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IX. HEALTH SCIENCES ORGANIZATIONAL CHART
WELCOME TO THE ASSOCIATE DEGREE EMERGENCY MEDICAL SERVICES PROGRAM

The Emergency Medical Services faculty are looking forward to a productive year of academic work and learning. The faculty value students as individuals and endeavor to be helpful, courteous, and caring in our interactions with each student. That means we will keep you informed about your progress and the areas needed for improvement.

A learning environment in which students encounter all the various experiences of Emergency Medical Services can be very stressful. Students are challenged to cope with new ways of learning and new ways to manage stress as they progress in their education. We routinely offer students assistance in these areas. If you are experiencing particular difficulties, see your course instructor so they can provide any needed assistance.

Included in this handbook are the Emergency Medical Services Program’s philosophy and operational framework for the Associate in Applied Science degree Emergency Medical Services program, departmental policies and information that will be useful during your educational experiences. These policies ensure that the rights and responsibilities of all involved are clearly stated and protected. The Emergency Medical Services faculty adhere to the policies and information in this handbook and reserve the right to make changes through committee action. Please keep informed.

We extend our best wishes to you for a valuable and productive year of learning.

The Emergency Medical Services Program Faculty

This Student Handbook is in support of the annual Rogers State University Bulletin and the Rogers State University Student Code. See www.rsu.edu/resources/studentcode/
MISSION/PHILOSOPHY STATEMENTS

ROGERS STATE UNIVERSITY

MISSION STATEMENT AND PURPOSES

Who We Are
Rogers State University is a regional university, located in northeastern Oklahoma, governed by the Board of Regents of the University of Oklahoma within a state system coordinated by the Oklahoma State Regents for Higher Education. As a university, we are committed to the preservation, transmission, and advancement of knowledge.

Our Mission
Our mission is to ensure students develop the skills and knowledge required to achieve professional and personal goals in dynamic local and global communities.

Our commitments, which support the RSU mission, are as follows:
1. To provide quality associate, baccalaureate, and graduate degree opportunities and educational experiences which foster student excellence in oral and written communications, scientific reasoning, and critical and creative thinking.
2. To promote an atmosphere of academic and intellectual freedom and respect for diverse expression in an environment of physical safety that is supportive of teaching and learning.
3. To provide a general liberal arts education that supports specialized academic programs and prepares students for lifelong learning and service in a diverse society.
4. To provide students with a diverse, innovative faculty dedicated to excellence in teaching, scholarly pursuits, and continuous improvement of programs.
5. To provide University-wide student services, activities, and resources that complement academic programs.
6. To support and strengthen student, faculty, and administrative structures that promote shared governance of the institution.
7. To promote and encourage student, faculty, staff, and community interaction in a positive academic climate that creates opportunities for cultural, intellectual, and personal enrichment for the University and the communities it serves.
SCHOOL OF PROFESSIONAL STUDIES

Mission Statement

The mission of the School of Professional Studies (SPS) to develop students’ skills and knowledge so they can successfully perform in their professional career of choice, and to prepare them to be lifelong learners in a diverse society. This is accomplished in a positive academic climate which is supported by academic and intellectual freedom, and faculty who are dedicated to a quality educational experience.

Curricula for the associate, bachelors and graduate degrees are developed by expert faculty who are dedicated to an excellence in teaching, research and university service. The programs in the SPS are dynamic, and foster student achievement of their personal and professional goals reflective of their field of study. Innovative teaching strategies are used across diverse educational platforms to facilitate student learning outcomes.
MISSION STATEMENT

The Department of Health Sciences is one of eleven academic departments at Rogers State University. The Health Sciences Department supports the mission of Rogers State University. The department mission is to prepare students to achieve personal and professional goals and to educate safe and competent beginning practitioners of selected health fields. The department also prepares students majoring in other fields with health courses to support their degrees.

The faculty is committed to excellence in teaching and student service. Learning is best accomplished by providing students with accurate and reliable information, opportunities for individualized learning experiences, and guidance and direction to support resources. The teacher-learner relationship is enhanced when accountabilities and expected outcomes are clear. Students are supported and guided by the faculty to become active participants in learning in order to achieve professional and personal goals. The Health Sciences faculty believes that scientific reasoning and critical thinking are reflected as clinical judgment.

The purpose of the RSU Health Sciences Department is to:

1. Provide baccalaureate degrees, associate degrees, and educational opportunities for students, both traditional and non-traditional.

2. Provide opportunities for students to demonstrate competence in written and oral communications, scientific reasoning, and critical thinking, which emphasizes qualitative as well as quantitative skills.

3. Promote and encourage a positive academic climate with students, community, faculty, and staff for instruction and communication.

EMERGENCY MEDICAL SERVICES PROGRAM
MISSION STATEMENT

The faculty of the Emergency Medical Services Program supports the mission of Rogers State University. The faculty believes that EMT/Paramedic education is best suited to institutions of higher learning.

The faculty believes the purpose of an EMT/Paramedic is to assist the patient experiencing a pre-hospital emergency to achieve the best possible health outcome and to prevent and reduce mortality and morbidity due to illness and injury.

Professional competence and professional attitudes are essential concepts in the practice of an EMT/Paramedic. Professional competence includes six subcategories. They are conceptual competence, technical competence, interpersonal competence, contextual competence, integrative competence, and adaptive competence. Professional attitudes include professional identity, ethical standards, scholarly concern for improvement, motivation for continued learning, and career marketability.

The faculty is committed to excellence in teaching and student service. Learning is best accomplished by providing students with accurate and reliable information, opportunities for individualized learning experiences, and guidance and direction to supportive resources. The teacher-learner relationship is enhanced when accountabilities and expected outcomes are clear. Students are supported and guided by the faculty to become active participants in learning in order to achieve professional and personal goals. The educational outcome is to graduate a medic competent to practice as a beginning EMT/Paramedic.

The ultimate responsibility and first priority of the Emergency Medical Services faculty is to assure the health care consumer that the graduates of the program are safe and competent practitioners.

The purposes or goals, which support the RSU Emergency Medical Services mission are:

1. To provide Emergency Medical students, both traditional and non-traditional, the opportunity to obtain an associate degree in Emergency Medical Services.
2. To provide opportunities for EMS students to demonstrate competence in written and oral communications, scientific reasoning and critical thinking which emphasize qualitative, as well as quantitative skills.
3. To promote and encourage a positive academic climate with students, community, faculty and staff for instruction and communication.
4. To prepare competent entry-level Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains with or without exit points at the Advanced Emergency Medical Technician and/or Emergency Medical Technician, and/or Emergency Medical Responder levels.

Within this central purpose the program outcomes are that upon completion of the program the EMS graduate will be able to:

1. Demonstrate entry-level competence that meets state and national expectations.
2. Obtain employment as a paramedic for the local and surrounding communities.
3. Commit to professional growth, self-development, and continuous learning.
4. Indicate satisfaction with the Emergency Medical Services Program at Rogers State University.
Accreditation

Rogers State University is accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).

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

Contact CoAEMSP:
Commission on Accreditation of Emergency Medical Services Professions
8301 Lakeview Parkway, Suite 111-312
Rowlett TX 75088
(214) 703-8445
(214) 703-8992 fax
www.coaemsp.org

PROGRAM POLICY AGREEMENT
I. RECEIPT OF ROGERS STATE UNIVERSITY EMERGENCY MEDICAL SERVICES PROGRAM STUDENT HANDBOOK.
I have received a copy of the student handbook. I am responsible to read it completely and will be held accountable for complying with all policies and procedures of the EMS program. It is my responsibility to ask for clarification from the Coordinator of EMS regarding any policy or procedure I do not understand. I am responsible for following addendums to the student handbook. I understand that I am also responsible to read and comply with the Student Code of Conduct. I understand that the RSU Student Code of Conduct is located online at http://rsu.edu/student-conduct/code.asp.

II. RESPONSIBILITY FOR CONDUCT AND ACTIONS AS AN EMERGENCY MEDICAL SERVICES PROGRAM STUDENT.
I understand that, having been admitted to the RSU EMS program, I am held responsible for my conduct and actions as a student. I understand that breech of Rogers State University Student Code of Conduct or Emergency Medical Services Program policies or EMS ethics can result in consultation, and perhaps probation, suspension or dismissal, depending on the nature of my actions. I understand that patient safety, privacy and dignity are of the highest priority in the EMS profession and EMS education.

I understand that Rogers State University complies with Titles VI and XII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, and other federal laws and regulations; and does not discriminate on the basis of race, color, national origin, sex, age, religion, handicap, or status as a veteran in any of its policies, practices, or procedures. This includes, but is not limited to admissions, employment, financial aid and educational services. I understand I may follow the grievance procedure guidelines described in this Handbook and the Student Code of Conduct if I wish to file a complaint.

IV. CONFIDENTIALITY.
I shall respect and conscientiously observe the confidential nature of all information, which may come to me with respect to faculty, peers, patients, and patient records.

V. MEDICAL TREATMENT.
I understand I am responsible for payment for any medical treatment that may be necessary subsequent to any injury or disease associated with any clinical or field assignment.

VI. COMPUTER USER AGREEMENT
As a condition of using the Rogers State University computer equipment, I agree to follow Title 23, Computer Use Policies, of the Student Code of Conduct.

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<th>Date</th>
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<tr>
<td>Student Printed Name</td>
<td>Student ID</td>
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THIS COPY IS TO REMAIN IN THE STUDENT’S HANDBOOK
PROGRAM POLICY AGREEMENT

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_________________________       _______________________
Student Signature                     Date

_________________________
Student Printed Name

_________________________
Student ID

THIS COPY IS TO BE SIGNED AND SUBMITTED TO THE HEALTH SCIENCES DEPARTMENT TO BE PLACED IN THE STUDENT’S ACADEMIC FILE.
SECTION I: THE EMERGENCY MEDICAL SERVICES PROGRAM

1.1 PURPOSE AND FUNCTION OF THE RSU EMERGENCY MEDICAL SERVICES PROGRAM

The RSU Emergency Medical Services Program exists to provide selected students with the educational opportunities, in classroom and the clinical settings, to prepare them to enter the profession of Emergency Medical Services. Upon successful course completion, graduates of RSU Emergency Medical Services courses are eligible to take the National Registry Examination to become licensed at one of three levels. The graduate is prepared at an entry level of practice and will require continuing education both formal and informal to advance in the expertise of practice.

1.2 ORGANIZATIONAL FRAMEWORK

The curriculum framework is based on content adopted from the United States Department of Transportation-National Standard Curriculum. These standards were developed to assist states to upgrade the quality of their prehospital emergency care. These standards have been adopted and approved by the State of Oklahoma.

1.3 PROGRAM OUTCOMES

Following successful completion of the Rogers State University Emergency Medical Services Program, the student will be able to:
1. Demonstrate entry-level competence that meets state and national expectations.
2. Obtain employment as a paramedic for the local and surrounding communities.
3. Commit to professional growth, self-development, and continuous learning.
4. Indicate satisfaction with the Emergency Medical Services Program at Rogers State University.

1.4 APPROVAL FOR TRAINING

The Rogers State University Emergency Medical Services Program is approved by the Oklahoma State Department of Health - Emergency Medical Services Department.

1.5 ACCOUNTABILITY TO ROGERS STATE UNIVERSITY AND THE OKLAHOMA STATE REGENTS FOR HIGHER EDUCATION

The Emergency Medical Services Program is an integral part of Rogers State University. Students and faculty are accountable to the University to coordinate the total learning experience for the student. The Oklahoma State Department of Health, the University and ultimately the Oklahoma State Regents for Higher Education approve program requirements. All students must meet established degree requirements to receive an Associate Degree in Emergency Medical Services from Rogers State University.

1.6 CLINICAL SITE AGREEMENTS

The Rogers State University Associate Degree Emergency Medical Services Program has a contractual agreement with a variety of hospitals, emergency medical service agencies, extended care facilities and other health agencies in Tulsa and the surrounding area. Students are responsible to check with the Clinical Coordinator regarding the protocol and routine to be used at each specific facility.

1.7 ADMISSION REQUIREMENTS

Students interested in enrolling in any level of the Emergency Medical Services Program are required to be admitted to Rogers State University. Once a permit to enroll is received, you will be referred to an EMS faculty member for advisement and enrollment. First time entering EMS students will need to provide:
1. High school graduate or GED equivalent.
2. Admitted to Rogers State University.
3. Satisfactory completion of all high school curricular requirements.
4. Complete entry-level assessment and demonstrate basic skill proficiency in the areas of English, mathematics, reading, science and computers. If the required proficiency score is not obtained, the student must successfully complete the appropriate developmental course(s).
5. Reading ACT compass score of 83 or higher. ACT score of 19 or higher, or Nelson-Denny grade level of 13.0 or higher.
6. Prerequisite Courses: EMS 1108 Basic Emergency Medical Technician, CS 1113 Microcomputer Applications, BIOL 1144 General Cellular Biology and BIOL 2215 Anatomy must be completed prior to being accepted into the EMS program with a grade of “C” or higher*.
7. Submit copies of other college or vo-tech transcripts.

After completing admission requirements, students will be enrolled on a first come basis for EMT Basic course. All RSU Emergency Medical Services students are required to have designated uniforms for clinical. Completed medical records as described in the Medical Records packet are required by stated deadlines. CPR-Healthcare Provider (American Heart Association) or Professional Rescuer (American Red Cross) is required for all students.

1.71 Basic EMT
Enrollment in EMS 1141 Emergency Vehicle Operators Course (EVOC) is encouraged to increase employment opportunities.

1.72 Paramedic

Admission to the Paramedic Program is based on the student meeting all admission criteria and seat availability. The deadline for Paramedic applications is April 1st of each year. The admission criteria are available through the Health Sciences Office or the Coordinator of the EMS Program.

1.8 ENROLLMENT REQUIREMENTS

All students are required to submit a Health Care Provider Statement, Physical Abilities Statement, Immunization Statement and Waiver, immunization record, a copy of their student identification card, documentation of American Heart Association (AHA) Basic Life Support (BLS) for Healthcare Providers certification, and evidence of a negative drug and substance abuse screen. Students who do not provide a Health Care Provider Statement, Physical Abilities Statement, Immunization Statement & Waiver, documentation of required immunizations, copy of Student Identification Card, documentation of required AHA BLS training will be placed on Administrative Estoppels’ status.

All immunization records must be turned into the Student Health Clinic. The Health Care Provider Statement is to be completed by the student and their health care provider. The Student Health Clinic physician can conduct the examination at no charge. Appropriate health care providers must complete the Immunization Record. All documents must be legible and dated in order to be accepted.

Submitted health records become the property of RSU. Students are required to retain a copy of all health records.

REQUIRED IMMUNIZATIONS AND MEDICAL RECORDS

Documentation of all immunizations must be submitted to the Student Health Center on a date specified prior to the beginning of the Fall semester.

Negative PPD Skin Test for TB, annually. (Annual dates are to run through May 15.) The report must be read in millimeters and indicated on the immunization record. If positive or history of a positive skin test, clearance from the city/county health department or a Health Care Provider is required. (Clearance equates to the submission of the TB screening questionnaire form that has been signed by a Health Department Nurse or designee or a Health Care Provider.)

