inability to pass with an 80% or better and in turn dismissal from the program. For example, in a course meeting once a week for 16 weeks, this equates to one missed session.
- Excused absences can be made up for credit with the instructor at instructors' discretion.
- Note: Two unexcused late arrivals or early exits count as one absence. Excused absences and late arrivals are determined by the instructor.

Grades:

- Achieve an overall score of at least 80% or Pass in each section of the program.

Program Components:

- Pass all didactic (lecture), psychomotor (lab), and affective learning (professional behavior) components of the program.

Clinical and Simulation Requirements:

- Successfully complete all clinical and simulation requirements.

Examinations:

- Pass all final and comprehensive program examinations with a score of at least 80% or pass to continue or graduate from the program.

General Policies

1. Tests missed due to unexcused absences will not be made up.
2. All late work (work turned in after the due date) will be subject to a 10% per class penalty calculated on the graded score. Work that is more than two weeks overdue will not be accepted.
3. Leaving class to respond to an emergency run (pagers) will be considered unexcused unless there are extenuating circumstances (i.e., MCI). This is left to the discretion of the instructor.
4. Tests, quizzes, and other testing materials are forbidden to be copied or reproduced without the written permission of the EMS Program Director. This includes but is not limited to photocopying, taking photos of the exams, and manually copying exam

questions. This action will result in a failing grade within the course. The only exception to this policy is the duplication with written instructor permission of blank practical exams.

5. At the Instructor's discretion, an in-depth analysis of student performance on a particular exam may be shared with students in this course. This should not be misconstrued to allow copying and/or distribution of any exam received in class. The instructor will determine and make known what quizzes/tests are or are not allowed to be reviewed in class and kept within the student's possession.
6. During testing, all cell phones, watches, smart glasses, notes, books, and other items must be removed from the desk and person and stored in a bag or container provided by the student. If items are allowed for use during an exam, the instructor will specifically state what they are at the beginning of the exam.
7. Students are responsible for maintaining current "BLS (Basic Life Support) providers" CPR certification and EMT licensure (if Paramedic or Specialist student) during the program.
8. EMS courses need class participation to be successful. If a student has a question, comment, or tidbit to add to a subject, they are encouraged to speak up and ask questions. Others may benefit from their input.
9. Students should not be afraid to ask the question, "why?" Remember that much of EMS operates in a grey zone. It helps to see the various shades of grey if you understand the issues. It's "big" versus "little" picture stuff!
10. EMS courses are not designed to be a student against a fellow student. Classes are not graded on a curve. They are designed to improve each student independently of the other. It is expected that if a student observes a fellow student in difficulty, they will aid where possible. Often in the process of doing this, they actually learn the material better. These only mimics what KCC hopes will occur in the pre-hospital setting.
11. Student preparation (what the student agrees to do...)
 - a. All chapters listed for the week's lesson are expected to be read **prior** to the class lesson.
 - b. Students are expected to have a pen or pencil, notebook, and texts in class for each lesson.
 - c. Students are responsible for all work missed in the event of an absence. It is their responsibility to find out what work they have missed by either contacting their instructor or a fellow student. We strongly encourage students to get two names/phone numbers of fellow students in their class for help in this area in the event an emergency prevents them from attending class.
12. The instructor's preparation (what the instructor agrees to do...)
 - a. The instructor or guest will be to class on time.
 - b. The instructor will be prepared for class.
 - c. The instructor will make quizzes/tests as fair and impartial as possible.
13. Quizzes are an educational opportunity – as such, instructors need to provide them as often as possible to help students gauge their understanding of the material. Normally, quizzes are not made up. Quizzes will be given in the lab, which may count in the classroom quiz grade. These may or may not be announced prior to the lab class in

which it is given. Students should expect to take a quiz each class period (lab and lecture.) Instructors may drop the two-four lowest quizzes from their grades at the end of the semester. Missed quizzes (lab or lecture) will be dropped first.

14. Students should plan to spend an additional 2-3 hours per week per contact hour of class for both study and practice of practical skills.
15. Part of working in EMS is learning to work with others. EMS functions on a team concept. Without it, lives are lost. Because of this, part of the student grade will be based on group activities in lectures and labs. Students are held accountable for their participation in these group activities through the grading system indicated by the class instructor. Teamwork should be shared and equal amongst a team, strengthening weak skills while maximizing the use of individual strengths. By doing this, everyone benefits.
16. A passing grade in a lecture does not guarantee a passing grade in the course. All sections of the course, including lecture, laboratory, and clinical, must receive a passing grade in order for the student to graduate. **Attendance requirements (no more than 7% absence) must be met to be recommended for certification.** A passing grade or completion certificate in classes does not guarantee state licensure.
17. Student Email: All KCC students are provided with email accounts through the College server. You will be responsible for checking your KCC email daily and should be prepared to use KCC email as part of student-College interaction. For email account information, check the Web at <https://owa.kellogg.edu/owa/> (or by accessing the Bruin Portal located at www.kellogg.edu).
18. Kellogg Community College serves a diverse population of EMS students from several different and sometimes competing agencies. The EMS program is a neutral place for all students to better themselves and learn new information to help them better serve their patients. KCC also uses several different EMS agencies to provide clinical experience for students in different environments. Therefore, the paramedic program staff, many of whom work for these different agencies, respectfully request that all differences be left at the door during class sessions. Also, during your education experience, instructors will discuss case studies and answer student questions related to specific calls and situations. The information is given, and the discussions that ensue are not to be construed as negative and/or "bashing" any service but used as a learning experience. Without these case studies and discussions, the program would lose much of its practical value, so please keep in mind this is a learning center, not a political arena.

Cell Phones

While the EMS faculty recognizes that communication with family and friends is important, the use of personal cell phones in class is very distracting to other students and to your instructor. Please keep all personal electronic devices in either vibrate or silent mode during class. If you are experiencing a family emergency and must keep a cell phone on, please obtain instructor permission prior to class. We appreciate your cooperation in providing an environment conducive to learning for all students.

Alcohol and Drug Policy

KCC's concern for individual students, the effects of drugs and alcohol, and the potential harm of the use of drugs and alcohol are consistent with the requirements of the Drug-Free Schools and Communities Act of 1965 (HEA), as amended by the Drug-Free Schools and Communities Act Amendments of 1989. KCC believes that drug abuse education and prevention programs are essential components of a comprehensive strategy to address illicit drug and alcohol use by students and employees on KCC premises or while engaged in KCC-related activities. Such abuse constitutes a grave threat to physical and mental well-being and significantly impedes the learning process. A listing of the effects and uses of drugs and alcohol is found at www.drugabuse.gov/publications/drugfacts/nationwide-trends.

As addressed in the Student Code of Conduct, KCC complies with local, state, and federal laws including those which regulate the possession, use, and sale of alcoholic beverages and controlled substances. A copy of the legal sanctions under local, state, and federal law for the unlawful possession or distribution of illicit drugs and alcohol is found at <https://www.dea.gov/drug-information>. For more information, reference the [KCC Student Handbook](#).

Patient Rights and Confidentiality Legal Responsibilities

EMS students are responsible and liable for their own actions and any acts of negligence committed during clinical experiences. When you perform duties that are within the scope of professional paramedics, such as administering an injection, you are legally held to the same standard of skill and competence as a licensed paramedic. Lower standards are not applied to the actions of paramedic students. To fulfill responsibilities to clients and to minimize chances of liability, paramedic students must:

- Be prepared to carry out the necessary care of assigned patients.
- Ask for additional help or supervision in situations for which they feel inadequately prepared.
- Comply with the policies of the agency in which they obtain their clinical experience.

Kellogg Community College requires EMT and Paramedic students to participate in KCC's Liability Insurance. Students are NOT authorized to complete clinical rotations outside of the college's prescribed semester dates.

Smoking/Vaping/Tobacco Policy

All KCC facilities are tobacco-free pursuant to Part 1226 of the Public Health, PA 368 of 1978. In addition, KCC adheres to the Calhoun County Clean Air Act, which prohibits smoking in public places, places of employment, and places of recreation, at all its campus locations. For more information, reference the [KCC Student Handbook](#).

Smoking, vaping, including the use of e-cigarettes, is only permitted in the following locations:

North Avenue Campus

- Picnic table at southwest side of the Davidson Center

- Southwest end of Binda Performing Arts Center
- South corner of outdoor seating are west of the Roll Building main entrance
- Rear of Miller Gym
- Center of covered parking is at Mawby Center
- Private vehicles

Eastern Academic Center

- Paved area at rear (east side) of building
- Private vehicles

Fehsenfeld Center

- Paved area at south side of garage
- Private vehicles

Grahl Center

- Northeast corner of the garage
- Private vehicles

RMTC

- Picnic table at the south end of the building
- Private vehicles

Student Employment

Students are encouraged **NOT** to work **full-time** during the EMS program. Due to limited clinical site affiliations and scheduled workdays within the clinical assignments, students will be required to follow a rigid schedule during their clinical site portion of the program. Therefore, if a student chooses to continue to work while in the program, the clinical site schedule will not be altered or adjusted in any way to conform to the student's personal work schedule. **EMS students are prohibited from performing employee duties at the clinical site during any part of their clinical education while they are operating as students.**

Vehicle Parking

All EMS students are to park their cars in a designated area of a particular clinical site choice.

Advanced Placement

Currently, KCC does not have an advanced placement policy for EMS students.

Academic Performance

Student Responsibilities

- All students are expected to be aware of all criteria set forth and be cognizant of their role in the learning process.
- It is the student's responsibility to read and understand the course outline and adhere to the program attendance policy.
- As a student, you are expected to schedule at least two hours of study time outside of class for each hour the class meets.
- Each student is responsible for reading the text, completing all assignments and not relying entirely on classroom lecture to learn the required material.
- If help is needed in completing an assignment, the student must show the attempted work when seeking help. The student is encouraged to contact the instructor during posted office hours or by special appointment.
- Each student is responsible to be honest with all paperwork associated with completing the course requirements: homework, exams, clinical, and internship. If the student fails to do so, this will result in a grade of zero. See academic policy for cheating.
- The student should read, understand and refer to the National curriculum, State objectives, course outline, and student handbook.
- The student should save (archive) samples of his/her best work to complete a portfolio, which will be required for program completion. The student is encouraged to contact the instructor if there are any questions.
- Students must come to class dressed appropriately in uniform, wearing proper ID, on time, and with all completed assignments.
- Participation in all classroom/lab activities is mandatory. Failure to participate will result in an incomplete for the class.
- The student is responsible for all announcements and material presented in class, for completion of all homework and lab assignments, and for actively participating in the learning process, which includes participating in Moodle and utilizing the KCC email system as correspondence, which will be maintained through this source.

Didactic Grading Policies

Each course instructor or team of instructors will decide how the grading in the course is to be determined. This will include numbers of quizzes, tests, homework assignments, papers, presentations, skills evaluations, etc. The instructor(s) will also be responsible for deciding the relative weights of each item (ex: tests are worth 40% of the final grade, etc.). Generally, it is the policy of the EMS Program that the Final Examination is worth no less than 25% of the final grade and it is cumulative in nature. Students will be assigned a final percentage from which the final grade will be assigned using the scale below.

An EMS student must maintain a 2.5 GPA (80% level) in the EMS courses while they are in the program and must maintain this overall GPA to receive the Associate of Applied Arts and Science Degree or the Certificate Degree. A student will not be allowed to register for the next

semester in a series (i.e., Paramedic EMT 200 followed by EMT 205) without a 2.5 minimum. If at any time a student falls below the minimum, the student will be expected to seek guidance from the instructor and to adhere to any or all academic suggestions.

Grades will be changed only for incomplete grades or faculty/clerical error. Incompletes will only be given in extreme situations (i.e., death, serious medical, etc.). It will NOT be utilized for change of job, poor attendance, etc. For a student to be granted an incomplete they must be in excellent academic standing, meet what the instructors to consider “an extreme situation”, and sign a waiver. The waiver will state they, the student, understand they will have one (1) semester to complete the course, or the last grade earned will be used in computing a student’s cumulative grade point average. All grades will remain on the student’s academic records and any grade not used to compute a student’s GPA will be designated. The complete credit hours will be counted only once for each degree/certificate purpose. EMS courses earning an Incomplete that are longer than one (1) semester will require that students attend all semesters again from the beginning due to the nature of the courses and loss of didactic and practical skills. Any exception to this rule will be decided on the case by case basis.

All EMS course grades are first figured as a percentage of total possible points on the examination; then, the percentage is converted to a number grade using the following scale.

Percent	Grade	Percent	Grade	Percent	Grade
97 – 100%	A	86 – 88%	B-	75 – 79%	D+
94 – 96%	A-	84 – 85%	C+	73 – 74%	D
91 – 93%	B+	82 – 83%	C	70 – 72%	D-
89 – 90%	B	80 – 81%	C-	0 – 69%	F

The final grade is given is an accumulation of coursework grades and includes performance in the affective domain. At times, content from previous courses will be tested in subsequent courses. It is the student responsibility for material covered in prior courses, as many EMS courses build on previous knowledge.

Minimum Passing Grade

The minimum score necessary for course completion is 80 percent. Students who do not receive a minimum score of 80% (C-) are not eligible to challenge the state exam for licensure. Students who receive a score below 80% also are not eligible to continue in their program of study until the failed course is repeated with a satisfactory grade. Pass/Fail courses must receive a minimum “Pass” score to be eligible for the state licensing exam. This applies to all EMS coursework.

Supportive co-or prerequisite coursework may have a higher minimum grade requirement then C- as a course prerequisite. Consult the prerequisite requirements for specific courses in the KCC College Catalog. For example, BIOL 202 requires successful completion of the BIOL 201 with a “C” or better as a prerequisite for enrollment.

The minimum passing grade for any course to be applied towards the Michigan state-level agency responsible for regulating EMS Education approved certificate and eventual licensure is a C- (80%) or “Pass”. There are no exceptions to this rule. Required pre-or co-requisite courses such as Anatomy and Physiology may have higher minimum grade prerequisite scores.

Lecture Attendance

Dependability and punctuality are crucial in the EMS educational component. Any absence or tardiness, no matter how legitimate, disrupts the learning process of the students and the operation of the educational environment. There are minimum numbers of state-required hours that CANNOT be made up. Students missing more time than the minimum required class hours will neither be recommended nor eligible for the National Registry Examination.

Classroom hours (lecture, lab, and simulation) and all clinical hours (hospital, specialty, and ambulance) are included for this policy. Tardiness and leaving early will be counted against this required time. The student will be allowed absentee time according to the course syllabus and the Michigan state-level agency responsible for regulating EMS Education guidelines. Students are required to make up subject matter for missed classroom time regardless of whether the absence is excused or unexcused.

Any student missing more than 5 minutes, but less than 15 minutes of the class period will be considered tardy. Any student missing more than 15 minutes will be considered absent. The first tardy will result in a verbal warning to the student. A second tardy will result in a documented written warning to the student, and the third infraction will result in a full absence or 8 hours of missed classroom time. Chronic tardiness or excessive absences can prevent the student from receiving a completion document and are grounds for removal from the program. Any missed time will be recorded and counted towards the student's attendance.

Comprehensive Final Written Examination

A comprehensive department final examination will be given at the end of the course. This test is written at the department level to assure competency in all courses. All students must pass this examination with a minimum score of 80% to be eligible for the National Registry of EMT's or state exam for their respective level of licensure. **Any student who does not pass the exam with the minimum score will be given the opportunity to review and challenge the exam a second time. Any student who does not pass the second attempt will NOT receive a completion certificate and will not be eligible for national certification.** Normally, the final examination for each of the licensure levels will be given as follows:

- EMT C200 (lecture section) Final Exam for Medical First Responder
- EMT 140 (lecture section) Final Exam for Emergency Medical Technician 1 (MFR)
- EMT 141 (lecture section) Final Exam for Emergency Medical Technician 1 (EMT Matriculation)
- EMT 230 Final exam for Paramedic

- EMT 260 Final Exam for Clinical/Internship
- EMT 280/286 Final Exam for EMS I/C
- EMT 171-174 Final Exam Community Integrated Paramedic

Comprehensive Computerized Adaptive Testing

Students are required to pass a computerized adaptive test as part of their MFR, Basic EMT and Paramedic Programs. Within the MFR and Basic EMT Programs, this exam must be passed prior to challenging the final written comprehensive exam. Within the Paramedic program, this exam must be passed prior to completing the clinical internship (EMT 260).

The results on the CAT test are broken down by category and score for the students. Possible scores in each category are: Fail, Not Good, Good, and Pass. A score of Fail or Not Good are not acceptable for minimum passing scores. A score of Good or Pass is an acceptable passing score.

For KCC, all students need to complete this CAT online comprehensive final exam with a score of Good or Pass in all modules to be deemed acceptable and successful for recommendation to take the National Registry Exam. If you have specific questions regarding this exam, see your classroom lecture instructor.

Lab Grading

Students are required to pass all skill lab assessments with 100% accuracy. Lab skill exams (midterm and final) are based on the first attempt at a skill testing station. Students will be allowed a second attempt at the skill station if they fail the first attempt. If the student fails the second attempt at the skill station the student will fail the lab skills exam and therefore, the lab course unless deemed otherwise by the EMS Program Director. This policy applies to all lab practical exams. Lab courses are graded with a final grade of "P" for Pass or "F" for Fail based on performance in the coursework. No letter grade is normally assigned for skills courses due to the nature of the class.

Lab Skills Exam Grading

Students are required to pass a practical skill examination at the end of their course. Students must successfully complete all areas of the exam in order to be eligible for licensure. Students will be allowed a second attempt at the skill station if they fail the first attempt. If the student fails the second attempt at the skill station the student will fail the Comprehensive Final Practical Examination. Any student who does not pass the second attempt will not receive a completion certificate and will not be eligible for national certification, and therefore, be removed from the program of study unless deemed otherwise by the EMS Program Director. Normally, the Final Practical Exam will be given during the following courses.

Lab Courses: (EMT C200 (lab), EMT 140/141 (or equivalent EMT course/lab), EMT 240, EMT 245, and EMT 261) are graded with a final grade of "P" for Pass or "F" for Fail based on performance in the coursework. No letter grade is normally assigned for skills courses due to the nature of the class.

Clinical/Internship Grades

Students are required to complete ALL CLINICAL/INTERNSHIP hours within the allotted time frame. Students are also required to submit all required clinical documents as described in the Clinical/Internship Paperwork section. Students must also meet the minimum clinical skill competencies. Clinical/Internships courses are graded with a final grade of “P” for Pass or “F” for Fail based on performance in the coursework. No letter grade is normally assigned for skills/clinical courses due to the nature of the class.

Basic EMT, Specialist EMT and Paramedic Level

It is important to note that if a student fails the clinical portion of a course that the student fails the entire course regardless of academic performance.

The KCC EMS program has moved all but the shift summary reports to an electronic website (Platinum Planner) for clinical related submissions. The shift summary is completed, photocopied and uploaded to the Platinum Planner site. This process and the associated details are explained during the Clinical Orientation and reviewed throughout the course.

For each clinical the student will be required to complete a clinical rotation summary in Platinum Planner documenting skills performed and summary of activities and patients seen. Students will also be required to complete patient care reports (PCRs) for each ambulance clinical attended. Other coursework may be assigned at the discretion of the lead or clinical instructor.

Please note while every effort will be made to coordinate clinical schedules around student schedules, clinical rotations are mandatory, and the EMS Program reserves the right to assign students to clinical. It is the student’s responsibility to attend clinical and meet the objectives for clinical rotations.

Critical Concepts & Skills

Certain skills performed by EMS professionals are considered to be critical skills. These skills are defined by the instructors as those which could adversely affect patient care if performed improperly. The following critical skills have been identified as included at each of the following levels (but not limited to):

Medical First Responder

- Patient Assessment
- Cardiopulmonary resuscitation (all skills in the HealthCare Providers Course)
- Airway and oxygen therapy skills (listed in the Michigan Goals & Objectives)
- Spinal Motion Restriction
- Extrication
- Splinting
- Bandaging
- Supraglottic Airway usage
- Automatic/semi-automatic defibrillation

Basic EMT

- All skills listed in Medical First Responder
- Medication administration
- Traction splinting
- CPAP
- IM Injections

Advanced EMT

- All skills listed in the Basic EMT & MFR levels
- Medication Administration
- Intravenous/intraosseous fluid administration

Paramedic

- All Skills listed in Advanced EMT/Specialist, Basic and MFR levels (these skills are expected to be performed incorporating the advanced knowledge base)
- Manual defibrillation
- Pacing
- Advanced airway skills (Chest Decompression, Cricothyrotomy, etc.)
- Medication administration (all forms)
- ECG interpretation
- Critical thinking
- Protocol usage
- Triage, Mass Casualty Incident, Incident Command – Medical Sector
- Other skills not listed but included within the Paramedic Student Minimum Competencies

Any student who does not meet the minimum requirements of these sections during the program must perform remediation (see below). Any student who fails to meet the minimum requirements of the above sections at the final exam or who fails to perform remediation will not be eligible to challenge the Michigan state-level agency responsible for regulating EMS Education exam for licensure regardless of the student's point score. Students who are deficient in any critical skill areas are not eligible to continue in the program.

