7.

The

agrees to indemnify and hold the \_

\_\_\_\_ harmless from and against all

(program sponsor)\_\_\_\_\_\_\_

(I/C)

written approval of the Sponsor.

claims, damages, losses and expenses (including, but not limited to, attorney fees) arising out of the

performance of this agreement.

8.

Materials produced to meet the conditions of this agreement and/or for use in programs offered under

4.

This agreement may be canceled by either party with or without cause by providing ninety (90) days

written notice from one party to the other.

5.

This agreement may not be assigned by either party to any third party.

6.

Any subcontracting of work to be performed under this agreement shall be subject to the advanced

11.

This agreement may be amended in writing by mutual agreement between the parties.

1

this agreement, are the property of the Sponsor.

9.

Programs offered under this agreement must be financially self supporting unless otherwise stipulated

by the Sponsor. The course budget must be approved by the Sponsor along with prior approval for all

expenditures.

10.

The agreement shall be governed by and interpreted under the laws of the State of Michigan.

and

)

(instructor name

This agreement is hereby entered into this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_, 19\_\_, between

\_\_\_\_\_\_\_\_(

)\_\_\_\_\_\_\_\_ of \_\_\_\_\_(

)\_\_\_\_\_\_\_\_\_\_hereafter called the **"Sponsor"**, and

sponsor

location

\_\_\_\_\_\_\_(

)\_\_\_\_\_ hereafter called the **"I/C"**.

Course Coordinator

**Sample Contract Agreement**

between

(

)

program sponsor

1.

The I/C is being engaged by the Sponsor to act as its "Primary Instructor/Coordinator or Course

Coordinator" whose major duties and responsibilities are outlined and described by the Sponsor in the

description attached as Section 2. The Sponsor’s Responsibilities are outlines in Section 1.

2.

It is recognized that the I/C is an independent agent and not an employee of the Sponsor.

3.

It is recognized that this is not an exclusive agreement for services between the Sponsor and the I/C, and

that either party may enter into such additional agreements for similar services as is required.

This agreement serves for the provision of an \_\_

) program to be held at the

of

.

(Level of Program

Location

Program

The starting date of the course is \_\_\_\_\_\_\_\_\_\_\_, and the ending date is \_\_\_\_\_\_\_\_\_\_\_.

The said parties, for the consideration hereinafter mentioned, hereby agree to the following:

addresses what the student must do in order to successfully complete the program. The syllabus will

also specify when and where all classes will be taught, when the instructor is available for counseling,

and how to reach him or her.

7.

As required by the Sponsor, collect all fees from the students and submit to the Sponsor.

Ensure that all students are provided with a course syllabus at the first class session that specifically

8.

Arrange for all instructors for the program assuring that all of the instructors possess the knowledge and

skills appropriate to their area of instruction.

9.

Ensure that instructors receive a copy of the MDCIS objectives concerning their topic prior to the

2.

Be present at all classes for this program, or ensure that a qualified I/C is present. The Sponsor will be

notified in advance of this taking place. Payment may be reduced if absence is excessive.

3.

Meet the goals and objectives as agreed upon by the Sponsor, and will be consistent with training

scheduled time for their class.

guidelines established by the Michigan Department of Consumer and Industry Services (MDCIS).

4.

Adhere to all additional MDCIS requirements for an approved program.

5.

Ensure that all students are provided with the MDCIS course objectives at the first class session.

6.

16.

15.

As required by the Sponsor, monitor and maintain the clinical schedule and notify the clinical agency of

the schedule in advance of the student's arrival.

recommendations for revision when necessary.

Keep the Sponsor informed as to the status of the course.

2

10.

Ensure that instructors receive a copy of the course text(s), along with a note outlining the pages

addressed, that the students are using prior to the class they are teaching.

11.

Be prepared to instruct any class, in case an instructor is unable to attend.

this agreement.

12.

Prepare all handouts for the program.

13.

Arrange for all audiovisual equipment or any other equipment needed for each class.

14.

Ensure that the test instruments and procedures are evaluated throughout the course and make

agreement.

3.

Pay the Course Instructor-Coordinator,

a total of \_\_\_\_\_\_\_\_\_\_\_\_\_. This will be paid

(Name of IC)\_\_\_\_\_\_\_\_\_,

in four (4) equal payments of \_\_\_\_\_\_\_\_\_ on a quarterly basis throughout the duration of the course.

Name \_\_\_\_(sponsor's contact person)\_\_\_\_\_ as its primary representative for the administration of this

Payment of the final

\_\_\_\_\_\_\_\_\_ will be made following completion of all course activities and

submission of paperwork to (

) .

Program Sponsor

4.

**) will:**

**Section 1: Responsibilities of the Program Sponsor**

**The Program Sponsor,**

Provide liability insurance coverage for the I/C for this training program.

**(Name of Sponsor**

1.

Be ultimately responsible for the training program.

2.

**Section 2: Responsibilities of the Course Coordinator (Instructor-Coordinator).**

9.

Provide the I/C with duplication of course materials according to established procedures.

10.

Assist the I/C with equipment needs according to established procedures.

**The Course Coordinator will:**

1.

Agree to provide the Sponsor with coordination and instruction of programs as outlined in the dates of

5.

Be the financial agency for the course, paying all instructors, I/Cs, etc., as well as provide for all pre-

approved expenditures involved in conducting this training program.

6.

Submit Application for Course Approval to the Michigan Department of Consumer & Industry Services,

EMS Division for approval.

7.

Order the textbooks for this training program and ensure that they are available to the I/C prior to the

start of the program.

8.

Maintain clinical contracts with all clinical agencies.

Sponsor's Representative

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course Coordinator (Instructor/Coordinator)

Sponsor's Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3

Date

Address

Address

Date

Coordinate with the SWMS EMS Regional Coordinator for the provision of Licensing Examinations.

20.

Maintain records in accordance with state and federal requirements. Additionally, educational records

compiled as a result of this agreement will be maintained no less than four (4) years from the date of the

19.

program. Specific records regarding the administration of this agreement may be requested from time-

to-time by the Sponsor. These records or copies thereof will be made available to the Sponsor on a

timely basis.

17.

Administer the course final written and practical examinations.

18.

Inform the Sponsor of any student who fails the course and provide written documentation why the

student failed.

the approval of the Sponsor.

This contractual agreement is entered into by:

of a program offered under this agreement.

21.

Agree not to compete with the activities of the Sponsor by sponsoring or serving as an agent of a

sponsor offering similar programs to those offered by the Sponsor within a reasonable time and distance

22.

Agree that any education program offered under the terms of this agreement and/or offered using the

Sponsor's name shall have the prior approval of the Sponsor. All marketing of said programs shall have

**HUMAN RELATIONS SKILLS:**

Must have ability to plan, coordinate and teach training programs within the scope of the contracted courses.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Must have the ability to maintain effective interpersonal communications with EMS staff, volunteers, governmental

agencies, medical staff, and other health care/emergency service providers.

Must have high level of confidentiality and sensitivity.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**ORGANIZATION:**

This position exists within the Program Sponsor with primary reporting responsibilities to

This position has contact with the Program Sponsor , area Medical Directors, interfacing departments, and area

emergency medical service personnel.

Ability to instruct well to all types of students and to deal with problems that can be presented in the training setting.

Ability to work with minimal supervision/direction to accomplish desired objectives.

4

Collaborates with other health care professionals in the care of patients.

Respects the needs and rights of co-workers, students, patients, and the public.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assists in promoting and maintaining positive relationships within the EMS field.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROBLEM SOLVING AND INITIATIVE:**

**Position Title:**

Program Course Coordinator (IC)

**Date:**

**Prepared by:**

**Revised:**

**SAMPLE**

Name of Sponsor

Location of Sponsor

**POSITION DESCRIPTION**

5.

EMT-S/Paramedic Licensure preferred

6.

Three (3) years field experience preferred

7.

Previous course coordination experience preferred

8.

Previous instructional experience preferred

9.

Previous general administrative experience preferred

10.

Academic credentialing preferred

High School Graduate

**Approved by:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ENTRY REQUIREMENTS:**

1.

2.

EMS Provider Licensure (MDCIS) at least the EMT level

3.

Licensed EMS Instructor-Coordinator (MDCIS)

4.

BLS Instructor

9.

Collect all fees from the students and submit to the program sponsor.

10. Maintain all course records (attendance, test results, clinical experience, etc.) for the program.

11. Submit all instructor expense forms to the program sponsor for payment.

Ensure that all students are provided with a course syllabus at the first class session.

12. Keep records of all student payments and instructor expenses.

13. Prepare all handouts for the program.

14. Arrange for all equipment, including audiovisual, needed for each class.

5.

Ensure that instructors receive a copy of the MDCIS objectives and the course text with appropriate page numbers

concerning their topic prior to the scheduled time for their class.

6.

Be prepared to instruct any class, in case an instructor is unable to attend.

7.

Ensure that all students are provided with the Michigan Department of Consumer & Industry Services course

objectives at the first class session.

8.

21. Set up, with the MDCIS Regional Coordinator, the Licensing Examination.

5

18. Keep the program sponsor informed as to the status of the course.

15. Conduct reviews of the test instruments and procedures used and make recommendations for revision when necessary.

16. Obtain all course completion materials from the program sponsor.

17. Keep track of the clinical scheduled and notify the clinical agency of the schedule in advance of the student’s arrival.

19. Administer the course final and written practical exams.

20. Inform the program sponsor of any student who fails the course and provide written documentation of why the student

failed.

Must exhibit high degree of self motivation.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WORKING CONDITIONS:**

Work can be demanding. Position requires a flexible working schedule with evenings and occasional weekend

responsibilities. Travel by personal auto to and from the courses will be required.

Ability to gather information or research problems/concerns and present facts for action by others within reporting

responsibility.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Individual must have the ability to exercise good judgment in decisions and be able to work with minimal

supervision/direction to accomplish desired objectives.

1.

Be present at all classes for the education program, or ensure that a qualified Instructor-Coordinator is present. Notify

the program sponsor in advance of absences.

2.

Adhere to all Michigan Department of Consumer and Industry Services requirements for an approved program.

3.

Arrange for all instructors for the program.

4.

Make sure that all instructors possess the knowledge and skills appropriate to their area of Position Description -

Course Instructor Coordinator instruction.

**SPECIFIC DUTIES/RESPONSIBILITIES:**

This list of specific duties encompasses the major range of duties/responsibilities to be performed. It should be noted and

understood that this is not intended to be a complete listing and that such duties/responsibilities are subject to change and/or

adjustment. It is further understood that this listing will include all other duties as assigned.

performance of this agreement.

8.

The agreement shall be governed by and interpreted under the laws of the State of Michigan.

9.

This agreement may be amended in writing by mutual agreement between the parties.

all claims, damages, losses and expenses (including, but not limited to, attorney fees) arising out of the

**Section 1:**

**Responsibilities of the Program Sponsor**

**The Program Sponsor,**

**) will:**

**(Name of Sponsor**

4.

This agreement may be canceled by either party with or without cause by providing ninety (90) days written

notice from one party to the other.

5.

This agreement may not be assigned by either party to any third party.