1. Two (2) Measles, Mumps, Rubella (MMR) Vaccinations or positive Rubella Titer screening test. If participating in a clinical rotation with Jane Phillips Medical Center, Bartlesville, female students of childbearing age must provide a positive rubella titer in addition to MMR vaccinations.
2. Tetanus, Diphtheria and Pertussis (Tdap) for Adults
3. Hepatitis B Vaccine (3 injection series) is required. There are three injections--initial, one month, and six months.
4. Varicella (chicken pox) or immunity verification.
5. Influenza vaccination, annually.

The RSU Student Health Center provides most required immunizations and the TB skin test. In some instances, a fee will be charged to the student’s account. Contact the Health Center at 918-343-7614 for an appointment. Additionally, immunizations are offered at little or no charge through your local Health Department, except for the Hepatitis B vaccinations. Contact the Health Department, in the County in which you reside, or your private physician for information about immunizations. Submit verification of immunizations on the provided form to the Student Health Center by the requested date. All immunization records will be kept in the Student Health Center.

REQUIRED CPR.

CURRENT CPR certification at the American Heart Association’s AHA Basic Life Support for Health Care Provider level is required. You may become CPR certified by participating in classes offered by Rogers State University Health Sciences Department (8 hours), the American Heart Association (8 hours), and area hospitals. A fee is required for RSU’s classes. You are required to submit documentation of current AHA Basic Life Support for Health Care Provider certification.

DRUG SCREENING

Some clinical sites require students to submit results of drug tests, including random urine drug screens prior to or during rotation in
their facilities. Students are to obtain the required drug screening through RSU’s Student Health Center. The timing of this screening is determined by the clinical start date. Students will be notified when they are to present themselves to the Student Health Center for the drug screening. The complete Drug Screening Policy is listed in Section IV Student Conduct Policies and Procedures.

BACKGROUND CHECK

The student, upon admission, must complete a criminal background check, including a check of the Sex Offenders and Mary Rippy Violent Crime Offenders lists to meet the terms in the clinical agency contracts. This program requires completion of a Federal Bureau of investigation (FBI) and Oklahoma State Bureau of Investigation (OSBI) background checks.

Applicants with a history of Arrest/Conviction/Prior Disciplinary Action (National Registry of Emergency Medical Technicians) may be restricted from entering into the Rogers State University Associate Degree Emergency Medical Services Program. By agreement with our clinical sites, students with a history of felony conviction or Medicare fraud may not be able to attend clinical, and thereby may be exited at any point in the curriculum due to the inability to complete clinical assignments. Falsification of any admission, financial aid, or academic document may result in revocation of admission or other academic or disciplinary action.

Any arrest, charge, or conviction for a felony or a misdemeanor may affect a student’s ability to attend certain clinical sites for clinical education and field work and it may also affect a graduate’s ability to obtain state licensure.

LICENSURE

Paramedic students must submit a copy of their Oklahoma EMT Licensure. National Registry license alone is inadequate. If a license is to expire in March, a valid license must be on file prior to all clinical assignments. Students are encouraged to submit recertification documentation early in order for the Health Department to process their license for renewal prior to clinicals. For students who do not hold a current Oklahoma license due to out of state training, the following National Registry eligibility policy will apply with approval from the Oklahoma State Department of Health – EMS Department. If a student has recently completed the EMT course, an extension will be granted for the first year of the paramedic program. Students may not enter the second year without a current Oklahoma EMT or Advanced EMT license. If the candidate has trained in a state, or currently resides in a state which mandates or recognizes National Registry credentials at the level which the candidate is seeking certification or licensure, a copy of current state or National Registry EMT credentials, at a minimum, must be attached to the [National Registry] application.

If the candidate currently resides in, and has trained in a state which does not mandate or recognize National Registry credentials at the level which the candidate is seeking certification or licensure, a copy of current state certification at the level of training is required to be submitted.

1.81 STUDENT DOCUMENTATION FOR CLINICAL SITES

The student must retain copies of all required immunizations, TB skin test results, Varicella results, CPR card, drug test results, and Criminal Background Check. Students may be required to submit this documentation upon arrival at each clinical site on or before the first day of the assignment. The student will not be allowed to attend the facility clinical rotation until the documents are submitted.

Clinical programs in the Department of Health Sciences are responsible for providing acceptable training sites for their students. Most clinical facilities used for clinical experiences require, at a minimum, a Federal Bureau of Investigation (FBI) background check, including a check of the Sex Offenders and Mary Rippy Violent Crime Offenders lists, evidence of immunization to several diseases, and evidence of negative tuberculosis (TB) testing. Some clinical sites require students to submit results of drug tests, including random drug screens, prior to or during rotation in their facilities. Such background checks, immunizations, TB tests, drug screening tests, etc., are rotation practice site requirements, not requirements of Rogers State University or the clinical programs in the Department of Health Sciences.

It is the student’s responsibility to comply with the criminal background check, immunizations, TB test, and drug test requirements of the facilities in which the student rotates. Prior to the rotation start date, the names of the students are provided to the facility contact person: then, on the first day of the clinical rotation, the student will provide evidence of immunization, negative tests for TB, criminal background check, and results of urine drug screen. In some instances prior to the initiation of the clinical rotations, representatives from the facility visit the campus and review these documents. Lack of timeliness in supplying the required documentation may delay the student’s progression in the course or program and participation in the scheduled clinical experience.

The EMS Program is not responsible for finding rotation practice sites for students who are unable to meet the requirements of rotation practice sites, including passing background checks or drug screens. Students should be aware that failure to pass a background check or drug test or other facility requirement, as determined by each facility, will prevent the student from participating in that clinical experience and may prevent the student from completing the degree program.

1.9 POLICY ON ADMISSION OF STUDENTS WITH DISCIPLINARY PROBLEMS
Applicants currently under disciplinary action from any academic institution are not eligible for admission. See nonacademic admission policies in the RSU Bulletin.

Applicants with a past history of disciplinary action or falsification of admission, financial aid, medical, or any other record or document from any academic institution must present complete documentation of the event. The Policies Committee may request a letter of explanation and documentation from the institution regarding the event and/or request an interview with the applicant regarding the incident. The Committee may deny an application for admission or readmission based upon a history of disciplinary action or falsification of university or clinical documents.

1.10 READMISSION POLICY

This policy is applicable for all students categorized as “re-admission”. “Re-admission” is defined as any student previously enrolled in a paramedic level course or program in any associate degree or vocational/technical program. This policy is not applicable to students requesting transfer of general education or support courses. The RSU Emergency Medical Services Program will not consider any applicant who has exited paramedic programs two or more times.

All applicants for re-admission must meet the following criteria before he or she will be considered for placement into the Emergency Medical Services Program applicant pool. Deadline for receipt of these materials is April 1. (No extension will be granted.)

1. File an application for re-admission with official transcripts of all course work including the most recent transcript from Rogers State University.
2. Submit a letter of academic standing from the previous EMS program.
3. Achieve the same published entrance or admission requirements as the general Paramedic class entering the Paramedic Program.
4. The grade point average in all previous Emergency Medical Services courses must be at least 2.0 based on a 4.0 scale.
5. Submit a letter describing your plan for success in the event you are readmitted.

The RSU Emergency Medical Services Program Policies Committee may interview applicants that achieve the above criteria. Placement of a “re-admission” applicant into the program is limited by available space. Re-admission applications are considered on the basis of previous academic performance as well as data supporting the probability of success of completing the paramedic program and passing the National Registry Paramedic examination. The RSU Emergency Medical Services Program Policies Committee will decide acceptance or denial of the application.

Placement into the generic applicant pool does not guarantee admission. All accepted re-admission applicants are placed with the pool of applicants competing for placement into the first semester of the paramedic program. Rogers State University does not discriminate on the basis of race, color, national origin, sex, age, disability, or veteran status.

1.11 TRANSFERS

Students must meet the university requirements for transfer before being considered for transfer into the EMS program. The student’s previous course work will be evaluated: Pre-requisites, General Education, and EMS course work will all be evaluated for congruency with the EMS program and University requirements. All students will be evaluated on an individual basis.

1.12 ADVANCED PLACEMENT TESTING POLICY AND PROCEDURE

Policy: Advanced Placement Testing (APT) is a procedure that allows a student to receive college credit by “testing out” of classes. All students requesting Advanced Placement Testing must have completed at least 12 credit hours from Rogers State University before advanced standing credit will be placed on the Rogers State University transcript. The grade registered will be Pass/Fail; therefore, all APT’s are grade point neutral. The Health Sciences Department allows Advanced Placement Testing (APT) for the following department courses:

- HLSC 1813 First Aid
- HLSC 2613 Medical Terminology
- NUTR 1113 Intro to Nutrition
- NURS 1191 Dosage Calculation
- PHAR 2113 Fundamentals of Pharmacology

APT requires Instructor approval and may also require written documentation of previous education or relevant work experiences. APT will be conducted only during the first week of each semester for the regular 16-week classes. The Program Director must be notified at least two weeks before finals in order for the student to exercise this option. The student may take an advanced placement exam for a given class only one time. If the exam is not successfully passed the student must take the course.

Procedure:

1. Students requesting APT will initiate the process by presenting the completed “Application and Procedures for Advanced Standing” form to the Health Sciences Accreditation Records Specialist. The Accreditation Records Specialist will direct this application to the appropriate Program Coordinator.
2. The Program Coordinator will initiate the process for APT or advise the individual course instructor of the APT student application. The Coordinator or the course instructor will contact the student to evaluate the student’s qualifications for APT
and either accept or deny the student’s application.

3. If the application is accepted, the course instructor will place the appropriate written test(s) at the Testing Center. If the APT requires a practical component, the Instructor will arrange the experience at an appropriate site and time. Successful completion of both the practice and written portions of the exams are required to receive a grade of “Pass”.

4. Prior to taking the APT, the student will be responsible for making arrangements with the Bursar’s Office to pay the required fees to have the test posted to the student’s transcript. The test(s) must be completed prior to the end of the first week of the semester to allow grading and processing time so the student can add the class if needed. It is the responsibility of the student to add or drop the desired class based on the results of the APT.

5. The course instructor or Program Coordinator will notify the student of the results of the APT by e-mail.

(Adopted 2/09/01; Revised May 2013)

1.13 NATIONAL REGISTRY OF EMT'S FELONY CONVICTION POLICY

The NREMT will deny registration or take other appropriate actions in regards to applicants for registration or reregistration when a felony conviction has occurred. Decisions effecting eligibility will be based upon categories (general denial, presumptive denial, discretionary denial) as outlined on the National Emergency Medical Technician website at www.nremt.org/about/policy_felony.asp. Applicants may appeal decisions made by the Registry as outlined in the National Registry of Emergency Medical Technicians Registry Disciplinary Policy.

1.14 CORRESPONDENCE/MAILING ADDRESS

Place your name and student ID on all records and mail to:

Rogers State University
Health Sciences Department
Emergency Medical Services Program
1701 West Will Rogers Blvd.
Claremore, Oklahoma 74017-3252

1.15 STAR OF LIFE - EMS SYMBOL

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

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

1. Detection 4. On Scene Care
2. Reporting 5. Care in Transit
3. Response 6. Transfer to Definitive Care

1.16 THE EMT OATH

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

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

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

1.17 THE EMT CODE OF ETHICS

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 solemnly pledge myself to the following code of professional ethics:

A fundamental responsibility of the Emergency Medical Technician is to conserve life, to alleviate suffering, to promote health, to do no harm, and to encourage the quality and equal availability of emergency medical care.

The Emergency Medical Technician provides services based on human need, with respect for human need, with respect for human dignity, unrestricted by consideration of nationality, race, creed, color, or status.

The Emergency Medical Technician does not use professional knowledge and skills in any enterprise detrimental to the public well-being.

The Emergency Medical Technician respects and holds in confidence all information of a confidential nature obtained in the course of professional work unless required by law to divulge such information.

The Emergency Medical Technician, as a citizen, understands and upholds the law and performs the duties of citizenship; as a professional, the Emergency Medical Technician has the never-ending responsibility to work with concerned citizens and other health care professionals in promoting a high standard of emergency medical care to all people.

The Emergency Medical Technician shall maintain professional competence and demonstrate concern for the competence of other members of the Emergency Medical Services health care team.

An Emergency Medical Technician assumes responsibility in defining and upholding standards of professional practice and education.

The Emergency Medical Technician assumes responsibility for individual professional actions and judgment, both in dependent and independent emergency functions, and knows and upholds the laws, which affect the practice of the Emergency Medical Technician.

An Emergency Medical Technician has the responsibility to be aware of and participate in matters of legislation affecting the Emergency Medical Technician and the Emergency Medical Services System.

The Emergency Medical Technician adheres to standards of personal ethics, which reflect credit upon the profession.

Emergency Medical Technicians, or groups of Emergency Medical Technicians, who advertise professional services, do so in conformity with the dignity of the profession.

The Emergency Medical Technician has an obligation to protect the public by not delegating to a person less qualified, any service which requires the professional competence of an Emergency Medical Technician.

The Emergency Medical Technician will work harmoniously with and sustain confidence in Emergency Medical Technician associates, the nurse, the physician, and other members of the Emergency Medical Services health care team.

The Emergency Medical Technician refuses to participate in unethical procedures, and assumes the responsibility to expose incompetence or unethical conduct of others to the appropriate authority in a proper and professional manner.