Remediation

Remediation is a skill designed to improve a student's comprehension of a particular subject. Any student who fails to meet the minimum requirements for a written critical concept will be required to research the topic and present a 2–3-page typed report to the instructors. Any student who fails to meet minimum requirements on any practical skill will be required to spend an additional two (2) hours of practice on the skill under the supervision of an instructor or his/her designee and then be reevaluated on the skill. Remediation is not meant to punish the student but to allow the student to reach a reasonable level of mastery of the subject.

Re-Evaluation of Critical Skills

A student who has failed a critical skill is allowed one re-examination on that skill following remediation. When a retest is occurring, two EMS Staff members must be present to witness the validity/fairness of the exam being administered to the student. The first staff member will perform the evaluation of the student based on the accepted criteria for the test. The second staff member evaluates that the test, scoring, and outcome are valid and fair for the performance witnessed. The following chart indicates who is recommended for the re-examination process at each program level.

Program	Primary Evaluator	Testing Process Evaluator
Medical First Responder	Primary Lab Instructor	Full-time EMS Faculty
Basic EMT	Primary Lab Instructor	Full-time EMS Faculty
Specialist EMT	Primary Lab Instructor	Full-time EMS Faculty
Paramedic	Primary Lab Instructor OR Primary Course Coordinator	Full-time EMS Faculty
EMS I/C	Primary Instructor	EMS Program Director

Following the evaluation, both evaluators will complete separate evaluations prior to discussing the evaluation with each other or the student. These are to become part of the student record, and the outcome of the evaluation will be shared with the student upon completion.

Comprehensive Final Practical Examination

Students are required to pass a practical skill examination at the end of their course. Students must successfully complete all areas of the exam to be eligible for licensure. Students will be allowed a second attempt at the skill station if they fail the first attempt. If the student fails, the second attempt at the skill station the student will fail the Comprehensive Final Practical Examination. Any student who does not pass the second attempt will not receive a completion certificate and will not be eligible for national certification, and therefore, be removed from the program of study unless deemed otherwise by the EMS Program Director. Normally, the Final Practical Exam will be given during the following courses:

- EMT C200 (lab section) for Medical First Responder
- EMT 140 for EMT Basic 1
- EMT 141 for EMT Basic 2
- EMT 245 for Paramedic
- EMT 230 (Simulation) for Paramedic
- EMT 260 for Paramedic

Affective Laboratory Evaluation

Utilizing the EMS Professional Behavior Evaluation form, an evaluation of student performance, obtained three times per semester (week 3, 8, and 14), effectively measures student progression in the affective learning domain. This evaluation ensures each student demonstrates professional behavior and growth throughout his or her EMS education.

Students are required to pass a minimum of two evaluations per semester. Students, who do not successfully pass the Professional Behavior Evaluation, will receive a written warning and participate in an advising meeting regarding their poor affective evaluation. A second failing evaluation within the same semester will indicate a critical warning and the potential for removal from the program of study. Each score of “Not yet Competent” will result in deduction from the total points possible (11 points possible). Passing cut scores are outlined below per class section (see appendix H).

Affective Evaluation Passing Score						
Course	<i>EMT C200</i>	<i>EMT 130-141</i>	<i>EMT 221</i>	<i>EMT 225</i>	<i>EMT 230</i>	<i>EMT 261</i>
<i>Week 3: 15 WK Course</i>	80% (Score: 10.4/13)	80% (Score: 10.4/13)	80% (Score: 10.4/13)	90% (Score: 11.7/13)	90% (Score: 11.7/13)	100% (Score: 13/13)
<i>Week 2: 7 WK Course</i>						
<i>Week 8: 15 WK Course</i>	90% (Score: 11.7/13)	90% (Score: 11.7/13)	80% (Score: 10/11)	90% (Score: 11.7/13)	100% (Score: 11/11)	100% (Score: 11/11)
<i>Week 4: 7 WK Course</i>						
<i>Week 14: 15 WK Course</i>	90% (Score: 11.7/13)	90% (Score: 11.7/13)	80% (Score: 10.4/13)	90% (Score: 11.7/13)	100% (Score: 13/13)	100% (Score: 13/13)
<i>Week 2: 7 WK Course</i>						

Platinum Testing

A student may (varies by class) be issued authority to use the EMS CAT Testing. Students may not in any way cut and paste, copy, or reproduce the test questions. This is a copyright infringement. **Students found reproducing this test material will be immediately dismissed from the program, and their information will be turned over to legal affairs and to the Platinum Education Group.**

Test materials may be generated from any validated source or may be written by the KCC EMS program and validated against the National Curriculum. Platinum quizzes and tests are monitored by the instructors. You are only allowed to access the quizzes/tests that you have been cleared to take.

Cheating

Cheating is defined as but not limited to copying another's answers; giving answers on tests to another; bringing answers to a test situation; plagiarism including copying other student's papers, etc.; forging competency evaluation forms; forging or misrepresenting clinical hours; any other act which does not truly reflect the student's progress. Breaching security measures on quizzes, tests and exams may be cause for termination, including but not limited to copying, photography, or videography of test questions. Any student found cheating in any EMS course will fail that course and a written warning will be issued following the due process procedure. While KCC encourages students to collaborate in study groups, work teams, and with lab partners, each student should take responsibility for accurately representing his/her own contribution.

Artificial Intelligence Use Policy

Artificial intelligence (AI) tools may be used as a resource for organizing notes, generating study outlines, or assisting with personal organization. However, AI use is strictly prohibited for producing any graded work, including papers, essays, discussion boards, projects, or other assignments. All submitted work must be your own original writing to ensure academic integrity and compliance with program and institutional policies.

- [Click here: Academic Integrity Policy can be found in the current KCC Student Handbook](#)

Tutoring

Tutors may be available to help students having difficulties in various EMS and related topics. If a student is having difficulty in a course, they may request a tutor from The Center for Student Success. The Center for Student Success staff will work with the EMS or related department/instructor to identify another student who has the ability and is willing to be a tutor. This service is done at no charge to the student. Because EMS students utilize skills and equipment that are unique, The Center for Student Success and EMS Program has agreed to allow, when it is available and required, the use of the EMS Program area for their sessions.

While Kellogg Community College will make every effort to provide a tutor to students who are having difficulty and request help, it cannot guarantee that a tutor will be found within a discipline or that the use of this tutor will be effective. If a student desires a tutor or has additional questions, they should either call The Center for Student Success at (269) 660-2296 or apply online at [Center for Student Success | Kellogg Community College](#). The Center for Student Success is located on the 2nd floor (upstairs) of the Ohm Information Technology Center on the North Avenue Campus Battle Creek.

Incomplete "I" Grade Policy

The grade of "I" **may** be awarded only when the instructor has determined that illness, unavoidable absence, or extenuating circumstances will prevent the student from completing all course requirements. At a minimum, they must have completed a majority of the coursework and have a passing grade at the time the student requests the "I" from their instructor.

Remaining course requirements must be completed within one calendar year of the end of the semester in which the "I" grade was assigned. It is the student's responsibility to make arrangements with the instructor issuing the grade for completion of the remaining course requirements. If the course requirements are not completed, the "I" grade will remain on the student's academic record. For more information, reference the [KCC Student Handbook](#).

Course Withdrawal Policy

If the student drops a class during the refund period, their academic record will not be affected. If they withdraw after the refund period and before the last date to withdraw, a grade of "W" is placed on their transcript. If they withdraw after the last date to withdraw for a grade of "W", the grade of "F" is placed on their transcript. The decision to withdraw from a course can have a significant impact on a student's financial aid and their academic record. For financial aid purposes a "W" is treated the same as the grade of "F". Be sure to read the course withdrawal policy in the College catalog and contact the Financial Aid Office for more information on how this decision will affect student's financial aid award.

The last day to drop for a refund and the last date to withdraw for a grade of "W" can be found at www.kellogg.edu. Click on "Class Schedule" (located just above the Bruin portal icon on the home page). Locate the course you are enrolled in and click on the hyperlink for the course title. The dates are listed in the section information detail.

Laboratory Policies

Lab Attendance

Dependability and punctuality are important factors in the EMS clinical component. Any absence or tardiness, no matter how legitimate, disrupts the learning process of the students and disrupts the operation of the clinical sites. There are minimum numbers of state required hours that CANNOT be made up. Students missing more time than the minimum required class hours will neither be recommended nor eligible for the National Registry Examination.

Classroom hours (lecture, lab, and simulation) and all clinical hours (hospital, specialty, and ambulance) are included for this policy. Tardiness and leaving early will be counted against this required time. The student will be allowed absentee time according to the course syllabus and the Michigan state-level agency responsible for regulating EMS Education guidelines. Students are required to make up subject matter for missed classroom time regardless of if excused or unexcused.

Any student missing more than 5 minutes, but less than 15 minutes of the class period will be considered tardy. Any student missing more than 15 minutes will be considered absent. The first tardy will result in a verbal warning to the student. A second tardy will result in a documented written warning to the student, and the third infraction will result in a full absence, or 8 hours missed classroom time. Chronic tardiness or excessive absences can prevent the student from a completion document and are grounds for removal from the program. Any missing time will be recorded and counted towards the student's attendance.

Platinum Planner and the clinical verification form will act as the attendance roster. Lack of signature will be considered an absence. All time not in class (arriving late or leaving early) will be tracked and considered time away from the "required minimum hours".

General Lab Policies

1. Attendance at skills lab is mandatory.
2. Students must sign the attendance sheet and include the time of arrival.
3. All supplies must be placed in the correct station carriers, lockers, and/or storage areas before lab can be dismissed.
4. Universal precautions/BSI are to be used in all training and simulations. Any student who does not use universal precautions during training, testing, or simulations will be considered as having failed that area.
5. KCC Clinical uniform is to be worn to all Lab Classes. Kellogg Community College is not responsible for soiled, stained, or damaged clothing.
6. No skills will be performed in lab which have not been demonstrated and approved for practice by the lab instructor. For higher level labs (Advanced EMT/Specialist and Paramedic), it is assumed that all skills which are part of the license for Basic EMT will be performed without approval or previous demonstration.

Lab Simulation Policies

1. Because you are graded as a team, students should look like a team. Students should come to lab and simulation time slots with their clinical blue shirt and dark blue pants. Likewise, it is recommended that student always have a change of clothing in the event they become soiled in lab or clinical simulation. The instructor will inform you the day of the simulation what clothing is required and may waive the use of clinical uniforms.
2. All students will receive equitable time as the lead technician as well as being the patient.
3. Students not involved in the direct simulation will perform critiques of the simulation. Remember this is a learning experience and all students will perform all roles.
4. If a patient is conscious, they will answer questions according to the instructors prompting.
5. If a team wishes to obtain vital signs, one of the members will have to physically take the vital signs. The instructor will then provide any necessary changes to the vital signs obtained.
6. All simulations are performed in real time. In the initial phases of your training, if you become confused or need a moment to regroup, you may ask for a brief "timeout". The lab instructor will inform you when this is no longer an option.
7. The lead technician on each scenario must write a run sheet for the call completed during the scenario. Run sheets are available in the paramedic lab. Once completed the run sheet should be given to the lab instructor for grading.
8. Understand that the meeting times for a clinical simulation shift are estimated times for completion. Students should not schedule any other activities (work, clinical shifts, etc.) for at least 2 hours after the end of a clinical sim shift so that they allow themselves adequate time to restock the supplies they used, write reports, and complete a debriefing or simulation. Different groups work at different speeds. Instructors will do everything they can to get everyone out on time, however students should be prepared for additional time, should it be needed.

Medical Simulation for Clinical Competencies

1. To obtain the more challenging clinical competencies, high-fidelity medical simulation may be utilized as part of the clinical course. In each of the 3 clinical courses (EMT 251, 252 and 255) clinical modules will be required as part of the clinical experiences. Students must use the Platinum Planner program to sign up for clinical at the times offered. Participation in the clinical simulations is a mandatory component of the clinical experiences.
2. Clinical Simulation is meant to simulate what students should expect when working on an ambulance full-time. Therefore, the shift start time and end time is the time that the unit is expected to be in service and the end time is the time the shift should end. In real life, once a shift ends, the workers must prepare the vehicle for the next crew. Simulation shifts are no different. Equipment must be left in "ready to use" condition.

3. All clinical simulations are video recorded to allow better review during the debriefing. A time-encoded event log is kept which records changes in the patient status and what the students see on their monitors.
4. The following concepts are emphasized in clinical simulations:
 - a. Adherence to medical protocols
 - b. Leadership and teamwork skills
 - c. Communications
 - d. Sentient events
 - e. Situational awareness
 - f. Critical thinking skills
 - g. Proper use of technology
 - h. Assessment
5. If observed student competencies in medical simulations achieve passing standards, they will be counted as part of the clinical competencies and recorded in Platinum Planner.
6. On clinical simulation dates, the simulation will be scheduled for a 4-hour block. It is the student's responsibility to arrive early and check out their equipment and ambulance as a team. No time will be given to check the equipment once the simulation time starts.
7. The following is a typical simulation day:
 - a. Prior to shift start, students should arrive to check equipment (radio, jump kit, drug bag, unit cabinets, extrication bag, oxygen levels, etc.) and get ready for the day's calls. Students should be ready to respond by the start of the shift. If a group of students work as a team, this can usually be done in 15-20 minutes. If they take longer, it is the student's responsibility to provide that additional time in their schedule prior to class. Generally, the simulation lab will be open at least one hour prior to a simulation. Time spent in simulations will count as clinical time.
 - b. A short pre-brief will be given which educates the students on what to expect for the day. Included will be any changes or *simisms* (things we do to simulate reality) to expect. Students may also be given an opportunity to familiarize themselves with the manikin or manikins that they will be using for that day.
 - c. Students will be moved to a staging area (usually the hallway past the shipping and receiving doors) and the first simulation will begin.
 - d. Following the simulation, a debriefing will occur in which excellent actions and areas that can be improved will be reviewed. The purpose of debriefing is to help the student identify their strengths and weaknesses so that they can improve their performance. Clinical simulations are not to be punitive in any way.
 - e. Additional simulations will be performed (usually 2-3 per shift) and debriefed.
 - f. Upon conclusion of the last debriefing session, students will replace all supplies that are used. All equipment should be left in a condition ready for use by the next crew. Students are responsible for the condition they leave equipment in.
 - g. Students must document the simulations/clinical shift in Platinum Planner according to clinical documentation standards.

8. Because simulations are often repeated within the same class, students are not to discuss any specific information regarding the simulation or experiences of other students outside the simulation lab. This results in less learning for the next group of students and decreases the enjoyment. Remember, ***what happens in the sim lab, stays in the sim lab.***

Invasive Lab (wet skills lab)

Policies

Lane Thomas 201/106 is the designated invasive lab for the Paramedic Program. Due to the nature of the invasive component of the paramedic class, some additional policies must be followed in the invasive lab:

1. All jackets, coats, books, bags, purses, and other personal belongings must be left in the lockers provided. Locks, at the student's expense, may be temporarily placed on the lockers while using lockers during an invasive class session. Locks are not to be left on the lockers overnight or for any extended period. Locks left on lockers overnight will be cut off and removed. All food and drinks must be left outside the invasive lab area. There is a table provided in the hallway for these items.
2. In the event of a blood spill onto a surface other than the designated padding (floor, table, etc.), the instructor must be notified immediately. The spill must then be handled in accordance with posted guidelines.
3. **All live invasive procedures (procedures performed on a live person) may only be performed with a paramedic instructor present.**

Invasive Skills

Live IV sticks are part of the learning experience at Kellogg Community College. There will come a point in the paramedic's education where he/she will graduate from simulated IV manikins to live IV sticks on fellow students prior to performing this skill on patients in a clinical setting. While there are some inherent risks to live IV sticks the chance of complications are remote if the following guidelines are followed.

1. All live IV sticks must follow aseptic technique as taught in the lab section and outlined below.
 - a. Site selection is restricted to upper extremities in laboratory
 - b. IV sites must be cleaned with both iodine and then with alcohol
 - c. Cleansing must be in a circular pattern progressively away from the site
 - d. Sites must be cleansed after IV's are removed
2. IV sites may only be used once every fourteen (14) days. If a site is not healed within 14 days, it may not be used until it has completely healed.
3. If any of the symptoms below appear at an IV site, the student is to notify the lab instructor or the EMS clinical coordinator as soon as possible.
 - a. Swelling for more than 48 hours after the IV stick
 - b. Red streaks leading from the IV site
 - c. Pain for more than 48 hours after the IV stick
 - d. Sudden increase in temperature within one week of an IV stick
 - e. Any unexplained illness or prolonged illness during the program
4. If a student reports any of the above symptoms, they will be examined by the lab instructor and/or the EMS Clinical Coordinator. If either professional feel there may be reason to suspect complications, the student will be referred to Occupational Medicine at Bronson-Battle Creek for follow up.

The remote chance of complications is far outweighed by the benefits of live sticks in the lab. These benefits include:

1. The opportunity for the student to examine the anatomy of a live model as it relates veins and other anatomic structures related to the skill of IV initiation.
2. The opportunity for the student to experience the "feeling" associated with a live IV stick. This experience is necessary prior to the student practicing on clinical patients.
3. The opportunity for the student to experience problems associated with live IV sticks prior to practicing in a clinical setting. These problems include valves, small veins, rolling veins, bleeding control and possible hematoma.
4. Empathy training. Students need to understand what the patient is experiencing while a procedure is being performed. This is paramount to the paramedic's future understanding of the field.

Open Lab Hours

It is the policy of the EMS Program to provide time for students to practice with computers and equipment outside the normally scheduled lab hours. Lane Thomas Room 201 (wet lab) is normally open during college business hours for use by students to practice simulations and complete computer-based assignments. In addition, equipment within classrooms not in use can be made available to students for practice when arranged with faculty or staff. To check on availability, we recommend you contact your instructor, the EMS Office Assistant, or other EMS staff. Only registered EMS students are allowed to use classrooms.

Procedure

To check out equipment, a valid driver's license or State ID must be presented to the EMS staff. This will be kept until all equipment is returned.

Open Lab Restrictions

Students are not allowed to practice with the following devices without an instructor present in the room where the skill is being performed:

- Defibrillation
- Pacing
- Breaking of medication ampules
- IV's or any intravenous procedures on "live" humans

EMS Ambulance

The EMS program operates an ambulance for training purposes. Students are not allowed to operate this vehicle without the direct permission of their instructor. The vehicle is to be used for practice in lab and driving course work. It is not intended for use, nor insured or licensed for use as an emergency vehicle. For this reason, the lights and siren are not to be used while driving the vehicle on non-KCC roads. Likewise, it is not intended for patient transportation.

Preparation Rooms

Main Equipment Preparation Room (Prep Room)

The Main Preparation Room for the EMS Program is located in the Lane Thomas Building, Room 201. This room is used to house a large inventory of EMS equipment, instructional materials, cleaning and maintenance items. Because of the high value of items housed and the potential for high traffic volume, this area is only to be entered by students with the direct permission of the lab instructor, lecture instructor, or EMS staff. If equipment is taken from this area for use within a skill, it should be returned to the location that it was found upon completion. Damage to equipment should be brought to the attention of the Instructor or EMS Staff.

Simulation Room/Advanced Equipment Storage (Room LT-106)

The EMS simulation room houses the ambulance simulator, living room/bathroom simulator, multipurpose room simulator, pediatric room simulator, ER patient room simulator and more. Use of this room requires an EMS Instructor to be present. Students must be trained in the proper use of the simulation equipment prior to their use. This area is an open area that multiple classes can use simultaneously.

Advanced Equipment is stored in lockers on the walls of the Lane Thomas Invasive lab. This room houses equipment used for the advanced lab skills. Students should enter this area only with the permission of their instructor or an EMS staff member. Normally, this area is to be locked when not in use due to FDA/DEA rules/regulations and the value of the equipment housed.

Student Health

Occupational Risks

Provision of emergency medical services poses inherent occupational risks for EMS responders. Risks include the following:

1. Violence/assaults
2. Verbal threats/aggression
3. Motor vehicle crashes
4. Infectious disease
5. Lifting injuries
6. Sprains and strains
7. Psychological trauma
8. Hazardous chemical exposure
9. Hyper/hypothermia

Student Health Issues

It is the student's responsibility to inform the Director of Allied Health and the EMS Program Director of any illness, injury, surgery or medical condition that might compromise the safety of either the student or the patient(s), or cause a classroom emergency (i.e., lifting limitations, contagious disease, seizure disorders, diabetes, heart conditions, etc.). If a student has an infectious condition that may endanger others in the classroom or clients in the clinical sites, they need to inform the Director of Allied Health and the EMS Program Director of the situation and provide a written letter from their health care provider stating that it is safe for them to return to the class and clinical site.