6.

Any subcontracting of work to be performed under this agreement shall be subject to the advanced written

approval of the Sponsor.

7.

The

agrees to indemnify and hold the \_

\_\_\_\_ harmless from and against

(program sponsor)\_\_\_\_\_\_\_

(Medical Director)

Prior to application for Approval to Conduct a Training Program, review the curriculum and course

schedule with the Medical Director.

6.

Review with the Medical Director the responsibilities listed in Section 2.

7.

Agree upon scheduled time for the Medical Director to participate in course activities.

5.

**Section 2: Responsibilities of the Medical Director.**

6

a total of \_\_\_\_\_\_\_\_\_\_\_\_\_. This will be paid in four

1.

Be ultimately responsible for the training program.

2.

Name \_\_\_\_(sponsor's contact person)\_\_\_\_\_ as its primary representative for the administration of this

agreement.

3.

Pay the course Medical Director,

(Name of Medical Director),

(4) equal payments of \_\_\_\_\_\_\_\_\_ on a quarterly basis throughout the duration of the course. Payment of the

final\_\_\_\_\_\_\_\_\_ will be made following completion of the course.

4.

Provide liability insurance coverage for the Medical Director for this training program.

This

(Medical Director)

agreement

is

hereby

entered

into

this

\_\_\_\_\_

day

of

\_\_\_\_\_\_\_\_\_\_\_\_,

19\_\_,

between

**SAMPLE CONTRACTUAL AGREEMENT**

between

\_\_\_\_\_\_\_\_(sponsor)\_\_\_\_\_\_\_\_

(program sponsor)

and

duties and responsibilities are outlined and described by the Sponsor in the description attached as

The said parties, for the consideration hereinafter mentioned, hereby agree to the following:

1.

The physician named above is being engaged by the Sponsor to act as its Medical Director whose major

Section 2. The Sponsor’s Responsibilities are outlined in Section 1.

2.

It is recognized that the Medical Director is an independent agent and not an employee of the Sponsor.

3.

It is recognized that this is not an exclusive agreement for services between the Sponsor and the Medical

Director, and that either party may enter into such additional agreements for similar services as is required.

of

\_\_\_\_\_(

)\_\_\_\_\_\_\_\_\_\_hereafter

called

the

**"Sponsor"**,

and

location

\_\_\_\_\_\_\_(

)\_\_\_\_\_ hereafter called the **"Medical Director"**. This agreement serves for the provision

medical Director

of Medical Direction for a \_\_

) program to be held at the

of

. The starting date

(Level of Program

Location

Program

of the course is \_\_\_\_\_\_\_\_\_\_\_, and the ending date is \_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

Sponsor's Name

Medical Director Printed Name and Signature

Sponsor's Representative

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This contractual agreement is entered into by:

state examination and licensure.

7

Date

Date

Address

possess the knowledge and skills appropriate to their area of instruction.

Approve of all instructors that will be utilized during the program, assuring that all of the instructors

3.

Review the training curriculum, as provided by the Program Sponsor, for medical correctness.

2.

Agree to provide the Sponsor with medical direction of programs as outlined in the dates of this agreement.

1.

**The Medical Director will:**

Attend and participate in the course practical skill sessions serving as an instructor for those sessions.

Assure the competency of students who meet the requirements to pass from the course and who apply for

9.

Discuss with the Sponsor and Course Coordinator (Primary I/C) the competency of individual students.

8.

Participate in the course final practical examinations.

7.

6.

Attend, or possibly provide some of the course lecture sessions.

5.

recommendations for revision when necessary.

Review the test instruments and evaluation procedures that are used throughout the course and make

4.

ASSURANCES

V.

assignment(s) as certified by the course coordinator.

Department of Health and Human Services issued thereunder, and Section 504 of the Rehabilitation

In compliance with Title VI of the Civil Rights Act of 1964 and the Regulations of the U.S.

A.

IV. RESPONSIBILITIES - CONTRACTOR

The Contractor shall provide payment in accordance with this agreement, based on completion of

B.

basis.

The Contractor shall provide assignments and preparation material to the Instructor on a timely

A.

employment/education opportunities.

individual’s work/education performance; or otherwise adversely affects

an

8

with

It is the policy of the Sponsor to provide an environment that is free of discriminatory harassment.

B.

policy of nondiscrimination shall also apply to otherwise qualified handicapped individuals.

religion, sex, or marital status (except where a bonafide occupational qualification exists). This

subjected to discrimination on the basis of race, creed, age, color, national origin or ancestry,

carrying out this program no person shall be excluded from participation, denied any benefits, or

Act of 1973, and the Rules of the Michigan Civil Rights Commission; the Instructor assures that, in

or

interference

unreasonable

an

creates

environment;

work/educational

offensive

hostile,

intimidating,

pattern of behavior, malicious or benign, intended or unintended, physical or verbal, that: creates an

Discriminatory harassment is prohibited. Discriminatory harassment constitutes any behavior or

PURPOSE

I.

(Ending date) .

To provide instruction in the Basic EMT program at (Location) , from (Beginning date) to

**SAMPLE Instructor Contractual Agreement**

Name of Sponsor

between

(Hereinafter referred to as the Instructor)

Name of Instructor

and

(Hereinafter referred to as the Sponsor)

III. RESPONSIBILITIES - INSTRUCTOR

The Instructor shall abide by all policies of the Sponsor pertaining to faculty (attached).

C.

The Instructor shall be on time and prepared for all assignments.

B.

instruction, as assigned by the course coordinator.

The Instructor shall serve as faculty for the Basic EMT program, providing didactic and practical

A.

AGREEMENT AMOUNT

II.

maximum of hours, for a total not to exceed $ .

The Sponsor, subject to the terms of this agreement, shall provide payment of $ per hour, up to a

agreement.

VIII.SIGNATURES

Any changes to this agreement will be valid only if made in writing and accepted by all parties of this

Title

9

For the Instructor:

Signature Date

For the Sponsor:

Signature Date

Under the provisions of Section 3401 of the Internal Revenue Code of 1986, an employer must withhold

income tax from all remuneration actually or constructively paid to an employee. The employment

relationship herein offered is for professional educational services. Under the terms of this agreement, the

Instructor is exempt from the IRS statute referred to above, because the Instructor is an “independent

contractor” offering educational services and is required to pay all applicable payroll taxes and required

FICA contributions personally.

VI. INDEPENDENT CONTRACTOR STATEMENT

agreement may be terminated by either party by giving thirty (30) days written notice to the other party

This agreement is in full force and effect from through , 19 . This

stating the reasons for termination and effective date or upon the failure of either party to carry out the terms

of the agreement by giving ten (10) days written notice stating cause and effective date.

VII.AGREEMENT PERIOD

a.

2.Instructor Orientation

Provide all new instructors with orientation to EMS area and \_\_\_ facilities

Assist with testing of students in various lab sections.

h.

Cover various EMS Instructor sick days, vacations, special events, etcetera.

g.

Orient all new instructors to EMS and \_\_\_ policies relating to their position

b.

Fall Semester EMT \_\_\_\_ 5 credits

a.

Teaching (1/2 load)

1.

b.

**Specific EMS Instructor Tasks**

Fall Semester EMT \_\_\_ 5 credits

c.

Spring Semester EMT \_\_\_ 5 credits ½ program

d.

Spring Semester EMT \_\_\_\_ 5 credits

e.

Spring Semester EMT \_\_\_\_\_ 1 credit

f.

Miscellaneous Continuing Education (BTLS, ACLS, AED, EMD, EMS, CE)

Reporting results of complaint investigations to the EMS Director and developing a plan of remediation for

b.

contract contracts.

the instructor or taking other disciplinary action.

include phone reports, mailing and evaluating student surveys, meeting with students and/or meeting with

Investigation of complaints, as assigned by the EMS Director related to EMS and/or CPR classes. This can

a.

10

Remediation of instructors secondary to a complaint or instructor mistake.

c.

instructor’s tools such as syllabi and classroom activities.

instructor’s lesson plans, time spent with the instructor in the classroom and time spent developing the

Work with new provider level instructors as they begin classes. This includes spending time working with the

c.

3. Instructor Education & Evaluation

**Qualifications**

Required

Professional Development and Education.

Associates Degree in EMS

1.

Position Description

**SAMPLE**

**EMS Instructor**

The EMS Instructor-Coordinator is responsible for teaching within the EMS Program those courses assigned by the EMS

Director. The Instructor-Coordinator is also responsible for operational aspects of Quality Assurance and EMS Instructor

5.

**Functions**

2 years experience teaching Advanced level EMS courses

AHA Instructor Trainer

4.

ACLS Instructor

Quality Assurance/Quality Improvement

4.

Coordinate Special Programs

3.

3.

EMS Instructor Professional Development

2.

Teach EMS Courses (½ load)

1.

State of Michigan Paramedic License

3 years experience teaching EMS courses

5.

AHA CPR Instructor

4.

3.

State of Michigan EMS Instructor Coordinator License

2.

Preferred

1.

Bachelor’s Degree in EMS

2.

BLS Instructor

Weekly evaluation and coordinating visits to clinical sites with students.

c.

Development of the annual Critical Care Paramedic Clinical Guide.

b.

Develop clinical objectives for all levels of providers per the requirements of the State EMS Division.

a.

Review all clinical paperwork and student skills for complete and proper information.

Department Policy.

Determine if students have completed clinical skills requirements according to State EMS Division and EMS

f.

e.

counties.

Monthly to weekly contact with all EMS clinical sites and coordinators. This includes 10 clinical sites in five

d.

coordinating dates and times with the EMS Regional Coordinator and scheduling State certified evaluators for

Coordinate State EMS licensure Exams at the Basic EMT, Specialist and Paramedic levels. This entails

b.

restructuring at the State level has postponed this task for one year.

In the future, we will be required to have accreditation through Joint Review Commission however current

a.

7. Clinical Coordination

testing stations.

arrangements for meals and snacks, coordinating and necessary retesting and submitting final grades.

equipment, obtaining and coordinating volunteer victims, arrangements for visiting instructor lodging,

precourse materials, mailing precourse materials, arrangements for on-campus facilities, arrangements for

Coordinate all operational aspects of the BTLS program. This includes preparing student and faculty

c.

11

8. Other

Compile results of student clinical evaluation surveys and disseminate results to our clinical partners.

g.

and EMS Management program objectives.

Continual development of the Critical Care Paramedic, Emergency Medical Services Instructor Coordinator

b.

Develop Paramedic Program Annual Student Handbook.

a.

b.

session, etcetera).

remediation, continuing education, recommendation of outside continuing education (PALS, I.C. Conference

Review of site visit information and development of instructor skills in weak area. This may include

c.

Continuing education for instructors and instructor coordinators.

a.

Review of all new State or governing body requirements with proper instructors to ensure compliance.

e.

(between 50-60 different items per year).

Dissemination of State of Michigan Updates and other educational materials to the proper instructors

d.

Instruction in all CPR Instructor classes and many CPR-1 re-certification courses (with other I.T.’s).

Compile results received from student surveys and work with instructors improve performance.

f.

QA/QI using random mailing of student survey form.

e.

and weaknesses using SWOTS (see Professional Development).