The National Association of Emergency Medical Technicians

1.18 ASSOCIATE OF APPLIED SCIENCE IN EMERGENCY MEDICAL SERVICES

Section A: Program Pre-Requisite:
Basic Emergency Medical Technician (EMS 1108 or licensure)
CS 1113 Microcomputer Applications
BIOL 1144 Cellular Biology
BIOL 2215 Anatomy & Physiology
### Section B: General Education Requirements:

<table>
<thead>
<tr>
<th>Category</th>
<th>Credits</th>
<th>Course Code</th>
<th>Course Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>6</td>
<td>ENGL 1113</td>
<td>Composition I</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ENGL 1213</td>
<td>Composition II</td>
</tr>
<tr>
<td>Social Studies</td>
<td>6</td>
<td>HIST 2483</td>
<td>U.S. History to 1877 or</td>
</tr>
<tr>
<td></td>
<td></td>
<td>HIST 2493</td>
<td>U.S. History from 1877</td>
</tr>
<tr>
<td></td>
<td></td>
<td>POLS 1113</td>
<td>American Federal Government</td>
</tr>
<tr>
<td>Biological Science</td>
<td>9</td>
<td>BIOL 1144</td>
<td>Cellular Biology</td>
</tr>
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<td></td>
<td></td>
<td>BIOL 2215</td>
<td>Anatomy &amp; Physiology</td>
</tr>
<tr>
<td>Orientation</td>
<td>1</td>
<td>ORIE 1151</td>
<td>The College Experience</td>
</tr>
<tr>
<td>Behavioral Sciences</td>
<td>3</td>
<td>PSY 1113</td>
<td>Introduction to Psychology</td>
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### Section C: Program Requirements:

<table>
<thead>
<tr>
<th>Category</th>
<th>Credits</th>
<th>Course Code</th>
<th>Course Title</th>
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<tr>
<td>Emergency Medical Services</td>
<td>7</td>
<td>EMS 1103</td>
<td>Introduction to EMS and Patient Assessment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>EMS 1113</td>
<td>Pharmacology for Prehospital Providers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>EMS 1124</td>
<td>Advanced Skills in Emergency Medical Services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>EMS 1203</td>
<td>Field Operations</td>
</tr>
<tr>
<td></td>
<td></td>
<td>EMS 1213</td>
<td>ECG Interpretation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>EMS 1225</td>
<td>Trauma Assessment and Management</td>
</tr>
<tr>
<td></td>
<td></td>
<td>EMS 2104</td>
<td>Medical Emergencies 4 hours</td>
</tr>
<tr>
<td></td>
<td></td>
<td>EMS 2115</td>
<td>Special Patient Populations</td>
</tr>
<tr>
<td></td>
<td></td>
<td>EMS 2125</td>
<td>Cardiac/Respiratory Emergencies</td>
</tr>
<tr>
<td></td>
<td></td>
<td>EMS 2202</td>
<td>OB/GYN Emergencies</td>
</tr>
<tr>
<td></td>
<td></td>
<td>EMS 2213</td>
<td>Physician Internship</td>
</tr>
<tr>
<td></td>
<td></td>
<td>EMS 2241</td>
<td>EMS Leadership</td>
</tr>
<tr>
<td></td>
<td></td>
<td>EMS 2245</td>
<td>EMS Internship</td>
</tr>
<tr>
<td></td>
<td></td>
<td>EMS 2221</td>
<td>Public Health Principles</td>
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### Section D: Support and Related Courses:

<table>
<thead>
<tr>
<th>Category</th>
<th>Credits</th>
<th>Course Code</th>
<th>Course Title</th>
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</thead>
<tbody>
<tr>
<td>Health Science</td>
<td>4</td>
<td>HLSC 1233</td>
<td>Medical Terminology</td>
</tr>
<tr>
<td></td>
<td></td>
<td>HLSC 1051</td>
<td>Blood Borne Pathogens</td>
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</table>

### 1.19 SUGGESTED COURSE OF STUDY - Associate of Applied Science Degree

#### First Year, Fall

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>HLSC 1233</td>
<td>Medical Terminology</td>
<td>3</td>
</tr>
<tr>
<td>ORIE 1151</td>
<td>The College Experience</td>
<td>1</td>
</tr>
<tr>
<td>ENGL 1113</td>
<td>Composition I</td>
<td>3</td>
</tr>
<tr>
<td>EMS 1103</td>
<td>Introduction to EMS and Patient Assessment</td>
<td>3</td>
</tr>
<tr>
<td>EMS 1213</td>
<td>ECG Interpretation</td>
<td>3</td>
</tr>
<tr>
<td>EMS 1124</td>
<td>Advanced Skills in Emergency Medical Services</td>
<td>4</td>
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**Total Credit Hours: 17**

#### First Year, Spring

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENGL 1213</td>
<td>Composition II</td>
<td>3</td>
</tr>
<tr>
<td>HIST 2483</td>
<td>U.S. History to 1877 or</td>
<td>3</td>
</tr>
<tr>
<td>HIST 2493</td>
<td>U.S. History from 1877</td>
<td></td>
</tr>
<tr>
<td>EMS 1203</td>
<td>Field Operations</td>
<td>3</td>
</tr>
<tr>
<td>EMS 1113</td>
<td>Pharmacology for Prehospital Providers</td>
<td>3</td>
</tr>
<tr>
<td>EMS 1225</td>
<td>Trauma Assessment and Management</td>
<td>5</td>
</tr>
<tr>
<td>HLSC 1051</td>
<td>Blood Borne Pathogens</td>
<td>1</td>
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</table>

**Total Credit Hours: 18**

#### Second Year, Fall

<table>
<thead>
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<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSY 1113</td>
<td>Introduction to Psychology</td>
<td>3</td>
</tr>
<tr>
<td>EMS 2104</td>
<td>Medical Emergencies</td>
<td>4</td>
</tr>
<tr>
<td>EMS 2115</td>
<td>Special Patient Populations</td>
<td>5</td>
</tr>
<tr>
<td>EMS 2125</td>
<td>Cardiac/Respiratory Emergencies</td>
<td>5</td>
</tr>
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</table>

**Total Credit Hours: 17**

#### Second Year, Spring

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>POLSC 1113</td>
<td>Amer. Fed. Gov't.</td>
<td>3</td>
</tr>
<tr>
<td>EMS 2202</td>
<td>OB/GYN Emergencies</td>
<td>2</td>
</tr>
<tr>
<td>EMS 2213</td>
<td>Physician Internship</td>
<td>3</td>
</tr>
<tr>
<td>EMS 2245</td>
<td>EMS Internship</td>
<td>5</td>
</tr>
<tr>
<td>EMS 2241</td>
<td>EMS Leadership</td>
<td>1</td>
</tr>
<tr>
<td>EMS 2221</td>
<td>Public Health Principles</td>
<td>1</td>
</tr>
</tbody>
</table>

**Total Credit Hours: 15**

### 1.20 PROJECTED EXPENSES

These are estimated expenses for students

Tuition and fees: See University Bulletin and Semester Schedule

R = Required
O = Optional
<table>
<thead>
<tr>
<th>R/O</th>
<th>ITEM</th>
<th>ESTIMATED COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>R</td>
<td>Professional Liability Insurance (Paramedic)</td>
<td>$ 65.00/year</td>
</tr>
<tr>
<td>R</td>
<td>Professional Liability Insurance (Basic EMT)</td>
<td>$ 40.00</td>
</tr>
<tr>
<td>R</td>
<td>Criminal Background Check</td>
<td>$ 65.00</td>
</tr>
<tr>
<td>R</td>
<td>FISDAP Fee (Paramedic only)</td>
<td>$ 100.00</td>
</tr>
<tr>
<td>R</td>
<td>Uniforms (variable cost)</td>
<td>$ 175.00</td>
</tr>
<tr>
<td>R</td>
<td>Fees for PHTLS (Paramedic only)</td>
<td>$ 20.00</td>
</tr>
<tr>
<td>R</td>
<td>CPR Certification</td>
<td>No Fee (included)</td>
</tr>
<tr>
<td>R</td>
<td>Health Assessment and Immunization (variable cost)</td>
<td>$ 250.00</td>
</tr>
<tr>
<td>R</td>
<td>Textbooks and supplies (does not include lab supply fee)</td>
<td>$ 739-$1000</td>
</tr>
<tr>
<td>R</td>
<td>Graduation Cap and Gown</td>
<td>$ 30.00</td>
</tr>
<tr>
<td>O</td>
<td>RSU Graduation Announcements</td>
<td>$ 1.00 each</td>
</tr>
<tr>
<td>R</td>
<td>RSU Official Degree Check Fee</td>
<td>$ 40.00</td>
</tr>
<tr>
<td>O</td>
<td>EMT National Registry and Oklahoma Licensure Fee</td>
<td>$ 155.00</td>
</tr>
<tr>
<td>O</td>
<td>Paramedic National Registry and Oklahoma Licensure Fee</td>
<td>$ 260.00-$ 270.00</td>
</tr>
</tbody>
</table>

### 1.21 FINANCIAL AID INFORMATION

Financial aid is available to students through a variety of sources including grants, scholarships, loans, and part-time employment from federal, state, institutional and private sources. The student should refer to the *RSU Bulletin* section, specifically “Student Cost and Financial Aid”. Students should be aware of the credit hour limitation for federally funded financial aid.

### 1.22 STRATTON TAYLOR LIBRARY

The Stratton Taylor Library is available on the main campus for student use. Library hours are currently as follows:

- **When classes are in session:**
  - Monday-Thursday: 7:30 a.m. to 10:00 p.m.
  - Friday: 7:30 a.m. to 6:00 p.m.
  - Saturday: 12:00 p.m. to 8:30 p.m.
  - Sunday: 1:30 p.m. to 10:00 p.m.

- **When classes are not in session:**
  - Monday-Friday: 8:00 a.m. to 5:00 p.m.

The library is not open during Fall or Spring break or during holidays.

### 1.23 STUDENTS WITH DISABILITIES

**Americans with Disabilities Act**

Rogers State University is committed to providing students with disabilities access to educational programs and services. Any student who has a disability that he or she believes will require some form of academic accommodation must inform the professor of such need during or immediately following the first class attended. Before any educational accommodation can be provided, it is the responsibility of each student to prove eligibility for assistance by registering for services through Student Affairs.

Students needing more information about Student Disability Services should contact the Office of Student Affairs at Rogers State University, 1701 W. Will Rogers Blvd., Claremore, OK 74017 (918) 343-6828. [http://rsu.edu/disability/index.asp](http://rsu.edu/disability/index.asp).

The National Registry of EMT's will offer reasonable and appropriate accommodations for the written component of the registration examination for those persons with documented disabilities. Students may review the Accommodations Disability Policy of the National Registry for EMT's at [www.nremt.org/about/policy_accomodations.asp](http://www.nremt.org/about/policy_accomodations.asp).

### 1.24 EMERGENCY MEDICAL SERVICES STUDENT ASSOCIATION (EMSSA)

The Emergency Medical Services Student Association was formed to provide EMS students the opportunity to become involved in various community service projects, learning experiences and social functions. The EMSSA is run by officers who are EMS Program students and student representatives from all EMS classes. All EMS students are members of the organization and are encouraged to become involved in the functions of the Association. A member of the EMS Program faculty serves as Advisor to the EMSSA.
SECTION II: ACADEMIC POLICIES

2.1 ACADEMIC STATUS OF “GOOD STANDING”

“Good Standing” is required for many applications for scholarships and grants, honors recognition, and national and state awards as well as for most letters of academic standing to potential employers.

A student in “Good Standing” has:
1. A progression/graduation GPA of at least 2.0
2. Current course average of 75% or higher
3. Attendance at 90% or greater classroom, labs, and clinicals taught to date
4. No academic or clinical probation in place or pending
5. No disciplinary action in place or pending

The designation of “good standing” is made by reviewing the criteria as they apply to the most recent clinical semester.

2.2 STATEMENT ON GRADES

A student must achieve an examination average of at least 75% to pass an EMS course. In addition to the required examinations, all EMS courses have points available from additional assignments. These points are in addition to the examination points and will not be averaged into the course grade until the student has achieved the minimum 75% examination average to pass the EMS course.

Once the student has achieved the required minimum 75% examination average, the additional assignment points will be added into the total examination points and a course average will be calculated. This course average will be assigned as the course letter grade only. The addition of these assignment points may bring the course grade up or down. It is feasible that poor performance on additional assignments might reduce the course grade to a grade of “D” or “F”.

The additional assignment points will not be considered until the student has achieved an examination average of at least 75%. Should the student fail to achieve an examination average of at least 75%, the course letter grade assigned will reflect the examination average.

The student who achieves an examination average of 65-74% will be assigned a course grade of “D”. The student who achieves an examination average of below 65% will be assigned a course grade of “F”.

2.3 CALCULATING EMS COURSE GRADES

The course grade is calculated using the following scale to determine the letter grade for the course:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>90 – 100</td>
</tr>
<tr>
<td>B</td>
<td>80 – 89</td>
</tr>
<tr>
<td>C</td>
<td>75 – 79</td>
</tr>
<tr>
<td>D</td>
<td>65 – 74</td>
</tr>
<tr>
<td>F</td>
<td>64.4 &amp; below</td>
</tr>
</tbody>
</table>

Each student must earn a final course percentage of 75% or higher to pass the course and progress to the next EMS course. The final course percentage will be rounded following the same guidelines as with the theory grade. For example, a final course percentage of 74.5 would be rounded to the 75, which is the minimum score required to pass the course.

Affective Evaluation & Grading: Students will receive an Affective Grade 9 weeks into the course and at the end of each semester. 100 total points will be possible for each semester. Affective Grade Evaluations will be performed by the Course Instructor. For a detailed grading outline see the attached Affective Grade Evaluation Form. Students should strive to maintain a 100% average in the affective (attitudes/behavior) evaluation area. If the affective average falls below 80%, the student will be placed on probation. If the student does not achieve an 80% affective grade average after two weeks of probation, they may be dismissed from the program regardless of the overall course average. If a student is placed on probation a second time they will remain on probation for the entire program. See affective evaluation form.

Clinical is graded on a pass-fail basis. Students must receive a passing on the summative evaluation to pass clinical for the semester. In other words, all clinical objectives must be achieved to pass. Students must pass the clinical component to pass the course.

In order to pass a course, students must:
1. Achieve 75% or greater examination average, excluding all other possible points.
2. Achieve 75% overall course average.
3. Achieve 90% or greater attendance.
4. Attend all required campus and clinical laboratories and receive a passing summative evaluation.
5. Meet all Cognitive, Psychomotor, and Affective course objectives as outlined in the course syllabus.
FISDAP TESTING:

The FISDAP Paramedic Readiness exam (PRE) will be administered a total of 3 times during the semester. All FISDAP exams will be administered to simulate the environment of the National Registry computer exam. The first exam, with the date listed on the syllabus, will be for you and the faculty to assess your level of comprehension in the cognitive portion of the program. The second exam will be to note improvement from the first exam and to rate your readiness for the final exam and the National Registry test. YOU MUST SCORE AT OR ABOVE THE CUT SCORE OF 68 BOTH AS A FINAL SCORE AND IN EACH CATEGORY ON THIS EXAM TO CONTINUE IN FIELD INTERNSHIP. Please make sure you are prepared.

The final exam will be through FISDAP as well and in order to pass the course, YOU MUST SCORE AT OR ABOVE THE CUT SCORE OF 68!"

2.4 CAMPUS AND CLINICAL LABORATORY GRADES

The campus and clinical laboratory component is graded on a pass/fail basis. The student must obtain a grade of pass for campus and clinical experiences in order to pass the course.

CAMPUS LABORATORY:

Most EMS courses have campus laboratory experiences. Specific laboratory hours are mandated for each content area. The campus laboratory sessions are scheduled outside the designated classroom time. The Campus Lab experience is designed to allow students to investigate, discuss and practice clinical skills in a controlled, supportive environment. Specific requirements for successful completion of this portion of the lab include:

1. Attendance at all assigned sessions
2. Preparation for the lab as outlined in the syllabus.
3. Physical and verbal participation in the laboratory session
4. Professional behavior is expected during all laboratory sessions

A student who is absent from Campus Laboratory has not demonstrated their ability to meet the lab objectives for that week. The student will be required to demonstrate competence in the skill prior to the end of the course.

A student who is unprepared for participation in the Campus Lab experience may be recorded as “Absent from Lab due to lack of preparation for participation”. The campus laboratory faculty may make this evaluation when the student is unprepared as evidenced by:

1. Lack of basic, preparatory knowledge of the skills being discussed (knowledge that would have been obtained through required readings)
2. Unwillingness to participate in laboratory practice and discussion
3. Inattention during the clinical laboratory session.

CLINICAL LABORATORY:

The goal of the clinical laboratory is to provide the student with a supervised learning experience in which knowledge from classroom learning, independent learning, and the campus laboratories can be applied directly in the care of patients.

In order to successfully complete this portion of the clinical assignment, students will:

1. Come to clinical prepared to actively interact with patients, facility staff, and the preceptor.
2. Attend all mandatory clinical hours and clinical objectives.
3. Complete all FISDAP entries within 72 hours of the completion of each shift. (Paramedics only).
4. Correctly complete all clinical paperwork requirements and FISDAP submissions. Students will be audited mid-semester and near the completion of each semester. Incomplete submission of paperwork or FISDAPS will result in a required repeat of the clinical.
5. Receive a passing grade on Summative Evaluation.

Students not completing these requirements will fail the clinical portion of the course. Students not passing the clinical portion of the course will receive a grade of “F” in the course.