While in the program, any student with a medical condition or injury which causes a student to miss class or clinical for over two (2) days, will be required to obtain a written doctor's release to continue in class and clinical and/or to return to class and clinical. These hours will still be counted as an absence. The release will verify that the student is able to meet class/lab/clinical practice requirements without restrictions on activity (such as limitations on weightlifting). The goal is to prevent aggravating an existing condition, or jeopardizing the student's, classmate's or patient's safety or well-being. **If a student must interrupt the clinical component for period greater than two (2) weeks, the student will only be re-admitted into clinical with the EMS Program Director and Clinical Instructor's permission.**

If at any point there are concerns regarding a health problem or disability, Kellogg Community College reserves the right to require a medical release or physical examination. Students are responsible for contacting the EMS Program Director regarding concerns or risks related to their own health care needs. Students must meet the Technical Standards and Functions set for participants in the Kellogg Community College EMS Programs with or without reasonable accommodation.

Pregnant Student Policy

Kellogg Community College is committed to creating an accessible and inclusive environment for pregnant and parenting students.

Title IX of the Education Amendments of 1972 prohibits discrimination based on sex in education programs or activities including academic, educational, extracurricular, athletic, and other programs or activities of schools. This prohibition includes discrimination against pregnant and parenting students.

Students may request adjustments based on general pregnancy needs or accommodations based on a pregnancy-related complication. See below for more information on each process.

For more information reference the [Pregnant & Parenting Student Rights](#) webpage.

Americans With Disabilities Act

Kellogg Community College does not discriminate in the admission or treatment of students based on disability. The College is committed to compliance with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act:

1. Section 202 of the 1990 Americans With Disabilities Act: “No qualified individual with a disability shall, by reason of such disability, be excluded from the participation in or be denied the benefits of the services, programs, or activities of any public entity, or be subject to discrimination by any such entity.”
2. Section 504 of the 1973 Rehabilitation Act: “No otherwise qualified individual, with a disability as defined (herein) shall solely, by reason of his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.”

While ensuring the academic integrity of its programs, the College is dedicated to providing the reasonable accommodations needed to ensure equal access to educational opportunities for individuals with verified disabilities. For more information reference the [KCC Student Handbook](#).

NREMT ADA Policy is: <https://www.nremt.org/Policies/Examination-Policies/ADA-Accommodations>

Health Certificate Form

A Statement of Physical/Emotional Fitness must be completed (by the physician of your choice) for the sole purpose of determining and documenting your physical status prior to beginning the clinical component of your EMS program. The Health Certificate Form includes: a negative Tuberculin Skin Test or negative chest x-ray; proof of immunizations for Rubella (German Measles); Rubeola (Hard Measles); Tetanus/Pertussis; the Hepatitis B Vaccine Series; Varicella Zoster (Chicken Pox) or a physician diagnosed history of Varicella Zoster; and a recent physical examination. It is preferable that the Hepatitis B series is completed prior to entering the EMS program; however, minimally it *must* be started or a waiver signed before the student is allowed to attend the clinical site. This Health Certificate Form must be completed and returned to the

Clinical Coordinator prior to starting any clinical rotations. You will want to retain a copy of this document for your own records.

Health Insurance

It is expected that students possess a medical insurance policy in the event they become ill or injured either in or out of the classroom setting. Kellogg Community College (KCC), all programs and clinical sites affiliated with KCC will not provide medical insurance for students participating in didactic, clinical or laboratory studies within the college. Likewise, KCC will not take responsibility for any costs associated with treatments for exposures or injuries while participating in didactic, clinical or laboratory studies at the college. Students who do not have a medical insurance policy are strongly encouraged to obtain one prior to starting their studies at KCC. The KCC Student Services office has sources for insurance that the students may wish to contact to obtain coverage. (Please note: the clinical medical malpractice insurance policy does not provide medical insurance to the students.)

It is important that you maintain health insurance to defray the cost of hospital and medical care of any illness or injury that may be sustained while participating in a clinical experience. Substantial monetary liability can be incurred if you do not have medical insurance and injury, or illness occurs.

Personal Illness or Injury

Any student who is unable to participate in classroom activities or clinical duties because of personal illness or injury must notify the Clinical Instructor and EMS Program Director as soon as possible. The notification must be in writing and include the anticipated length of the illness or disability.

It is the student's responsibility to maintain their own safety and security. This includes personal belongings. Purses, wallets, personal computers, and other equipment left out can be an attractant for theft. It is recommended that students keep vigilant over their personal property. Instructors can lock a room if no one is present for an extended period of time. Likewise, Instructors, Students and Staff all need to work together to maintain as safe an environment as possible to not impede learning. Many EMS classes end late at night. It is best to exit with a friend/classmate at night when returning to your car. KCC Security can be called to escort those who concerned about their safety.

Classroom/Clinical Injury or Exposure

Due to the nature of the EMS Program, students participating in various classroom skills and/or clinical internships are at risk for unforeseen injuries and/or exposure to pathogens (blood borne or otherwise). It is expected that all actions be taken by the instructor, preceptor, and students to minimize, to the greatest extent possible, the potential risk for injury or exposure. Any student who incurs an injury/exposure during his/her program studies in the classroom or at a clinical site must complete the steps below:

1. Notify the course instructor or clinical preceptor that an injury/exposure incident has occurred
2. If the incident occurs within the clinical setting, notify the Clinical Instructor and EMS Program Director by phone call or text message as soon as possible.
3. If the incident occurs within the clinical setting, the student will be instructed to follow the clinical site's process. Note: the clinical site will not be financially responsible for treatment of any injury/exposure sustained at the clinical location.
4. Complete the Kellogg Community College incident report within one business day following any incident (Appendix C)
5. Formulate in writing what occurred to cause the injury/exposure and e-mail his/her statement to the EMS Program Director and the Director of Allied Health Education. The report should include the following:
 - a. Student Name
 - b. Date of the Injury/Exposure incident
 - c. Time of the Injury/Exposure incident
 - d. Details of the Injury/Exposure incident (what and how it occurred)
 - e. Names of any individuals who witnessed the Injury/Exposure
 - f. Where medical evaluation was obtained
 - g. Medical evaluation recommendations (if known)

Communicable Disease Policy

This policy is to protect health care personnel from transmission by considering all patients as potentially infected with HIV and/or other blood-borne pathogens, and to adhere rigorously to infection control precautions for minimizing the risk of exposure to blood, bodily fluids, and moist body substances of all patients.

1. All health-care workers should routinely use appropriate barrier precautions to prevent skin and mucous-membrane exposure when contact with blood or other bodily fluids of any patient is anticipated. Gloves should be worn for touching blood and body fluids, mucous membranes, or non-intact skin of all patients, and for handling items or surfaces soiled with blood or body fluids. Gloves should also be worn during venipuncture or other vascular access procedures. Gloves should be changed after contact with each patient. Masks and protective eyewear or face shields should be worn during procedures that are likely to generate droplets of blood or other body fluids to prevent exposure of

mucous membranes of the mouth, nose, and eyes. Gowns or aprons should be worn during procedures that are likely to generate splashes of blood or their body fluids.

2. Hands and other skin surfaces should be washed immediately and thoroughly if contaminated with blood or other body fluids. Hands should be washed immediately after gloves are removed.
3. All healthcare workers should take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices during procedures; when cleaning used instruments; during disposal of used needles; and when handling sharp instruments after procedures. Refer to the policy and procedure manual of each clinical site for the specific methods for disposing of the objects mentioned above.
4. Although saliva has not been implicated in HIV transmission, to minimize the need for mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, or other ventilation devices should be available for use in areas in which the need for resuscitation is predictable.
5. Pregnant healthcare workers are not known to be at greater risk of contracting HIV infection than healthcare workers who are not pregnant; however, if a healthcare worker develops HIV infections during pregnancy, the infant is at risk of infection resulting from prenatal transmission. Because of this risk, pregnant healthcare workers should be especially familiar with and strictly adhere to precautions to minimize the risk of HIV transmission.
6. Body substances such as feces, airway secretions, wound drainage, and urine always may contain potentially infectious organisms. The universal precaution system not only protects healthcare workers from transmission of blood-borne pathogens, but also from other infectious agents found in moist body substances. Patients are protected from organisms present on the hands of personnel, and the staff's hands are protected from acquiring new organisms.

Partial Body Exposure/Preparation

During various skills in the advanced labs, electrodes are required for placement on the chest or chest assessments are required. Because these skills are necessary for pre-hospital care, students will all practice on each other. This will require a certain amount of exposure of the chest area. All students should show medical discretion regarding partial nudity (male or female) in class while understanding their fellow student's privacy and feelings. Students will have to do these same skills on patients in the field on a regular basis. How students treat each other is a direct relationship to how they will treat their patients in the pre-hospital setting. More importantly, it suggests how, as a professional, they will be viewed by others.

Body Contact

This program is based upon hands-on skills. Students will be expected to apply these skills in the various sections of the program. Students should expect to "touch and be touched" in a professional manner in this program. This is the only way to learn to apply many of the skills we use.

Student Coaching and Counseling Procedure

EMS students are expected and required to always conduct themselves in a professional manner.

A student will receive a verbal Coaching and Counseling as the first step of the probation process for unsatisfactory performance. A written Coaching and Counseling is the second step of the probation process. These notices will be issued soon after the problem is identified. Progressive violations include the creation of a Retention Alert and may warrant immediate removal from the program of study. Failure to improve behavior following a Retention Alert will result in removal from the program. For more information, please reference the KCC Student Handbook.

Criteria for Coaching and Counseling

(may not be an all-inclusive list)

1. Unsatisfactory achievement of clinical objectives.
2. Unsafe clinical practice may include examples of the following*:
 - a. Errors in recording pertinent clinical data.
 - b. Failure to safely apply basic patient care skills to actual patient care situations resulting in actual or potential patient harm. This is relative to the degree of completion of the EMS program.
 - c. Failure to demonstrate sound judgment relative to the student's degree of EMS curriculum completion.
 - d. Unsafe or inappropriate diagnostic service to the patient.
 - e. Failure to follow universal precautions or blood-borne pathogens processes.
3. Failure to establish effective working relationships with clinical site team members in providing patient services*.
4. Failure to establish effective relationships with patients*.
5. Violation of the EMS codes of ethics*.
6. Students are prohibited from being under the influence of alcohol or an illegal drug while at a clinical site, in class, or participating in other aspects of the program. If there is reason to believe that a student is under the influence of drugs and/or alcohol, they will be required to undergo drug and/or alcohol testing. If the student refuses to submit to a test or the student's test returns a positive result, the student will be immediately removed from the program*.
7. Failure to assume the responsibilities of a student in the EMS program*.
 - a. Excessive tardiness.
 - b. Inappropriate personal appearance or inappropriate clinical behavior.
 - c. Unethical behavior, i.e., lying, cheating, stealing, etc.
 - d. Repeated failure to submit required written work in the clinical area or repeated lateness in submitting work.
 - e. Failure to meet the "Clinical Guidelines & Competency Levels" of the KCC EMS Program.

8. Failure to submit clinical documents such as, evaluation forms, time sheets, log sheets*.
9. Failure to comply with Kellogg Community College's Student Code of Conduct and Due Process for Students*.
10. Failure to comply with HIPAA laws*.
11. Failure to comply with program policies*.

*Serious violations may warrant immediate removal from the program **without a verbal or written warning issued** (note – those marked may not be an all-inclusive list). Please reference the KCC Student Handbook Code of Conduct and Due Process for Students policy.

Student Reply to Coaching and Counseling

The student is required to reply to the warning notice **within one week**, using the student corrective action reply. The student's reply must show evidence of problem solving regarding the identified unsatisfactory behaviors. The reply must include all of the following:

- Student's perception of the problem
- Awareness of the seriousness of the Warning Notice
- Methods that will be utilized to correct problem

Resolution of Coaching and Counseling

At the end of the coaching period, the student and the instructor will again have a conference to discuss the effectiveness of the corrective action taken. If the student has progressed to another clinical area during this time, the student will be evaluated by both the instructor who issued the Coaching and Counseling and the current instructor.

- If the student shows satisfactory improvement, the Coaching and Counseling will be resolved. A written evaluation of the student's progress will be submitted, signed and dated by both the instructor(s) and the student. This will remain on file until the student graduates. Copies go to the Director of Allied Health Education, EMS Program Director, the Clinical Instructor (if applicable), and the student.
- If the behavior that originally elicited the Coaching and Counseling recurs, the student will automatically fail the clinical portion of that course, thus fail the course.
- If the student does not show satisfactory improvement after receiving a Coaching and Counseling notice, the recommendations of the issuing instructor will be followed.

Changes in Clinical Schedule Due to Coaching and Counseling

When issued a warning notice, students:

- Will not progress to any clinical area where the identified problems cannot be evaluated until the Coaching and Counseling notice has been resolved, unless otherwise specified by the instructor.
- Will have their schedule arranged, if possible, by the instructor in consultation with the EMS Program Director to prevent loss of academic time.
- Will be held back in their program by the EMS Program Director if schedule rearrangement is not feasible.

Appeal Process

Students who wish to appeal a grade should refer to the Academic Appeals process in the Academic Catalog at <http://catalog.kellogg.edu/>.

Student Complaint Process

If any EMS student is having difficulties maintaining the program coursework, personal conflicts, or complaints regarding the program follow the included link: [Report an Incident | Kellogg Community College](#).

The following individuals may be contacted to assist the student:

Allied Health Education Director:

Clark Imus (269) 565-2352

EMS Program Director/Clinical Education Coordinator:

Jay Radabaugh (269) 565-2560

The name of the Program Medical Director and a list of the current EMS Advisory Committee are available upon request from the EMS Program Director.

Complaints regarding Code of Conduct and Title IX related issues, reference the [KCC Student Handbook](#).

Financial problems should be discussed with the Kellogg Community College Financial Aid Department.

Re-Consideration to an EMS Program

The student seeking to return to an EMS program will send a letter requesting re-consideration to the EMS Program Director. Students are allowed **ONE** re-consideration to a program. The request for re-consideration letter will include:

- The student's perception of the problem leading to dismissal and explanation of contributing circumstances.
- Demonstration of an understanding and awareness of the problem.
- What the student has done to rectify the problem.
- The student's detailed plan for success in the EMS course to be repeated and future EMS courses if re-admitted.

The request will be forwarded to the Allied Health Education-EMS Program Re-Consideration Committee. The Committee will be composed of two (2) EMS faculty other than the faculty directly involved in the dismissal and the Allied Health Education Director. The Allied Health Education-EMS Program Re-Consideration Committee will meet as needed.

The student and faculty member involved in the dismissal will be informed of the time, date, and place of the meeting. At the meeting, the student will present a detailed academic success plan. The faculty member involved in the dismissal will present an overview of the behaviors that led

to the dismissal and his/her support for or against re-consideration. In absence of the involved faculty, the lead instructor of the course will present. The student has the choice of being present or not being present during the involved faculty's presentation. The student and involved faculty will then be excused from the meeting.

The Allied Health Education-EMS Program Re-Consideration Committee, after reviewing the student's history, the documents described above, and faculty recommendation, will determine if the student will be re-admitted to the EMS program. The Allied Health Education-EMS Program Re-Consideration Committee will look for compelling evidence that the reasons for the dismissal can be corrected with certain changes, and that these changes improve the chances for a successful outcome. If the student is permitted to return to the program, the Allied Health Education-EMS Program Re-Consideration Committee along with the EMS Program Director will determine if additional courses must be repeated, and will detail what other requirements (i.e., skills validation) are associated with the opportunity to repeat the failed course.

The EMS Program Director will notify the student in writing of the final determination and any re-consideration conditions. Any re-consideration is based on space availability. If the student is denied re-consideration and wishes to appeal the Allied Health Education-EMS Program Department Re-Consideration Committee decision, the student will submit a letter requesting a review to the Allied Health Education-EMS Program Re-Consideration Committee. The decision of the Allied Health Education-EMS Program Re-Consideration Committee is final.

The student will not be allowed to continue in the program until this process is complete and a determination on readmission is made.

A student who wants to be considered for re-consideration will need to have their written request received by the EMS Program Office by the following deadlines:

EMT-Paramedic: July 31st (for re-consideration for the next August start of a program)

EMT-Basic: One (1) month prior to the start of the semester

Medical First Responder: One (1) month prior to the start of the semester

National Registry Certification Process

Application for National Registry Exam

After successfully completing any of the Emergency Medical Service programs, the graduate is eligible to make application to the NREMT for the National Registry examination. The College will make available the applications and proof of course completion for the students. The College will assist the student to make application to the National Registry for computer-based testing (CBT). See link below: <https://www.nremt.org/>

The completion roster is sent to MDHHS, once verified and the student has applied for NREMT, the college will verify the student completion status with the NREMT releasing them for testing. The EMS Program Director verifies NREMT each Friday for the first six (6) weeks after course completion and the first Friday of the Month thereafter.

National Registry Written and Psychomotor Examination

Visit the NREMT links below for the necessary steps involved in registering for the NREMT Written and Practical Exams.

EMS Certification

<https://www.nremt.org/rwd/public/document/candidates>

EMR Certification

<https://www.nremt.org/rwd/public/document/emr>

EMT-BASIC Certification

<https://www.nremt.org/rwd/public/document/emt>

ADVANCED EMT Certification

<https://www.nremt.org/rwd/public/document/advancedemt>

PARAMEDIC Certification

<https://www.nremt.org/rwd/public/document/paramedic>

National Registry Exam Results

The National Registry of Emergency Medical Technicians (NREMT) keeps a list of individuals who have gained and maintained status as a Nationally Certified First Responder, EMT-Basic, Advanced-EMT, and/or Paramedic.

State of Michigan Licensing Process

Michigan Licensure Application Process

Upon passing this written and practical NREMT exam, the graduate may apply for a license as a Medical First Responder, Emergency Medical Technician Basic, Advanced Emergency Medical Technician, or Paramedic, depending on which EMS program the student has completed. Paramedic or AEMT graduates looking to sign-up for the NREMT Advanced Psychomotor Practical Exam should use the link to the eLicensing Portal.

Michigan EMS eLicensing Portal: <https://www.mi-emsis.org/lms/public/portal#/login>

Personnel Licensure & Education Requirements-new links

For more information on licensure and education requirements see link below:

https://www.michigan.gov/mdhhs/0,5885,7-339-73970_5093_28508_76837---,00.html Michigan

Licensure vs. Registry Status

Registry status does not need to be maintained to re-license in the State of Michigan; however, ongoing education credits do need to be maintained. It is the student's responsibility to decide how and what licenses (National or State) they will maintain. For specifics on CE's needed for licensure in the State of Michigan, review www.michigan.gov/ems forms and publications.

Michigan License Verification

A State of Michigan license can be verified at the following link: <https://www.mi-emsis.org/lms/public/portal#/lookup> (verify licensure).

Program Policies

Policy for Continuous Quality Improvement

Instructors and Lab Assistants are continually working to improve their overall presence in the classroom. A major way for Instructors and Administrators to know where improvements are needed is through Student Evaluations. Instructors and Administrators do a subjective review bi-annually on their performance. Core instructors meet or discuss educational goals through face-to-face meetings and via email to identify areas for improvement and change, implementing the best solution. Advisory Committees and the Physician Director are included in discussions and collective decisions.

Policy for Instructor Evaluation

At the completion of each course, the primary instructor will meet with the EMS Program Director for the purpose of discussion of feedback of the student evaluations. Program instructors will also meet biannually at the EMS Instructor Staff meetings held in the Fall and Spring semesters.

Policy for High Stakes Exam Analysis

Each year as part of the medical director curriculum review, a comprehensive High Stakes Exam Analysis is conducted. This analysis compares student outcomes against previous cohorts to track progress and identify areas for improvement. Below are the key components that constitute the High Stakes Exam Analysis:

1. **Medical Review for Curricular Accuracy:**

- Conducted by Dr. Van Alsten MD, this review ensures that all high-stakes exams align with the latest medical standards and curricular goals. Any discrepancies or outdated content identified during this process are updated to reflect current best practices in the field of emergency medical services (EMS).

2. **Test Reliability:**

- **KR20 Metrics:** The Kuder-Richardson Formula 20 (KR20) is employed to measure the internal consistency of each exam. Scores should ideally exceed 0.6, indicating the reliability of the exam in measuring cognitive objectives across various topics.
- **Inter-Rater Reliability:** In areas where subjective grading (such as essays) is utilized, efforts are made to reduce variance between raters, though objective measures like multiple-choice exams are preferred for reliability.