Quality Assurance and evaluation visits to \_\_\_\_ sponsored classes. Reporting on the instructor’s strengths

d.

4. Instructor Professional Development

Coordinate and schedule all clinical hours for \_\_\_\_\_\_\_\_\_\_.

Speak with walk in students and others with interest in our program.

g.

Troubleshooting with students and instructors when conflicts arise.

f.

e.

problems.

Assist with creating schedules which students can function with and work with students on scheduling

6. Accreditation

5. Student Advising/Scheduling

d.

Interview all prospective paramedic students during the Spring and Fall Semester.

c.

Respond to all inquiries about our professional education program from prospective students.

b.

semester (approximately 50-60 hours per semester)

Program and career advising of all EMT, Specialist, Paramedic, and Associate Degree students once per

a.

City, State

Institution Name

**Year(s)**

**Name of Degree**

Describe minor field(s) of study here

*Minor:*

Describe major field of study here

*Major:*

**Year(s)**

**Job Title**

**EDUCATION**

City, State

Organization Name

**CERTIFICATIONS, LICENSURES, PROFESSIONAL AFFILIATIONS**

Describe minor field(s) of study here

*Minor:*

12

? ?

Bullets may be used here to list the above

Institution Name

**Year(s)**

**Name of Degree**

Describe major field of study here

*Major:*

City, State

Date/Place of Birth

Citizenship

**CITY, STATE, ZIP**

**ADDRESS**

**NAME**

**CV TEMPLATE**

Home Address

**PERSONAL INFORMATION**

**PHONE**

**EMPLOYMENT**

City, State

Organization Name

**Year(s)**

**Job Title**

Spouse (if applicable)

Children (if applicable)

Group B

Group A

Group C

7:10

Break

7:40

joint splinting

long bone

Time

thorax injuries

splints

Group A

Group C

Group B

6:40

Group C

Group B

Group A

6:10

Group A

Group C

Group B

8:40

**Equipment List**

13

Soft Supplies (dressings, bandaging, ace, triangles)

Rigid Splints

Traction Splints Blankets, Pillows

Long Boards

Group B

Group A

Group C

9:20

Combinations

Hip Fractures

Femur fractures

Group B

Group C

Group A

8:00

Group E

Group D

Group C

Group B

Group A

6:10

long bone

splints

hip fractures

femur fractures

thorax injuries

joint splinting

Time

Group A

Group E

Group D

Group C

Group B

6:50

(Musculoskeletal Injuries) Splinting Practice

**Skills:**

(Introduction of skills already completed)

**Time:**

**Date:**

**Practical Skill Rotation Lesson Plan**

**SAMPLE**

**Assistant Instructors:**

**Primary Instructor:**

**Location:**

extremity joint injuries, bony thorax injuries, femur and hip injuries.

Rotate through stations practicing splinting of long bone injuries,

**Plan:**

One instructor for every three to five students (class of 15-25 students)

**Ratio:**

Group B

Group D

Group C

Group A

Group E

9:10

**Ratio:** One instructor for every 3-5 students (class of 9-15 students)

**Alternate plan for smaller group**

Break

8:10

Group D

Group B

Group A

Group E

Group C

7:30

Group C

Group B

Group A

Group E

Group D

8:30

Thank you for your consideration of this statement.

those agreements will be developed as needed and available for your review.

The ability to borrow and share equipment with other EMS training programs in our area is another option and

plan will be developed and available for your review.

We have enough equipment for a class size of 15. If a class enrolls more than 15 students, a skill rotation lesson

as listed in the Education Program Approval Process packet.

This letter is to serve as verification that the ACME EMS Academy owns all of the required training equipment

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Acme EMS Academy

Joe Acme, EMT-P, IC

Sincerely,

***2000 Nowhere Ave.***

***Acme EMS Academy***

**EQUIPMENT VERIFICATION LETTER**

**SAMPLE**

Dear Ms. Ramsdell;

Lansing, MI 48909

611 W. Ottawa, P.O. Box 30670

Bureau of Health Services

& Industry Services

Michigan Department of Consumer

Rae Ramsdell

***Acme, MI***

in accordance with MDCIS requirements.

If you have any questions or concerns, please contact me at (900) 555-5555

Sincerely

00/00/00

EMT-P

00/00/00

00/00/00

In the event of default on the part of the Instructor/Coordinator, clinical facilities, or other integral components

of the course(s), (name of sponsor) assures that the course(s) will continue and be completed in a timely manner

15

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

00/00/00

Name

Chief Financial Officer

Education Program Sponsor

Date

To Whom It May Concern:

As the program sponsor of EMS education programs we recognize the need to ensure financial support.

SAMPLE

DECLARATION OF FINANCIAL SUPPORT

MFR

00/00/00

00/00/00

EMT-Basic

00/00/00

00/00/00

EMT-S

Through various funding mechanisms, (name of sponsor) assures that we are able to and will maintain the

financial support necessary for completion of the course(s) listed below.

Course Name

Start Date

End Date

the students.

Several of our faculty are in the process of developing study and evaluation tools on our computers for

Please do not hesitate to contact me with any questions about our learning resource availability. Again,

we welcome your review.

We have several computer interactive learning programs available to the students by appointment.

Joe Acme, EMT-P, IC

16

Acme EMS Academy Director

Sincerely,

Lansing, MI 48909

611 W. Ottawa, P.O. Box 30670

Bureau of Health Services

& Industry Services

Michigan Department of Consumer

Rae Ramsdell

**Letter on Learning Resource Availability**

***Acme EMS Academy***

**SAMPLE**

***Acme, MI***

***2000 Nowhere Ave.***

others.

use and they are welcome to visit the hospital library.

Our students receive assignments that send them to the local community college library for reference

Program Approval packet and welcomes the opportunity for you or the Regional Coordinator to review.

students and the faculty. The Academy understands the criteria as outlined in the EMS Education

Please let it be known, that the Acme EMS Academy will provide learning resources to all of its

anatomy and physiology, medical-legal, EMS Operations, Medical Control, Infection Control and many

We have a small library containing various EMS texts and other books that provide reference for

Cause the students participating in the program to abide by applicable rules and

The hospital agrees during the terms of this agreement to:

1.2

Students must be trained in OSHA blood borne pathogen before clinical experience.

h.

one million dollars per occurrence with an aggregate of three million dollars.

Provide professional liability insurance and general liability insurance in the amount of

g.

while on the hospital premises.

regulations set by the hospital and to report to the hospital representative in charge

a.

f.

immunization requirements.

direct contact with patients. Faculty and students must comply with attached student

or evidence of rubella titer 1;8 or above, and Heptavac B vaccination of students in

Require evidence of an annual chest x-ray or tuberculosis skin test, rubella vaccination

e.

Review and select qualified students for the participation in the program.

d.

methods employed.

Orient the hospital representative to the objectives of the program and the teaching

program should such care become necessary while students and faculty are on hospital

17

manuals, standard clinical references such as medical dictionaries and information on

including but not limited to, nursing station references, pertinent procedures and policy

Provide access to and use of various sources of information for educational purposes,

e.

rendered.

premises. The recipients of such care are solely responsible for payment for services

c.

Provide emergency medical care consistent with hospital policies to students in the

d.

Provide access to the cafeteria for students who shall pay for their own meals.

c.

hospital services by the students.

Appoint a representative (“hospital representative”) who will coordinate the use of

b.

plan established by (agency) and the hospital.

Permit students access to and use of its services in accordance with the instructional

and *name of the hospital .* A Michigan nonprofit corporation at *Address of hospital* (The “hospital”) is

Clinical experience is an integral part of an education program for Basic Emergency Medical Technician.

**INTRODUCTION**

for emergency medical technicians.

intended to set forth the working relationships between (Agency) And the hospital relating to clinical experience

This agreement made this first day . By and between *name of the teaching organization (agency)*

**CLINICAL AGREEMENT**

**HOSPITAL/EMS AGENCY AGREEMENT**

(Agency) agrees during the term of this agreement to:

designated hospital representative.

a licensed Paramedic and who shall coordinate all aspects of this agreement with the

Appoint a representative for clinical coordination (“Clinical Coordinator”) who shall be

b.

advance of each students participation.

(agency) and the hospital. A copy of the schedule will be supplied to the hospital in

Schedule student and their respective clinical experiences at times agreed upon by

a.

**SAMPLE**

1.1

Scope of Services

1.

NOW, THEREFORE, in consideration of the mutual promises herein contained, the parties agree as follows:

of these skills and is willing to grant students access to and use of such services for the purposes of their education.

The hospital possesses certain facilities, equipment, services and personnel (“services”) conducive to the obtaining

by both parties. Such amendments or modifications shall be attached hereto and become part of this

of the agreement shall remain in effect and be enforceable.

Severability. If any provision of this agreement is found to be unenforceable or illegal, the remaining part

11.

understanding may not be modified except in writing signed by the parties.

Complete agreement. This agreement executed by the contracting parties contains the entire

10.

agreement.

provided that before any amendment shall be operative or valid, it shall be reduced to writing and signed

Amendments. This agreement may be amended at any time by mutual agreement of the parties hereto,

9.

other person shall have the right to enforce any of the provisions contained herein.

interest by virtue of an assignment which is not prohibited under the terms of this agreement and not

Third parties. This agreement shall be enforceable only by the parties hereto and their successors in

8.

18

without the express written consent of the other party.

Its:

By:

Its:

By:

control procedures and general safety requirements.

Liability Insurance (agency) and the hospital shall procure and maintain such policies of comprehensive

4.

regulations.

access to its clinical areas to any student who fails to conform with pertinent hospital rules and

restriction. The hospital, in consultation with the clinical coordinator, further reserves the right to refuse

when, in the sole direction of the hospital representative, the welfare of any patient so required such

Limitations on Clinical Access. The hospital reserves the right to restrict any and all student activity

3.

procedures related to patient safety, including but not limited to appropriate health requirements, infection

Policies and Procedures (agency) will comply with the hospital’s policies, rules, regulations and

2.

coordinator and regulations.

Upon request, hospital will furnish a copy of pertinent hospital rules, to clinical

f.

available.

hospital or its employees, agents, or representatives pursuant to this Agreement.

Assignment. Neither this agreement, nor any interest created hereby, may be assigned by either party

7.

of its duties and responsibilities under this agreement.

(60) days prior written notice to the other, in the event that the other party fails or refuses to perform any

, and shall continue until terminated: (I) by notice to the other, in the event that the other party upon sixty

Terms of agreement. The terms of this agreement shall be for twelve (12) months commencing as of

6.

diagnostic tests, drugs, etc. And use of the library and audio equipment as may be

personal injury, death, or property damage caused directly or indirectly by any act or omission by the

Indemnification (agency) shall indemnify and save harmless the hospital from and against liability for

5.

provide the other with certificates evidencing the foregoing insurance coverage.

occasioned directly or indirectly by the terms of this agreement. Upon request, each party agrees to

insure their officers, students, agents, and employees against any claim or claim for damages of any kind

general liability insurance, professional liability and other insurance, as shall be deemed necessary to

1.

aspects of the Agreement with the designated *clinical facility* representative.