2.5 TESTING PROCEDURE

The examination experience simulates that which the student will have when taking the examination for licensure. Test security and assurance that all test results are valid evidence of the individual student’s knowledge are critical issues to the Emergency Medical Services Program. The student is expected to arrive on time for the examination. See the make-up examination policy for missed exams.

The examination experience simulates that which the student will have when taking the examination for certification as a Nationally Registered Paramedic. Test security and assurance that all test results are valid evidence of the individual student's knowledge are critical issues to the EMS program.

1. The student is expected to arrive on time for the examination. A student arriving after the beginning of the examination will not take
the exam at that time and will be directed to take the examination during the make-up period. See the make-up examination policy.

2. On-line testing is the approach used for most EMS examinations. If it is a paper and pencil examination, the student is to bring a number two pencil.

3. Students are not allowed to bring ANYTHING into the testing room. Students are responsible for leaving items in a secure place prior to the exam. Scratch paper and pencils will be provided. Cell phones, I Pads, Electronic devices/watches are not allowed during the examination. Keys may be left on the check-in table. Eating and drinking are not allowed during the examination or examination review period.

4. Students will be observed at all times by the exam proctors while taking the examination.

5. Students may bring and wear ear plugs.

6. If you need assistance, raise your hand and remain in your seat. No questions about the exam are allowed.

2.6 TEST REVIEW

A review of examinations will be conducted at the discretion of the course instructor. The review session will not be conducted until all students have taken the examination. The purpose of the review is to enhance student learning. A student who wishes to review specific questions with faculty members is encouraged to make an individual appointment with the faculty member within one week following the testing date.

2.7 MAKE-UP EXAMINATIONS

1. It is the student’s responsibility to verbally notify full time faculty prior to the beginning of the first test group if the student will be absent from the scheduled exam.

2. The make-up examination will be scheduled at the discretion of faculty within one week of the originally scheduled exam. The make-up exam may be given by computer, paper and pencil, or other format as determined by faculty and may include multiple choice, short answer, and/or essay questions.

3. A grade of zero will be used in the event a student does not take a make-up examination.

2.8 TIME EXTENSIONS ON ASSIGNMENTS

In the event the student is unable to meet the due date of an assignment, s/he should discuss this with the faculty member BEFORE the assignment is due. The faculty member and student may negotiate/contract for a time extension. The student’s grade may be affected if established deadlines are not met.

2.9 FINAL COURSE GRADE AND PROGRESSION IN THE PROGRAM

Any student who earns a final course grade of less than "C" (below 75%) in a required Emergency Medical Services course, or a required concurrent or pre-requisite course, is not eligible to continue in the program or progress to the next course, but will automatically exit the program. All courses listed as concurrent or pre-requisite required courses in the degree plan must be completed with no less than a grade of "C" by the semester indicated, for the student to progress to the next courses in the Program.

2.10 EVALUATIONS

The student completes a self-evaluation of their clinical performance to be submitted during the formative evaluation. This evaluation is to give a realistic self-evaluation of where the student perceives they are functioning. In this process, the student identifies six strengths and six areas for growth. Students will also identify ways to improve in their areas for growth. There are also course and end-of-program evaluations, which all students complete. This information is required for accreditation, program review and revision.

2.11 REQUEST FOR GRADE OF INCOMPLETE

Students may petition for an "I" or Incomplete grade by submitting a signed written request to the Course Instructor. The Coordinator of the Emergency Medical Services Program must approve the request for grade of incomplete. This petition must contain a deadline for completion of the course and the student’s signature. Petitions for "I" must be submitted prior to the final examination. The student must meet all requirements as stated in the University Bulletin: An incomplete may be used to indicate that additional work is necessary to complete a course. It is not a substitute for an “F” and no student may be failing a course at the time an “I” grade is issued. To receive an “I”, the student should have satisfactorily completed 70 percent of the course work for the semester but be unable to complete the remaining work due to extenuating circumstances. In order for an “I” to be awarded, a contract, signed by the student and faculty member, must be on file in the Academic Dean’s Office. The “I” will become permanent within one year of the date of its posting if a student has made no attempt to fulfill course obligations. An “I” is GPA neutral.
2.12 FILING A FINAL GRADE APPEAL

The responsibility for academic evaluations of students rests with the faculty. If a student feels s/he has received a prejudiced or capricious final grade by an instructor, and if s/he is unable to resolve the matter in an informal conference with the instructor or EMS Coordinator, a more formal process is provided except for those cases that arise where specialized policies and procedures shall apply at the department/program level. Students should refer to the university policy found at http://www.rsu.edu/student-affairs/docs/student-code.pdf. An appeal must be initiated within thirty regular class days, (excluding summer sessions, of the grade being officially posted) the student may file a formal grade appeal to be considered.

2.13 WITHDRAWAL FROM A EMERGENCY MEDICAL SERVICES COURSE

An automatic withdrawal grade of “W” is issued when a student initiates a withdrawal during the allowable withdrawal period. The University's withdrawal period for an automatic “W” is after the close of the add/drop period. After the close of the withdrawal period, the student will be awarded the grade earned in the course. That grade will be calculated in the student's GPA. The grade of “W” is a GPA neutral.

Students experiencing serious difficulty in the EMS Program (theory grade of 76% or below) are encouraged to make an appointment with their course instructor or the EMS Program Director, regarding possible withdrawal. Examples of serious difficulty include: theory average at or below 76% or a change in life events that will not allow a student to complete the course. In the event a student withdraws from any EMS course, the student automatically exits the program. The student must apply to re-enter the EMS program. Re-admission to the EMS program is not guaranteed to ANY student. Refer to the policy concerning re-admission for further information.

2.14 EXIT INTERVIEW

All students who exit the Emergency Medical Services Program, for any reason, are to have an exit interview with the Coordinator of the Emergency Medical Services Program. It is the responsibility of the student to schedule the exit interview. The purpose of the exit interview is to advise the student of the readmission policy, assist the student with other educational goals and explore options. Failure to schedule an exit interview will be noted as a breach of policy should the student apply for readmission.

SECTION III: GENERAL POLICIES AND PROCEDURES

3.1 CHANGES IN HEALTH STATUS

If the student experiences a change in health status, such as surgery, injury, illness, pregnancy, or childbirth, the student shall submit an additional “Health Care Provider” statement in order to return to class or clinical. The Health Sciences Department reserves the right to request a “Health Care Provider” statement. The additional “Health Care Provider” statement is due on Friday by 12:00 p.m. before clinical the following Monday. The “Health Care Provider” statement will be completed by the Health Care Provider and the student. It is the responsibility of the student to return the completed form to the Health Sciences Office prior to returning to clinical. The Health Care Provider statement will be reviewed by the Department Head of Health Sciences or designee to determine if the student is eligible to return to class or clinical. The student will be notified of the decision. The student may not return to class or clinical until authorized.

3.2 CHANGE OF NAME, ADDRESS AND PHONE

Students with a change of name, address or phone are to submit this information to the Health Sciences Department Office. Forms are located in the Health Sciences Office. The student must maintain a current name and mailing address with the department office.

3.3 EMERGENCY MEDICAL SERVICES FACULTY OFFICE HOURS

Each faculty member will post office hours outside his or her office door. Students should plan to visit faculty members during these times or by appointment. Students may communicate with faculty members by:
1. Placing a written message in the Instructor’s mailbox.
2. Leaving a phone message on the Instructor’s phone mail system.
3. Returning at a time when the Instructor’s has posted office hours.
4. Calling the Instructor’s phone extension.
5. Sending a message by e-mail.
6. Scheduling an appointment during their posted office hours in the Health Sciences Department office.
3.4 STUDENT COMMUNICATION REGARDING NEEDS, CONCERNS, AND ADVISEMENT

The formal line of communication is student to EMS Instructor and then student to Coordinator of Emergency Medical Services. However, students should feel free to communicate their needs and concerns to the Coordinator if they are not satisfied with the outcome of any experience in the program. Either a verbal discussion or a signed written complaint form may be used. You may schedule an appointment with the Coordinator of Emergency Medical Services in the Health Sciences Office. The student is requested to follow this process in seeking methods to meet needs and express concerns.

Students will be assigned a faculty advisor at the beginning of the fall semester. Students will be informed as to their advisor via mail. The student must make an appointment with their specific faculty advisor during the enrollment period prior to the beginning of each semester. The student is responsible for bringing a completed enrollment form to the advisement session. The faculty advisor will review and approve the student’s selection of courses.

3.5 PROCEDURE IN CASE OF EMERGENCY

In an emergency situation, the Emergency Medical Services Program and Health Sciences Department will attempt to contact the student. FOR THIS REASON, IT IS VERY IMPORTANT THAT CURRENT NAME, ADDRESS, PHONE NUMBER AND INFORMATION REGARDING ANOTHER CONTACT PERSON BE ON FILE WITH THE OFFICE.

3.6 REFERENCE/RECOMMENDATION LETTERS

All faculty and students must follow the following procedure when a reference/recommendation letter is requested.

1. The student must get verbal permission from the selected faculty.
2. The student will complete the request form and submit back to the Health Sciences Department Office.
3. This form is placed in the selected faculty mailbox.
4. Faculty will write the appropriate letter on RSU letterhead and submit to the Health Science Department Administrative Assistant.
5. A copy will be placed in the student files.
6. The letter will be mailed to the appropriate recipient by the Health Sciences Department.

3.7 STUDENT REPRESENTATIVES ON PROGRAM COMMITTEES

Students are selected by their peers and faculty for representation on the Evaluation and Governance Committee. The purpose of this representation is to assure student input to the Emergency Medical Services Faculty that may be considered in the development of policies and procedures, curriculum and program evaluation.

The faculty liaison will oversee the selection and attendance of student representation to the Evaluation and Governance Committee. Students may also be represented in other faculty committees as needed. The liaison will prepare an annual report reflecting student attendance at these meetings.

3.8 VARIANCE REPORT

The clinical segment of the program is a learning experience for the student. In disclosing errors the student and faculty members can review the incident and learn from the experience. Failing to disclose an error may result in clinical failure. The student is to immediately report to the faculty member any critical incident or error which occurs in the clinical area. The Course Instructor will notify the Coordinator of Emergency Medical Services, immediately, any time a critical incident occurs in clinical, particularly if an incident report is filed with the hospital. The Course Instructor will immediately complete an Incident Report and Risk Management form. These forms are to be filed with the College administration on the same day of the incident or on the next day Administration is available.

3.9 NOTIFICATION TO STUDENTS OF POLICY CHANGES

The Student Handbook is revised annually. Each student documents receipt and understanding of the Student Handbook by signing the Program Policy Agreement form. Policy revisions other than annual revisions are communicated directly to each student by written memo. Periodically, the Handbook may be redistributed during January.

3.10 COMMUNICATIONS BULLETIN BOARD

Course information is routinely posted on bulletin boards. The student should check the board every time they are on campus to keep current on new information. Items posted may include theory assignments, clinical assignments, skill and communication labs, any changes that occur, and general information. The EMS Bulletin Board is located outside of room 150.

3.11 WEATHER POLICY

Campus closings due to weather are announced on major local television stations and through the RSU Emergency Alert
System. Students are responsible to judge the safety of traveling in their area.

**SECTION IV: STUDENT CONDUCT POLICIES AND PROCEDURES**

4.1 ACADEMIC MISCONDUCT

Cheating, copying, or allowing another to cheat or copy, or falsification of student records/reports or medical records may result in disciplinary action. Students are expected to follow university policies as put forth in the institution’s Student Code of Responsibilities and Conduct [http://www.rsu.edu/campus-life/student-resources/student-conduct/](http://www.rsu.edu/campus-life/student-resources/student-conduct/). As a general rule, an instructor at Rogers State University has the responsibility of enforcing the academic code. Therefore, if academic misconduct is suspected, the faculty will submit a letter of alleged academic misconduct through the Department Head, Health Sciences, to the Office of Student Affairs.

4.2 GUEST SPEAKERS

Inviting guest speakers is another method of instruction used to facilitate student learning. The student should be on time, courteous, and attentive. Respect for the speaker’s expertise is demonstrated by remaining seated until the class is officially dismissed.

4.3 STUDENT-FACULTY RELATIONSHIP

The relationship between a student and faculty member is based on principles of caring and principles of adult learning. Students are expected to assume responsibility as active participants in their learning, and be self-directed learners. Faculty members are to encourage; give feedback regarding student progress in learning; both positive and negative, and support the student toward growth. The relationship is a professional, student/faculty relationship. The relationship is not a social relationship. Faculty members should be addressed by their last names.

4.4 MOBILE PHONES

A non-distracting classroom environment is a key factor in the learning process. Cellular phones are to be put away and set without audible rings. Cell phones may be checked at break time. Emergency phone calls are viewed as necessary; however, they are expected to be rare. In addition, all students will refrain from texting in the classroom setting. The supervising faculty may ask a student to leave the classroom if texting.

4.5 TECHNOLOGY DEVICES: PERSONAL DEVICES “LAPTOPS, TABLETS, ETC.”

Regarding the use of Personal Digital Assistant (PDA) and laptop computers:

1. All students must follow the following procedure when using a PDA in campus and clinical laboratory settings:
   - PDA’s may be used in the classroom setting at the discretion of the supervising faculty member.
   - PDA’s may be used in the clinical laboratory campus setting at the discretion of the supervising faculty member.
   - PDA’s may be used in the clinical setting at the discretion of the supervising faculty member in accordance with individual facility policy.
   - Supervising faculty may request that the student refrain from PDA use at any time.

2. All students must follow the following procedure when using a laptop computer in campus and clinical laboratory setting:
   - Laptop computers may be used in the classroom setting at the discretion of the supervising faculty member.
   - Laptop computers may be used in the clinical laboratory campus setting at the discretion of the supervising faculty member.
   - Laptop computers SHOULD NOT BE used in the clinical setting.
   - Supervising faculty may request that the student refrain from laptop computer use at any time.

4.6 POLICY ON TOBACCO USE

RSU is a smoke-free campus. Smoking, including e-cigarettes/Vapors, or dipping tobacco is not permitted anywhere on campus, including the parking lots. Students are not allowed to smoke or dip tobacco during clinical hours. The student is reminded that the odor of cigarette smoke may linger on the breath, hands, hair, and/or clothing. Appropriate measures should be taken to prevent offending patients, staff, peers, or faulty. Students may be asked to leave the clinical area if smoke odor is offensive to patients, staff, peers, or faculty.

4.7 SOLICITATION
Refer to the *Rogers State University Student Code of Conduct* Title 8 policy on solicitation.

### 4.8 SEXUAL HARASSMENT

Refer to the *Rogers State University Student Code of Conduct* Title 21 policy on Personal Conduct and specifically on Sexual Misconduct.