3. **Test Validity:**

- Ensuring that exams accurately measure what they are intended to assess. This includes **face validity** (common-sense validation) and **content/construct validity** (aligning with broader curricular objectives). **Criterion validity** is

considered, particularly with regard to the exam's ability to predict clinical and field performance.

- The process includes piloting new items to verify their effectiveness in measuring intended competencies.

4. **Item Analysis:**

- **Item Difficulty:** Post-exam, each question is evaluated to ensure that the percentage of students answering correctly falls between 30% and 90%. This helps to maintain a balanced difficulty level across the exam.
- **Item Discrimination (Point Bi-Serial):** Item discrimination scores help identify which items effectively differentiate between high and low performers. Items scoring low on discrimination or exhibiting negative discrimination (due to mis-keying or poor construction) are flagged for revision or removal.

5. **Review and Revision Process:**

- Any item or exam showing signs of unreliability or a lack of discrimination is immediately reviewed for content accuracy and alignment with curricular goals. If an item is determined to be non-reliable or poorly discriminating, it will either be reworked or removed.
- **Test Item Review Meetings:** These are scheduled at least annually, during which faculty and medical experts review flagged items to determine necessary adjustments.

6. **Student Confidence and Feedback:**

- Student feedback regarding confidence in test performance is gathered and compared against actual results to gauge the effectiveness of exam preparation. This information is useful for adjusting instructional techniques and resources.

7. **Continual Improvement Cycle:**

- The data gathered from high-stakes exams over the years is not only used for immediate curricular adjustments but is also included in a five-year trend analysis. This long-term approach ensures ongoing improvements in exam quality and student outcomes, contributing to better preparation for certification exams.

By integrating these steps into the High Stakes Exam Analysis, the goal is to create exams that are reliable, valid, and reflective of the current medical knowledge base, ultimately improving both instructional methods and student outcomes.

This framework will demonstrate to CoAEMSP that the program is dedicated to continuous improvement and upholding the highest standards in EMS education.

Student Code of Conduct

The purpose of the Student Code of Conduct at Kellogg Community College (“KCC”) is to foster a positive and safe learning environment for the College community by clearly articulating conduct prohibited by the College and identifying the rights of individuals in the process consistent with that purpose. The College makes reasonable efforts to foster the personal and social development of those students who are held accountable for violations of the Student Code of Conduct, or any KCC policies and regulations, by providing appropriate due process and educational responses to violations of policies.

The Student Code of Conduct applies to individuals from the time that an offer of admission is extended and thereafter if the individual has a continuing educational interest in the College; this individual is referred to as “student”. It also applies to guests of members of the College community whose hosts may be held accountable for the misconduct of their guests. The Student Code of Conduct may also be applied to high school bridge/extension/partner programs including, but not limited to, dual enrollment and Early College. Registered Student Organizations (RSOs) are held accountable to the Student Code of Conduct. The Student Code of Conduct does not have jurisdiction over the visitors or guests; KCC Public Safety can and will address the misconduct of visitors and guests.

KCC upholds all federal, state, and local laws and expects students to abide by such laws. The College reserves the right to hold students accountable for violations of federal, state, and local laws when the conduct has a direct impact on the College or the college community. Additionally, students are expected to comply with the Student Code of Conduct, and any specific regulations adopted by KCC.

The following acts of prohibited conduct apply to all college-related events, whether the offense takes place on college premises or at college-sponsored, endorsed, supported, or related events which occur off-campus, or when an offense that occurs off-campus may adversely affect any interest or mission of the College.

Prohibited Conduct

A student or Registered Student Organization, who commits any of the following acts of misconduct shall be subject to disciplinary action. KCC disciplinary proceedings may be instituted against a student charged with violation of a law, which is also a violation of the Student Code of Conduct. For example, if both violations result from the same factual situation, proceedings under the Student Code of Conduct may be carried out prior to, simultaneously with, or following civil or criminal proceedings. For more information reference the [KCC Student Handbook](#).

Policy for Operations During a Pandemic Event, Site Closures, or Extended Campus Closure

General operating guidelines for a possible pandemic

1. All KCC EMS Program faculty will review the CDC guidelines and the Michigan Department of Health/EMS guidelines for possible pandemic (Influenza or COVID-19 etc.).
2. All KCC EMS Program faculty will educate and reinforce the guidelines to the students within the program.
3. Students will be taught and evaluated on correct handwashing, PPE donning and doffing, and the correct situations in which to do so.
4. KCC EMS Program students are always expected to maintain professional mannerisms, no matter the patient status or condition.
5. KCC EMS Program students should immediately report potential exposure (without appropriate PPE) to the Clinical Coordinator or the EMS Program Director.
6. Any KCC EMS Program student diagnosed with Influenza or COVID-19 should contact the Lead Instructor and EMS Program Director as soon as possible. The student will not be admitted back to class until cleared by a physician, fever free, or outside of the suggested self-quarantine window.
7. Remind male students and faculty that N95 masks may require shaving of facial hair to obtain a proper seal.
8. The EMS Program Director and faculty will maintain up to date contact information for all students within the programs, as well as all faculty. Emergency communications within the program will be made through multiple channels to assure all parties are reached.

In the event of clinic site or CAPSTONE site closure

1. KCC Paramedic and EMT Basic students will be immediately notified of either clinical or CAPSTONE site closures.
2. Every attempt will be made by KCC EMS Program faculty to reassign students to clinical or CAPSTONE sites that remain open to students. Due to this possibility, students should be prepared to travel to other sites, potentially further from KCC.
3. If other sites in the area also close to students, the skills that can be made up in simulation lab will be arranged.
4. Clinical rotations and CAPSTONE field-internships will be postponed, on an as needed basis, until it is safe to resume operations. Students will be given an emergency extension within the program due to site closures.
5. Michigan Department of Health-EMS will be notified as soon as possible in the event of multiple site closures to students. Frequent updates will be made.

In the event of campus closure

1. Courses within the EMS program will be continued on Moodle LMS and Zoom as scheduled. Students will be notified of the change in format.
2. Each instructor will prerecord lectures or meeting live via Zoom. Content to be released and delivered on Moodle to correspond with the course outline. Homework and quizzes will be delivered through the online platform already in use (Moodle) for both EMT Basic and Paramedic students.
3. Official exams will be delivered through lockdown browser in EMSTesting.
4. Official exam will be delivered through online testing program already in use for the Paramedic program, EMSTesting.com. The lockdown browser option will be utilized for exams deployed for off-campus use. Item analysis review will still be performed as usual.
5. Special considerations will be given on a student-to-student basis if confirmed case of the Flu or COVID-19 is reported.
6. Emergency course extension will be granted on an as-needed basis after review by EMS Program Faculty and Director of Allied Health Education.
7. Michigan Department of Health- EMS will be contacted in the event of campus closure and updated frequently on the status of the students' education hours.

Additional Resources

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

Policy for EMS Student Records - Initial and Continuing Education

Kellogg Community College will assure EMS student records will be maintained, minimally, for seven years. The student's records will be maintained for all initial EMS education courses (MFR, EMT, AEMT, Paramedic, and EMS IC). Student records will also be maintained for all EMS refresher and continuing education courses. Detailed information is noted below.

Student records will be maintained for minimally five years and contain:

EMS Initial Education Courses

1. All academic information such as grades (Cognitive, Psychomotor, and Affective Domains)
2. Copies of student course-end evaluations (didactic, practical, affective & clinical)
3. Copies of all student's clinical attendance verifications
4. Any student incident report or counseling record
5. Student vaccination history (if not found in other facility record)

EMS Refresher and Continuing Education Course

1. All academic information such as grades
2. Copies of student course-end evaluations (didactic, practical, affective & clinical)
3. Copies of all student's clinical attendance verifications
4. Any student incident report or counseling record
5. Student vaccination history (if not found in other facility record)

Policy for Curriculum Review

The EMS Program Director, EMS Medical Director, Clinical Coordinator, EMS facility and Communities of Interest (CoAEMSP Outline) will meet annually to discuss curriculum across all KCC EMS program levels, hereby, named "Advisory Committee." Overall, the curriculum covered will be to review, update, revise and/or formulate current EMS program methods and to ensure validity and reliability to current Kellogg Community College and MDHHS policies.

Advisory Committee Objectives:

1. Review the effectiveness of student evaluation tools and test instruments; course tests and quizzes, course outlines, course materials to include textbooks, evaluate clinical paperwork, and other program related documents.
2. The effectiveness in developing student competencies are consistent with the MDHHS Education Program Requirements by comparing course completion data. Review finalized records and report student summaries to include attrition rates, course evaluation, and number of students passing the NREMT exam to the sponsor.
3. Provides oversight and provides recommendations of training equipment.
4. Discuss new EMS policies and upcoming medical issues that will impact the KCC EMS program.

Advisory board meetings occur both through official EMS Advisory meetings and unofficial through group email. Their combined input in improving the education process has been helpful towards improving the quality of the EMS graduates and aiding in efforts to reach accreditation.

EMS Medical Director involvement in Advisory Committee

Medical Director Involvement will be as follows:

1. To monitor the KCC EMS program for both quality and consistency.
2. Observe the testing process in the program and regularly attend Advisory Meetings.
3. Assists with continuing quality improvement for all levels of the EMS Program.
4. Assess the instruction, as it occurs, within the program both in content and quality of delivery.
5. Monitors the various surveys that are taken and reviews the departmental exams given to the students.
6. Be present at both instructor and staff meetings in which program changes and direction are discussed.

EMS Advisory Committee Members and Meeting

Purpose of the Advisory Committee

The Advisory Committee must be designated and charged with the responsibility of meeting at least annually to assist program and sponsor personnel in formulating and periodically revising appropriate goals and learning domains, monitoring needs and expectations, and ensuring program responsiveness to change, and to review and endorse the program required minimum numbers of patient contacts. [CAAHEP Standard II.B. Appropriate of Goals and Learning Domains].

The EMS Advisory Committee will meet once a year, for review of MDHHS policies and approved EMS courses and CoAEMSP standards.

Additionally, program-specific statements of goals and learning domains provide the basis for program planning, implementation, and evaluation. Such goals and learning domains must be compatible with the mission of the sponsoring institution(s), the expectations of the communities of interest, and nationally accepted standards of roles and functions. Goals and learning domains are based upon the substantiated needs of health care providers and employers, and the educational needs of the students served by the educational program. [CAAHEP Standard II.A.]

Responsibilities of the Advisory Committee

- Review and endorse the minimum program goal.
- Review and endorse the required minimum numbers of patient/skill contacts for each of the required patients and conditions.
- Verify that the Paramedic program is adhering to the National Emergency Medical Services Education Standards.
- Review Program performance based on outcomes thresholds and other metrics (at a minimum credentialing success, retention, and job placement).
- Provide feedback to the Program on the performance of graduates as competent entry level Paramedics (for employers).
- Provide feedback to the Program regarding clinical and field opportunities and feedback on students in those areas.
- Provide recommendations for curricula enhancements based on local needs and scope of practice.
- Assist with long range planning regarding workforce needs, scheduling options, cohort size, and other future needs.
- Complete an annual resource assessment of the program.

Current EMS Advisory Committee Members & Community of Interest

1. EMS Program Director: John "Jay" Radabaugh, Paramedic-EMS I/C, BHSA
2. Medical Director: Dr. Stephanie Van Alsten, MD
3. EMS Advisory Committee Chair: Dan Lok, EMT-P
4. Student: Derrick Jones, EMT
5. Student: Justin Light, EMT
6. Student Worker: Vacant
7. Graduate: Tina Curtis, EMT-P
8. Faculty: Larry Wagner MA EMT-P IC, CCP
9. Faculty: Jay Radabaugh, BHSA, Paramedic, EMS-IC
10. Faculty: Aleatha Lycos, AGS, Paramedic, EMS-IC, Lead EMT Instructor
11. Faculty: Hunter Johnson, AAS, CCENT-P, EMS I/C, Lead Paramedic Instructor
12. Equipment Specialist: Dan Lok, EMT-P
13. Sponsor Administration: Jennifer Rodriguez, Dean of Health Sciences
14. Sponsor Administration: Clark Imus, Director Allied Health Education

15. Sponsor Administration: Shari Deevers, Director, Grahl Center
16. Sponsor Administration: Scott Cubberly, Director EAC
17. Sponsor Administration: High School Representative Vacant
18. Sponsor Administration: High School Representative Vacant
19. Employers: Nick Smith, MAFFAA
20. Employers: Brian Walls, LifeCare
21. Employers: Betsey McDavid, ACA
22. Hospital/Clinical: Nora Perry, Bronson Hospital
23. Hospital/Clinical: Jennifer Huff, Oaklawn Hospital
24. Hospital/Clinical: Valerie Hepker, Hillsdale Hospital
25. Hospital/Clinical: Hope Bailey VP/Rebecca Pulley, Beacon Health Three Rivers
26. Police and/or Fire Services: Tim Hurtt, Calhoun County Undersheriff
27. Police and/or Fire Services: Jared Willman, Training Officer, Battle Creek Fire Department
28. Police and/or Fire Services: Lt. Justin Coffey, Training Officer, Battle Creek Fire Department
29. Emergency Management: Brent Cornwell, EMT-P IC, CCP
30. Key Governmental Officials: Brendan Pizzala, City of Battle Creek
31. Public: Pastor Kjersten Priddy, Trinity Lutheran Church
32. Jen and Emmalie Hirst, Community Representatives

Field Experience, Clinical, and Internship Requirements – Student Handbook

EMS Clinical Coordinator

The EMS Clinical Coordinator is a staff member who is responsible for students at all clinical internships. The Clinical Coordinator is the first person contacted by students in the event of a missed clinical, problem at a clinical site or questions regarding the Field Experience, Clinical or Field Internship.

Normally, the EMS Clinical Coordinator will attend one of the lecture classes in the student's field of study to explain the sign-up procedures. It is the responsibility of the EMS Clinical Coordinator that all students follow all rules and requirements prior to, during and after Field Experience, Clinical and Field Internship. Students participating in Field Experience, Clinical or Field Internship are expected to follow the direction of the Clinical Coordinator in all matters related to their Field Experience, Clinical or Field Internship.

The Clinical Coordinator is also responsible for providing feedback to the students throughout their clinical participation. The Clinical Coordinator, as the situation warrants, may change the number and duration of clinical experiences at specific sites based on assessment of the student's individual strengths and weakness to maximize the learning potential for the student. It is the responsibility of the Clinical Coordinator to make the final evaluation grade (Pass, Incomplete, or Fail) for each student within the program within the clinical internship.

EMS Clinical Coordinator

Jay Radabaugh

Office: Lane Thomas Building, Room 205B

Phone: 269-660-2330

Fax: 269-965-4146

Cell: 517-607-6246

Email: radabaughj@kellogg.edu

If, in the event of a true emergency, the Clinical Coordinator cannot be contacted by cell phone, the KCC Security can be contacted at (269) 965-4147.

They are to be informed on the nature of the emergency and asked to contact Clark Imus, Director of Allied Health Education. If the emergency is during standard KCC business hours, the Director of Allied Health Education can be reached at 269-965-3931 extension 2652 or the EMS Secretary can be reached at extension 2650. The EMS Office Assistant also can reach appropriate emergency contacts when needed.

Clinical Observation

The minimum expectation for all field experience and clinical is observation. Hospital and field operations may be somewhat foreign to the student beginning his/her clinical rotations. Remember each hospital and field crew is different; each has its own "personality". You may observe procedures done quite differently in different facilities or by different EMS crews. Do not be alarmed by this but learn from it. By determining why, a procedure is done differently by different facilities and crews the student should be able to do some simple evaluation and take the best of both worlds with him/her as he/she enters the world of pre-hospital medicine.

Questions in the clinical setting are expected by the hospital staff and crews. Most of them are more than happy to answer intelligent questions. The time for questions is not in the middle of the call when the action is heavy. Questions should not be asked in front of patients as this may seem to the preceptor and patient as you are questioning their actions rather than trying to learn. Questions should be asked after run or at the nursing station. We all have a bad day occasionally. If a preceptor seems distant or short tempered, write your questions down and the instructor or Clinical Coordinator will answer them.

It should be noted here that students on rotation will hear things in the clinical setting that may not be appropriate to repeat outside this setting (what is said in the truck stays in the truck). The field has a rumor mill that reacts and transmits information with a speed that rivals the information superhighway. This information is not to be repeated to other students, crews, staff members, or persons not directly involved in the clinical experience. If the student hears some information which deeply disturbs him/her it may be brought to the instructor for possible follow up.

Patient Rights and Confidentiality

All information about patients is privileged and of a confidential nature. Cases may be discussed with peers but without the use of patient names. Any repetition of this information outside the proper channels of communication may lead to disciplinary action within the KCC EMS Program.

According to the Patient's Bill of Rights, "A patient has the right to expect that information obtained by any caregiver, whether it be volunteered by the patient or obtained through records, is of a confidential nature and is not open to discussion with anyone not associated with the case. Any breach of confidentiality by any caregiver can be constituted as a violation of the patient's right to privacy and civil rights. As such, charges can be filed against the implicated parties in a court of law."

Student/Patient Confidentiality

The EMS student must acknowledge the importance of the protection of confidential information concerning patients and their families. All information (official and unofficial) regarding a patient or his/her family is confidential and privilege information.

Clinical Scheduling

Clinical scheduling is only done through the Clinical Coordinator in conjunction with the Platinum Planner program. Clinical rotations must be noted on the appropriate rotation schedule. Students that meet the clinical sign-up criteria will be able to sign-up using a web-based schedule. This will be explained at your clinical orientation during your class. Due to clinical contract stipulations and malpractice insurance requirements, all clinical rotations must be scheduled **two (2) weeks in advance.**

Schedules on Platinum Planner:

EMS:

- Candidates will choose from the available schedules on platinum planner.
- Shifts are a minimum of 12hrs. Maximum of 16 hours even though we do not schedule 16 hours shifts. Extra four hours are for hold overs.
- Shifts start at the beginning of the clinical sites shift and cannot be split or shortened.
- No 24 hours shifts.
- A student can be schedule at a 24-hour station but only for the first 12 hours.
- A student cannot be scheduled for the last half of a 24-hour shift. Students cannot stay overnight (past the 16-hour mark) on a 24-hour car.

Hospital:

- Candidates will choose from the available schedules on platinum planner.
- Shifts are a minimum of 8-12hrs. Maximum of 16 hours even though we do not schedule 16 hours shifts. Extra hours are for hold overs.
- Shifts start at the beginning of the clinical sites shift and cannot be split or shortened.
- **Must be signed up for 2-weeks in advance.**

Changes in schedules:

- In case of illness, injury or other issue preventing the student from attending their scheduled shift, **a 24-hr. notice to the clinical coordinator and clinical site is required.**
- If the illness, injury, or other issue preventing the student from attending their scheduled shift occurs on the scheduled shift day, **the student is to notify the clinical coordinator and clinical site as soon as possible.**

When you need to communicate with the Clinical Coordinator:

- Use only the clinical Coordinator's email or text message if you need to leave a message.
- Contact via cell phone if you need immediate assistance.
- Make an appointment.

Under no circumstances are students authorized to contact the clinical site directly to inquire about open or available shifts, or to schedule clinical time. Any breach of this policy will result in disciplinary action up to and including dismissal from the program.

In the event the student needs to cancel a clinical rotation due to illness within 24 hours of the shift, the student must call the EMS Clinical Coordinator and leave a message informing the EMS Clinical Coordinator about the problem. Canceling clinical rotations within 24 hours of the shift is highly discouraged and any student making a habit of this practice will have clinical privileges suspended. **You are expected to call the clinical site to notify them of the change in shift status.** Kellogg Community College or any contracted clinical site reserves the right to refuse clinical rotations without cause at any time.

Only clinical time scheduled at contracted clinical sites will be accepted for credit. Agencies outside this network will not be used for clinical rotations.

Clinical Contracts

A complete list of clinical contacts can be found on the Platinum Planner for the student to utilize when needing to find directions, contacts, etc. **Students are not to contact the clinical sites directly unless they are canceling a clinical within 24 business hours of the scheduled time/date.**

Standards of Clinical Conduct

Approximately one-fourth of the EMS experience at Kellogg Community College will involve time spent in health care facilities or ambulance services. Since these facilities and crews open their doors and give the student the opportunity to observe and participate in their daily routine, it is the student's responsibility as EMS candidate to present themselves in a manner which is complementary to our profession.

While attending a field experience, clinical or internship the student is governed by the rules of conduct as set forth in the [KCC Student Handbook](#). In addition to those guidelines all patients, hospital staff members, physicians, instructors, and your peers have the right to courtesy, compassion, respect, and privacy. These rights must be foremost in the student's mind to enable him/her to present himself/herself in a manner which exemplifies a true professional. As a guideline, listed below are several things the student should take into consideration when attending clinical rotations.