Appoint a representative for clinical coordination ("Clinical Coordinator") who shall coordinate all

3.

to provide evidence of competency in the skills of this program.

To assign students with preparation in the foundation of the Emergency Medical Services Program and

2.

*facility* records and information.

regulations the *clinical facility* including, but not limited to the confidentiality of patient and *clinical*

To advise students and instructors, and enforce compliance with, all existing policies, rules and

4.

Responsibilities/Rights of *the agency:*

discretion at any time.

To terminate a student from continuing his/her clinical experience at *the clinical facility* at their

3.

*facility.*

injury that might be sustained while the student is participating in this experience at the *clinical*

pathogens, prior to the educational experience and to present for clinical experience at the *clinical*

19

conduct the same in accordance with all applicable statutes, rules, regulations and case law.

To have full responsibility for the conduct of any student, instructor disciplinary proceedings and

7.

*facility* only those students who have satisfactorily completed the pre-clinical instructional program.

Be aware that each student is responsible for the costs of any medical care for any illness or

both parties, including all MIOSHA required training, which includes but is not limited to blood borne

To provide pre-clinical instruction to each student in accordance with standards mutually agreeable to

6.

have either received or declined, hepatitis B vaccine before participating in this Program.

To provide the *clinical facility* documentation that each student and instructor has been offered, and

5.

or evidence of rubella titer 1:8 or above, from each student and instructor.

To provide evidence of an annual chest x-ray or negative tuberculosis skin test, and rubella vaccination

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

enrolled in the *agency* EMS education programs.

*facility* (collectively, the "Parties") will engage in a program for the clinical education of *agency* EMS students

The purpose of this Agreement is to set forth the terms and conditions under which the *agency* and the *clinical*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_* henceforth known as the *clinical facility,* on date , know as the effective date.

This Agreement is entered into between \_\_\_\_\_\_\_\_\_\_\_\_\_, henceforth know as the *agency,* and

and

\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agreement Between

**SAMPLE Clinical Contract**

To assist the *agency* in supervising the students while on site at the *clinical facility.*

d.

clinical reference material available at the *clinical facility.*

To make available information for educational purposes, such as policies, procedures and

c.

experience may be appropriate in light of *the agency's* education plan.

To cooperate with *the agency* in the planning of the student's education experience so that the

b.

(NOTE: Ultimate supervision of the students is the responsibility of the *agency).*

a.

To provide the clinical experience and assume the following responsibilities:

2.

*location.*

student placement. For the purpose of this Agreement, the placement is defined as *clinical facility*

To provide clinical experiences for the students of the *agency* in specific areas identified at the time of

1.

Responsibilities/Rights of the *clinical facility:*

shall not be considered an employee of the *clinical facility* for the purpose of this agreement;

Major Responsibilities of the *agency* students, under the direction of the *agency:*

shall upon request leave an area of the *clinical facility.*

f.

and

any patient's care, including the identity of the patient or the services performed for that patient;

shall not disclose information without written authorization by the *clinical facility* regarding

e.

1.

d.

the *clinical facility* personnel's authorization;

shall refrain from touching in any way any patient except at the patient's consent and with

c.

shall comply with all directives of the *clinical facility* regarding conduct;

b.

shall comply with all the *clinical facility* rules, regulations, policies and procedures;

a.

20

experience, that the Student:

The *agency* will notify students of 1-3 above.

4.

To respect the patients right to confidentiality.

3.

To report for clinical experiences as assigned or call to report absences.

2.

To adhere to existing policies and procedures of the *clinical facility.*

may incur as a result of claims or costs of judgments against any of them arising out of acts or omissions

11.

*agency's* students arising out of their participation in the classes described under this Agreement.

may incur as a result of claims or costs of judgments against any of them regarding injuries to the

or damages, including reasonable attorney's fees, which the *clinical facility* or its employees or agents

To indemnify and hold harmless the *clinical facility,* its employees and agents from all claims, liability

10.

Agreement.

of the *agency's* instructors, staff or students while in the performance of their responsibilities under their

The *agency* shall maintain all educational records and reports relating to the educational experience

or damages, including reasonable attorney's fees, which the *clinical facility* or its employees or agents

To indemnify and hold harmless the *clinical facility,* its employees, and agents, from all claims, liability

9.

the beginning of the clinical experience.

*clinical facility* appropriate certificates of insurance evidencing such continuous current coverage before

with minimum limits of liability of One Million Dollars ($1,000,000) per incident and shall furnish the

To maintain general public liability and professional liability coverage for its instructors and students

indicated at the time of the physical examination the student was free from contagious diseases as could

agreement of each student acknowledging, as a condition of being able to participate in the educational

The *agency* agrees, and shall obtain from each student and furnish to the *clinical facility* a written

14.

individual.

student, however, the *clinical facility*, at its sole discretion, may deny the educational experience to any

The *agency* shall have full responsibility for the conduct of any disciplinary proceedings concerning any

13.

be ascertained by such examination.

8.

physical examination prior to beginning education experience and shall certify that such evidence

The *agency* shall certify that each student has provided it with evidence that the student has passed a

12.

requirements respecting the maintenance of and release of information from such records.

records to the *agency.* The *agency* agrees to comply with all applicable statutes and regulatory

responsibility regarding the same. The *clinical facility* shall refer all requests for information of such

completed by individual students at the *clinical facility,* and the *clinical facility* shall have no

Students will be placed at the *clinical facility* without cost to the *clinical facility.* This Agreement shall

*The Agency*

*The Clinical Facility*

be in effect for one year as of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and may be renewed annually.

H.

either party upon 30 days advance written notice of termination, with or without cause.

This Agreement shall be effective as the Effective Date and shall continue thereafter until terminated by

G.

charged.

may be no amendment of the Agreement, unless the same is in writing and signed to the party to be

agreements and understandings, whether verbal or in writing, are merged in to this agreement. There

21

Signature

This Agreement constitutes the entire agreement between the parties, and all prior discussion,

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Date\_\_\_\_\_\_\_\_\_\_

EMS program. Each student shall be placed with the *clinical facility* to receive clinical experience as a

In the performance of their respective duties and obligations under this Agreement, each party shall be

B.

agreement. The *agency* shall notify each student of the requirements of this paragraph.

prohibit the employment of any such student by the *clinical facility* under a separate employment

substitute for any employee of the *clinical facility.* The provisions of this section shall not be deemed to

employee, but in fulfillment of the student's academic requirements. At no time shall students replace or

part of his/her academic curriculum. The duties performed by a student shall not be performed as an

an independent contractor and neither shall be the employee or servant of the other, and each party shall

laws, income tax withholding, social security, or any other purpose, because of their participation in the

compensation, fringe benefits, workers' compensation, unemployment compensation, minimum wage

Students of the *agency* shall not be deemed to be employees of the *clinical facility* for purposes of

A.

The parties mutually acknowledge and agree as follows:

GENERAL PROVISIONS:

No provision of the Agreement shall prevent any patient from requesting not to be a teaching patient or

F.

of the other Party.

Neither this Agreement nor any part of it shall be assigned by either Party without prior written consent

E.

teaching patient.

prevent any member of the *clinical facility* professional staff from designating any patient as a non-

D.

may be applicable to their respective activities under the EMS program.

Each party shall be responsible for compliance with all laws, including anti-discrimination laws, which

C.

be responsible for their own conduct.

policies and procedures of \*, including but not limited to those relating to the confidentiality of patient and \*, records and

**Educational Records:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ shall maintain all educational records and

**E.**

students are participating in \* educational activities.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ shall instruct all of its students that \* identification badges must be worn at all time

and \* administration and the\* Student Policy, a copy of which is attached as **Exhibit A.**

information, and to the responsibility and authority of the medical, nursing, and administrative staff of \* over patient care

reports relating to the educational program completed by individual students at \*, and \* shall have no responsibility

shall instruct all of its students assigned to \* with regard to and shall monitor compliance with all rules, regulations and

**Compliance with \* Policies:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**D.**

program.

present for clinical experience at \* only those students who have satisfactorily completed the preclinical instructional

to each student, in accordance with standards mutually agreeable to \* and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and to

passed a physical examination of a scope within time periods satisfactory to \* and shall certify that such evidence indicated

22

advised to be so vaccinated, but has refused.

for participation in the clinical experience had undergone HBV vaccination, or that such student has been informed of and

examination. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ shall furnish \* with written evidence that each student presenting

that at the time of the physical examination, the student was free from contagious diseases as could be ascertained by such

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ shall certify that each student has provided it with evidence that the student has

**Student Health Status:** Subject to the requirements of the Americans with Disabilities Act,

**F.**

maintenance of and release of information from such records.

and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agrees to comply with all applicable statutes, rules and regulations respecting the

respecting the same. \* shall refer all requests for information respecting such records to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

shall assume the following responsibilities:

representatives of \* , plan and administer the educational program for its students at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , and

**EDUCATIONAL PROGRAM** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ shall, in consultation with

I.

TERMS

the clinical education at \* of students enrolled in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School for training.

The parties wish and intend by this Agreement to set forth the terms and conditions of engaging in a program for

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereinafter called \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

by and between \* and\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ located at

This Education Affiliation Agreement (“Agreement”) is entered into this \_\_\_\_\_\_\_day of\_\_\_\_\_\_, 19\_\_\_,

**Preclinical Training:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agrees to provide adequate preclinical instruction

**C.**

program at \*.

after registration for each semester, but in no event later than one week before the beginning of the clinical experience

**Student Names:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, will provide names of students as soon as possible

**B.**

**SAMPLE EDUCATIONAL AFFILIATION AGREEMENT**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

shall modify its educational program as necessary to accommodate the requirements of

students for each term, dates, times, and levels of each student’s academic preparation. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s educational program at \* including the objectives, and approximate number of

clinical facilities at least three months prior to the commencement of the academic year. The plan shall include details of

**Overall Educational Plan:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ shall provide \* with its overall plan for use of

**A.**

general public for such services.

for medical care of themselves while they are participating in the educational program at the cost customarily charged to the

**Student Health Care:** Students may use the emergency and outpatient services of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**F.**

available and as required by the educational program and without charge except for food consumed by the students.

**\* Amenities:** \* shall make available the use of its cafeteria, conference rooms, dressing rooms and library as

**E.**

**III. GENERAL PROVISION,** The parties mutually acknowledge and agree as follows:

teaching patient or prevent any member of \* clinical staff from designating any patient as a non-teaching patient.

**Non-teaching Patients:** No provision of the Agreement shall prevent any patient from requesting not to be a

**D.**

of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ educational objectives.

and conduct of the students’ clinical experience, to the end that the students’ clinical experience may be appropriate in light

\* shall cooperate with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the planning

**Implementing the Student Experience**:

experience provided for in the Agreement.