<table>
<thead>
<tr>
<th>4.9</th>
<th>DRUG AND ALCOHOL POLICY</th>
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<tbody>
<tr>
<td><strong>Scope/Designated Programs</strong></td>
<td>The information in this policy is intended for all Rogers State University (RSU) students/accepted applicants admitted to designated degree programs that include or may include a clinical component at a health care facility that requires drug screening as a condition of its affiliation with the University. Students should check with their school and/or degree program for specific requirements.</td>
</tr>
<tr>
<td><strong>Policy</strong></td>
<td>Drug screening(s) are required of all students/accepted applicants in designated programs effective Fall Semester 2008, as defined in Scope/Designated Programs above. As applicable, students/accepted applicants who do not pass the drug screening may be unable to complete degree requirements or may be denied admission to or suspended or dismissed from the degree program.</td>
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</table>
| **Rationale** | 1. Health care providers are entrusted with the health, safety, and welfare of patients; have access to confidential and sensitive information; and operate in settings that require the exercise of good judgment and ethical behavior. Thus, an assessment of a student’s or accepted applicant’s suitability to function in a clinical setting is imperative to promote the highest level of integrity in health care services.  
2. Clinical facilities are increasingly required by the accreditation agency Joint Commission on Accreditation of Healthcare Organizations (JCAHO), to provide a drug screening for security purposes on individuals who supervise care, render treatment, and provide services within the facility.  
3. Clinical rotations are an essential element in certain degree programs’ curricula. Students who cannot participate in clinical rotations due to a positive drug screening are unable to fulfill the requirements of a degree program. Therefore, these issues must be resolved prior to a commitment of resources by the university or the student or accepted applicant.  
4. Additional rationale include (a) meeting the contractual obligations contained in affiliation agreements between RSU and the various health care facilities; (b) performing due diligence and competency assessment of all individuals who may have contact with patients and/or research participants; (c) ensuring uniform compliance with JCAHO standards and agency regulations pertaining to human resource management; (d) meeting the public demands of greater diligence in light of the national reports on deaths resulting from medical malpractice and medical errors. |
<table>
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<tr>
<th><strong>Timing and Procedures of the Drug Screening</strong></th>
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<tbody>
<tr>
<td><strong>Accepted Applicants:</strong> (as defined in Scope/Designated Programs)</td>
<td><strong>Current Students:</strong> (as defined in Scope/Designated Programs)</td>
</tr>
<tr>
<td>● The respective university/program designee will provide accepted applicants to designated programs with the necessary procedures and consent forms for the required drug screening.</td>
<td>● Current students in designated programs will be drug-tested at the beginning of each academic year or more frequently if required by the clinical rotation site or by RSU.</td>
</tr>
<tr>
<td>● Accepted applicants in designated programs must complete the following prior to the start of classes or clinical assignment:</td>
<td>● Students who need to complete drug screening will be provided with the necessary procedures and consent forms for the required drug screening by the respective university designee.</td>
</tr>
<tr>
<td>- Complete and sign the Drug Screen Consent and Release Form and return form to drug screening vendor.</td>
<td>● Students who fail to adhere to the drug testing deadline set by the university will be suspended from all classes until the vendor (see below) provides RSU with clearance documentation to the university or program designee.</td>
</tr>
<tr>
<td>- Successfully pass the drug screen with sufficient time for the vendor to provide clearance documentation to the university program designee. If an accepted applicant fails to complete the above prior to the first day of classes, he/she will not be allowed to begin classes and will jeopardize admission status in the program.</td>
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**Identification of Vendors**

RSU will designate an approved vendor(s) to perform the drug screenings. Results from any company or government entity other than those designated by RSU will not be accepted.

**Allocation of the Cost**

Students and accepted applicants must pay the cost of the drug screenings.

**Period of Validity**

Drug screenings will generally be honored by RSU for a period of one year but may be required on a more frequent basis depending on the requirements of a clinical rotation site. Students who have a break in enrollment may be required to retest before they can re-enroll in any courses. A break in enrollment is defined as non-attendance of one full semester (Fall or Spring) or more.

**Drug Screening Panels**

The drug screening may include testing for at least the following drug panels plus alcohol:

1. Amphetamines
2. Barbiturates
3. Benzodiazepines
4. Cocaine Metabolite
5. Opiates
6. Phencyclidine (PCP)
7. Marijuana (THC) Metabolite
8. Methadone
9. Methaqualone
10. Propoxyphene
## Reporting of Findings and Student/Accepted Applicant Access to Drug Screening Report

The vendor will provide the university or program designee with a list of those students who passed a drug screen test. The vendor will also provide the student/accepted applicant with the results of the drug screening report.

Students with a positive drug screen will have an opportunity to consult with a Medical Review Officer, provided by the vendor, to verify whether there is a valid medical explanation for the screening results. If, after review by the vendor’s Medical Review Officer, there is a valid medical explanation for the screening results, the vendor will notify the University of a clear test. If, after review by the Medical Review Officer, there is not a valid medical explanation for the positive screen, then the test results will stand.

Any appeal right based on a positive screen rests solely among the student/accepted applicant, the Medical Review Officer, and the vendor.

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<tr>
<th>Positive Drug Screen</th>
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<tr>
<td><strong>Accepted Applicants:</strong></td>
</tr>
<tr>
<td>● Accepted applicants with a positive drug screen will not be allowed to begin classes or clinical assignments until the vendor provides clearance documentation to the university or program designee. The university may defer admission to a future semester or require the student to reapply for a future semester if not cleared by the drug screening vendor. Accepted applicants with a positive drug screen who eventually enroll at RSU will be considered to have committed their first offense. Students should be aware that failure to pass drug screening, as determined by each facility, will prevent the student from participating in that clinical experience and may delay the student’s completion of the degree program requirements or prevent the student from completing the degree program.</td>
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<tr>
<th>Current Students</th>
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<tr>
<td><strong>First Offense:</strong></td>
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<tr>
<td>● Any student with a positive drug screen may be suspended for the remainder of the semester and be administratively withdrawn from all courses and/or suspended for the following semester at the university’s or program’s discretion. Random drug screenings may be required by RSU for the remainder of the student’s enrollment. The university may impose additional sanctions and students are encouraged to check with the university for specific details on these possible additional sanctions.</td>
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**NOTE:** Students who are suspended may not be able to progress to the next semester based on specific program requirements (i.e., many programs are “lock-step” with completion of one semester a pre-requisite for progression to the next semester.)

<table>
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<tr>
<th>Second Offense:</th>
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<tr>
<td>● Any student who has a second positive drug screen will be dismissed from the degree program.</td>
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### Falsification of Information

Falsification of information will result in immediate removal from the accepted applicant list or dismissal from the degree program.

### Confidentiality of Records

Drug screening reports and all records pertaining to the results are considered confidential with restricted access. The results and records are subject to the Family Educational Rights and Privacy Act [FERPA] regulations. For additional information on FERPA, please see [http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html](http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html).

### Recordkeeping

Reports and related records (both electronic and paper media) shall be retained in a secure location in the respective college or program office for the timeframe listed below, unless otherwise required by law.

- **Current Students** – 5 years
- **Accepted Applicants** – 2 years (provided no pending complaint)

Approved by OU Board of Regents Sept. 2008 Reviewed w/ OU Legal - August 2009
4.10 VISITORS/CHILDREN IN CLASSES

Visitors are not allowed in class unless it is a guest speaker or faculty guest. Students are NOT to bring their children to the classroom, skills laboratory, or any clinical experience. Young children cannot be left unattended in the building or on the ROGERS STATE UNIVERSITY Campus. Do not bring young children to conferences with faculty. These conferences are academic and require the full attention of the student and instructor.

4.11 STUDENT NON-ACADEMIC CODE OF CONDUCT

Refer to RSU Student Code of Conduct, Title 14

4.12 STUDENT COMPLAINT/GRIEVANCE

The formal line of communication is student to instructor; then, student to EMS Coordinator; then, student to Department Head, Health Sciences. However, students should feel free to communicate their needs and concerns to the Director/Department Head if they are not satisfied with the outcome of any experience in the program. Either a verbal discussion or a signed written complaint form may be used. The student may be required to document the concern in writing. You may schedule an appointment with the EMS Director/Department Head, Health Sciences, through the Health Sciences Office. The student is requested to follow this process in seeking methods to meet needs and express concerns.

A complaint may be filed when a student is not satisfied with an experience or outcome related to an EMS course or the EMS Program. Appropriate forms to file a complaint are located in the Health Science Department Office. Information submitted as a complaint is to be factual, accurate, and complete. Prior to filing a complaint, a student is encouraged to explore other ways to resolve the situation or problem. A complaint, once filed will be reviewed and sent through the appropriate channels of communication to determine the best way to resolve the situation. All complaints must be written, dated and signed by student in order to be addressed.

4.13 FILING A GRIEVANCE

When a student believes that s/he has been treated unfairly or has been evaluated unprofessionally, the student is expected to talk with the instructor to resolve the problem. If the problem is not satisfactorily resolved between the student and personnel involved, the student may file a Grievance Form with the Health Sciences Office. (Grievance Forms are available in the Health Sciences Office.)

The Department Head, Health Sciences, will activate the Grievance Committee consisting of faculty and students from the Health Sciences Department and one non-Health Science faculty. This committee has the authority to call for any further information needed from the student, clinical facility, and staff in the clinical area, other students, University officials, or Faculty. The committee may request and review any related documents. The Department Head, Health Sciences, on behalf of the committee, may consult with the National Registry of EMT’s.

The functions of the Grievance Committee are to hear grievances, determine validity, and make recommendations concerning their solution. The Committee is to be formed and function only after a documented attempt at resolution has been made between/among the parties involved.

GRIEVANCE POLICY
Health Sciences Department
Rogers State University

I. Committee Limitations:

A. The Committee will meet to hear grievances related to:

1. Academic evaluation
2. Personality conflicts
3. Violation of student/faculty rights as defined in Student or Faculty Handbook
4. Performance evaluation/Clinical Performance

B. Time Restrictions for initiation of procedure:

1. Academic grievances - must be initiated within two (2) weeks of the subsequent semester.
2. Other Grievances - within two (2) weeks of their occurrence providing an unsuccessful attempt at resolution has taken place.

C. Confidentiality: Record of all committee minutes, decisions and recommendations shall be kept in a locked file in the Department Head’s office. Official notification of decisions and recommendations shall be made only to the parties involved unless otherwise stipulated and approved by all parties involved.

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II. Committee Membership: For any grievance hearing, a committee made up of five (5) persons shall be appointed.

III. Committee Authority: The Committee shall convene to hear the grievance. The Grievance Committee reserves the right to enter into Executive Session should any member request it and the Chairperson approve. All voting shall be by secret ballot and the result of the vote noted only by decision of the Committee.

Barring an appeal of the Grievance Committee’s decision and recommendations, the Chairperson of the Committee shall be responsible for issuing the recommendations. Should the recommendations appear inappropriate for solution, the Chairperson shall notify the committee and the parties involved, and the Committee shall re-convene with the express purpose of seeking an alternative. All parties from the initial meeting shall participate in this process, and any revised recommendations shall be made in writing and monitored as before.

A. The committee membership will consist of:
   1. One (1) health science paramedic instructor.
   2. One (1) freshman paramedic student.
   3. One (1) program medical director.
   4. One (1) sophomore paramedic student.
   5. One (1) non-health science instructor.

At each meeting there must be representation from each category and only one (1) vote from each category.

4. Selection of committee membership:
   Each person chosen to serve on the Grievance Committee must meet the following criteria:
   1) Ability to maintain confidentiality.
   2) Objectivity.
   3) Availability for meetings (baby sitting problems, student employment, etc.)
   4) Satisfactory academic performance (students).
   5) Student representatives will be elected by students and health science faculty members by health science faculty, an additional instructor representative will be selected by college faculty.

C. Selection of committee Chairperson:
   1) The Chairperson of this Committee will be chosen by the members of the Committee.
   2) Members of the Committee will disqualify themselves or be disqualified by the Committee for reasons of personal prejudice or personal involvement in the case, (if so warranted) being heard by the Committee.

IV. Procedure

A. Request for Grievance Forms from the Health Sciences Department office - to be done no later than seven days (7) following an unsuccessful attempt at resolution.

B. Formal Grievance Forms, along with pertinent data, returned to Health Sciences Department office within seven (7) days from the date that the Grievance Form was requested.

C. Upon receipt of the completed Grievance Forms and all pertinent data from student, the Department Head, Health Sciences, shall provide to the student a written response acknowledging receipt of Grievance form and indicating that a committee will be formed to review the grievance form and pertinent data submitted within seven (7) days.

D. Student will be notified of the decision and recommendations of the Grievance Committee in writing within seven (7) days of the completion of the hearing; said notification to carry the initials of all Committee Members.

E. Student or faculty member shall have the right to appeal the decision of the Grievance Committee to the Dean, School of Health Sciences, providing a written request is made within seven (7) days of receipt of Committee’s decision.

F. Within seven (7) days of receiving a written request to appeal the Committee’s decision, the Dean, School of Health Sciences shall make arrangements to meet with the student, confirming the date in writing.

6. Within seven (7) days of the meeting, the Dean, School of Health Sciences shall make known in writing his/her decision and recommendations regarding the grievance in question.

J. The student or faculty member shall have the right to appeal the decision of the Dean, School of Health Sciences, to the Academic Vice President, provided such an appeal is made in writing within seven (7) days of receipt, of the Dean,
School of Health Sciences’ decision.

K. Additional appeal procedures will be identified by the Office of the Academic Vice President.

The student is responsible for providing the Health Sciences Department with a current mailing address. Should any materials be lost in the mail, date of notification shall be considered effective the date of initial mailing.

Approved 1/8/2010

SECTION V: CAMPUS AND CLINICAL LABORATORY POLICIES

5.1 FAMILY MEMBERS AND FRIENDS

Family members, children, and friends are not to visit the student during class, campus laboratories, or at the clinical site during learning periods. Children may not be brought to the clinical sites.

5.2 PATIENT CONFIDENTIALITY

The student is to maintain patient confidentiality at all times. The patient’s rights must be considered and use of the medical record should be to obtain the information needed for the care plan and care of the patient. Breach of patient confidentiality is a violation of ethics and course/program objectives and may result in academic or disciplinary action as well as immediate dismissal from the EMS Program. In addition, breach of patient confidentiality may be grounds for legal action by patients against EMS students for invasion of privacy. See the Affiliation Confidentiality Agreement on the following page. Many facilities require students to sign the facility’s confidentiality agreement.

5.3 STANDARD PRECAUTIONS POLICY

The faculty at Rogers State University has made efforts to insure that the best and most current information concerning the growing problem of infectious disease is provided to our students. A policy and procedure has been developed to assist our students to continue to provide safe quality patient care. The purpose of this policy is to provide a consistent approach to the management and handling of body substances from all patients. Exposure of students and/or personnel to blood or other body fluids via skin, mucus membranes or parental contact represents a hazard for transmission of those infections. To minimize student and faculty contact with blood and body fluids, the following policy is in effect:

1. All patients’ blood, body fluids or tissues will be considered to be potentially infectious; therefore, Standard Precautions will be used on all patients.
2. Rogers State University students are required to use those precautions as indicated by the Center for Disease Control and Prevention (CDC) guidelines.
3. Standard Precautions as recommended by the CDC:
   A.) HANDWASHING
   1. Wash hands after touching blood, body fluids, secretions, excretions, and contaminated items, whether or not gloves are worn. Wash hands immediately after gloves are removed, between patient contacts, and when otherwise indicated to avoid transfer of microorganisms to other patients or environments. It may be necessary to wash hands between tasks and procedures on the same patient to prevent cross-contamination of different body sites.
   2. Use plain (nonantimicrobial) soap for routine handwashing.
   3. Use an antimicrobial agent or a waterless antiseptic agent for specific circumstances (e.g., control of outbreaks or hyperendemic infections) as defined by the infection control program at the facility.
   B.) GLOVES
   Wear gloves (clean, non-sterile gloves are adequate) when touching blood, body fluids, secretions, excretions, and contaminated items. Put on clean gloves just before touching mucous membranes and non-intact skin. Change gloves between tasks and procedures on the same patient after contact with material that may contain a high concentration of microorganisms. Remove gloves promptly after use, before touching non-contaminated items and environmental surfaces, and before going to another patient, and wash hands immediately to avoid transfer of microorganisms to other patients or environments.
   C.) MASKS, EYE PROTECTION AND FACE SHIELD
   Wear a mask and eye protection or a face shield to protect mucous membranes of the mouth, nose, and eyes during procedures and patient care activities that are likely to generate splashes or sprays of blood, body fluids, secretions and excretions.
   D.) GOWNS
   Wear a gown (a clean, nonsterile gown is adequate) or protective aprons to protect skin and to prevent soiling of clothing during procedures and patient care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions. Select a gown that is appropriate for the activity and amount of fluid likely to be encountered. Remove a soiled gown as promptly as possible and wash hands to avoid transfer of microorganisms to other patients or environments.
   E.) PATIENT CARE EQUIPMENT
Handle used patient care equipment soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposures, contamination of clothing, and transfer of microorganisms to other patients and environments. Ensure that reusable equipment is not used for the care of another patient until it has been cleaned and reprocessed appropriately. Ensure that single-use items are discarded properly.