Desirable and Disruptive Conduct

KCC and its clinical partners strive to create a culture of safety. A professional work environment is crucial. It supports excellent communication in an environment free from fear and/or intimidation. KCC and its clinical sites will not permit or tolerate any disruptive conduct. Each allegation of disruptive conduct will be promptly investigated in accordance with applicable KCC and/or the clinical site's policies.

To assist in identifying each type of conduct, the following examples are provided:
Good/desirable behavior examples:

- Treat others with respect, courtesy, and dignity.
- Conduct reflects a professional manner.
- Responses to requests from patients, staff, preceptors, instructors, and leaders is timely.

- Encourages clear communication and utilizes tools that are implemented to improve communication and handoffs.
- Report medical errors and opportunities to improve safety as soon as they are recognized.
- Respect patient autonomy and confidentiality.
- Respect patient rights. Follow all clinical site policies.
- Refrain from bad/disruptive behaviors.

Bad/disruptive behavior examples:

- Profanity or disrespectful language.
- Insulting comments that go beyond the bounds of professional comment.
- Uncooperative or defiant approach to problems.
- Throwing objects.
- Refusal to complete a task or carry out duties.
- Racial, ethnic, or socioeconomic slurs.
- Seductive, aggressive, or assaulting behaviors.
- Bullying or demeaning behavior.
- Name-calling.
- Raising voice, yelling, or shouting in a hostile manner.

Disruption of educational settings:

- Inappropriate comments or illustrations placed in the medical record.
- Criticizing other caregivers in front of patients, family members, or other employees.
- Non-constructive criticism addressed to a recipient in such a way as to intimidate, undermine confidence, belittle, or impute incompetence.
- Behavior that disparages or undermines confidence in the college, hospital, or its leaders.
- Public comments about care being provided to an identifiable patient or the quality of care being provided to that patient.
- Inappropriate responses to patient need or staff requests.
- Blames or shames others for possible adverse outcomes.

Professional Conduct:

Students are expected to always maintain professional boundaries while in clinical or field settings. Clinical sites are not an appropriate place to pursue romantic or personal relationships. Flirting, making romantic advances, or “hitting on” staff, patients, or other personnel is strictly prohibited and will be considered unprofessional conduct. Such behavior may result in disciplinary action, up to and including removal from the program.

Appearance Standards: Clinical, Field Experience/Internship, and Simulation Dress Code

The Appearance Standards are established to convey a positive and professional image to our clinical sites, and to maintain required guidelines relative to safety and infection control. Many factors contribute to a professional image, one of which is the professional appearance conveys to public, patients, staff, and co-workers. This policy addresses specific expectations and includes guidelines for dress and appearance. KCC EMS always reserves the right to determine what is acceptable or not acceptable in terms of professional image.

Appearance

1. **Good personal hygiene** and clean clothes or uniforms are essential.
2. **Approved student uniform**, in compliance with the school is expected (KCC issued polo shirt, black or blue pants, black boots or shoes, black belt and an identification badge (name tag). Ensure uniform is clean, fits, and is in good repair. Undergarments should not show through or be visibly hanging out.
3. **Identification Badge** (Name Tag) is to be worn on the outside of their attire always.
4. **Footwear** must be black in color, clean, polished, and in good repair. Footwear shall be appropriate to the work duties and responsibilities performed and meet safety needs of the work environment. In a hospital clinical only, black shoes not boots are acceptable.
5. All students will wear **hosiery or socks and appropriate undergarments**. Socks should match your pants.
6. **Hair** must be clean, combed, and neat. Extreme hairstyle or unnatural hair color (e.g., blue, green, etc.) is not appropriate within the professional work setting. Hair will be pulled back off the shoulders and secured. Any medical problems related to hair (i.e., lice) will be treated prior to participation in the clinical setting.
7. **Nails** must be clean and well groomed. No fake nails. They harbor pathogens. If you wear nail polish, it must be in good repair with no chips. In clinical areas natural nails must not be greater than $\frac{1}{4}$ inch length beyond the fingertip. Artificial nail materials, including but not limited to gels, acrylics, overlays, extenders, tips, or silk wraps, shellac (gel and nail polish hybrids) and bonding materials are prohibited for those involved with patient care, or that handle items to which patients are exposed.
8. **Facial hair** including beards, sideburns and mustaches shall be clean and neatly trimmed. Facial hair shall not interfere with safety devices such as N-95 masks and other masks used by EMS in their normal activities. Facial hair must meet OSHA requirements.
9. Because of **fragrance** allergies/sensitivities among staff, patients, and visitors, perfume and cologne can be worn only in non-patient-care areas.
10. **KCC identification badges** must be worn during the clinical shift. Identification badges are intended to promote customer service and security standards. For ease of identification, badges will be worn on upper torso clothing with name and photo clearly visible.
11. **Tattoos** must reflect our clinical sites values and be respectful. A visible tattoo(s) may not contain profanity, sexually explicit and/or discriminatory content, words, or images.

Tattoos containing such content shall be appropriately concealed by clothing or band aids where appropriate. Newly inked tattoos may be required to be concealed by band aids or other appropriate coverings as they are healing for infection control purposes. KCC EMS and the clinical site reserves the right to determine if the content, words, or images of a tattoo(s) is inappropriate or respond to concerns that a tattoo(s) is offensive, which would require tattoo(s) to be concealed. Students who have visible tattoos will be required to cover them up with clothing during clinical rotations, per our clinical contracts.

12. **Jewelry** should be kept to a minimum. It should not interfere with performance. Rings, hoops, or other jewelry worn in a non-traditional manner are not acceptable for the professional workplace. Stud inserts or stud piercings may be used for nose, lip, or eyebrow piercings. Body piercing is limited to 3 jewelry items per ear. Flesh-colored or clear stud inserts may be used for other non-traditional piercings. No other piercing is allowed. The use of a 'Band-Aid' is not acceptable to cover a body piercing. In clinical areas no dangling earrings or long necklaces.
13. T-shirts, jeans or jean material, yoga pants or similar material or style, fleece and sweatpants are not in compliance with appearance Standards. They are considered sporting or casual attire.
14. **Unacceptable Clothing:** T-shirts and sweatshirts (does not include KCC duty shirts)
15. **Unacceptable Fabrics:** Denim, fleece, spandex, leather, gauze, and sheer
16. **Unacceptable Patterns:** Logo imprints (except KCC logo or generic Star-of-Life), camouflage, elaborate graphics/prints.

Clinical Uniform Policy (KCC)

Clinical Uniforms shall be worn in the proper size and manner. Shirrtails will be tucked in. Clothing will be clean and in good condition (no permanent stains, discolorations, or wrinkles). Shoes or boots will be clean, polished, and shoelaces always tied. A black belt is also required.

Remember, you represent yourself and the Kellogg Community College EMS Program in the way you present yourself professionally and the neatness of your attire.

Listed below are the required uniforms for clinical:

Ambulance & Hospital

- Navy Blue or Black Uniform Pants (No Jeans)
- KCC EMS Polo Shirt(s) (issued in class)
- Name tag (issued by KCC)
- Black Shoes and Belt (Clean tennis shoes should be worn as a substitute for the work-boots, only for the hospital rotations)

No Jeans, no high heels, no tennis shoes (except as noted above), no visible body piercing allowed.

Identification Badges (Name Tags)

Clinical identification badges are created by the KCC College Life office. Student name tags must be worn on all clinical rotations and in simulations. This is a requirement of the clinical contract that KCC maintains with our clinical sites. Identification badges should be worn above the right chest pocket of the clinical uniform.

The Clinical Coordinator will tell you when you can obtain these. These picture identification tags serve the following purposes:

1. They provide clinical sites with a picture identification and name of the student.
2. They make it easier for staff members to quickly identify a student during a clinical rotation.
3. They provide clinical sites with the level a student is enrolled at.
4. They clearly identify that the wearer is a student at KCC and participating as part of the field internship process.
5. See Appendix D for instructions on how to obtain an Identification Badge

Electronic Communication and Cell Phones at Clinical Sites

Cell phones must be off or in voicemail mode when carried at the clinical sites. If you are experiencing a family emergency, or there is threat of severe weather and you must keep a cell phone on vibrate mode, obtain instructor permission prior to the start of clinical. The cell phone policy of the clinical site is to be followed by each student. Client/patient care must never be interrupted or compromised to respond to a personal cell phone or pager.

Documentation of clinical skills and patient encounters is acceptable, based on the policy of the clinical site, however; students are not to complete documentation during patient care.

Documentation should only be completed in a proper location, as recommended by the clinical site or EMS Preceptor.

Personal cellular telephones, phone Internet and text messaging are permitted in designated areas only, and are to be used during breaks, lunch periods or for emergencies. Use of the cell phone or texting should never occur when caring for a patient. If the student observes a clinical site staff member using a cell phone outside of the above exceptions, does not equate to the right for the student to use a cell phone.

Use cell phones in a SAFE manner, therefore talking or texting should not occur while operating equipment or walking.

Photos of any employee, physician, volunteer, pet therapy dog, student or patient are prohibited. Under no circumstances are the camera or recording device features to be used while on any clinical premises, or while engaged in clinical business.

Posting pictures of KCC Clinical Site employees at work, physicians, patients or students to social media outlets is prohibited.

KCC respects the rights of others to engage in online communication. What is said online, during personal time, may impact the KCC work or clinical site environment. KCC reserves the right to take disciplinary action when this type of communication adversely affects the clinical site environment. Avoid commenting on or posting about Clinical or Clinical-related matters. Inaccurate, distasteful, or defamatory comments about KCC clinical sites, its employees, students, or patients should not be posted.

Violation of this policy may be subject to corrective action, up to and including termination of educational or clinical placement and/or contractual relationship.

Smoking, Drugs, and Alcohol at Clinical Sites

KCC's clinical sites are tobacco-free sites. Employees, patients, visitors, or students may not smoke, vape, use e-cigarettes or use tobacco products at any KCC clinical site. Additionally, the use, possession, sale or distribution of alcohol or illegal drugs is always prohibited at any KCC location or clinical site. Violation of this policy may be subject to corrective action, up to and including termination of educational or clinical placement and/or contractual relationship.

Marijuana and its derivatives are also prohibited at any KCC locations or clinical sites.

Smoke is only allowed in designated areas on KCC Campuses and only on break.

Substance Abuse/Drug Screens

College policy prohibits the possession or use of alcohol, controlled substances, or illegal drugs while participating in college activities. Violation of this policy may lead to disciplinary action, including dismissal from the program. See the Kellogg Community College Student Handbook for a full explanation of the [Student Code of Conduct](#).

Clinical sites now require a pre-placement drug screen. Students must provide a drug screen according to the specific standards the clinical site has defined. The EMS Program Director will advise the student where and when to have the drug screen completed to ensure compliance.

Some clinical sites require a drug screen based on behavior exhibited by the student while at the site. When requested by officials at the site, students must provide a drug screen according to the specific standards the clinical site has defined. A student failing to complete a drug screen will be temporarily suspended from clinical work until the results of the drug screen are reported. The EMS Program Director will advise the student where and when to have the drug screen completed to ensure compliance. The College contact for the reporting of drug screen results in these situations is the Dean of Student Services.

The cost of a drug screen is the responsibility of the student. **For further information, see Appendix B**

Criminal Background Checks

Clinical agencies require a criminal background check to practice within the agency. Because of this, KCC has adopted a policy that no student will be allowed to participate in clinical who has not passed the criminal background check. This may mean you will not be allowed certification

within your program of study. A failing grade will be entered into the clinical course for any student who has not withdrawn due to the absence of a criminal background check. This is a requirement of your program of study for MFR, Basic EMT, Specialist EMT, and Paramedic. Clinical activities are a privilege, not a right. **For further information, see Appendix C**

Student/Employment at Clinical Sites

Students are not considered employees of the clinical agencies or Kellogg Community College for the purposes of compensation, fringe benefits, workers' compensation, unemployment compensation, minimum wage laws, income tax withholding, social security, or any other purpose. Each student is placed with clinical agencies as part of the academic curriculum. Duties performed by students are not as an employee but rather in fulfillment of these academic requirements. At no time shall students replace or substitute for an employee of the clinical agency. This provision shall not prohibit employment of any student by an agency under separate employment agreements.

Clinical Documentation

All documentation will be done on platinum planner and submitted within 36 hours of the end of each shift. All submissions not meeting this deadline will be rejected and the candidate will have to repeat the shift.

The candidate will fill out an electronic PCR available on Platinum Planner. One PCR for each shift. It is expected the candidate will pick the most interesting call or patient they experienced on said shift and fill out the PCR in its entirety. It is expected the student will not falsify any clinical documents.

The candidate is required to fill out The Clinical Internship Evaluation (yellow form) one form for each field or clinical shift. This form is to be filled out in its entirety and must be signed and dated by the preceptor. Once this form is filled out, dated, and signed, the candidate is to upload it to platinum planner. It is expected that the student keeps the original form in a notebook to be turned in at the final candidate meeting. Incomplete or improper forms will be rejected, and no credit will be given for the shift. The student will have to reschedule the shift.

All students are required to maintain copies of all forms and verification paperwork.

Each student must submit:

- Verification for each clinical shift
- Lab and Clinical skill competency verification (varies by class)
- Generate the minimum amount of patient care reports (varies by class)
- Generate a student site evaluation
- Return a signed and sealed copy of a student affective behavior evaluation form from the clinical experience

Electronic clinical paperwork and paper forms are to be submitted before completion of the clinical experience for each shift. **Failure to return electronic clinical paperwork by the end of the shift may result in shift invalidation and require the clinical be repeated.**

Meetings With the Clinical Coordinator

During the Field Experience and Clinical, EMT candidates will be required to meet either face-to-face or virtually:

Fall, Spring, Summer Semesters EMT 143

- Meet with the Clinical Coordinator one time after the completion of the final shift.

Paramedic Clinical: EMT 251, EMT 252, and EMT 255

- Attend one Clinical meeting.
- Meet with the Clinical Coordinator one time before the completion of the semester, prior to last clinical shift.

Paramedic Capstone Internship: EMT 260

During the internship, interns will be required to meet in-person or virtually at the discretion of the clinical coordinator. The final meeting will be in person:

- Attend 3 Clinical meetings.
- Meet with the Clinical coordinator three times:
 - After the 5th shift and before the 10th shift.
 - After the 10th shift and before the 15th shift.
 - After completion of the final shift.

To schedule the meetings:

- Text or email the clinical coordinator to schedule a time.
- Have your schedule ready with available times.
- Arrive for the meeting with your notebook.

Failure to attend clinical meetings may result in the candidate being unable to complete the field and clinical and/or potential removal from the program.

Minimum Clinical Requirements

Evaluation of the candidate's clinical performance is strictly a competency-based structure. While this text lists the minimum requirements for clinical completion the student must also participate in the hours required for certification at their level. These hours are represented in the charts below.

Each time you participate in a field experience, clinical, or field internship, a clinical shift summary must be performed that documents the times you were at the clinical site, date, crew or supervisor, and location. In addition, you must summarize your activities for that date including all patients you encounter for major blocks of time and what skills you performed or observed. (see clinical requirements for further).

For all EMS clinical experiences and simulations, you are required to complete an electronic PCR form to be filled out in its entirety. The electronic Pre-hospital Care Report (PCR) is required one per shift or simulation.

Minimum Clinical Hour Requirements

EMT 143 – EMT Basic Clinical

Clinical Site	Total Required Hours	Approx. Number Shifts
Clinical Orientation	1	1
Emergency Room	0	0
EMS	36	3
Nursing Home	0	NA
Total	37	4

EMT 251 – Introduction to the Clinical Experience

Clinical Site	Total Hours	Approx. Number Shifts
Emergency Room	24	3
EMS	36	3
Nursing Home	0	0
OR	0	0
Total	60	6

EMT 252 – Paramedic Clinical Experience 1

Clinical Site	Total Hours	Approx. Number Shifts
Emergency Room – III/IV	72	9
Emergency Room – Level I/II Trauma Center	8	1
EMS	36	3
OR	0	0
Behavioral Health	8	1
Total	124	14

EMT 255 – Paramedic Clinical Experience 2

Clinical Site	Total Hours	Approx. Number Shifts
Cardiology Lab	8	1
Emergency Room – Level I/II	12	1
Emergency Room – Level III/IV	56	7
EMS	36	3
ICU	12	1
Neonatal/Pediatric	12	1
Labor and Delivery/Mother Baby	12	1
OR	0	0
Total	148	15

EMT 260 - Paramedic Clinical Internship

Clinical Site	Total Hours	Approx. Number Shifts
EMS Field Internship	252	21
Medical Director Rotation	1	1
Total	253	22

EMT 271 – Community Paramedic Clinical

Clinical Site	Total Hours	Approx. Number Shifts
Community Paramedic Rotations	96	1-12
Simulation	64	NA
Total	160	12

- Total hours are not negotiable!
 - No clinical shifts will be attended when KCC is closed or otherwise indicated <https://kellogg.edu/about/academic-calendar/>
 - November - Thanksgiving
 - September - Labor Day
 - December - Holiday break
 - January - MLK
 - March - Spring break
 - May - Spring semester ends
 - May - Memorial Day
 - July - Independence Day
 - August - Summer semester ends
 - September - Labor Day
 - November - Thanksgiving break
 - December - Fall Semester Ends

Paramedic Clinical and Student Minimum Competency Requirements

1. At the Paramedic level, besides a minimum of 250-300 clinical and 250-300 internship hours, clinical competencies must be completed by the end of the program. These clinical competencies can be obtained both in lab class, clinical simulations, and in the clinical environment.
2. All competencies are tracked on the Platinum Planner website. They are thereafter approved by either/and/or the course lead instructor/clinical coordinator. **Students must submit their documentation to Platinum Planner with in 36hrs. from the end of their clinical shift, otherwise it may be rejected.**
3. If a student is short on the number of required clinical competencies, additional clinical time will be scheduled in areas where there is the greatest potential for achieving the desired number listed within the competency. It is important that students record competencies achieved in simulations since these can often make a difference in the total number of competencies achieved.
4. All portfolio and clinical requirements, other than Team Leads, are to be completed prior to the start of the Field Internship. Students who do not meet these requirements will not be eligible to start their Field Internship until all portfolio and clinical requirements have been completed and approved.
5. Because students are often employed at ambulance services, it is important that they recognize that they are **not** permitted to perform clinical skills while on duty nor are they permitted to work while attending a clinical rotation. Work and clinical may not be done simultaneously.