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arising out of the actions or omissions of \*, its directors, officers, or employees.

officers and employees harmless from and against any claims, liabilities, losses, costs or expenses of any kind of nature

\* agrees to indemnify, defend and hold \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ its directors/trustees,

**2.**

**C.**

the actions or omissions of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, its faculty or its students in connection with the clinical

employees harmless from and against any claims, liabilities, losses, costs or expenses of any kind or nature arising out of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agrees to indemnify, defend and hold \*, its directors, officers and

**1.**

**Indemnification:**

**A.**

experience at \*. \* may submit a written request to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the withdrawal of any student

following responsibilities:

**PATIENT CARE PROGRAM**, \* shall plan and administer all aspects of patient care at \* and shall assume the

**II.**

the basis for removal.

care, and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ shall immediately comply with such request. The written request from \* shall set forth

students clinical experience at \* for a reasonable cause related to the need for maintaining an acceptable standard of patient

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the withdrawal of any student from the program after the commencement of the

from the program after the commencement of the student’s clinical experience at \*. \* may submit a written request to

cause by \*, or who would not be eligible to be employed by \*. \*shall in writing of its refusal to accept student for clinical

previously been discharged for cause as an employee of \*, who has been removed from or relieved of responsibilities for

**Declined Students:** No provision of this Agreement shall prevent \* from refusing to accept any student who has

**H.**

regulations and case law.

any student disciplinary proceedings and shall conduct the same in accordance with all applicable statutes, rules,

**Student Discipline:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ shall have full responsibility for the conduct of

field work experiences at \*.

Conferences and consultations with students concerning the students’ carrying out of their clinical

(iii)

experiences at \*; and

Planning, in conjunction with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ faculty, students’ clinical field work

(ii)

policies, procedures, rules, and regulations;

Orientation of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ faculty to \* physical plant and it’s operational

(I)

**G.**

**Staff Time:** \* shall provide staff time for the following purposes:

**B:**

determination of the future status of the student by the parties.

student from a specific assignment or require that such student leave a vehicle, accident scene or \* Division pending a final

personnel may, in an emergency, or in certain cases based upon applicable standards of patient care, temporarily relieve a

**Supervision of Patient Care:** \* shall provide qualified supervision of all patient care activities. \* supervisory

**A.**

discrimination laws, which may be applicable to their respective activities under this program.

requirements and are performed under supervision.

curriculum; those duties performed by a student are not performed as an employee, but in fulfillment of these academic

educational program. Each student is placed with \* to receive clinical experience as a part of his or her academic

minimum wage laws, income tax withholding, social security or any other purpose, because of their participation in the

employees of \* for purposes of compensation, fringe be3nefits, workers compensation, unemployment compensation,

**No Employment Relationship:** Students of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ shall not be deemed to be

**D.**

**Legal Compliance:** Each party shall be separately responsible for compliance with all laws, including anti-

**C.**

request.

each student assigned to \* has complied with this requirement, and shall furnish evidence of such compliance to \* upon

insurance policy. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (or its\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program) shall ascertain that

require each assigned to \* to keep and maintain in full force and effect a professional liability and personal liability

program in a manner which will tend to maximize the mutual benefits provided to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \*.

24

**Student Coverage:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (or its \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program) shall

acknowledged that the program provided hereunder is mutually beneficial. The parties shall cooperate in administering this

**No Monetary Consideration:** There shall be no monetary consideration paid by either party to the other, it being

**E.**

each student of the content of this paragraph.

employment of any such student by \* under a separate employment agreement. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ shall notify

At no time shall students replace or substitute for any employee of \*. This provision shall not be deemed to prohibit the

Render unenforceable the remainder of the Agreement; and

or defense obligations stated in subparagraph (1) of this paragraph.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ shall constitutionally or statutorily prohibited from complying with the indemnification

It is expressly agreed that neither \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ nor \* shall assert in any proceeding that

restitution.

common law and statutory theories and principles of indemnity, contribution and equitable

the obligations of the parties respecting apportionment of liability shall be governed by

(iii)

**B.**

the invalidity an unenforceability of subparagraph (1 and (2) shall not invalidate or

(ii)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or \*.

both subparagraphs (1) and (2) shall be invalid and unenforceable against either

(I)

then:

constitutionally or statutorily prohibited from complying with its obligations under subparagraph (2) of this paragraph,

If a court or administrative tribunal of competent jurisdiction determines that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is

professional liability insurance shall provide for liability limits of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per occurrence/claim,

**2.**

insurance provided for herein.

\* at least (10) days’ advance written notice of any threatened or actual cancellation, termination or modification of the

than one week prior to the commencement of the clinical experience each academic year. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ shall give

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ shall furnish \* with written evidence of all insurances provided for in this Agreement no later

insurance shall be placed with an insurer admitted to do business in Michigan that is acceptable to \*.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_or the student, as applicable, shall provide for commercially reasonable tail coverage. All

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_ annual aggregate, respectively, for each type of coverage. If the coverage is on a claims-made basis,

**3.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ liability may exists. This comprehensive general liability insurance and

liability insurance covering \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ its employees and faculty wherever

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ shall maintain in full force and effect comprehensive general liability and professional

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Coverage:** Throughout the term of this Agreement,

**1.**

**Insurance**

Signature & title

Witness

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

25

\* Insert name applicable facility/service

party is an independent contractor, and neither is the agent, employee or servant of the other, and each is responsible only

**Amendments to Agreement** No amendment or modification to this Agreement, including any amendment or

**I.**

agreements and understandings, whether verbal or in writing, are hereby merged into this Agreement.

**Entire Agreement** This Agreement constitutes the entire agreement between the parties, and all prior discussion,

**H.**

for its own conduct.

modification to this paragraph, shall be effective unless the same is in writing and signed by the party to be charged.

**Independent Contractor** In he performance of their respective duties and obligations under this Agreement, each

**G.**

patient, student, parent or guardian of any student, employer or prospective employer of any student.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; without limiting the generality of the foregoing, no rights are intended to be created for any

is no intention, express or otherwise, to create any rights or interest for any party or person other that \* and

**No Third-Party Benefits:** This Agreement is intended solely for the mutual benefit of the parties hereto, and there

Any notice under this Agreement shall be directed to:

----------------------------------------

written

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the day and year first above

\*

**F.**

**Notice**

**K.**

thereafter until terminated by either party upon forty-five (45) days’ written notice of termination with or without cause.

**Term of Agreement** This agreement shall become effective as of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and shall continue

**J.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Clinical Objective**:

(The EMS instructor or student **inserts an objective here** related to the expected outcome of the student having completed

the clinical assignment.)

Clinical Facility Staff Signature

**Student Assignment:**

Please describe the activities of this clinical assignment. Please detail how these activities helped you to meet the above

objective(s).

26

**Clinical Attendance Verification and Assignment**

Student Name

**SAMPLE**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinical Facility/EMS Agency

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time In \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time Out\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

27

**SAMPLE**

**EMS STUDENT CLINICAL ATTENDANCE**

**AND VERIFICATION LOG**

**Clinical Facility/EMS Agency**

**Address**

**Please have student sign out when clinical assignment is complete.**

**Staff member should witness and sign.**

**Any comment regarding student attendance is appreciated.**

**Student Name**

**Date**

**Time In**

**Time Out**

**Staff Signature**

**Comments**

**CPR**

**Spinal Immobilization**

**Bandaging**

**Splinting**

**Documentation**

**Comments:**

**Date Time In Time Out**

**Student Signature**

**Staff Signature**

28

**Radio Communications**

**Performed**

**Observed**

**Potential Skills:**

**Adult Assessment**

**SAMPLE**

**STUDENT CLINICAL EVALUATION FORM**

**While attending the clinical facility, the following skills will be observed or performed:**

**Vital Signs**

**Pediatric Assessment**

**Airway (OPA, NPA, Combitube)**

Physical - Hep B, TB test, medical evaluation form

2.

Fit for duty

1.

3.

Pre-employment drug and ETOH testing

C.

c.

Hazmat

Safety Review

d.

Safe medical devices - patient care area

B.

Health and Fitness

4.

Student employee exposure reporting

Student employee injury reporting

5.

Signage and where site OSHA information available

29

2.

1.

Safety concerns

PPE and Masks

3.

1.

Blood borne Pathogen Exposure Control Plan

a.

Overview of policies and procedures

b.

Review control plan

c.

Site specific plan including cleaning schedule

2.

**SAMPLE CLINICAL ORIENTATION CHECKLIST**

CLINICAL ORIENTATION CHECKLIST

SAFETY ORIENTATION

(To be completed by instructor and kept in student record)

Respiratory Protection Plan and Exposure Control Plan-TB

A.

Policies and Procedures

Instructor’s Initials

Overview of policies and procedures

3.

Right to Know

a.

MSDS

d.

b.

Hazard communication

a.

Baseline education on TB

b.

Site specific plan

c.

Mask fitting

**Second 8 hour shift:**

Participate in the transfer of patients to other units of the hospital.

2.

All of the objectives listed above.

1.

**During the clinical visit to the hospital emergency department, the EMT student will:**

3.

Observe emergency care provided in the emergency department.

8.

Observe and participate in the collection of emergency patient vital signs.

7.

Observe and participate in the patient assessment done in the emergency department.

Be responsible for frequent vitals signs on one or more patients and the reporting of those to the staff.

4.

Observe and participate in the emergency care provided to patients in the emergency department such as

bandaging, stabilization of limbs during suturing/splinting/casting, cervical spine immobilization, basic

airway management.

5.

Stay in attendance of patient during radiological procedures.

30

**The following objectives will be met during these visits.**

entry with a patient to the emergency department.

Observe the communication between the EMS personnel and the ED staff via the radio and upon their

1.

**During the clinical visit to the hospital emergency department, the EMT student will:**

**First 8 hour shift:**

**All EMS students will visit the Hospital Emergency Department for two 8 hour shifts.**

**Clinical Objectives for Basic EMT Program:**

**SAMPLE**

2.

Observe the professionalism of the EMS personnel when communicating with the ED staff and the

patient upon entering the ED and the transfer of the patient's care.

3.

Observe and participate in the transfer of the patient from the ambulance stretcher to the ED cot.

4.

Observe the areas utilized by EMS personnel for delivery of patients, cleaning equipment, report

writing, etc.

5.

Observe and discuss with the EMS personnel their documentation of pre-hospital care.

6.

c. observation of insertion, monitoring, and discontinuance of CVP and Arterial lines

d. performing manual defibrillation

e. performing synchronized cardioversion

f. application of transcutaneous cardiac pacemaker

g. observation of insertion of transvenous cardiac pacemaker

**4. Preparation and Administration of Medications**

a. oral route

b. intramuscular route

c. subcutaneous route

d. intravenous route

**5. Fluid therapy and Hemodynamic Monitoring**

a. starting, maintaining, and discontinuing peripheral IV’s

b. using mechanical IV pumps

c. interpretation and management of cardiac dysrhythmias

d. interpretation of CVP and Arterial line measurements

**6. Phlebotomy**

a. drawing blood samples via venous access

b. observation of drawing blood samples via arterial access

**7. Emergency Resuscitation**

a. charting patient care

31

**CLINICAL OBJECTIVES**

**for**

**Emergency Departments, Cardiac Care Unit, etc.**

The Clinical rotation in the ED is designed to provide the Paramedic Student, under the direct supervision of a

qualified preceptor, an opportunity to gain valuable practical and/or observational experience in the following

areas:

**1. Performing Physical Assessments**.

a. obtaining, recording, and monitoring vital signs (b/p, pulse, and resp.)

b. obtaining clinical history

c. auscultation of lung and heart sounds

d. neurologic, cardiovascular, and respiratory systems evaluation

e. other pertinent body system evaluations (such as urinary output, etc.)