F.) ENVIRONMENTAL CONTROL
Ensure that the facility has adequate procedures for the routine care, cleaning, and disinfection of environmental surfaces, beds, bedrails, bedside equipment, stretchers, and other frequently touched surfaces, and ensure that these procedures are being followed.

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

H.) OCCUPATIONAL HEALTH AND BLOODBORNE PATHOGENS
1. Take care to prevent injuries when using needles, scalpels, and other sharp instruments or devices; when handling sharp instruments after procedures; when cleaning used instruments; and when disposing of used needles. Never recap used needles, or otherwise manipulate then using both hands, or use any other technique that involves direction the point of the needle toward any part of the body; rather, use either a one-handed "scoop" technique or a mechanical devices designed for holding the needle sheath. Do not remove used needles from disposable syringes by hand, and do not bend, break, or otherwise manipulated used needles by hand. Place used disposable syringes and needles, scalp blade, and other sharp items in appropriate puncture-resistant containers, which are located as close as practical to the area in which the items were used, and place reusable syringes and needle in a puncture-resistant container for transport to the reprocessing area.
2. Use mouthpieces, resuscitation bags, or other ventilation devices as an alternative to mouth-to-mouth resuscitation methods in areas where the need for resuscitation is predictable.
3. Students who have exudative and/or open lesions or weeping dermatitis WILL REPORT THIS TO THE APPROPRIATE FACULTY and may be required to refrain from all direct patient care and from handling patient care equipment until the condition resolves.
4. All patient’s blood, body fluids, or tissue specimen spills will be cleaned up promptly using an agent specified according to institutional policy. Call Housekeeping personnel for large spills. Discard internally placed tubes or dressings in a biohazard container.
5. Needlestick, mucous membrane or cutaneous blood/body fluid exposure to a student will be promptly reported to the Preceptor, the Course Instructor and to the facility’s Employee Health Service or appropriate personnel so investigation and any necessary follow-up can be instituted.
6. The student will remove the soiled clothing and change into a scrub uniform from the clinical area when a student sustains a splash of blood or other body fluid on his/her uniform. The student will carry soiled clothing in a plastic bag, and will wash any soiled uniforms separately in the appropriate wash cycle. If the fabric can be bleached, an additional safeguard is to launder in 1:10 bleach: water solution.
7. The Instructor, who will follow the Bloodborne Pathogen policy, will direct the presence of food/drink in the laboratory.

5.4 STUDENT RESPONSIBILITY ASSOCIATED WITH USE OF UNIVERSITY AND AGENCY SUPPLIES AND EQUIPMENT

Skills laboratory will require use of specific supplies, equipment, and clinical situations. Students will be expected to participate in setting up and returning equipment and supplies, and seeking specific experiences, under the direction of the clinical faculty. Equipment and supplies are not to be removed from the hospital or skills laboratory. Removal of such supplies will subject the student to immediate dismissal from the program. Equipment is to remain in the skills lab unless specific arrangements have been made with the Course Instructor. Items such as the Monitor/Defibrillator, Intravenous Arms, ALS manikins, and other demonstration models are to be used only under direct supervision.

5.5 TRANSPORTATION TO THE CLINICAL SITES

The student is responsible for his/her own transportation to and from the clinical assignment site.

5.6 PATIENT SAFETY IN CLINICAL CARE

When in the clinical area, the student is to keep the patient’s safety in mind at all times. The student should identify aspects of safety in the patient’s care and validate this information with the Preceptor or Instructor. If an incident concerning the patient’s safety occurs, the student should notify the Clinical Coordinator immediately.

5.7 SUPERVISION OF STUDENTS IN SELECT CLINICAL SITUATIONS

In selected clinical situations, such as, some obstetrical areas at various hospitals, the students may be required to have a Course Instructor or preceptor present when performing specific skills. The faculty will inform the student of the protocol of the hospital where
the student is in clinical. The Clinical Coordinator will be doing clinical evaluation visits with individuals on a revolving basis. The student is expected to continue to perform all skills as they are being evaluated.

5.8 ASSIGNMENT TO CLINICAL AREAS AND ROTATIONS

The student may be assigned to any of the clinical locations in Tulsa and/or Northeast Oklahoma. Clinical assignments may not necessarily conform to work schedules, carpools, or student preference. One purpose of having different clinical groups and rotations is to increase exposure to clinical areas and networking with fellow students. Rotations are created to expose the student to a variety of clinical experiences. The student should be prepared for assignment to any clinical facility affiliated with the RSU Emergency Medical Services Program. Students will not be permitted to third ride on any unit when a classmate is a crewmember of that unit. Also, students may not third ride with a partner, if employed. Students are NOT to sleep during any period of the clinical assignment, as this does not promote learning. These clinicals will not be counted as clinical time. Students should actively participate in skill practice, vehicle checkout at the beginning of the shift and any other duties assigned by the preceptor.

5.9 CHANGE OF CLINICAL ASSIGNMENT

The Clinical Coordinator has the option to change a student clinical assignment as deemed necessary. This decision is based on the availability of the clinical site and on the availability of preceptors.

5.10 CLINICAL SCHEDULING

All clinical scheduling will be conducted through the RSU Emergency Medical Services Program to meet course requirements. Students may NOT coordinate their individual clinical rotations with clinical facilities. Because of time limitations and student volume, no additional clinical hours will be scheduled unless required to meet course objectives or approved through the Program Coordinator. No clinical activity may be performed simultaneously with employment. Any clinical assignment NOT scheduled through the Clinical Coordinator will NOT be counted toward meeting course requirements. Students will not be permitted to third ride on any unit with a current Rogers State University EMS student working as a crewmember on the unit. Students may not schedule third rides with their partners if employed. Students will be given notice of the clinical sign up dates. Students are responsible for scheduling their needed clinicals within the given time. Any student who fails to do so will be subject to a clinical warning and the needed clinicals will be assigned to the student by the Clinical Coordinator.

5.11 USE OF PRECEPTORS

Clinical preceptors are often utilized in the clinical area to assist the student in meeting clinical objectives. They should be treated in a courteous and appropriate manner. Anyone encountering problems with a preceptor should bring it to the attention of the Clinical Coordinator so that appropriate action can be taken.

5.12 CLINICAL EVALUATION FORMS

Students are responsible for completing the clinical evaluation forms during their clinical rotations. Students should complete the front and document skills performed and have them initialed by the preceptor. All forms must be completed, signed and timed by the preceptor to be accepted for clinical credit. A form is to be completed and submitted for each clinical rotation. The student will have the preceptor sign, date and time the clinical summary sheet for each clinical experience. The preceptor should complete both the evaluation form and the clinical summary form with date, time and signature. These forms are to be completed within 30 minutes of the scheduled shift ending time in order for the evaluation to be considered acceptable. If two preceptors were assigned to a student during a shift, both preceptors must date, time and sign the evaluation form prior to the end of his/her shift. The clinical site summary only requires one signature prior to leaving the clinical area to be timed within 30 minutes of the scheduled end of the shift. The Clinical Rotation Assessment Form should be given to the preceptor with the appropriate envelope provided by the Clinical Coordinator. Instructions for the preceptor are printed on the front of the envelope. The assessment form is the only form to be placed inside of the sealed envelope by the preceptor.

Clinical Form Audits

Students are responsible for collecting and retaining all clinical forms until the mid-semester and end of the semester audits, except for the Clinical Assessment envelopes. These are to be placed in the clinical paperwork box. Students will produce complete and correct clinical forms for each clinical, failure to do so will result in a mandatory make-up clinical for each incomplete clinical evaluation form set. Additionally, the student will be required to meet with necessary EMS staff for a written and verbal disciplinary action review.

FISDAP

Electronic FISDAP submissions are to be completed within 72 hours of completing an assigned rotation. Should a student fail to complete this requirement, FISDAP will auto-generate an email to the Clinical Coordinator and a mandatory make-up clinical
will be scheduled by the Clinical Coordinator. Additionally, the student will be required to meet with necessary EMS staff for a written and verbal disciplinary action review.

ANY STUDENT FALSIFYING ATTENDANCE/DOCUMENTATION ON A CLINICAL ASSIGNMENT WILL BE IMMEDIATELY PLACED ON SUSPENSION FROM THE EMS PROGRAM. THEY WILL BECOME SUBJECT TO A COMPLETE INVESTIGATION OF ALL CLINICAL FORMS AND ROTATIONS THEY HAVE COMPELTED THROUGHOUT THE PROGRAM.

5.13 EMS CLINICAL EXPERIENCE

At NO time shall the student be allowed in the driver’s compartment while the vehicle is in motion. Hearing protection provided by the service and seat belts should ALWAYS be worn while the vehicle is in motion.

5.14 CLINICAL SKILLS USAGE

Rogers State University Emergency Medical Services students may perform skills learned in class on assigned clinical rotations only under the direct supervision of the designated preceptor or clinical faculty member. Skills may NOT be performed without direct supervision. Violation of this policy constitutes unsafe practice and consequences include consultation review with possible suspension or dismissal from the Rogers State University Emergency Medical Services Program. Skills learned while in training may NOT at any time be performed while on duty as an EMT, Advanced EMT, or in a volunteer capacity.

Skills performed outside the level of your licensure may have the following consequences:
1. Dismissal from the Rogers State University Emergency Medical Services Program.
2. Termination from employer for violation of company policies.
3. Possible revocation of current license by Oklahoma State Department of Health - EMS Department.
4. Possible personal malpractice suit.

5.15 VALUABLES

Valuables should be guarded at all times during campus and clinical learning experiences. The clinical facility/agency and/or Rogers State University are not responsible for lost or stolen valuables. It is recommended that valuables be left at home, not even locked in your car trunk.

5.16 STUDENT AS A REPRESENTATIVE OF ROGERS STATE UNIVERSITY

The Emergency Medical Services student is expected to represent Rogers State University and the EMS program in a positive way to the patient and the community. The student’s appearance is to be consistent with the dress code while entering, exiting or while present in any clinical facility as a representative of the University and Program. The student’s behavior is to be consistent with that expected of an adult learner and student of the Emergency Medical Services Program.

5.17 UNIFORM POLICY

A uniform is required for all hospital/clinical experiences unless the student is otherwise notified. Students who fail to meet the dress code, hygiene, and appearance policies may receive a clinical consultation. Students who cannot achieve compliance with policy will be dismissed from the clinical experience. The dismissed student will be consulted and required to complete an absence assignment.

<table>
<thead>
<tr>
<th>EMT</th>
<th>Paramedic</th>
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<tbody>
<tr>
<td>Emergency Medical Services shirt</td>
<td>Emergency Medical Services shirt</td>
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<tr>
<td>Photo ID clinical badge</td>
<td>Photo ID clinical badge</td>
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<tr>
<td>Dark navy uniform pants</td>
<td>Dark navy uniform pants</td>
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<tr>
<td>Navy socks</td>
<td>Navy socks</td>
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<tr>
<td>Black leather slip resistant shoes</td>
<td>Black leather slip resistant shoes</td>
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<tr>
<td>Black leather Velcro belt (no buckles)</td>
<td>Black leather Velcro belt (no buckles)</td>
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<tr>
<td>Wine colored scrub suit</td>
<td>White socks</td>
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<tr>
<td>White socks</td>
<td>White slip resistant leather shoes</td>
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<tr>
<td>White slip resistant leather shoes</td>
<td>*Wine scrub jacket</td>
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<tr>
<td>*Wine scrub jacket</td>
<td>*Wine long sleeve turtle neck shirt</td>
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<tr>
<td>*White T-shirt</td>
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<tr>
<td>*White T-shirt</td>
<td>*Outer wear appropriate for weather (see dress code)</td>
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<tr>
<td>*Outer wear appropriate for weather (see dress code) *Indicates optional items</td>
<td></td>
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</tbody>
</table>
The Emergency Medical Services Program faculty will review the uniform and dress code at the student orientation session. Students must wear complete uniform on all clinical assignments.

5.18 STUDENT DRESS CODE

UNIFORM: The designated Emergency Medical Services shirt is a short sleeve polo style shirt with front buttons with the Rogers State University emblem on the front chest. Pants are to be uniform style with thigh pockets and dark navy in color. They should be straight leg pants without gathers at the ankle. No jeans or non-uniform pants will be allowed. Uniforms are to be clean and pressed and sized to accommodate active movements required in clinical. Paramedic students should wear a wine/burgundy colored scrub suit for hospital clinical assignments. A white T-shirt may be worn under the uniform or scrub shirt. Short sleeve T-shirts worn under either the uniform or scrub suit should not extend past the bottom of the uniform shirtsleeves. A navy turtleneck may be worn under the uniform shirt or the scrub shirt in cooler weather. T-shirts or turtlenecks must be without advertisements, writing, logos, etc. A wine/burgundy scrub jacket may also be worn over the scrub suit in cooler weather. No other scrub jacket is permitted. Casual business clothes should be worn to the psychiatric unit in paramedic clinicals. No jeans should be worn.

CLINICAL PHOTO ID BADGE: Students are required to wear photo ID badges any time they are in uniform.

SHOES/SOCKS: Black slip resistant shoes with navy socks or boots are to be worn with the EMS uniform. White slip resistant shoes with white socks should be worn with the scrub suit. Leather soles are not permitted. Shoes are to be clean and polished.

BELTS: Black leather Velcro belts are required. Buckles are not allowed as they can cause injury to students and patients. They also can cause damage to ambulances and equipment.

OUTER WEAR: Coats/jackets should be available for outdoor clinical rotations as you will be exposed to unpredictable weather. Coats should be warm, functional, and washable. They should be thigh or waist length and should be dark in color to coordinate with the uniform. No advertising or embroidery is allowed on the uniform or outerwear. No hats (ball caps, cowboy hats, etc.) are to be worn while in uniform or in class. Jackets identifying EMS services may not be worn during clinical assignments.

PERSONAL APPEARANCE:

HAIR: Hair is to be clean, groomed, and off the face. Hair is to be restrained if, when the student leans forward toward the patient, hair would possibly fall forward. Hair ornaments should be very conservative in style and basic in color. Hair style should be conservative.