Paramedic Skill Competency Overview

Student Minimum Competency Table 1: Ages

*Simulation Permitted

Student Minimum Competency	Formative Exposure	Skill Competency	Total	Recommendations by Age	
Pediatric Patients w/ pathologies or complaints	15	15	30	Minimum Exposure	Age
				*2	Neonate (birth to 30 days)
				*2	Infant (1 mo to 12 mos)
				*2	Toddler (1 to 2 years)
				*2	Preschool (3 to 5 years)
				*2	School-Aged (6 to 12 years)
				*2	Adolescent (13 to 18 years)
Adult	30	30	60	(19 to 65 years)	
Geriatric	9	9	18	(older than 65 years of age)	
Total	54	54		108	

Student Minimum Competency Table 2: Pathology/Complaint

*Simulation Permitted

Student Minimum Competency	Simulation	Formative Exposure	Skill Competency	Total
Trauma	1 Pediatric	18	9	27
	1 Adult			
Psychiatric/Behavioral	1	12	6	18
OB Delivery with normal newborn care	NA	*2	*2	6
Complicated OB Delivery	2	*2	*2	
Distressed Neonate (birth to 30 days)	1 Distressed	*2	*2	4

	Neonate Following Delivery			
Cardiac Pathologies	*1 Cardiac Related CP	10	6	16
Cardiac Arrest	*1	*2	*1	3
Cardiac Dysrhythmias	NA	10	6	16
Neurologic Pathologies	1 Geriatric	8	4	12
Respiratory Pathologies	*1 Pediatric	2	4	6
	1 Geriatric			
Other Medical Conditions	*1 Geriatric Sepsis	12	6	18
Total		88	46	134

Student Minimum Competency Table 3: Skills

*Simulation Permitted

Student Minimum Competency	Formative Exposure	Skill Competency	Total	Cumulative Motor Skill
Establish IV Access	2	25	27	Report Success Rate
Administer IV Infusion Medication	2	*2	4	NA
Administer IV Bolus Medication	2	*10	12	Report Success Rate
Administer IM Injections	*2	*2	4	NA
Establish IO Access	*4	*2	6	NA
Perform PPV with BVM	*4	*10	14	NA
Perform Oral Endotracheal Intubation	*2	*10	12	Report Success Rate
Perform Endotracheal Suctioning	*2	*2	4	NA
Perform FBAO Removal using Magill Forceps	*2	*2	4	NA

Perform Cricothyrotomy	*2	*2	4	NA
Insert Supraglottic Airway	*2	*10	12	NA
Preform Needle Decompression of the Chest	*2	*2	4	NA
Preform Synchronized Cardioversion	*2	*2	4	NA
Preform Defibrillation	*2	*2	4	NA
Perform Transcutaneous Pacing	*2	*2	4	NA
Preform Chest Compressions	*2	*2	4	NA
Total	36	87	123	

Student Minimum Competency Table 4: Field Experience / Capstone Field Internship

*Simulation Permitted

Student Minimum Competency	
Field Experience	Capstone Field Internship
Conducts competent assessment and management of prehospital patients with assistance while TEAM LEADER or TEAM MEMBER	Successfully manages the scene, performs patient assessment(s), directs medical care and transport as TEAM LEADER with minimal to no assistance
30	20

Student Minimum Competency Table 5: EMT Skills Competency

*Simulation Permitted

Student Minimum Competency	Total
Insert NPA	*1
Insert OPA	*1
Perform Oral Suctioning	*1
Perform FBAO - Adult	*1
Perform FBAO - Infant	*1
Administer Oxygen by Nasal Cannula	1
Administer Oxygen by Face Mask	1
Ventilate an Adult Patient with a BVM	*1
Ventilate a Pediatric Patient with a BVM	*1
Apply a Tourniquet	*1
Ventilate a Neonate Patient with a BVM	*1
Apply a Cervical Collar	1
Perform Spine Motion Restriction	1
Lift and Transfer a Patient to the Stretcher	1
Splint a Suspected Long Bone Injury	1
Splint a Suspected Joint Injury	1
Stabilize an Impaled Object	*1
Dress and Bandage a Soft Tissue Injury	1
Apply an Occlusive Dressing to an Open Wound to the Thorax	*1
Perform Uncomplicated Delivery	*1
Assess Vital Signs	1
Perform a Comprehensive Physical Assessment	1
Perform CPR – Adult	*1
Perform CPR – Pediatric	*1
Perform CPR – Neonate	*1
Total	25

Clinical Injury or Exposure

Due to the nature of the EMS Program, students participating in various classroom skills and/or clinical internships are at risk for unforeseen injuries and/or exposure to pathogens (blood borne or otherwise). It is expected that all actions be taken by the instructor, preceptor, and students to minimize, to the greatest extent possible, the potential risk for injury or exposure. Any student who incurs an injury/exposure during his/her program studies in the classroom or at a clinical site must complete the steps below:

1. Notify the course instructor or clinical preceptor that an injury/exposure incident has occurred
2. If the incident occurs within the clinical setting, notify the Clinical Instructor and EMS Program Director by phone as soon as possible.
3. If the incident occurs within the clinical setting, the student will be instructed to follow the clinical site's process. Note: the clinical site will not be financially responsible for treatment of any injury/exposure sustained at the clinical location.
4. Complete the Kellogg Community College incident report within one business day following any incident (Appendix C)
5. Formulate in writing what occurred to cause the injury/exposure and e-mail his/her statement to the EMS Program Director and the Director of Allied Health Education. The report should include the following:
 - a. Student Name
 - b. Date of the Injury/Exposure incident
 - c. Time of the Injury/Exposure incident
 - d. Details of the Injury/Exposure incident (what and how it occurred)
 - e. Names of any individuals who witnessed the Injury/Exposure
 - f. Where medical evaluation was obtained
 - g. Medical evaluation recommendations (if known)

Field Experience and Clinical Criteria

Field experience, clinical, and internship is a required component of the EMS Program. For the student to participate in clinical rotations, the following are required:

To Be Completed by _____

All Levels

1. Criminal Background Check: Student must have a criminal background check completed using the process outlined in the *Criminal Background Check* section below. No other process is allowed. (Required)
2. Drug Screen: Students must have a 10-panel drug screen completed using the *Drug Screen Ordering Process* outlined below. No other process is allowed. (Required)
3. Student Clinical ID (Required)
4. Current CPR Card: An AHA Healthcare Providers or ARC Professional Rescuer CPR card must be on file within the EMS Department. (Required)
5. Show Proof of being fully vaccinated against the following diseases:
 - a. MMR (2 shots) (Required)
 - b. T-DAP (not less than 10 years old) (Required)
 - c. Varicella (2 shots or had CP verification from your health care provider) (Required)
 - d. HEP B (three shots) or a signed waiver (Required)
 - e. TB (negative test not more than a year old and must be current to the end of the class) (Required)
 - f. Seasonal Flu (September-March) (Required)
 - g. HEP A (two shots) (Required for Paramedic, Recommended for EMT Candidates)
 - h. COVID-19 All students must comply with all Covid-19 policies and procedures of our clinical partners (Recommended for EMS Candidates)
6. Students must have completed the Communicable Disease/Blood Borne Pathogen class prior to attendance at any clinical site. **There are no exceptions to this rule.**
7. Students must have been Hepamask (N-95 compliance) fit tested in their lab class and the proper sized Hepamask issued to the student.
8. Appropriate uniforms for the clinical experience.
9. Obtained access to the clinical scheduling website and successfully used it to schedule all clinical experiences **before** they occur.
10. No skills will be practiced in the clinical setting which have not been taught and practiced in the laboratory setting.
11. The lead classroom instructor has signed off on skills sets which deem student to be competent and ready for the clinical environment.
12. Obtain EMS Departmental approval through EMS Clinical Coordinator.
13. All the pre-clinical criteria signed off must be on file in the EMS Office prior to participation in **ANY** clinical.

Basic EMT

1. Must complete the criteria listed for All levels (above)
2. Basic EMTs register in EMT-143. This is a private malpractice insurance policy that protects the clinical site, KCC, and the student.
3. Obtain proper uniform shirts, slacks and footwear prior to participation in clinical experiences.

Paramedic

1. Must complete the criteria listed for All levels (above)
2. KCC Program Physical Form signed by a physician or primary care provider
3. PAPR training will be conducted by their lab instructor.
4. Paramedics must register in EMT-251, 252, 255, or 260 depending on the semester of their participation. This is a private malpractice insurance policy that protects the clinical site, KCC, and the student.
5. Obtain proper uniform shirts, slacks and footwear prior to participation in clinical experiences.

Schedules

Schedules are located on Platinum Planner:

EMS:

- Candidates will choose from the available schedules on platinum planner.
- Shifts are a minimum of 12hrs. Maximum of 16 hours even though we do not schedule 16 hours shifts. Extra four hours are for hold overs.
- Shifts start at the beginning of the clinical sites shift and cannot be split or shortened.
- No 24 hours shifts.
- A student can be schedule at a 24-hour station but only for the first 12 hours.
- A student cannot be scheduled for the last half of a 24-hour shift. Students cannot stay overnight (past the 16-hour mark) on a 24-hour car.

Hospital:

- Candidates will choose from the available schedules on platinum planner.
- Shifts are a minimum of 8-12hrs. Maximum of 16 hours even though we do not schedule 16 hours shifts. Extra hours are for hold overs.
- Shifts start at the beginning of the clinical sites shift and cannot be split or shortened.
- Must be signed up for 2-weeks in advance.

Changes in schedules:

- In case of illness, injury or other issue preventing the student from attending their scheduled shift, a 24-hr. notice to the clinical coordinator and clinical site is required.
- If the illness, injury, or other issue preventing the student from attending their scheduled shift occurs on the scheduled shift day, the intern is to notify the clinical coordinator and clinical site as soon as possible.

When you need to communicate with the Clinical Coordinator:

- Use only the clinical Coordinator's email or text message if you need to leave a message.
- Contact via cell phone if you need immediate assistance.
- Make an appointment.

Professional Appearance and Behavior (you are a guest of the clinical site)

Candidates and Interns are required to:

- Dress in the approved school uniform (KCC issued polo shirt, black or blue pants, black boots or shoes, black belt) and name tag.
- Wear name tag on the outside of their attire always.
- Appear clean and neat.
- Always have a change of uniform.
- Follow all policies of the clinical site.
- Follow the instructions of the preceptor.
- Arrive at shift 15 min before EMS the shift begins to complete any assigned pre-shift duties.
- Arrive at shift 30 minutes before the Hospital shifts begins to participate in the "huddle", be assigned to an RN, and complete any assigned pre-shift duties.
- Arrive emotionally and physically prepared for each shift.
- Communicate professionally with patients and families.
- Communicate professionally with the preceptor and with other EMS and health care providers.
- Accept feedback from the preceptor.
- Take responsibility for self-improvement.
- Maintain confidentiality and always respect the rights of others.
- Complete all required paperwork.
- Refrain from false documentation on field paperwork.
- Perform only under the direct supervision of the preceptor.
- Follow all policies of the Kellogg Community College.

Attendance

Dependability and punctuality are important factors in the EMS clinical component. Any absences or tardiness, no matter how legitimate, disrupts the learning process of the student and disrupts the operation of the clinical site. Students are required to notify the appropriate supervisor at their clinical site, the preceptor, and the clinical coordinator of their absences for each occurrence. The notification of absence intent should be at least 1/2 hour (30 minutes) prior to the student's scheduled starting time. All missed clinical time must be made up within the semester that the absence occurred, and it is a warranted emergency. Any unreported absences will automatically result in critical warning and will warrant immediate dismissal from

the program. Tardiness or reported absences will result in a warning action (see Student Conduct/Warning Notice Procedure).

Absences not reported (no call, no show) will result in dismissal from the program at the discretion of the EMS Program Director.

Students are required to arrive 30 minutes before the shift begins for EMS and 30 minutes before their shifts begin for Hospital clinical.

Students are required to be at their EMS clinical site until the completion of the shift unless permission is obtained from the supervising clinical instructor, preceptor, or the clinical coordinator.

Students will only receive clinical hours for time spent within the clinical setting. If the students leave for any reason, they will lose clinical time.

The student is to notify the supervising clinical instructor, preceptor, or the clinical coordinator whenever they leave the clinical site. Failure to do so may be interpreted as abandonment of the clinical assignment and will result in a warning action (see Student Conduct/Warning Notice Procedure).

Excessive tardiness (5 minutes or more) will be counted against the total clinical hours. If it appears that you will be late, contact the supervising clinical instructor, preceptor, or the clinical coordinator as soon as possible. Excessive tardiness will result in a warning action (see Student Conduct/Warning Notice Procedure).

Documentation

All documentation will be done on platinum planner and submitted within 36 hours of the end of each shift. All submissions not meeting this deadline will be rejected and the candidate will have to repeat the shift.

The candidate will fill out an electronic PCR available on Platinum Planner. One PCR for each shift. It is expected the candidate will pick the most interesting call they experienced on said shift and fill out the PCR in its entirety. It is expected the student will not falsify any clinical documents.

The candidate is required to fill out The Clinical Internship Evaluation (yellow form) one form for each field or clinical shift. This form is to be filled out in its entirety and must be signed and dated by the preceptor. Once this form is filled out, dated, and signed, the candidate is to upload it to platinum planner. It is expected that the student keeps the original form in a notebook to be turned in at the final candidate meeting. Incomplete or improper forms will be rejected, and no credit will be given for the shift. The student will have to reschedule the shift.

Clinical Site Orientation Check List

The Clinical Site Orientation Check List is to be completed on Shift one for each different clinical site.

To the Preceptor:

We have informed the candidates that he or she is a guest in your facility. Social behaviors would identify that the candidate will initially be nervous in a new and unfamiliar setting. The following checklist is designed to help you orient the student to your agency's policies.

KCC EMS Program

EMS Clinical Site Orientation & Patient Documentation Checklist

(Aligned with CoAEMSP Accreditation Standards)

Student Name: _____ **Date:** _____

EMS Agency / Clinical Site: _____

Preceptor/Supervisor: _____

Part 1 – EMS Clinical Site Orientation

1. Site Orientation & Safety

- Introduction to EMS agency or clinical site staff, roles, and responsibilities
 - Tour of station/facility and key areas (apparatus bay, supply room, restrooms, crew quarters)
 - Review of station/facility layout, department locations, and restricted areas
 - Parking location and reporting location at shift start
 - Review of site safety policies and emergency procedures
 - Location and use of personal protective equipment (PPE) and infection control supplies
 - Fire exits, alarms, and evacuation routes
 - Location of eyewash stations and spill kits
 - Review of workplace violence prevention protocols
-

2. Clinical Expectations & Policies

- Review of EMS dress code and ID badge requirements
 - Review of attendance, tardiness, and call-in procedures
 - Breaks, meals, and rest period expectations during shifts
 - Policy on use of personal electronic devices in the field or station
 - HIPAA compliance and patient confidentiality rules
 - Social media and photography restrictions in EMS environments
 - Tobacco-free, alcohol, and drug policy review
-

3. EMS Operations & Response Procedures

- Shift schedule and crew assignment process
 - Station check-in and vehicle inspection procedures
 - Review of dispatch and response process (tones, CAD, radio use)
 - Familiarization with agency communication systems and call signs
 - Safety procedures during emergency responses and scene operations
 - Procedures for staging, parking, and traffic safety at scenes
-

4. Patient Care & Documentation

- Scope of practice review for student level (EMT/Paramedic) in the EMS setting
 - Process for assisting with patient care under supervision
 - Procedures for transferring patient care at hospitals or other facilities
 - Location of documentation devices (laptops, tablets, paper forms)
 - Review of clinical performance evaluation process
-

5. Communication & Chain of Command

- Reporting relationships within the EMS agency and clinical site
- Primary and secondary points of contact for questions/issues

- Procedures for addressing preceptor concerns
 - Emergency contact procedure for clinical coordinator
-

6. Equipment & Supplies

- Location of emergency equipment on the ambulance (oxygen, suction, AED/monitor, airway kits, trauma bags)
 - Location of routine supplies (gloves, dressings, IV kits, medications)
 - Procedures for equipment checks, restocking, and cleaning/decontamination
 - Proper lifting, moving, and stretcher operation techniques
-

7. Incident & Exposure Reporting

- Procedure for reporting needlesticks, body fluid exposure, or injury in the EMS setting
 - Location of incident report forms and reporting chain
 - Contact information for facility or agency exposure control officer
 - Post-exposure evaluation process
-

Part 2 – Patient Documentation Requirements

All patients must be documented under the **Green Patient Tab** in **Platinum Planner**.

Documentation must include:

- **Patient Type**
- **Contact Type**
- **Chief Complaint**
- **Times**
- **Gender**
- **Patient Age**
- **Comprehensive Narrative**

The narrative must be thorough and include:

- **Dispatch Information**

- **Scene Size-Up**
 - **General Impression**
 - **Patient Assessment**
 - **Findings (including vital signs)**
 - **Patient History**
 - **Treatment and Management provided**
 - **Transport and Disposition**
1. **Name or role of the individual to whom patient care was transferred in the Emergency Department**

Part 3 – Acknowledgements

Student: _____

I acknowledge that I have received and understand the above EMS clinical site orientation and patient documentation requirements. I agree to comply with all field experience agencies, clinical sites, and KCC EMS Program policies.

Signature: _____ Date: _____

Preceptor/Supervisor: _____

I confirm that the above orientation topics and documentation requirements have been reviewed with the student.

Signature: _____ Date: _____

Criteria For Evaluating Student Performance

The following criteria must be used when evaluating candidate performance and affective behaviors. It is to be used:

- by the preceptor
- by the candidate
- as the measurement of the candidate against the standard for a competent paramedic

Kellogg Community College
EMS Program – EMS Field Experience, Clinical and Paramedic Internship Evaluation
(Yellow Form: To be filled out by Preceptor)

EMS Candidate Name: _____ Clinical Date: ____/____/____
Print MFR Basic Adv EMT Medic

Clinical site: _____ Preceptor: _____

Clinical Area: ER Ambulance Fire Dept. L&D Peds CCU ICU In-Patient OR Outpatient

OR Other: _____

Please evaluate the **EMS Student** on the items below based on the following scale:

N/A-Not Applicable, 1-Unacceptable, 2-Fair, 3-Good, 4-Very Good, 5-Outstanding.						
<i>Please provide comments on performance and explain ratings of 1 or 2 in the comment section at the bottom of the page.</i>						
Is non-judgmental in treating patients.	N/A	1	2	3	4	5
Establishes a positive rapport with patients.	N/A	1	2	3	4	5
Displays a professional attitude.	N/A	1	2	3	4	5
Is dressed in a professional manner.	N/A	1	2	3	4	5
Utilizes all available resources at the scene	N/A	1	2	3	4	5
Shows respect to other agencies personnel	N/A	1	2	3	4	5
Treats others with respect.	N/A	1	2	3	4	5
Develops effective relationships with teammates/co-workers.	N/A	1	2	3	4	5
Shows responsibility for restocking equipment.	N/A	1	2	3	4	5
Shows interest in learning about equipment.	N/A	1	2	3	4	5
Displays ability to take direction effectively.	N/A	1	2	3	4	5
Displays ability to take constructive criticism.	N/A	1	2	3	4	5
Actively seeks knowledge through pertinent questions.	N/A	1	2	3	4	5
Shows knowledge in use of equipment.	N/A	1	2	3	4	5
Assists with cleanup at end of Simulation.	N/A	1	2	3	4	5
Thoroughly assessed and took deliberate actions to control the scene.	N/A	1	2	3	4	5
Encouraged feedback/took responsibility for the team.	N/A	1	2	3	4	5
Established rapport, interacted in an organized and therapeutic manner.	N/A	1	2	3	4	5

Affective Behavior Evaluation for Field Experience/Clinical/Field Internship

Utilizing Platinum Planner or the Kellogg Community College Clinical Internship Evaluation form, an evaluation of student performance, completed by the Clinical Preceptor at the end of a clinical experience/shift, effectively measures the student's demonstration of the affective learning domain. This evaluation ensures each student demonstrates professional behavior and growth throughout his or her EMS education.

Students are required to show competency in each Clinical Affective Evaluation. Students receiving a score of 2 or less will be unsuccessful in demonstrating the affective clinical behavior. Students who do not successfully complete the Clinical Affective Evaluation, will receive a written warning, and participate in an advising meeting regarding their poor affective evaluation. A second unsuccessful evaluation within the same semester will indicate a critical warning and the potential for removal from the program of study

The clinical coordinator and the preceptor will evaluate affective behaviors during the field experience, clinical and field internship. The result of these evaluations will be considered in the overall field grade. The candidate will complete one affective behavior form for the clinical meeting. See appendix I.

Field Experience, Clinical and Field internship PCR Audits

The field, clinical and Field Internship PCR audit is designed to help candidates develop their critical thinking skills by examining the chief complaint and the related pathophysiology of patient illness and injury.

Each candidate will:

- Complete 1 field audits during the semester
- Have a separate copy of the field run report form for each audit.
- Complete the forms legibly and with correct spelling.
- Have 1 field and clinical PCR audit ready to turn in at the last meeting with the clinical coordinator.
- Have the preceptor review prior to the clinical coordinator meetings.

The field and clinical PCR audit consists of:

- Chief complaint.
- Pathophysiology.
- Main concerns.
- Management of concerns.
- Home medications.
- Affects to care.
- Protocol choice.
- Protocol justification.
- Change in management of patient or scene.
- New thing learned.

Field Experience, Clinical and Field Internship PCR Audit Form

Date: _____ Name: _____ Shift: _____

Patient Type: _____ Age: _____

1. What was the patient's chief complaint?

2. What pathophysiology is causing this chief complaint?

3. What was your working diagnosis?

4. What were the 2-primary concerns for this patient?

5. What steps were taken to manage these concerns?

6. List the home meds with their primary use.

7. Specifically, how might these medications affect your care of the patient?

8. What protocol(s) were used to treat the patient?

9. Justify the protocol(s) chosen to care for this patient.

Preparation For Completion of Field Experience, Clinical and Field Internship

To prepare to complete the field experience, clinical or Field Internship requirements, the candidate must:

- Contact the clinical coordinator to make an appointment for final check and exit interview at the end of the semester.
- Review platinum planner and related documents so the information reflects a thorough, professional document.
- **Submit your signed “Statement of Completion” form.**
- Check for all necessary signatures have been obtained
- Submit your final paperwork:
 - Cover Page
 - Platinum Planner Report
 - Clinical Internship Evaluations (yellow forms)
 - Capstone Field Internship Shift Evaluation (green for paramedics only)
 - Field and Clinical PCR Audit Sheets
 - Professional Behavioral Evaluation(s)
 - Field Experience Statement of Completion

Field Experience, Clinical or Field Internship completion will not take place until all required paperwork with the necessary signatures has been submitted.

Field Experience, Clinical or Field Internship completion requirements must be completed by the end of each semester.