**SAMPLE**

**2. Respiratory Therapy and Airway Care**

a. oxygen administration

b. assisting respirations manually

c. endotracheal and nasotracheal intubation

d. endotracheal tube care

e. suctioning techniques (nasal, oral, and endotracheal)

f. care of ventilator patients

g. interpretation of blood analysis

h. using pulse oximetry and interpreting readings

**3. Use of Cardiac Monitoring and Defibrillator Systems**

a. application of cardiac monitor

b. changing lead configurations

b. using universal precautions and various types of isolation techniques

32

f. observe and/or assist in the insertion of nasogastric tubes

e. observe and/or assist in the insertion of chest tubes

d. assist in hemorrhage control, splinting, bandaging, and suturing of wounds

c. interpretation of x-rays, CT scans, angiography, and other diagnostic tests

b. performing advanced cardiac life support procedures (AHA guidelines)

team.

a. practice interpersonal relationship skills with patients, family, and other members of the health care

**9. Other**

d. charting hemodynamic measurements

c. charting medication administration

b. measuring and charting intake and output

a. charting patient care

**8. Documentation**

c. use of the “crash cart” system

class for lack of either.

contact the Academy's Clinical Coordinator.

**Student Infectious Exposure**

As explained in the Clinical Orientation Program, any student who believes they have received an exposure to an infectious agent

should contact their clinical supervisor, their instructor, or the Clinical Coordinator immediately. The documentation of the

exposure will be completed on the Exposure Reporting Form. The supervising instructor will assist the student through the process

of reporting and follow-up evaluation as needed.

Students who are exposed to tuberculosis through patient contact, shall receive a baseline TB test and re-test in 3 months, or as

otherwise recommended by physician.

**Classroom/Clinical Program Safety**

Students must attend the Clinical Orientation Program before participating in any clinical assignment.

Students shall be supervised in all classroom and clinical areas. The student is responsible to determine when they should not

participate in an activity that they believe to be a risk to their health or safety.

Students will participate in the classroom acting as patients and rescuers. Students must understand they will be in close contact

with others so cleanliness and good personal hygiene is expected. The instructor reserves the right to dismiss the student from that

assignment is missed, a doctor's examination and proof of release will be necessary. If any questions regarding health issues arise,

Lifting/Carrying: No student shall be moved on a backboard unless three straps are in place. The instructor shall monitor this

process and other students must be available to assist as needed. Students will not be carried out of the classroom without specific

permission and supervision from the instructor.

Universal Precautions will be utilized in all classroom and clinical areas as indicated. Students will not be allowed to start IVs or

administer medications to each other.

Electrical devices will only be used with the close supervision of the instructor.

33

**Mumps Vaccine\***

**HEALTH & SAFETY POLICIES**

**Health/Vaccination Requirements**

Prior to beginning the EMS training program, the student must receive and show proof to

the Academy's Clinical Coordinator:

**Hepatitis B Vaccine series**

**Standard Immunizations:**

**a.**

**Tetanus and Diphtheria Toxoids**

**b.**

**Measles Vaccine\***

**c.**

**SAMPLE**

**d.**

**Rubella Vaccine\*\***

**e.**

**Poliovirus Vaccine**

**f.**

**Varicella Vaccine\*\***

\*Born since 1956 must have documentation of two doses on or after 1st birthday or proof of seropositivity

\*\*Must have documentation of vaccination on or after 1st birthday or proof of seropositivity

**TB Testing**

The student will receive TB testing or chest x-ray from an approved Public Health source and provide proof of testing every year

they are enrolled in the EMS program.

**Student Health**

Students are not to attend a clinical site if they are ill and at risk to spreading a contagious illness. If more than one clinical

6.

**Linens** soiled with blood or body fluids shall be placed in appropriately marked container.

7.

discarded.

units, Magill Forceps, etc. Bloody or soiled **disposable** equipment shall be carefully bagged and

be **sterilized** prior to reusing. For example: laryngoscope blades, OPAs, NPAs, Bag-valve-mask

recommendations for proper cleaning and disinfecting. The items that are not disposable shall

decontaminated prior to being placed back into service. Refer to manufacturer's

Wear gloves when handling soiled articles. Bloody or soiled non-disposable articles shall be

fluids.

**Contaminated Articles**: Bag all **non-disposable** articles soiled with blood or body

Gloves shall be worn when handling soiled linens.

These adjunctive aids include pocket masks, face shields or use of BVM.

direct contact with patients whenever possible, and that adjunctive aids be carried and utilized.

**Mouth-to-Mouth** resuscitation: CDC recommends that EMS personnel refrain from having

5.

tubes, patient who is coughing excessively and certain invasive procedures).

fluids may occur (examples of when to wear include: suctioning, insertion of endotracheal

**Face Protection** (including eye protection) shall be worn if aerosolization of blood or body

4.

particularly in the chest and arm areas.

recommendations.

34

accordance with MIOSHA regulations.

In the event of a suspected or confirmed TB patient, an N95 or HEPA mask must be worn, in

1.

**Respiratory Isolation**

**D.**

blood or body fluids may occur. The protection shall be impervious to blood or body fluids

**Routine cleaning** of equipment shall be done following manufacturer's guidelines and CDC

10.

when cleaning up such spills.

(household bleach), diluted 1:10 with water or other FDA approved disinfectant. Wear gloves

**Blood spills** shall be cleaned up promptly with a solution of 5.25% sodium hypochlorite

9.

**Needles and syringes** shall be disposed of in a rigid, puncture-resistant container.

8.

**I.**

B.

saliva, sputum, gastric secretions, urine, feces, CSF, amniotic fluid, semen and breast milk.

**Purpose:** To prevent the transmission of all bloodborne pathogens that are spread by blood, tears, sweat,

A.

**Universal Precautions and Body Substance Isolation (BSI) Policy**

**II.**

**practical lab classroom and in all clinical observation/participation settings.**

**This policy and procedure will be utilized for students, faculty, and ancillary personnel in the**

**Rational:** Since medical history and examination cannot reliably identify all patients infected with HIV,

**with strict confidentiality.**

**Any information obtained or exchanged regarding communicable disease exposures must be handled**

**EMS Program Infection Control Policy and Procedure**

**SAMPLE INFECTIOUS EXPOSURE POLICY AND REPORT**

C.

**Outerwear** (Example: Gown, Tyvek suit, turn-out gear) shall be worn if soiling of clothing with

3.

Gloves shall be changed in-between patients and not used repeatedly.

Non-sterile **disposable gloves** shall be worn if contact with blood or body fluids may occur.

2.

possible after the incident.

gloves were used. Hands contaminated with blood or body fluids shall be washed as soon as

**Handwashing** shall be done before and after contact with patients regardless of whether or not

1.

**Procedures:**

OB/GYN emergencies.

limited to starting IVS, intubation, suctioning, caring for trauma patients, or assisting with

fluid is possible, regardless of whether a diagnosis is known or not. This includes but is not

Universal Precautions/BSI shall be done for **every** patient if contact with their blood or body

1.

exposure is increased and the infection status of the patient is usually unknown.

This is especially important in the emergency care settings in which the risk of blood or body fluids

patients. This approach, previously recommended by the CDC, shall be used in the care of **all** patients.

or other bloodborne pathogens, blood and body fluid precautions shall be consistently used for **all**

student/personnel may have had contact with the patient, the designated individual

will check the patient chart to determine if any EMS Program students/personnel

were involved with the patient prior to hospitalization. When determined that a

will notify the EMS Program Director for further follow-up and complete the

required MDCH forms.

communicable disease.

**D.**

**Hospitals' Responsibilities**

1.

Each contracted hospital will designate an infection control practitioner(s) to serve as

3.

liaison(s) with the staff of the EMS Program for the purpose of communicating

information about infectious patients or potential exposures.

2.

Hospitals, upon learning that any patient has an infectious or communicable disease,

1.

Follow-up care and counseling of exposed student/personnel shall be the

responsibility of the person’s private physician or occupation health physician if contracted, and

**Follow-up Care/Counseling**

shall be carried out without delay upon notification of exposure.

35

Testing Form" and return to the address indicated on the form.

Hospitals, when requested to do so, will obtain lab tests and results on source patients

when exposure to a student/personnel has occurred.

a.

Hospitals will report the results of testing on the "MDCH Request for HIV/HBV

4.

Hospitals will notify students/personnel at the time patient care is to be provided, if

any infection potential exists with the patient and the precautions necessary.

**F.**

**Student/Personnel Exposure to a Communicable Disease**

The EMS Program will assure that students/personnel are supplied with the appropriate

personal protective equipment.

C.

The EMS program will provide documentation that the student/personnel has received adequate

immunizations per CDC Immunization Guidelines for Health Care Workers, or per local Community

Health system policy.

**IV.**

B.

**A.**

**Definition of an Reportable Exposure**

1.

Contaminated Needle or sharp instrument puncture

2.

Blood/body fluid splash into mucous membrane including mouth, nose, and eye

3.

Blood/body fluid splash into non-intact skin area

Decontamination of equipment after exposure to a patient with a known or suspect respiratory

route of transmission shall be carried out following manufacturer's recommendations and CDC

guidelines.

**III.**

**EMS Program Responsibilities**

A.

The EMS Program will be responsible for assuring that students/personnel are familiar with

**B.**

infection control policy and procedures, epidemiology, modes of transmission and means of

preventing transmission of communicable disease per CDC guidelines and MIOSHA

regulations.

3.

Notify the hospital Infection Control Nurse of source testing request and forward the

MDCH Request for HIV/HBV form to that office.

4.

Upon obtaining notification of possible exposure to student/personnel, will assist the

Contact appropriate hospital designee to request source testing be done.

hospital in notifying the appropriate personal physician of the involved

student/personnel regarding the need for follow up related to the discovery of a

EMS Program Director, or their designee.

**Student/Personnel Post Exposure Procedure**

1.

If skin is punctured with a contaminated needle or sharp instrument or experience a blood/body

fluid splash, wash the substance off immediately.

2.

Fill out an incident report of injury and notify your supervisor in the clinical or classroom

setting. Supervisor shall ensure that the MDCH Request for HIV/HBV Testing Form is

completed by the exposed student/personnel and forwarded immediately with notification to the

2.

3.

The EMS Program Director, or their designee will contact the appropriate hospital designee and

provide additional follow-up as it is necessary to obtain source testing if necessary.

**C.**

**EMS Program Responsibilities upon Notification of a Potential Exposure to Infectious Disease**

1.

Verify exposure has occurred with involved student/personnel.