BEARDS/MUSTACHES AND SHAVING: Male students who have existing beards and/or mustaches are to maintain a well-groomed appearance through regular grooming. Otherwise, the male student is to appear cleanly shaven.

FINGERNAILS: Fingernails should be short, clean, and manicured. No sculptured or false fingernails. Only clear or light-colored nail polish is appropriate.

PERSONAL HYGIENE: The student is expected to wear appropriate deodorant, bathe thoroughly, and prevent body odor. Students who are smokers are to be aware that the odor of smoke on clothing and breath is offensive to many patients.

CHEWING MATERIAL: Chewing gum or any chewing material is not permitted while in uniform.

JEWELRY: Wedding or engagement rings may be worn. The student may prefer to leave these at home. Earrings are limited to one small stud in the lobe of each ear. Students must comply with the dress code of the clinical facility. No jewelry should be worn on uniforms except photo ID clinical badge. Excessive jewelry and body piercing are NOT acceptable.

PERFUME OR COLOGNE: Odors of perfume or cologne are a problem for some patients and may cause nausea. The student is to avoid use of perfume or cologne during clinical assignments.

COSMETICS: Cosmetics are to contribute to a conservative, natural and well-groomed appearance. The student is to avoid excess.

TATTOOS: Tattoos that are distracting in the patient environment and may interfere with medic-patient relationship MUST be concealed when on clinical assignments.

SECTION VI: ATTENDANCE POLICIES AND PROCEDURES

6.1 ATTENDANCE AT CLASS, LAB, CLINICAL OR OTHER LEARNING ACTIVITIES

Rogers State University Emergency Medical Services Program requires 90% attendance including lecture, lab, and clinical experiences.

ATTENDANCE

Classes begin at 8:00 a.m., unless otherwise noted by the Instructor. In order to meet attendance requirements, students must be present in the classroom. Students are expected to be in their seats, ready to learn, not walking through the door, at the scheduled class start
time. Students must be present in the classroom **90%** of the scheduled class hours or s/he **WILL BE DISMISSED** from the program. **There will be no exceptions.**

Attendance will be recorded at the beginning and end of each class period and lab session. Attendance at clinical sites will be verified. Due to the teaching format, classroom experiences may not be made up. If the scheduled daily activity/assignment was an exam, the student must make arrangements with the Course Instructor to make up the exam within one week. If the daily assignment/activity involved a skill, the student must make arrangements with the instructor to make up the skill and demonstrate proficiency prior to the end of the module or course.

The paramedic class consists of 728 classroom/lab hours and 592 clinical hours. **Students missing 57 hours or 7 classroom, lab, or clinical absences per academic school year will be dismissed due to in attendance.** For classroom and lab hours the student must contact their team leader or instructor if s/he is going to be absent or late. **A student who is absent 28 hours from class, lab, or clinical will be placed on probation and remain there until the end of the academic school year.**

Leaving early is strongly discouraged, if a student must leave early, the hours missed will be counted against them. It is highly recommended that students not be on duty during class as this is not conducive to learning.

**TARDIES**

Students who are not in their seat, and prepared for the lesson at the beginning of scheduled class or lab times will be counted tardy. Three tardies will equal ½ of a class or four hours of absence. Tardies will include being late at the beginning of class/clinical or returning from a break or lunch.

**ILLNESS**

Extended Illness: If a student misses three class days in a row due to illness then s/he must submit a doctor’s statement.

**PARTICIPATION**

Class Participation: A student who demonstrates a lack of appropriate concern for training may be sent home by the Instructor(s) with an absence. This includes, but is not limited to sleeping in class/clinical or showing up to class/clinical unprepared. See affective grading guidelines.

All Clinical rotations related to EMT or Paramedic classes are mandatory for successful course completion. Any clinical absence will be counted toward the 90% course attendance requirement.

**6.2 ABSENCE POLICY AND PROCEDURE**

Any time a student is absent, tardy, or leaves early during the clinical the following policies will be in effect:

**CLINICAL ABSENCE**

The clinical portion of the course enables the student the opportunity for actual work experience under the guidance of a qualified preceptor. In addition, these experiences are designed to teach the student professionalism, work ethics and accountability. It is the student’s responsibility to take advantage of all clinical experiences. The amounts of clinical hours required for each level of training are mandated by the Oklahoma State Department of Health EMS Department. These clinical hours are minimum and mandatory. Therefore, the student is expected to attend all clinical and other scheduled learning activities on time and on the right day.

**Students attending an unscheduled clinical will not be covered under medical malpractice insurance and the clinical will not count towards required hours.** Students unable to complete clinical assignments will not meet course clinical objectives and will not pass the course. This policy does not apply when cancellations are initiated from clinical sites or Rogers State University EMS Program or due to inclement weather.

**An absence for any reason, tardiness or leaving early, or reporting to a clinical on an unscheduled day or time must be reported to the Clinical Coordinator as outlined in the absence reporting procedures.** The Clinical Coordinator will assign the student a make-up time and location based ONLY on availability, not on student preference or work schedules. Make-up clinicals will be done during the last two weeks of the semester, or as deemed necessary by the Clinical Coordinator. Students should be prepared to attend any clinical area under contract with the Rogers State University Emergency Medical Services Program. Students need to be aware that this may result in course failure due to a lack of clinical availability not permitting completion of course objectives.

Clinical grades are Pass/Fail in nature. The Clinical Coordinator should be notified immediately if a student is sent home early from a clinical
Any falsification of clinical time will result in immediate suspension and a complete investigation of student’s clinical performance and paperwork. A variety of mechanisms are in place for the EMS faculty to verify clinical attendance. Students should expect periodic visits from Instructors/Clinical Coordinator while in clinicals. Students should be aware that a clinical failure will result in a total course failure and the student will receive an “F” for the entire course.

Students who are tardy or leave early from a clinical or who do complete required clinical paperwork will be considered absent from that clinical assignment. The student will receive a written warning and will be rescheduled for the clinical.

Attendance for clinical rotations will count towards attendance totals. Students will be provided with an outline of required clinical hours for each semester. Deadlines will be given for the completion of each clinical area. Students are required to complete all clinical hours prior to the end of the semester and perform satisfactorily to receive a passing grade. If the deadlines are not met, the student will be placed on probation and given a plan of action by the Clinical Coordinator and Program Coordinator.

CLINICAL ABSENCE PROCEDURE

In the case of tardiness, absence for any reason, leaving early, or reporting to a clinical on an unscheduled day or time, the student will follow the steps listed below:

Note: Failure to report any clinical absence to the course Instructor will result in a written warning and an absence.

1. Notify the facility/agency to which s/he is assigned PRIOR to the beginning of the clinical time.
2. Leave a message on the Clinical Coordinator’s voicemail informing him/her of the absence, tardiness, or any other clinical related situation.
   NOTE: Message should include the student’s name, the name of the person contacted regarding the absence, the clinical site (i.e. Hillcrest ER), time of shift, and a very brief explanation of why he/she is absent, late, sent home, or left early.
3. A clinical absence form will be completed by the student and turned into the Clinical Coordinator.
4. The Clinical Coordinator will not return calls regarding clinical absences.
5. The clinical will be rescheduled by the Clinical Coordinator during the last two weeks of class or as deemed necessary by the Clinical Coordinator.

Students who are tardy, leave early, or are absent from a clinical and do not follow the above procedure will be given a written warning for their first offense. If a violation of this policy continues the student will become subject to EMS Policy Adherence Procedures. See EMS Policy Adherence Procedure

SECTION VII: EMS POLICY AND PROCEDURE ADHERENCE

7.1 STUDENT CONFERENCES

Student conferences are a required part of the teaching-learning process. They are used for warnings, faculty reports, evaluation and problem solving. These conferences are an inherent element of the total EMS program and the student is required to participate in all scheduled conferences and evaluations. Only the student, faculty member, Coordinator, Clinical Coordinator or those designated by the Coordinator are to be present during conferences. Conferences are scheduled mid-semester and near the completion of each clinical course, and as needed, based on the student’s progress and performance.

The student will be notified of request for conference in person, by mail, email or memo. The request is dated for the student to respond within five working days, and it is the student’s responsibility to make an appointment with the Instructor within that time frame. The student is REQUIRED to respond to the request for consultation. Failure to respond to the request for consultation will result in documentation in the student’s file.
The student should notify the faculty member if they are unable to keep any scheduled appointment. Common reasons for a student to require a formal consultation may be, but are not limited to:

1. Unsafe clinical behavior
2. Any absence from required clinical assignments
3. A critical incident or indication of inappropriate or unprofessional conduct
4. Recurrence of a behavior about which the student has been given previous verbal feedback by the Instructor
5. Any breech EMS Program Policy by the student
6. Patterns of behavior inconsistent with program/course outcomes.
7. Disruption of class or clinical for any cause, i.e., pagers or cellular phones.
8. Notification of academic status.

All written faculty reports have a place for the student's signature. The signature does not indicate that the student agrees with the feedback given during the conference, but it does indicate that the conference did take place in the presence of the student. In the event that the student is not willing to sign the faculty report form, the student is requested to make a note at the bottom of the page stating that the conference took place and the student has reviewed the information. If the student does not desire to do this, the Instructor should indicate this at the bottom of the form. The student is also free to add further comments on the back of the faculty report form, or submit an accompanying document to be attached to the faculty report form.

All EMS students will be given a copy of the current program handbook. A copy of the student’s signed policy agreement will be placed in the student file. The student who violates a program policy or procedure will be subject to the EMS Adherence Procedure. All consultation paperwork, information pertaining to policy violations, and any plan of action/agreements will be added to the student’s file.

7.2 ADHERENCE VIOLATION PROCEDURE

This process may be initiated for any misconduct or variance from university or department policies. The procedure is typically three phase. The process allows for remediation and improvement by students who are struggling to adhere to EMS program policies. However as outlined below, immediate suspension is a possibility, depending on the severity of the policy violation.

I. WARNING

If a student violates any program policy s/he will have a conference with necessary EMS faculty/staff to review the reason for disciplinary action and will receive written documentation of the warning notice. The student will be asked to make the changes that are necessary for continued participation in the program. If the violation constitutes a clinical absence, the student will be reassigned a clinical date by the Clinical Coordinator. A copy of the warning notice will be placed in the student's permanent record. Warnings may be academic, lab, or clinical.

➢ ACADEMIC WARNING

Any student who scores 74% or less on an exam shall receive an academic warning notice and will be notified by mail.

➢ CAMPUS LABORATORY WARNING

A laboratory warning may be implemented for any of the following reasons:

1. Excessive absence
2. Unprofessional behavior
3. Lack of preparation
4. Unsafe behavior
5. Unsatisfactory documentation/assignments
6. Any other policy violation

➢ CLINICAL WARNING

A clinical warning may be given to any student who:

1. is dismissed from a clinical site, for any reason.
2. demonstrates disruptive behavior.
3. does not follow requests to sign up for clinicals by the deadline set by Clinical Coordinator.
4. does not report clinical absence.
5. does not follow clinical absence procedures.
6. sleeps on a clinical.
7. shows up to a clinical without the required paperwork or clinical forms.
8. does not follow site specific directions.
9. is tardy or leaves early from a clinical.
10. does not complete required FISDAP within 72 hours.
11. does not complete and retain all required clinical paperwork.
12. has excessive clinical absences.
13. violates any other policy.

II. PROBATION

➢ ACADEMIC PROBATION

The student who has an examination score of 74% on any exam will receive a notice of Academic warning. A student who has an examination average of 74% or below will be automatically placed on academic probation. If the student’s theory average is at 74% at the end of the course, the student will fail the course.

➢ CLINICAL PROBATION

The student must demonstrate safe, clinical behaviors and follow all program requirements according to the course clinical evaluation forms and student handbook to meet clinical objectives. The student who demonstrates unacceptable facility clinical or campus clinical laboratory behaviors, such as excessive absences, unprofessional behavior, insubordination, lack of preparation or unsafe behavior, will be referred to a faculty committee. A faculty committee (usually the Emergency Medical Services faculty) will review the data submitted by the instructor and make a decision. The decision of the faculty committee may be:

1. Probation is not necessary
2. Probation, with a time period, objectives, and evaluation criteria is instituted, or
3. Recommend dismissal from the Emergency Medical Services Program.

In the event the decision is made to place the student on clinical probation, the faculty will counsel the student regarding the specific behaviors that are problematic, performance goals, strategies for success and re-evaluation time frame. If the student does not correct the behaviors identified on the probation consultation form by the time frame specified, the student will not pass the facility clinical rotation and may not pass the course.

A follow-up review will be done according to the time frame specified in the probation documents. The committee may recommend any of the following:

1. Remove from probation
2. Continue on probation, with another opportunity for evaluation
3. Advise student to withdraw from the program
4. Dismiss from the Emergency Medical Services Program

III. SUSPENSION

➢ CLASSROOM AND/OR CLINICAL SUSPENSION

A student maybe placed on classroom and or clinical suspension for any of the following reasons:

1. To allow a full, unimpeded, and objective investigation of an event or behaviors when there is a question as to safe classroom, lab, or clinical practice.
2. To facilitate communication between the clinical facility, patient, and staff related to an event or behaviors.
3. To assure that other students may proceed with their learning experiences where there has been a history of disruptive conduct.
4. To investigate an actual or potential position of liability related to an event or the student’s behaviors.
5. Test average below 75% in all required EMS courses.
6. Any time a student is dismissed from the clinical site for unsatisfactory performance or has unacceptable behavior as reported by the facility.
7. Students who do not complete assignments or duties as assigned by the clinical preceptor.
8. Students with 2 or more clinical warnings will be placed on clinical suspension.

In the event that a serious behavior, error, or conduct problem evidences itself, it may be determined that the student should be suspended. In such cases: a full investigation and report will follow. The Instructor is responsible for evaluating the situation and reporting to the Coordinator of EMS Program. If asked to leave the clinical area; the student is to leave immediately and not to return to the facility, nor contact the facility, or any patient or member of the staff of the facility. A final decision as to clinical suspension of the student will be made as promptly as possible following a full investigation. The student will be notified in writing that he/she has been suspended. The length of time of the suspension will vary depending on the situation. The outcome of the suspension may be one of the following:

1. Place on probation and return to class/clinical.
2. Dismissal from the EMS program.
3. Dismissal from the University.

IV. DISMISSAL

In the event the decision is to recommend dismissal from the Emergency Medical Services Program, the Department Head, Health Sciences, and Emergency Medical Services Program Coordinator will review the situation and make a decision concerning dismissal. A dismissal automatically results in a grade of “F” and the student is ineligible for readmission. In the event the student is enrolled in concurrent Emergency Medical Services courses, the student receive a grade of “F” for each course, regardless of the in progress grade. Dismissal is from the Emergency Medical Services Program, not just an Emergency Medical Services course.

Disciplinary Action:
Refer to the university policy concerning disciplinary action.

Information regarding clinical and academic suspension will be included in letters of reference and on attendance verification forms required by some loan and scholarship sources.

See the Rogers State University Student Code Title 12 Code of academic Conduct and Title 13 Code of Non-academic Conduct.