Filed Experience and Clinical Statement of Completion

To the EMS Program Director of the EMS Program:

I have been the clinical educator for _____ during his or her field experience, clinical or Field Internship. The student has successfully completed and met the required clinical criteria:

1. EMT/Paramedic _____
2. Platinum Planner Report
3. PCR audits with the Clinical Coordinator.
4. Preceptor Field Experience and Clinical Evaluations
5. Professional Behavior Evaluations

I attest the above student has completed all the clinical education requirements for the Kellogg Community College Basic EMT Academy.

Clinical Educator Name: _____

Clinical Educator Signature: _____

Date: _____

Internship Preceptor Training

All field internship Preceptors are required to complete the Platinum Planner Preceptor Training Program. This includes, but is not limited to, education on the role of a field preceptor, providing feedback to students, difference between Local Protocol and National Standards education standards, student clinical conduct and EMS Handbook policies.

Preceptors are required to earn a minimum 70% score on the Platinum Planner Preceptor training exam and a minimum of 70% on the Kellogg Community College EMS Program Handbook/Clinical Policy exam. A passing score on both tests ensures that the preceptor meets the requirements set forth and will be eligible to have a Paramedic student assigned to them during the Paramedic Field Internship.

Appendix A: Health Record & Immunizations

Required Program Forms

Hepatitis-B Inoculation Form

Basic, Advanced EMT, and Paramedic students must have a Hepatitis-B or declination form on file in the EMS office prior to participation in any clinical experiences or invasive lab procedures. This is also a requirement for Medical First Responders if they intend to participate in the clinical internship program.

Program Physical

Students in the Specialist/Advanced EMT or Paramedic program (Not Required for MFR or EMT) must have a program physical and hepatitis inoculation forms completed in the Fall semester by the third week of class. If inoculations are in progress a statement from the agency administering the vaccine is required to verify status. Any student who does not complete the above requirements will be prevented from participation in lab skills until such forms are updated and complete. Failure to comply with these requirements will result in administrative withdrawal of the student from the EMS program.

Drug Panel

A 10-panel drug screen is required for all students who wish to participate in clinical activities. This drug panel fee is included in the clinical tuition, thus there is no “out-of-pocket” expense for this requirement. The drug screening process is completed by going on-line to the KCC specified vendor and completing the information needed. Once completed a voucher is given to the student to go to the BCC Occupational office and have the screening performed.

Flu Shots

All Basic EMT, Advanced EMT and Paramedic students must provide proof of the current seasonal flu vaccination (Oct-Mar) prior to participation in any clinical activities. Proof of this vaccination must be provided to the department.

Clinical Forms/additional requirements

Regulations and requirements for students to participate in clinical activities at different sites may change from semester to semester. While the college cannot control this, students will be informed as soon as we are aware. Some clinical sites have additional requirements in order to participate at that site. In those situations, students must comply with the additional requirements.

Immunizations

The following items are required of EMT- Basic & Paramedic students before they may begin their clinical education.

- Rubella (German Measles)
 - Documentation of 2 doses of MMR 4 weeks apart OR a positive Rubella titer
- Rubeola (Hard Measles)
 - Documentation of 2 doses of MMR 4 weeks apart OR a positive Rubeola titer
- Parotitis (Mumps)
 - Documentation of 2 doses of MMR 4 weeks apart OR a positive Mumps titer
- Varicella (Chicken Pox)
 - Documentation of 2 doses of Varicella given 28 days apart OR a positive Varicella titer
- Diphtheria/Tetanus/Pertussis (TD or Tdap)
 - Documentation of a booster within the past 10 years. If booster is needed recommend a Tdap
- Hepatitis A (Recommended)
 - Documentation of 2-dose series HepA (Havrix 6–12 months apart or Vaqta 6–18 months apart [minimum interval: 6 months]) or 3-dose series HepA-HepB (Twinrix at 0, 1, 6 months [minimum intervals: dose 1 to dose 2: 4 weeks / dose 2 to dose 3: 5 months]) or a positive Hep A titer
- Hepatitis B
 - Documentation of 3 dose Hepatitis B series at 0-1-6 month interval OR a positive Hep B surface antibody titer OR signed declination letter
- Tuberculin Skin Test (TST)
 - Documentation of first negative TST
 - If you have a previously positive TST you must submit a copy of a chest x-ray, no older than 2 years, and documentation from your health care provider that there is no active pulmonary disease.
 - The date of the second test becomes the anniversary date for your annual TST.
- Seasonal Flu Shot
 - Documentation of current seasonal (September-March) Flu Vaccine and Lot Number
- Covid Vaccine (as required of our Hospital Clinical Agreements)
 - Must be completely vaccinated.
 - Documentation by Michigan Care Improvement Registry (MCIR) report or Covid-19 vaccination card

Appendix B: Drug Screen Process for EMS Students

Drug Screen Ordering Process for EMS Students (Lab Fee Based)

THIS CANNOT BE ATTEMPTED UNTIL PERMISSION IS GIVEN BY THE EMS CLINICAL COORDINATOR

To participate in clinical education courses, you will need order your drug screen through **Castlebranch.com**. The drug screen will need to be completed by the date indicated below:

Students assigned to clinical education facilities that require pre-placement drug screens **will be required** to follow the necessary process for a drug screening to be completed. Failure to follow through by the date indicated above **will result in the inability to participate in clinical education**. The inability to participate in clinical education prohibits the student's ability to successfully complete the requirements of the program.

If a student's drug screen is positive, the student **will not** be allowed to participate in clinical education. The inability to participate in clinical education prohibits the student's ability to successfully complete the requirements of the program.

How do I order my drug screen?

1. Go to the internet and enter the following URL into the browser: www.castlebranch.com
2. Click the "**Place Order**" Block at the top of the web page.
3. Enter the following package code in the blank block:

KA99dt

4. Review order to ensure program code and Drug Test are selected. Agree to the terms and conditions and then click "**Continue**".
5. Complete Steps 1-7
 1. Enter your Personal Identification Number (this is the last four digits of your social security number) and click "**Next**".
 2. Fill in Personal information: **First and Last name, Date of Birth and Social Security Number, and all other requested information.**
 3. Steps 3-6 Follow the prompts and complete the necessary information.
 4. Print Confirmation page- located in the top center.
 5. Castlebranch will send a confirmation email to the address you used in steps 1-7.
 6. Bring the **confirmation notice (paper or electronic)** to the Kellogg Community College Department of Public Safety Office to obtain your Custody and Control form. **(State ID required).**

Bronson Battle Creek ProHealth Address & Contact Information

265 Fremont, Suite

Battle Creek, MI

Phone: 269-245-8166

Hours M-F 7:00 AM – 4:30 PM

Questions Regarding Drug Screen Ordering Process for EMS Students

Kellogg Community College - Public Safety Office

3rd Floor Lane Thomas Building- Suite 306

Phone: 269-565-2009 or 269-565-7895

Public Safety Hours of Operation:

Fall/Spring: M – F 8:00 AM – 5:00 PM

May & August: M-Th 8:00 AM – 5:00 PM, Friday 8:00 AM – 12:00 PM

June & July: M-Th 8:00 AM – 5:00 PM, Closed Friday

Appendix C: Fingerprint Criminal Background Check

Live Scan Fingerprint Criminal Background Check Ordering Process for EMT Students (Lab Fee)

Questions Regarding Drug Screen Ordering Process for EMS Students

Kellogg Community College - Public Safety Office

3rd Floor Lane Thomas Building- Suite 306

Phone: 269-565-2009 or 269-565-7895

Public Safety Hours of Operation:

Fall/Spring: M – F 8:00 AM – 5:00 PM

May & August: M-Th 8:00 AM – 5:00 PM, Friday 8:00 AM – 12:00 PM

June & July: M-Th 8:00 AM – 5:00 PM, Closed Friday

To participate in clinical education courses, you will need to obtain your Live Scan Criminal Background Check as directed by Kellogg Community College Department of Public Safety.

The criminal background check will need to be completed by the date indicated below:

Date: _____

Students assigned to clinical education facilities that require pre-placement criminal background checks will be required to follow the necessary process for a background check to be completed. Failure to follow through by the date indicated above will result in the inability to participate in clinical education. The inability to participate in clinical education prohibits the student's ability to successfully complete the requirements of the program.

To determine whether a student is eligible to participate in clinical education, all misdemeanor or felony convictions revealed through the background check are aligned with the guidelines of the State of Michigan Public Acts #26, 27, and 28.

If a student's criminal conviction deems the student ineligible, the student will not be allowed to participate in clinical education. The inability to participate in clinical education prohibits the student's ability to successfully complete the requirements of the program.

Please note that a misdemeanor or felony conviction could prevent the student from obtaining certification, licensure, or employment upon graduation from the program. Students may contact the professional licensing or certification agency for more information.

Students will be ineligible to participate in clinical education:

- Failure to complete background check by the date indicated above.
- If a student's criminal conviction deems the student ineligible.

Please note that a misdemeanor or felony conviction could prevent the student from obtaining certification, licensure, or employment upon graduation from the program.

How do I obtain my criminal background check?

Go to the KCC Public Safety Department located in room 306 of the Lane Thomas Building, to obtain a Livescan Request Form. Bring valid identification in the event it is asked of you. You will also receive a voucher to be used to pay for the scan. **NOTE: Do not lose the voucher. If the voucher is lost, you will not be given another one. You will then be responsible for the payment of the background check.**

How do I obtain my criminal background check?

- Go to the KCC Public Safety Department - Lane Thomas Building, suite 306.
 - Show state ID to obtain a Livescan Request Form and payment voucher.
- If voucher is lost the cost for fingerprints is \$71.00. No voucher replacements are given.
- Live Scans can be completed at one of the Calhoun County Sheriff's locations:

Questions Regarding Criminal Background Process for EMS Students

Kellogg Community College - Public Safety Office

3rd Floor Lane Thomas Building- Suite 306

Phone: 269-565-2009 or 269-565-7895

Public Safety Hours of Operation:

Fall/Spring: M – F 8:00 AM – 5:00 PM

May & August: M-Th 8:00 AM – 5:00 PM, Friday 8:00 AM – 12:00 PM

June & July: M-Th 8:00 AM – 5:00 PM, Closed Friday

Battle Creek Area

Sheriff's Administrative Offices (Justice Center)

161 East Michigan Ave

Battle Creek, MI 49014

Phone: 269-969-6442

Hours: M-Th 9AM-11AM & 1PM-3PM

Friday's: not available

Marshall Area

Marshall Law Enforcement Center

714 US 27 North

Marshall, MI 49068

Phone: 269-781-0880

Hours: M-F 9AM -3PM

Completed Forms MUST be returned to KCC Public Safety Office – Lane Thomas Building, Suite 306

Appendix D: Steps to Obtain KCC Student ID for Clinicals

All candidates must acquire a candidate clinical identification card/candidate ID. One candidate ID will be provided to all candidates free of charge upon presentation of proof of registration for the current semester.

Valid candidate IDs are required for the following activities:

- Clinical IDs for Allied Health candidates (EMT/Paramedic)

The misuse of a candidate ID to obtain privileges may result in disciplinary action by the College. Candidate IDs are validated at the beginning of each semester with proof of registration in EMT 142 or EMT 251.

For more information, contact Admissions at 269-965-4153 or adm@kellogg.edu.

Candidate Photo Submission Requirements

To ensure that all candidate photos meet the necessary standards, please adhere to the following guidelines when submitting your photo:

Photo Quality and Specifications:

- The photo must be high-resolution and in color (no blurry or pixelated images).
- It must be taken within the last six months.
- The background should be plain, solid white, or a light-colored backdrop.
- Proper lighting is required; there should be no shadows on your face, neck, or background.

Appearance and Composition:

- Maintain a neutral facial expression or a natural smile with both eyes open.
- Face the camera head-on and look directly into the lens.
- Your arms should rest naturally by your sides.
- The photo must match the example style provided.

Prohibited elements:

- No head coverings, except for religious purposes.
- No sunglasses.
- No selfies.
- No filters of any kind.
- No digital alterations to the photo.

Failure to meet these requirements may result in the rejection of your photo submission. Please ensure that your photo adheres to these guidelines before submitting.

How to request your KCC Candidate ID

Step 1:

Go to www.kellogg.edu and click on the Bruin Portal login button.

Step 2:

Login to the Bruin Portal. Use your KCC email address and Password.

Step 3:

Locate and click on the eForms button.

Step 4:

On the left side of the screen, click on forms, then select "AM – Candidate Picture Upload" in the middle column.

Step 5:

To upload your picture, click on attachments, select Upload Files, Locate the file, click on the file, and then select Open.

Step 6:

Click on the Submit button at the bottom of the page.

What happens next?

Once your photo is approved, your KCC Candidate ID will be mailed to the address KCC has on record.

Clinical badges can be picked up from your program department.

Please allow approximately two weeks for processing time.

Have Questions?

Reach out to the Admissions Office at 269-965-4153 or adm@kellogg.edu.

Appendix E: Technical Standards and Functions

**TECHNICAL STANDARDS AND FUNCTIONS THAT ARE
REQUIRED TO SUCCESSFULLY COMPLETE A
DEGREE / CERTIFICATE PROGRAM IN EMERGENCY MEDICAL SERVICES**

Standards	Functions
Vision sufficient to see fine detail, and sufficient to be able to read and accurately complete reports and charts.	Observing patient's skin color, measuring exact amounts of parental medications. Reading and completing of charts and reports.
Speech sufficient to be understood by others; ability to understand the communication of others.	Communicating with patients, and other health care professionals.
Hearing sufficient to understand the spoken work, hear variations in physical assessment findings.	Listening to patients and other health care staff including phone conversations. Auscultate lung sounds, heart sounds, and bowel sounds.
Physical coordination including fine motor functions sufficient to perform nursing procedures accurately, efficiently and safely.	Ability to perform nursing procedures such as insertion of catheters, suctioning, and applying dressings.
Sufficient muscle strength, lower back and knee stability to handle patients in a safe manner. Able to stoop when necessary.	Lifting and transferring of patients, physically assisting patients, moving beds and equipment. Bending at the knees to empty foley bags, lift objects off the floor.
Sufficient psychological stability and knowledge of techniques/resources to be able to respond appropriately and efficiently in emergent situations in order to minimize dangerous consequences either patient related or environment related.	Recognizing and responding appropriately in emergency situations.
Free of Chemical Impairment during participation in the EMS program including classroom, laboratory and clinical settings.	Displaying behavior that is free from signs of chemical impairment such as frequent mood swings, disappearing with an insufficient excuse, unexplained absences, and inappropriate behavior.
Ability to learn technical, medical, and pathophysiological information.	Completion of clinical and didactic components of program requires ability to learn.

You need to be able to perform each of these tasks with or without accommodation. If an accommodation is necessary because of a disability it is your responsibility to provide documentation and to request accommodation. The College will endeavor to satisfy requests for reasonable accommodations however it is not guaranteed.

Appendix F: KCC Incident Report Form



KELLOGG COMMUNITY COLLEGE CLINICAL EDUCATION INCIDENT REPORT*

*This report is intended for use in reporting incidents at a clinical facility in which there was patient (client) involvement. It is intended for college use only, and does not replace the incident report filed at the clinical facility.

Student Name _____ Client Name _____

Clinical Facility _____ Clinical Instructor _____

Date of Incident _____ Time of Incident _____

Description of Incident

Follow-up/Corrective Action _____

Change in client status following the incident? If yes, explain. _____

Student Signature _____ Date _____

Review by _____ Date _____

COMMENTS:

Appendix G: Fit Test Form

The Qualitative Fit Test form is provided below.

MOLDEX Ideas that wear well.	Bitrex®
Qualitative Fit Test Record	
Date: _____	
Company: _____	
Employee: _____	
Respirator Used: _____	
# Of Squeezes to Sensitivity (10, 20, 30): _____	
In order to pass, the subject must not detect BITREX® during any of the excercises.	
Exercise	
1. Normal Breathing:	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Deep Breathing:	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Turning Head Side to Side:	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Moving Head Up and Down:	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Talking:	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Jogging:	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Normal Breathing:	<input type="checkbox"/> Yes <input type="checkbox"/> No
OVERALL RESULTS	Fail: _____ Pass: _____
Comments: _____	

Person Conducting Test	

Employee:	
I have been instructed in the proper use of the Moldex respirator.	
I will follow all procedures, instructions, and warnings when wearing this type of respirator.	
Signature _____	Date _____
9700-713 REV D 02/08	

Appendix H: PAPR Competency Checklist

Competency Checklist for COVID-19 PPE

Name/Title: _____ Unit: _____
 Evaluator: _____

The following key is utilized in evaluating performance:

- C** – Competent
- D** – Discussed and Needs Opportunity to Perform
- N** – Needs Improvement

Activity: Placement of PPE	Date of Evaluation and Performance	
1. PAPR Inspection PRIOR to use <ul style="list-style-type: none"> • Helmet/hood, breathing tube, and/or fittings are correct for the pump being used • Filter/cartridge is in place and Filter/cartridge is adequate for contaminant 		
2. Performed hand hygiene for at least 20 seconds.		
2. Don Gown: <ul style="list-style-type: none"> • Staff member placed arms into sleeves in the front and then wrapped protective panel around back and place right arm through opening. • Ensured that the gown covered the torso from the neck to the knees and from the arms to the end of the wrists. 		
3. Donning (putting on) the PAPR and in-use procedure <ul style="list-style-type: none"> • If waist mounted, PAPR device is secured to waist and hose is attached to hood otherwise place PAPR on the head, ensuring the elastic fits snugly around the neck. • PAPR hood is donned appropriately, if equipped. • Fittings and connections are tight, and hose is not leaking • PAPR is turned on BEFORE entering exposure • Exit area then check battery if a variance in airflow or motor sound is noticed 		
4. Don gloves, bringing the glove cuffs over the edge of the gown sleeves.		
7. Verbalized precautions while caring for a patient. <ul style="list-style-type: none"> • Keep own hands away from own face. • Limit touching surfaces in the room. • Remove gloves when torn or heavily contaminated, perform hand hygiene, and don a new pair of gloves. 		
8. Doffed gown <ul style="list-style-type: none"> • Removed right arm out of opening and allowed gown to fall from the backside. • Removed gown away from the front of body while removing arms from sleeves. Folding contaminated material inward. • Rolled up contaminated gown away from body and disposed in soiled laundry bin. 		

<p>9. Doffed gloves.</p> <ul style="list-style-type: none"> • Using a gloved hand, grasped the palm area of the other gloved hand and peeled off the first glove. • Held the removed glove in the gloved hand. • Slide the fingers of the ungloved hand under the remaining glove at the wrist. • Discarded gloves in the proper container. 		
<p>10. Doffing (taking off) the PAPR</p> <ul style="list-style-type: none"> • Don new pair of gloves • Initial cleaning of the PAPR should take place BEFORE the PAPR is removed and before leaving the affected area (e.g., patient's room). While the wearer is still wearing the PAPR, the wearer will use a hospital-approved disinfectant wipe to clean exposed surfaces of the PAPR. • Remove and discard gloves. Perform hand hygiene prior to leaving patient room. Close the door to the patient room. • Immediately outside of the hazard area, don a clean pair of gloves to remove the PAPR and to perform a final cleaning and disinfection of all PAPR components. • Properly dispose of wipes and gloves. Perform hand hygiene. • If the PAPR hood and hose are to be reused by the wearer for the same patient, store these items in a manner that allows air drying (e.g., opened plastic container or bag). • Ensure the PAPR hood and hose as well as the storage container are labeled with the name of the wearer. 		
<p>12. Performed hand hygiene for at least 20 seconds.</p> <ul style="list-style-type: none"> • Use foam or gel to cleanse hands for at least 20 seconds ensuring hands and wrists are cleansed thoroughly. • You may also use soap and water for hand hygiene. 		
<p>13. Verbalized/demonstrated removal of PPE before exiting the patient room.</p> <ul style="list-style-type: none"> • Except when a person is on AIRBORNE Precautions. Staff verbalized/demonstrated the removal of the N95 respirator or PAPR after leaving the patient's room and closing the door. 		