2.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exposure information provided by:

\_\_Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_None

\_\_Turnout Gear

\_\_Gown \_\_Eye Protection \_\_Face Mask

\_\_Gloves

Personal Protective Equipment Used When Exposed: (Check all that apply)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Detailed Description of Exposure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

36

\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

Signature of Person Providing Information

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Exposed Person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/ZipCode\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Classification:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer/EMS Program:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To Be Completed by Exposed Individual** (Please Print)

**I.**

In accordance with Michigan Public Act 419 of 1994

**FOR HIV/HEPATITIS TESTING OF EMERGENCY PATIENT**

**PRE-HOSPITAL PROVIDER REQUEST FORM**

Patient ID #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_ Mucous Membrane (Splash)

\_\_\_Non-Intact Skin (Open Wound)

\_\_ Contaminated Sharp/Needlestick

**Route of Exposure:**

**SAMPLE**

Time/Date of Exposure:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer/EMS Program Contact:

**Exposure Did Occur** based upon the information provided.

NOTE: The exposed individual should be counseled and tested for HIV/Hepatitis.

\_\_ Non-intact skin (Open Wound)

\_\_ Mucous Membrane

\_\_ Percutaneous

The type of exposure was determined to be:

**No Exposure Occurred**

\_\_

Evaluation of Exposure:

Name of Exposed Individual: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TO BE COMPLETED BY HEALTH FACILITY**

**II.**

received within ten (10) days. Results will not be provided over the telephone.

Note to Exposed Individual: Please contact the health care facility if the test results on the emergency patient are not

Signature of Health Care Worker

37

Title of Health Care Worker

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Making Determination

Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Explanation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.

Phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_My physician

2.

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_ Me

1.

\_\_Other Health Care Professional: (Agency Infection Control Contact)

I would like the test results sent to (please check only one of these options below):

\_\_Both

\_\_Hepatitis B

\_\_ HIV

**BASED UPON MY EXPOSURE DESCRIBED ABOVE**, I am requesting that this emergency patient be tested for:

unless an agreement has been worked out between me and my employer, or is otherwise covered by health care or

Date

Signature of Exposed Individual

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

benefits plan.

I understand that I am ultimately responsible for the payment of the charges associated with the testing of this patient,

this Section is guilty of a misdemeanor.

Section 5131 of the Michigan Public Health Code. I understand that a person who discloses information in violation of

I understand that the **NAME** of the patient to be tested, and that person’s test results are confidential according to

Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_Negative

Source Patient was NOT tested:

(Check all reasons below that apply)

\_\_ Patient expired before test(s) could be performed.

\_\_ Patient refused testing/to have blood drawn.

\_\_ Patient was released from health facility before testing could be done.

\_\_ Patient did not present to this facility for care.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Person Providing Test Results

\_\_Positive

Title of Person Providing Test Results

Date Lab Results were completed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Lab Results were mailed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lab Results were mailed to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes/Comments:

38

III.

**To Be Completed by Health Facility**

Source Patient was tested for:

\_\_HIV

\_\_Hepatitis B

Test Results:

HIV:

ELISA

\_\_Positive

\_\_Negative

Western Blot:

\_\_Positive

\_\_Negative

\_\_Indeterminate

Hepatitis B:

HBsAg

The Clinical Instructor shall document student attendance at clinical and student completion of

B.

Instructor on a timely basis.

The Contractor shall provide student assignments and clinical objectives to the Clinical

A.

RESPONSIBILITIES - CONTRACTOR

IV.

clinical objectives on forms provided by the Sponsor.

The Contractor shall provide payment in accordance with this agreement,

D.

clinical sites.

The Clinical Instructor shall abide by all policies of the Sponsor pertaining to faculty and to

C.

The Clinical Instructor shall be on time and prepared for all assignments.

B.

Instructor assures that, in carrying out this program no person shall be excluded from

39

otherwise qualified handicapped individuals.

occupational qualification exists). This policy of nondiscrimination shall also apply to

color, national origin or ancestry, religion, sex, or marital status (except where a bonafide

participation, denied any benefits, or subjected to discrimination on the basis of race, creed, age,

instruction and supervision as assigned by the course coordinator.

Rehabilitation Act of 1973, and the Rules of the Michigan Civil Rights Commission; the

of the U.S. Department of Health and Human Services issued thereunder, and Section 504 of the

In compliance with Title VI of the Civil Rights Act of 1964 and the Regulations

A.

ASSURANCES

V.

based on completion of assignment(s) as certified by the course coordinator.

(hereinafter referred to as the Sponsor)

PURPOSE

I.

(hereinafter referred to as the Clinical Instructor)

Name of Clinical Instructor

and

Name of Sponsor

between

Sub-Contractual Agreement

**SAMPLE CLINICAL INSTRUCTOR CONTRACT**

The Clinical Instructor shall serve as faculty for the Basic EMT program, providing clinical

A.

RESPONSIBILITIES - CLINICAL INSTRUCTOR

III.

$\_\_\_\_\_ per hour, up to a maximum of \_\_\_\_\_ hours, for a total not to exceed $\_\_\_\_\_.

The Sponsor, subject to the terms of this agreement, shall provide payment of

AGREEMENT AMOUNT

II.

(location) , from (beginning date) to (ending date) .

To provide clinical instruction and supervision in the Basic EMT program at

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_

agreement by giving ten (10) days written notice stating cause and effective date.

Any changes to this agreement will be valid only if made in writing and accepted by all parties to this

agreement.

VIII.

SIGNATURES

For the Clinical Instructor:

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_

For the Sponsor:

reasons for termination and effective date or upon the failure of either party to carry out the terms of the

Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

40

Under the provisions of Section 3401 of the Internal Revenue Code of 1986, an employer must withhold

B.

It is the policy of the Sponsor to provide an environment that is free of discriminatory

harassment. Discriminatory harassment is prohibited. Discriminatory harassment constitutes

any behavior or pattern of behavior, malicious or benign, intended or unintended, physical or

verbal, that: creates an intimidating, hostile, or offensive work/educational environment; creates

an unreasonable interference with an individual's work/education performance; or otherwise

adversely affects employment/education opportunities.

VI.

INDEPENDENT CONTRACTOR STATEMENT

income tax from all remuneration actually or constructively paid to an employee. The employment

relationship herein offered is for professional educational services. Under the terms of this agreement,

the Clinical Instructor is exempt from the IRS statute referred to above, because the Clinical Instructor

is an "independent contractor" offering educational services and is required to pay all applicable payroll

taxes and required FICA contributions personally.

VII.

AGREEMENT PERIOD

This agreement is in full force and effect from \_\_\_\_\_\_\_\_\_\_ through \_\_\_\_\_\_\_\_\_\_, 19\_\_. This agreement

may be terminated by either party by giving thirty (30) days written notice to the other party stating the

b.

No refunds after the beginning of the second class meeting.

d.

GTAMCA office or the course instructor.

All refund requests must be delivered in writing within forty-eight (48) hours of cancellation to the

c.

returned.

Books may be returned if not written in, otherwise there will be a charge for the cost of those that can’t be

notifying the Programs Coordinator or the course instructor prior to the beginning of the second class).

One-hundred percent (100%) if the student drops out of the course before the second meeting (defined as

**5.**

One-hundred percent (100%) if canceled by the instructor.

a.

**Refunds:**

**4.**

appropriate documentation given to the instructor prior to the final exam.

identification tag which will be worn during all clinical experiences. Clinical experience must be completed and

Prior to beginning clinical time and after all of the above requirements are met, each student will receive an

Brady Emergency Care, Sixth Edition, Workbook

41

requirements exist in the various clinical areas and are addressed specifically in the clinical notebook.

**Dress Code:** Students are required to use proper hygiene and to come to class clean each time. Specific dress

**8.**

Proof of professional liability insurance.

**Required Texts:** Brady Emergency Care, Sixth Edition

**7.**

periodically.

**Homework:** Completion of the workbook is mandatory. Case studies and other projects will be assigned

**6.**

realistic scenario and skill-based practical testing. Note taking is strongly encouraged.

**Testing:** Tests will be multiple choice, true and false, matching, short answer and essay. There will also be

You must pass the final written and practical exam to pass the class. Individuals failing either the written

b.

40% from the Final Written Exam

4.

30% from the three (3) Exams

3.

20% from Quiz scores

2.

10% from Case Study scores.

1.

or practical exam may re-test one time at the discretion of the instructor, based on overall course

The final grade is determined as follows:

a.

**Grades:** You must receive a grade of eighty percent (80%) or higher to pass this class.

**2.**

exceptions, no excuses, no refunds.

**Attendance Policy:** Four (4) absences are allowed. On the fifth absence you are dropped from the class. No

**1.**

c.

Proof of Hepatitis B vaccination, or signed declination form.

b.

Proof of negative TB skin test or negative chest x-ray within one (1) year of the last day of class.

a.

(which is a required part of the course) you must have the following:

which time it will be explained in detail. In order for your to participate in clinical time

**Clinical Time:** Your clinical time will start approximately halfway through the class, at

**3.**

**SAMPLE BASIC EMT COURSE SYLLABUS**

your grade for that exam will be a zero (0).

instructor ahead of time and make other arrangements. If you do not notify the instructor and are absent,

If, due to extenuating circumstances, you are not able to be in class on an exam night, you must notify the

e.

You must be present in class to take a quiz. Quizzes not taken on time will receive a zero (0).

d.

Case studies not turned in on time will receive a zero (0).

c.

performance.

requirements, tuition and fees, program policies and procedures, and supportive services will be made available to

all student candidates and students. In addition, the current curriculum, a statement of course objectives, copies of

course outlines,class and clinical schedules, and lesson plans will be on file in the offices of the program sponsor

and available to candidates and enrolled students when requested.

**14.**

**Disclosure Policy:** Information on whether a student successfully completed a course will be made available to

MDCIS, EMS Division. The program will not release any other information without signed consent of student.

EMS program faculty are allowed to share information regarding student’s successes.

**15.**

**Miscellaneous:**

student candidates and students are made aware of how to access information. Information regarding program

a.

Coffee - the class can chip in for coffee, etc.

b.

Pagers will be turned off during classroom hours.

c.

If you leave class to respond to an emergency call, you will be considered absent for that night.

42

broadcast on local area radio stations. Attempts will be made, if at all possible, to reach students by telephone as

**Appeals:** If you feel that you have been treated unfairly in this course you should first discuss the issue with the

course instructor-coordinator. If you are still unsatisfied, you may contact the Programs Coordinator, sponsor

Manager, sponsor Board of Directors, and the EMS Division of the Michigan Department of Consumer and

Industry Services (in that order) until resolution is reached.

**10.**

**Guidance Procedure:** The course instructor-coordinator will be reasonably available to assist those students

needing extra help. The instructor will be available one-half hour before and after class to meet with you or you

may contact him or her at \_\_\_\_\_\_\_\_\_\_\_\_\_to set up an appointment.

**11.**

**Class Cancellation:** If, due to weather or other unavoidable circumstances, class must becanceled, it will be

**9.**

well.

**12.**

**Health/Safety Policy:** Due to the nature of EMS and close contact with fellow students, faculty, and patients,

students are required to take necessary precautions to ensure that the safety and health of all are protected. All

students are required to practice universal precautions at all times in the classroom and clinical setting. In

addition, proof of negative TB skin testing and Hepatitis Vaccination (or signed declination form) are required.

Students who are ill should not attend class or visit a clinical site if there is any danger of transmission of the

illness to others.