7.3 DISMISSAL AND APPEAL OF DISMISSAL

A student may be dismissed from the Rogers State University Emergency Medical Services program for any of the following:

1. Any incident or action by the student that is unsafe or negligent as judged by the Faculty.
2. Violation of policies in the Rogers State University Emergency Medical Services Program Student Handbook.
3. Violation of the EMT Code of Ethics.
4. Violation of the Rogers State University Student Conduct Code.
5. Adjudication of guilt in any incident of fraud, deceit, or a felony or any offense that shall constitute a felony.
6. Deliberate omission of fact on any academic or clinical record.
7. Falsification of any clinical or academic record.
8. Violation of state or federal laws, particularly those laws pertaining to patient care, i.e., HIPAA.
9. Refusal of student access to patients or premises by clinical site authorities.

Procedures for Dismissal:
1. Attempts will be made to contact the student for a conference. If telephone contact cannot be made, a certified letter will be mailed to the student’s last known address.
2. Attendance at the dismissal conference is limited to the student, Coordinator of the EMS Program, Department Director, pertinent faculty and other University officials as deemed appropriate by the Department Director.
3. The notice of dismissal will be given in writing.
4. If efforts to contact the student for a dismissal conference are unsuccessful, the written notice of dismissal will be mailed by certified letter to the student’s last known address.
5. Students who are dismissed from the Emergency Medical Services Program are not eligible for readmission.

Appeal of Dismissal

The student who has been dismissed from the Emergency Medical Services Program has the right to appeal. To file an appeal, the student is to submit the following information in writing to the Coordinator of the Emergency Medical Services Program within (5) days of the date on which the student was notified of his/her dismissal.

1. State grounds for appeal
2. Sign and date the document.

Mail or deliver to the Coordinator of Emergency Medical Services.

The Coordinator of Emergency Medical Services will appoint an Appeals Committee consisting of members of the Emergency Medical
SECTION VIII: FORMS

8.1 AFFILIATION CONFIDENTIALITY AGREEMENT

This Affiliation Confidentiality Agreement (“Agreement”) is effective this ____ day of ____________, 201__. By and between the ___________________________ (“Facility”) and _________________________. (“Affiliate”) a _____student _____faculty member at Rogers State University (“RSU”).

Affiliate acknowledges that as a result of the clinical and related activities it will undertake at or through Facility, Affiliate may have access to confidential information, including patient identities. Affiliate shall hold confidential all patients and Facility information obtained as a participant in these activities and will not disclose any personal, medical, financial, or
related information to third parties, including family members, students, and faculty members, or other health care providers. Affiliate is committed to protecting from any disclosure, whether written or oral, any and all confidential information that Affiliate may come into contact with. Affiliate may not view or copy patient schedules, procedure schedules, patient medical records, or similar documents, except as permitted under this Agreement and any related affiliation agreements. Affiliate may not use any confidential information in presentations, reports, or publications of any kind.

Except as permitted in this Agreement or by law, Affiliate will not use or disclose patient information in a manner that would violate the requirements of the Health Insurances Portability and Privacy Act of 1996 (“HIPAA”), the applicable provisions of which are incorporated herein. Affiliate expressly agrees to comply with all requirements of HIPAA, including implementing necessary safeguards to prevent unauthorized disclosure. Affiliate acknowledges that any breach of confidentiality or misuse of information may result in termination of Affiliate’s participation hereunder or in other actions deemed necessary by Facility. Unauthorized disclosure may cause irreparable injury to the owner of the information, who may take legal action against Affiliate.

Affiliate shall, to the extent allowed by law, indemnify and hold harmless Facility, its officers, agents, employees, and assigns, from any and all liability arising from or related to loss or injury caused to or by Affiliate during Affiliate’s participation hereunder.

I have read these terms and I understand and agree to them. I also understand that I may have additional obligations or limitations under the related Affiliation Agreement between RSU and Facility.

Affiliate ___________________________ Date ___________________________

06/03/03

8.2 HEALTH CARE PROVIDER STATEMENT

ROGERS STATE UNIVERSITY
Associate Degree Emergency Medical Services Program

Health Care Provider Statement

Student Name: ___________________________ Student ID#: ___________________________

Student Academic Role and Clinical Performance Requirements:

All Emergency Medical Services students must be physically, emotionally, and academically able to safely demonstrate completion of all required learning activities, and achieve all required clinical and course objectives in order to successfully complete the EMT/Emergency Medical Services program curriculum within time limits. Students with physical, mental, or emotional limitations indicating need for special accommodation should schedule an appointment with the Coordinator of the Emergency Medical Services Program. This appointment should be made at the beginning of the educational experience and as needed to review methods to assist the student. Emergency Medical Services Program Students will be responsible for conserving life, to alleviate suffering, to promote health, to do no harm, and to encourage the quality and equal availability of emergency medical care. These services are based on human need, with respect for human dignity, unrestricted by consideration of nationality, race, creed, color, or status. This expectation is consistent with the National Association of Emergency Medical Technicians EMT Code of Ethics.
Emergency Medical Services Students will be in clinical courses requiring the safe application of both gross and fine motor skills, and complex critical thinking skills as an inherent element of EMS practice. Usual and required activities routinely conducted by students include care for patients that may be ambulatory or comatose, and involves all age ranges from premature infants to gerontologic patients. Students must be able to safely perform at least the following clinical skills: physical assessment (medical and trauma) basic life support, management of medical and trauma victims, medication administration via various routes; and some invasive procedures. Required abilities are: walking, standing, bending, turning, reaching, talking, listening, visual inspection, and moderate to heavy lifting. There always exists potential exposure to communicable and sexually transmitted diseases and other pathogens.

**STUDENT INSTRUCTIONS:** I understand the student academic role and clinical performance requirements and agree that I have the primary responsibility for my own health status. I agree that I will not knowingly place patients, others or myself in unsafe situations based upon my physical, mental, or emotional limitations. I authorize my health care provider to release to ROGERS STATE UNIVERSITY Emergency Medical Services Program the information requested below concerning my health status.

<table>
<thead>
<tr>
<th>Signature of Student:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name of Student:</td>
<td></td>
</tr>
</tbody>
</table>

**HEALTH CARE PROVIDER INSTRUCTIONS:** Please complete the following questions with the understanding of the academic role and clinical performance requirements of Emergency Medical Services Program students. Do not attach any medical records.

1. Does the student have any communicable diseases, limitations, or disabilities that would interfere with their performance of the academic or clinical requirements as specified on this form? Check box below:
   - [ ] NO
   - [ ] YES, specify: ________________________________

2. If Yes on question #1, what special accommodations are medically necessary to assist the student with academic or clinical performance?

3. If Yes on question #1, state any instructions or limitations with which the STUDENT has been advised to comply.

4. If the student is pregnant, specify the expected due date.

<table>
<thead>
<tr>
<th>Signature of Health Care Provider (MD, DO)</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRINT Name of Health Care Provider</td>
<td>Office Address</td>
</tr>
</tbody>
</table>

NOTE: The signatures of both the student and the health care provider are required. The names and information must be legible to be accepted. Illegible documents will be returned to the student.

<table>
<thead>
<tr>
<th>Office Use Only</th>
<th>Course Instructor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Received:</td>
<td>Approved for Class/Clinical</td>
</tr>
<tr>
<td>Time Received</td>
<td>[ ] Yes [ ] No</td>
</tr>
</tbody>
</table>
### Rogers State University
Associate Degree Emergency Medical Services Program
Emergency Medical Services Student Physical Abilities Requirements

<table>
<thead>
<tr>
<th>Abilities</th>
<th>R</th>
<th>O</th>
<th>Measurable Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision (Corrected/Normal)</td>
<td>X</td>
<td></td>
<td>Ability to read syringes, labels, instructions on equipment, CRT</td>
</tr>
<tr>
<td>Color Vision</td>
<td>X</td>
<td></td>
<td>Assessment of skin, drainage, color of blood</td>
</tr>
<tr>
<td>Hearing</td>
<td>X</td>
<td></td>
<td>Auscultation (evaluate the sounds) of lungs, heart, abdomen.</td>
</tr>
<tr>
<td>Sense of Touch</td>
<td>X</td>
<td></td>
<td>Assessment of Skin texture, abnormalities, moisture, pulse</td>
</tr>
<tr>
<td>Sense of Smell</td>
<td>X</td>
<td></td>
<td>Assessment of patient, drainage, skin, and body odors</td>
</tr>
<tr>
<td>Finger Dexterity</td>
<td>X</td>
<td></td>
<td>Manipulation of tubing, equipment</td>
</tr>
<tr>
<td>Temperature Discrimination</td>
<td>X</td>
<td></td>
<td>Assessment of temperature for hot/cold treatments</td>
</tr>
<tr>
<td>Intelligible Oral Communication</td>
<td>X</td>
<td></td>
<td>Reports, collaboration with Instructor, preceptors, patients and families</td>
</tr>
<tr>
<td>Pushing</td>
<td>X</td>
<td></td>
<td>lbs/ft 100 lbs -Equipment, stretchers with and without patients</td>
</tr>
<tr>
<td>Pulling</td>
<td>X</td>
<td></td>
<td>lbs/ft 50 lbs -Equipment, stretchers, moving patients</td>
</tr>
<tr>
<td>Lifting</td>
<td>X</td>
<td></td>
<td>lbs/ft 50 -Patients, equipment and supplies</td>
</tr>
<tr>
<td>Floor to Waist</td>
<td>X</td>
<td></td>
<td>lbs 50 lbs-3 man lift of patients</td>
</tr>
<tr>
<td>12” to Waist</td>
<td>X</td>
<td></td>
<td>lbs 50 lbs-3 man lift</td>
</tr>
<tr>
<td>Waist to Shoulder</td>
<td>X</td>
<td></td>
<td>lbs 30 lbs-Equipment and supplies</td>
</tr>
<tr>
<td>Shoulder to Overhead</td>
<td>X</td>
<td></td>
<td>lbs 10 lbs-Equipment and supplies</td>
</tr>
<tr>
<td>Reaching Overhead</td>
<td>X</td>
<td></td>
<td>ht/lbs-Overhead equipment, IV therapy,</td>
</tr>
<tr>
<td>Reaching Forward</td>
<td>X</td>
<td></td>
<td>ft -Use of equipment, patient care activities</td>
</tr>
<tr>
<td>Carrying</td>
<td>X</td>
<td>X</td>
<td>ft 44 lbs-Equipment, supplies, patients</td>
</tr>
<tr>
<td>Standing</td>
<td>X</td>
<td></td>
<td>Time-Long periods.</td>
</tr>
<tr>
<td>Sitting</td>
<td>X</td>
<td></td>
<td>Time -Infrequent. Short periods.</td>
</tr>
<tr>
<td>Squatting</td>
<td>X</td>
<td></td>
<td>frequency/time-Frequent Short periods. Patient care activities and applying equipment</td>
</tr>
<tr>
<td>Stooping</td>
<td>X</td>
<td></td>
<td>frequency/time -Frequent Short periods. Patient care activities and applying equipment</td>
</tr>
<tr>
<td>Kneeling</td>
<td>X</td>
<td></td>
<td>frequency/time-Frequent. Patient care activities and applying equipment</td>
</tr>
<tr>
<td>Walking</td>
<td>X</td>
<td></td>
<td>frequency/time-Long periods of time. Patient care activities and applying equipment</td>
</tr>
<tr>
<td>Running</td>
<td>X</td>
<td></td>
<td>frequency/time-Infrequent. Emergency situations</td>
</tr>
<tr>
<td>Crawling</td>
<td>X</td>
<td></td>
<td>frequency/time-Short periods.</td>
</tr>
<tr>
<td>Climbing</td>
<td>X</td>
<td></td>
<td>frequency/time -Infrequent. Patient care activities</td>
</tr>
<tr>
<td>Stairs (Ascending/Descending)</td>
<td>X</td>
<td></td>
<td>frequency/ft -Infrequent Emergency situations</td>
</tr>
<tr>
<td>Turning (Head/Neck)</td>
<td>X</td>
<td></td>
<td>frequency-Short, frequent periods.</td>
</tr>
<tr>
<td>Repetitive Leg/Arm Movement</td>
<td>X</td>
<td></td>
<td>frequency-Short periods. Use of Equipment</td>
</tr>
<tr>
<td>Use of Foot or Hand Controls</td>
<td>X</td>
<td></td>
<td>frequency-Short periods. Use of Equipment</td>
</tr>
</tbody>
</table>

I have read, understand, and accept the above working conditions expected of an Emergency Medical Services student.

- [ ] I do not need accommodations to perform the physical duties.
- [ ] I feel the following accommodations are needed to perform the physical duties.

Print Name _____________________________ Signature/Date _____________________________

You are responsible for retaining the original records and providing the Health Sciences Department with a COPY of the required records for your student file. Due to privacy policies, we do not make copies of student records once in student files.

### AFFECTIVE GRADING FORM
Student: ______________________  Instructor: ______________________
Date: ______________________  Course: ______________________

<table>
<thead>
<tr>
<th>Evaluation Area</th>
<th>Evaluation Criteria</th>
<th>Points Possible</th>
<th>Points Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Behavior</td>
<td>Maintains professionalism and ethics in behavior and appearance. Adheres to dress code and practices good hygiene. Assumes responsibility for own behavior, works within current scope of practice, and follows specific instruction. Displays sincerity, gentleness, and respect to classmates, Instructors and staff. Demonstrates initiative in seeking new learning experiences and takes responsibility for own learning. 20-18= excellent, 17-16= needs improvement, 15-0= not acceptable</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Punctuality</td>
<td>Arrives on time, stays within assigned area, attends full class day. Arrives prepared to learn with all textbooks and classroom materials. 20-18= excellent, 17-16= needs improvement, 15-0= not acceptable</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Time Management</td>
<td>Student is ready to learn when class begins, completes all assignments &quot;homework, test, clinical documentation&quot; on time. Utilizes class and skills practice time appropriately to maximize learning and performance. 20-18= excellent, 17-16= needs improvement, 15-0= not acceptable</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Communication</td>
<td>Communicates with and addresses staff, peers, and faculty with respect and in a professional manner. Uses good communication techniques when participating in class discussions, during lab/skills practice and when completing written assignments, i.e. Homework, clinical documentation. 20-18= excellent, 17-16= needs improvement, 15-0= not acceptable</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Critical Thinking</td>
<td>Demonstrates progressively increased competence with procedures and has the ability to manage stressful situations appropriately. When given a series of information is able to process that information and conclude a solution. When performing a series of steps, is able to correct and overcome obstacles without becoming distracted. 20-18= excellent, 17-16= needs improvement, 15-0= not acceptable</td>
<td>20</td>
<td></td>
</tr>
</tbody>
</table>

**Total Points:** ______

100-90 = excellent  89-80 = needs improvement  79-0 = not acceptable
SECTION IX: ORGANIZATIONAL CHART

Dr. Larry Rice
President

Dr. Richard Beck
Vice President for Academic Affairs

Dr. Susan Willis, Dean
School of Graduate and Professional Studies

Dr. Teresa Frazier

Kendall Ragsdale
Administrative Assistant (Dept. & Nursing)

Tonya Jordan
Administrative Assistant (EMS & Lab Equip & Supplies)

Emergency Medical Services
C. Ohman Coordinator

Full Time Brewer

Part Time
Miller, M
Waits, J
Horton, D
Likins A.
Massey, J
Morrison, C
Morrison, D

Associate Nursing Program
Dr. Amy Richards Director

Full Time Lowry Cortright Richards Reith Sims

Bachelor Nursing Program

Full Time Dr. Bycroft T. Dr. Smith, M.

Pharmacology

Full Time

Health Science

Full Time

Nutrition

Full Time Dr. Eldoumi

Updated August 2018