Comments

Signature: _____ Date : _____

Appendix I: Professional Behavior Evaluation Form



Professional Behavior Evaluation

Student Name: _____ Date of Evaluation: _____

- 1. Professional Appearance** Competent Not Yet Competent
Uniform neat, clean, and appropriate; adheres to grooming standards
 - 2. Attendance & Punctuality** Competent Not Yet Competent
Arrives on time; adheres to schedule; notifies appropriately if late/absent
 - 3. Preparedness** Competent Not Yet Competent
Brings required equipment/supplies; ready to perform duties
 - 4. Accountability** Competent Not Yet Competent
Accepts responsibility for actions; completes assigned tasks
 - 5. Integrity & Ethics** Competent Not Yet Competent
Demonstrates honesty; maintains patient confidentiality (HIPAA)
 - 6. Respect for Others** Competent Not Yet Competent
Demonstrates courtesy and respect to patients, families, staff, and peers
 - 7. Teamwork & Communication** Competent Not Yet Competent
Works collaboratively; communicates effectively and appropriately
 - 8. Attitude & Initiative** Competent Not Yet Competent
Demonstrates a positive attitude; seeks learning opportunities
 - 9. Stress Management** Competent Not Yet Competent
Maintains composure under pressure; adapts to changing situations
 - 10. Receptiveness to Feedback** Competent Not Yet Competent
Accepts constructive criticism; shows effort to improve
 - 11. Safety & Judgment** Competent Not Yet Competent
Demonstrates situational awareness; acts in safe and appropriate manner
 - 12. Compassion & Empathy** Competent Not Yet Competent
Displays sensitivity to patient needs and concerns
 - 13. Professional Boundaries** Competent Not Yet Competent
Maintains appropriate interactions with patients and staff
-

Evaluator's Summary

Strengths Observed: _____

Areas for Improvement: _____

Action Plan (if needed): _____

Faculty Comments:

Student Signature

Student signature acknowledges review of this evaluation, not necessarily agreement.

Date

Faculty or Preceptor Signature

Date

Emergency Department

Goal

Prepare EMS candidates to assess, prioritize, and assist in the management of emergent medical and trauma patients through hands-on clinical experience in a hospital-based Emergency Department. All clinical activities must be performed under the direct supervision of licensed emergency care staff.

EMS Clinical Objectives for Emergency Department:

- 1. Patient Assessment and Triage:**
 - a. Perform focused primary and secondary assessments on patients presenting with a variety of medical and traumatic conditions.
 - b. Observe or assist with triage procedures and understand prioritization based on acuity.
- 2. Airway and Respiratory Support:**
 - a. Perform or assist with airway management techniques such as OPA/NPA insertion, suctioning, oxygen administration, and BVM ventilation.
 - b. Observe or assist with advanced airway procedures including endotracheal intubation and cricothyrotomy when available.
- 3. Circulatory and IV Access:**
 - a. Assist with or perform IV insertion, fluid administration, and application of cardiac monitoring (AEMT and Paramedics only).
 - b. Observe or assist with ECG acquisition
 - c. Observe or assist with interpretation in acute cardiac patients (Paramedics only).
 - d. Perform high-quality CPR in accordance with current resuscitation guidelines during cardiac arrest events.
- 4. Medical and Trauma Care:**
 - a. Assist with the treatment of patients experiencing acute medical conditions (e.g., chest pain, stroke, diabetic emergencies, respiratory distress).
 - b. Assist in the management of trauma patients, including wound care, bleeding control, spinal motion restriction, and splinting.
- 5. Medication Administration (as appropriate to level):**
 - a. Identify commonly used medications and their indications.
 - b. Assist with or observe medication preparation and administration per protocol and within candidate scope.
- 6. Clinical Judgment and Decision-Making:**
 - a. Recognize signs of patient deterioration and report findings promptly.
 - b. Demonstrate understanding of how emergency care providers make rapid decisions under pressure.
- 7. Interdisciplinary Communication:**
 - a. Interact professionally with ED staff, including physicians, nurses, and ancillary personnel.
 - b. Participate in patient hand-offs between EMS crews and ED staff, observing the continuity of care.

Ambulance Service

Goal

Develop EMS candidates' competency in delivering prehospital emergency care through direct clinical experience with ambulance services, emphasizing patient assessment, intervention, safe transport, and professional conduct.

EMS Clinical Objectives for Ambulance Services:

All clinical skills must be performed under the direct supervision of an approved preceptor.

- 1. Patient Assessment and Care:**
 - a. Perform comprehensive primary and secondary assessments on patients of all ages in a prehospital setting.
 - b. Accurately obtain and interpret vital signs, including pulse, respirations, blood pressure, oxygen saturation, and level of consciousness.
- 2. Medical and Trauma Management:**
 - a. Demonstrate appropriate treatment for common medical emergencies (e.g., chest pain, shortness of breath, diabetic emergencies).
 - b. Provide trauma care including bleeding control, spinal motion restriction, and splinting.
- 3. Airway and Circulatory Support:**
 - a. Perform airway management techniques (e.g., OPA/NPA, suctioning, BVM use, oxygen therapy).
 - b. Assist with or perform circulation support interventions, such as CPR and IV initiation (as appropriate to candidate level).
- 4. Scene Operations and Safety:**
 - a. Participate in scene management, ensuring personnel, crew, and patient safety.
 - b. Communicate effectively with other emergency services (e.g., fire, police, dispatch).
- 5. Transport and Documentation:**
 - a. Assist with safe patient movement, loading, and transport in an ambulance.
 - b. Complete accurate prehospital care reports.
- 6. Professionalism and Interpersonal Skills:**
 - a. Maintain professional behavior, including proper uniform, punctuality, ethical conduct, and confidentiality.
 - b. Communicate respectfully and clearly with patients, families, and healthcare team members.
- 7. Clinical Judgment:**
 - a. Apply critical thinking to prioritize patient care and make informed decisions based on patient condition and available resources.
 - b. Recognize when consultation or higher-level interventions are needed and act accordingly within the scope of practice.

Critical Care Unit (s)

Goal

Enhance EMS candidates' understanding of critical care concepts, advanced monitoring, and the multidisciplinary management of critically ill or injured patients through observational and hands-on experience in a hospital-based Critical Care Unit. All clinical activities must be performed under the direct supervision of licensed critical care staff.

EMS Clinical Objectives for Critical Care Unit:

- 1. Patient Assessment and Monitoring:**
 - a. Observe and describe the use of advanced patient monitoring equipment (e.g., cardiac monitors, ventilators, arterial lines).
 - b. Interpret vital signs and clinical trends to understand the progression of critical illness or injury.
- 2. Airway and Ventilatory Management:**
 - a. Observe the management of artificial airways, including endotracheal and tracheostomy tubes, chest tubes, and cricothyrotomy sites.
 - b. Assist with or observe ventilator settings, suctioning, and oxygen delivery methods.
- 3. Hemodynamic Support and Pharmacology:**
 - a. Identify common critical care medications (e.g., vasopressors, sedatives, antiarrhythmics) and understand their indications and effects.
 - b. Observe or assist with IV fluid management, central line care, and infusion pumps.
- 4. Clinical Judgment and Decision-Making:**
 - a. Recognize signs of clinical deterioration and describe appropriate interventions.
 - b. Understand how critical care staff prioritize interventions and allocate resources in complex cases.
- 5. Interdisciplinary Teamwork:**
 - a. Observe collaborative care among nurses, respiratory therapists, physicians, and other healthcare professionals.
 - b. Communicate effectively with staff, demonstrating professionalism and situational awareness.
- 6. Infection Control and Patient Safety:**
 - a. Follow strict infection control protocols, including hand hygiene, PPE use, and isolation precautions.
 - b. Identify safety measures used to prevent patient harm in a critical care setting.
- 7. Documentation and Reporting:**
 - a. Understand documentation standards for critical care patients, including charting vital signs, interventions, and patient responses.
 - b. Accurately relay patient information during hand-offs or shift reports, when appropriate.

Critical Care Paramedics

1. Observe and participate in the use and care of a chest tube.
2. Observe and participate in the initiation of, changing, and maintenance of central venous lines.
3. Observe patients with pulmonary artery pressure lines and be able to change the pressure line, recognize wave form malfunctions and correctly flush the line.

4. Observe and use pulse oximetry.
5. Observe and use end tidal CO² monitoring.
6. Observe and assist with maintenance of ventilator settings and ventilator dependent patients.
7. Obtain ABG and lab values and discuss significance with the preceptor.
8. Recognize and accurately identify vasoactive and critical care medications.
9. Other skills as assigned by the CCU/ICU/CSU department.

Labor and Delivery

Goal

Provide EMS candidates with clinical exposure to labor, delivery, and postpartum care to enhance their ability to assess and manage obstetric and neonatal patients in the prehospital setting. All clinical activities must be performed under the direct supervision of licensed obstetric and neonatal care staff.

EMS Clinical Objectives for Labor and Delivery and Mother/Baby Unit:

- 1. Assessment of the Pregnant Patient:**
 - a. Observe and describe the stages of labor and delivery, including signs of impending birth and potential complications.
 - b. Perform or assist with assessment of maternal vital signs, including fetal heart rate monitoring when permitted.
- 2. Labor and Delivery Observation:**
 - a. Observe normal vaginal deliveries and recognize the progression of labor.
 - b. Identify obstetric emergencies (e.g., preeclampsia, postpartum hemorrhage, shoulder dystocia) and describe appropriate EMS interventions.
- 3. Neonatal Assessment and Care:**
 - a. Observe or assist with immediate post-delivery care, including drying, warming, suctioning, and APGAR scoring.
 - b. Understand neonatal resuscitation principles and describe the use of equipment such as bulb suction, BVM, and neonatal oxygen delivery devices.
- 4. Postpartum and Mother/Baby Care:**
 - a. Observe routine postpartum assessments of the mother, including bleeding control, fundal assessment, and vital signs.
 - b. Observe newborn care, including bathing, feeding, and routine monitoring of vital signs and weight.
- 5. Patient Interaction and Communication:**
 - a. Communicate respectfully and sensitively with laboring patients and new mothers, demonstrating empathy and professionalism.
 - b. Observe how healthcare providers educate patients on postpartum care and newborn health.
- 6. Infection Control and Safety:**
 - a. Adhere to strict infection control practices in labor, delivery, and nursery areas.
 - b. Observe safety measures used to protect both mother and newborn from infection or injury.
- 7. Clinical Judgment and Decision-Making:**
 - a. Recognize when obstetric or neonatal conditions require urgent intervention and describe appropriate EMS actions.

PICU/NICU

Enhance EMS candidates' knowledge and skills in the assessment and care of critically ill infants and children through clinical exposure in the Pediatric and Neonatal Intensive Care Units. Emphasis is placed on airway management, monitoring, family-centered care, and recognition of pediatric emergencies. All clinical activities must be performed under the direct supervision of licensed critical care pediatric staff.

EMS Clinical Objectives for PICU/NICU:

- 1. Pediatric and Neonatal Assessment:**
 - a. Perform or assist with age-appropriate assessments, including vital signs, neurologic status, respiratory effort, and perfusion.
 - b. Recognize normal versus abnormal findings in neonates, infants, and children.
- 2. Airway and Respiratory Management:**
 - a. Observe or assist with airway management procedures, including suctioning, BVM ventilation, and oxygen therapy.
 - b. Observe advanced airway interventions such as endotracheal intubation, tracheostomy care, and ventilator management.
- 3. Cardiovascular Monitoring and Support:**
 - a. Observe continuous cardiac and respiratory monitoring, including ECG, pulse oximetry, capnography, and blood pressure.
 - b. Identify the use of medications and devices for cardiovascular support (e.g., vasopressors, IV fluids, umbilical lines, central lines).
- 4. Common Pediatric and Neonatal Conditions:**
 - a. Identify and describe the management of common critical care conditions such as sepsis, respiratory distress syndrome, congenital anomalies, and trauma.
 - b. Understand EMS implications for transporting critically ill pediatric and neonatal patients.
- 5. Medication Awareness and Administration:**
 - a. Identify weight-based dosing and medications commonly used in PICU/NICU care.
 - b. Observe medication preparation and administration, understanding safety protocols for pediatric dosing.
- 6. Family-Centered and Compassionate Care:**
 - a. Demonstrate empathy and professionalism in interactions with families experiencing pediatric critical illness.
 - b. Understand the emotional and psychosocial aspects of pediatric and neonatal care and EMS responsibilities during sensitive situations.
- 7. Infection Control and Safety:**
 - a. Follow strict infection control practices, including hand hygiene, PPE use, and equipment cleaning.
 - b. Observe measures taken to protect immunocompromised and fragile neonates and children.
- 8. Clinical Judgment and Pediatric Emergencies:**
 - a. Recognize signs of pediatric deterioration and describe appropriate EMS interventions.
 - b. Reflect on how EMS providers can stabilize pediatric patients for transport and provide care during critical transitions.

Operating Room

Goal:

Expose EMS candidates to sterile procedures, advanced airway management, and perioperative patient care through observation and limited participation in inpatient and outpatient operating room settings. All clinical activities must be performed under the direct supervision of licensed surgical or anesthesia staff.

EMS Clinical Objectives for Operating Room:

1. Airway Management:

- a. Observe or assist with airway procedures such as preoxygenation, BVM ventilation, endotracheal intubation, and use of supraglottic airway devices.
- b. Identify indications for different airway techniques and describe the role of anesthesia in airway control.

2. Patient Monitoring and Vital Signs:

- a. Observe continuous patient monitoring, including ECG, pulse oximetry, capnography, and blood pressure.
- b. Recognize changes in patient status and understand the significance of monitored values during surgical procedures.

3. Aseptic Technique and Sterile Field:

- a. Observe proper aseptic technique and sterile field maintenance by surgical staff.
- b. Demonstrate awareness of sterile zones and appropriate behavior to prevent contamination.

4. Pharmacology and Anesthesia:

- a. Identify common medications used in anesthesia (e.g., sedatives, paralytics, analgesics) and understand their effects.
- b. Observe medication administration and documentation practices in the OR setting.

5. Surgical Procedures and Roles:

- a. Observe a variety of surgical procedures and understand the roles of the surgical team (e.g., surgeon, scrub tech, circulator, anesthesiologist).
- b. Describe how patient positioning and prep contribute to surgical success and safety.

6. Postoperative Care and Recovery:

- a. Observe the transfer of patients to the recovery area and understand postoperative monitoring priorities.
- b. Describe signs of common postoperative complications (e.g., airway compromise, bleeding, pain).

7. Clinical Judgment and Decision-Making:

- a. Reflect on how airway management, medication administration, and sterile technique in the OR relate to EMS responsibilities.
- b. Recognize scenarios in which EMS providers may need to perform similar skills

in emergency settings.

8. Infection Control and Patient Safety:

- a. Adhere to strict infection control protocols including PPE use, hand hygiene, and respect for sterile fields.
- b. Observe safety checks such as time-outs, instrument counts, and patient identification verification.

Behavioral Health Unit

Goal

Prepare EMS candidates to recognize and manage behavioral health emergencies with professionalism, safety, and compassion through structured clinical exposure and supervised patient interaction.

OBJECTIVES:

1. Assessment and Communication:

- a. Demonstrate effective communication techniques with patients experiencing behavioral health crises.
- b. Perform a focused behavioral health assessment, including mental status evaluation and risk assessment for self-harm or harm to others.

2. Professionalism and Safety:

- a. Apply appropriate safety measures, including scene safety and patient restraint protocols, when interacting with patients with behavioral health needs.
- b. Exhibit professional demeanor, empathy, and cultural sensitivity in all patient and staff interactions.

3. Clinical Decision-Making:

- a. Identify common behavioral health conditions encountered in EMS (e.g., anxiety, depression, psychosis, substance use disorders).
- b. Collaborate with behavioral health professionals to determine appropriate transport decisions and treatment interventions.

4. Documentation and Legal Considerations:

- a. Accurately document behavioral health assessments, patient statements, and EMS interventions using appropriate terminology.
- b. Understand and apply legal principles, including consent, confidentiality, and involuntary treatment laws relevant to behavioral health.

5. Interdisciplinary Collaboration:

- a. Observe and describe the roles of behavioral health team members (e.g., social workers, psychiatrists, crisis intervention specialists).
- b. Participate in patient hand-off to receiving behavioral health facilities or personnel, ensuring continuity of care.

Cardiovascular Lab

Goal

Provide EMS candidates with clinical exposure to cardiac diagnostic and interventional procedures, enhancing their understanding of cardiovascular pathophysiology, emergency cardiac care, and advanced cardiac interventions. All clinical activities must be performed under the direct supervision of licensed cardiovascular lab staff.

EMS Clinical Objectives for Cardiovascular Lab:

- 1. Cardiac Assessment and Monitoring:**
 - a. Observe continuous cardiac monitoring, including 12-lead ECG acquisition, interpretation, and recognition of acute myocardial infarction (STEMI, NSTEMI).
 - b. Identify the use of invasive monitoring such as arterial lines and central venous pressure monitoring.
- 2. Cardiac Procedures and Interventions:**
 - a. Observe cardiac catheterization procedures, including coronary angiography, percutaneous coronary intervention (PCI), and stent placement.
 - b. Recognize indications for emergent cardiac interventions and describe prehospital care that supports these procedures.
- 3. Airway and Circulatory Support:**
 - a. Observe airway management and oxygen delivery during procedures, including BVM ventilation and endotracheal intubation if required.
 - b. Understand circulatory support techniques, such as administration of IV fluids, vasopressors, and defibrillation/cardio-version during cardiac emergencies.
- 4. Pharmacology:**
 - a. Identify common cardiovascular medications used in the lab setting (e.g., anticoagulants, thrombolytics, nitroglycerin, beta-blockers) and understand their indications and effects.
 - b. Observe the preparation and administration of medications during procedures.
- 5. Cardiac Devices:**
 - a. Observe the use and placement of cardiac devices such as pacemakers, intra-aortic balloon pumps (IABP), and temporary transvenous pacemakers.
 - b. Understand EMS responsibilities in recognizing and managing patients with implanted cardiac devices.
- 6. Clinical Judgment and Cardiac Emergencies:**
 - a. Recognize signs of cardiac compromise or arrest during procedures and describe the appropriate EMS response.
 - b. Reflect on how timely EMS assessment and intervention impact outcomes for patients undergoing cardiac procedures.
- 7. Interdisciplinary Communication and Teamwork:**
 - a. Observe professional communication among the cardiovascular team, including physicians, nurses, and technologists.
 - b. Understand the EMS role in STEMI activation, pre-notification, and coordination with cardiac care teams.
- 8. Infection Control and Patient Safety:**
 - a. Follow all infection control protocols including PPE use, hand hygiene, and equipment sterilization awareness.
 - b. Observe time-out procedures, patient verification, and safety checks to ensure correct patient care.

Medical/Surgical Unit

Goal:

Provide EMS candidates with clinical experience in the care of adult patients recovering from medical conditions, surgery, or injury, emphasizing patient assessment, chronic disease management, and development of professional communication and documentation skills. All clinical activities must be performed under the direct supervision of licensed nursing staff.

EMS Clinical Objectives for Medical/Surgical Unit:

- 1. Patient Assessment:**
 - a. Perform comprehensive patient assessments including vital signs, pain assessment, mental status, and mobility.
 - b. Identify early signs of clinical deterioration (e.g., changes in vital signs, altered mental status, decreased perfusion).
- 2. Monitoring and Basic Care:**
 - a. Monitor patients with common medical and surgical conditions (e.g., post-operative recovery, respiratory illness, cardiac conditions, infections).
 - b. Assist with or observe basic nursing care, such as hygiene, mobility assistance, and wound care.
- 3. Airway and Circulatory Support:**
 - a. Perform or assist with oxygen delivery, suctioning, and airway maintenance as needed.
 - b. Observe or assist with IV therapy, fluid administration, and monitoring of I&O (intake and output).
- 4. Medication Awareness:**
 - a. Identify commonly used medications in the medical/surgical setting and understand their indications and side effects.
 - b. Observe safe medication administration practices, including the "Five Rights" of medication delivery.
- 5. Post-Operative Care:**
 - a. Observe the care and monitoring of post-operative patients, including pain management, mobility, and prevention of complications such as infection or DVT.
 - b. Recognize surgical site concerns and describe EMS implications for post-operative patients.
- 6. Infection Control and Patient Safety:**
 - a. Follow strict infection control practices, including PPE use, hand hygiene, and environmental safety.
 - b. Identify and report safety hazards, participate in fall prevention strategies, and understand patient identification protocols.
- 7. Clinical Judgment and Communication:**
 - a. Recognize when patient conditions warrant escalation of care and describe EMS intervention strategies.
 - b. Communicate effectively with patients, families, and healthcare staff using appropriate professional language and empathy.
- 8. Documentation and Reporting:**
 - a. Accurately document patient assessments, observations, and care activities using appropriate terminology.
 - b. Understand the importance of clear, concise, and timely documentation in both nursing and EMS practice.

Student Handbook Acknowledgement & Release Form

I, _____ (print name) have received and am expected to read the Kellogg Community College EMS Program Handbook. I understand that if I have any questions regarding the contents, I can contact my instructor or the EMS Director for clarification. I understand that failure to abide by the rules and requirements as presented in class and in this handbook can prevent processing of my completion certificate by Kellogg Community College or dismissal from the program.

Initials _____

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_____	_____	_____
Student First and Last Name, Printed	Signature	
_____	_____	_____
Date	Hometown City (Residence)	Phone Number