**13.**

**Fairness in Advertising/Access to Information Policy:** It is the policy of this program sponsor to ensure that all

Days/Times

**WHEN:**

Place and Address

**WHERE:**

**INSTRUCTOR:** Name , Title/Licensure

$515.00

**TOTAL**

65.00

43

Contact Name , Programs Coordinator at Phone Number

**QUESTIONS:**

Books

no later than the first class session.

may assume you are enrolled in the class unless you are notified to the contrary. Payment is due

be insured in order to conduct the course. Admission is on a first-come, first-served basis. You

Your application must be received no later than \_\_\_\_\_\_\_\_\_\_\_\_\_\_ and adequate enrollment must

**REGISTRATION:**

Beginning \_\_\_\_\_\_\_\_\_\_\_\_\_ and ending \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATES:**

time is required in addition to the scheduled class time. During clinical experiences students may be

Current CPR certification desirable

2.

18 years of age (or be 18 prior to licensing exam)

1.

**PREREQUISITES:**

clinical areas. Persons successfully completing this course will be eligible for the State licensing exams.

extrication session is held on a Saturday. Professional liability insurance is required prior to entering

exposed to hazardous materials, communicable diseases, lifting and moving, etc. An 8-hour required

3.

medical emergencies and trauma, extrication, and more. A minimum of 40 hours of clinical observation

include: Medico-legal aspects, basic anatomy, patient assessment, basic life support, pre-hospital care of

emergency care field, will provide fundamental working knowledge for the Basic EMT. Topics covered

**WHAT:** This Michigan Department of Consumer & Industry Services-approved course, taught by professionals in the

**BASIC EMERGENCY MEDICAL TECHNICIAN TRAINING**

85.00

Fees

$365.00

**SAMPLE COURSE ANNOUNCEMENT**

Tuition

**COST:**

Proof of Hepatitis B vaccination or signed declination form

5.

Negative TB skin test or chest x-ray with one (1) year of ending date of class

4.

First Aid or Medical First Responder training desirable

? ?

Expanded clinical roles for Paramedics

? ?

This program is one year in length starting every July. There will two areas of instruction: didactic and psychomotor

(clinical experience). Clinical experiences will begin in the class room and extend to ambulance services, hospitals, and

dispatch centers.

After successful completion of the program, the student will be eligible to sit for the state paramedic examination.

After receiving licensure, one may be employable by ambulance services, hospitals and insurance companies, etc.

**ADMISSION PROCESS**

Cardiac Defibrillation

Candidates to the School of EMS must meet with a counselor and submit an application to CCCC. In order to be

accepted, all prerequisites must be successfully completed. These prerequisites include ASSET testing, a medical

history and physical examination, and all appropriate immunizations.

**Call 1-800-555-4EMS for more information about this program**

44

paramedic licensure exam.

**CENTRAL CITY COMMUNITY COLLEGE**

**SCHOOL OF EMS**

Central City Community College will be accepting registrations for its 23rd Emergency Medical Technician-Paramedic

program which will be starting on July 1, 1996. CCCC has been providing quality EMS education since 1974. CCCC

graduates of the School of EMS score consistently in or above the 90th percentile of students who sit for the state

**GENERIC COURSE ANNOUNCEMENT**

**PARAMEDIC SKILLS**

Students enrolled at CCCC School of EMS EMT-P program will learn and become proficient in these areas:

Expanded patient care

? ?

Endotracheal intubation and surgical and surgical airway techniques

? ?

IV therapy and IV drug administration

? ?

Cardiac monitoring and external pacing

? ?

practices as required by Title VI of the Higher Education Amendments, Title IX of the Civil Rights Act, Section 501 of

45

the Rehabilitation Act and the Americans with Disabilities Act of 1990.

sexual orientation, religion, or age in its educational programs, activities, admission procedures or employment

does not discriminate on the basis of race, color, sex, national origin, disability,

**GENERAL NON-DISCRIMINATION POLICY**

**GUIDELINES for**

days of the receipt of the written appeal, the Vice President for Student and Instructional Support

days of his/her appointment. The faculty mediator shall give the student and the Vice President for

The faculty mediator shall discuss the matter with the student and other appropriate parties within five (5)

C.

matter; or (b) designate a faculty mediator.

consideration and provide such counsel as may be helpful in bringing a satisfactory conclusion to the

may (a) convene the Student Coalition Committee as a Resource Panel to review the matter under

the disagreement. The Vice President for Student and Instructional Support Services or his/her designee

Services or his/her designee will meet with the student and other appropriate parties in an attempt to settle

Student and Instructional Support Services his/her analysis of the situation and a decision in writing

his/her designee within seven (7) days after completion of the informal discussion(s). Within five (5)

Services Office, by the student to the Vice President for Student and Instructional Support Services or

presented in writing on a form available from the Vice President for Student and Instructional Support

In the event that the complaint is not resolved thorough the informal discussion, the matter shall be

B.

discussion(s) shall be considered completed ten days after their initiation date.

within ten days after the occurrence of the condition about which he/she is dissatisfied. The informal

twenty (20) days after initiation of his/her hearing(s), and it shall be final.

46

what the complaint is about prior to the meeting. The student must initiate this informal discussion

in writing to both parties and the Vice President for Student and Instructional Support Services within

to be heard within ten (10) days of receipt of this document. The President shall render his/her decision

Mediator’s decision was not satisfactory. The President will give all parties to the matter an opportunity

receipt of the decision submit to the President of the College a written statement as to why the Faculty

If the student is dissatisfied with the decision of the Faculty Mediator he/she must within ten (10) days of

D.

within fifteen (15) days of appointment.

actions under this procedure shall be held in strict confidence and will be available to the student

file maintained by the Vice president for Student and Instructional Support Services. All records of

All documents, communications, and records dealing with an appeal shall be filed in a Student Appeal

B.

Rights and Responsibilities have been violated.

or College employee, or that his/her rights as outlined in the Student Handbook under Policy on Student

A complaint is a claim by one or more students that they have been treated unfairly by a faculty member

A.

initialing the appeal or his/her representative, the person against whom the action is filed or his/her

General Provisions

I.

The purpose of this appeal process is to facilitate equitable solutions to student complaints.

Students who feel they have been treated unfairly by a faculty member or College employee have the right of appeal.

**SAMPLE STUDENT APPEAL PROCESS**

chooses, when discussing the complaint. The student must inform the person or office representative

object of resolving the matter informally. Either party may be accompanied by another person he/she

his/her behalf, with the person or office representative against whom the complaint is alleged, with the

In the interest of maintaining harmonious relations, a complaint shall first be discussed by the student, on

A.

Procedure

II.

from classes, with no penalty during the time their presence is required.

and conferences are held during College hours, employees who are required to attend shall be excused

afford a fair and reasonable opportunity for all appropriate persons to be present. When such hearings

Hearings and conferences held under this procedure shall be conducted at a time and place which will

C.

for Student and Instructional Support Services, and the President of the College.

representative, the faculty mediator, any resource panel, when convened in this matter the Vice President

“To permit access to or to release, transfer, or otherwise communicate by any means the contents

c.

Instructors who have legitimate educational interests.

b.

School personnel

a.

Can be made to:

1.

Permissible disclosure

F.

organization.

of education records or personally identifiable data therein to another person, agency, or

Another school where the student is seeking enrollment

1.

Disclosure

E.

alumni)

Records which contain information obtained only after the person is no longer a student (i.e.

5.

remedial activities such as tutoring.

professional and disclosed only to those involved in the treatment. “Treatment” does not include

Records relating to treatment provided by a physician, psychiatrist or other recognized

4.

Records pertaining to employment by the institution

a.

47

Degree and awards received

d.

Dates of attendance

c.

Major field of study

b.

Student’s name

3.

Includes:

2.

“Directory information” may be disclosed without violating FERPA

1.

Directory information

G.

protect the health or safety of that student or other persons.

Information in connection with a health or safety emergency if that information is needed to

2.

3.

Who is protected?

B.

Written consent is required prior to disclosure of any personally identifiable information.

4.

Right to limit disclosure of information from the records

c.

Right to seek to amend those records

b.

Right to inspect and review education records

a.

Provides for the:

1.

Generally applies to all educational institutions which receive federal funding

2.

Helps protect the privacy of student records

1.

A. Introduction

Family Education Rights and Privacy Act of 1974 (FERPA)

I.

**CONFIDENTIALITY OF STUDENT INFORMATION/RECORDS**

**GUIDELINES for**

party acting for the institution.

Law enforcement, campus security records

2.

Sole possession records or private notes which are not accessible or released to other personnel.

1.

Exclusions

D.

Any records which are shared with or accessible to another individual.

3.

handwriting, print, film, microfilm.”

“Records” is defined as “any information regarded in any way, including but not limited to,

2.

Those records that are directly related to a student and maintained by the institution or by as

1.

What are educational records?

C.

Deceased students

3.

Parents of “dependent” students have access to student records.

2.

parental dependency.

Students who are currently enrolled or formerly enrolled regardless of age or status in regard to

9.

1.

Michigan Codified Law 600.2165

A.

State Law Protection of Student Records

II.

Results of disciplinary hearing to an alleged victim of a crime of violence

10.

To the student

Prohibits instructors or other professional persons engaged in character building, and who

Directory information

8.

Health or safety emergency

7.

To comply with judicial order or subpoena

6.

To parents of dependent child

5.

Should include: all evaluations, progress records, terminal examinations, final grades and credits

48

2/95

awarded, counseling recommendations.

Accrediting organizations

2.

State Department of Education requires maintaining records for a minimum of 5 years.

1.

Maintaining student records

B.

civil or criminal proceedings any information obtained from the records or communications.

maintain records of student behavior or who have records in their custody from disclosing in any

Purpose of the disclosure

Student’s name

a.

Includes:

1.

Personally identifiable information

I.

Party or parties to whom disclosure may be made

c.

b.

b.

Specific records that may be disclosed

a.

Must include:

1.

Written consent to disclose personally identifiable information

H.

J.

4.

Federal, state, or local authorities of financial aid or law enforcement

3.

Schools to which the student is seeking enrollment

2.

School officials

1.

When is consent not required?

List of personal characteristics

e.

Social security or student number

d.

Student’s address or family address

c.

Name of student’s parents or other family members

3.

The threat or insinuation that lack of sexual submission will adversely affect the student’s grades, advancement,

assigned duties, or other conditions that affect the student’s status.

If you believe that you are a victim of sexual harassment, deal with the problem immediately by contacting the Program

Director at . Each student can have the confidence that all allegations of sexual

harassment will be investigated impartially and with discretion.

employee or student.

Anyone who is found, after appropriate investigation, to have engaged in sexual harassment of another will be subject to

discipline, up to and including dismissal, depending on the circumstances.

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harassment is further defined as follows:

**SAMPLE SEXUAL HARASSMENT POLICY**

is committed to providing students and faculty with a learning environment which is

safe, comfortable, and productive. Sexual harassment in any form will not be tolerated.

Sexual harassment is any unwanted sexual attention pressed on an unwilling person by students or faculty. Sexual

1.

Sexual relations, sexual contact, or the threat of sexual relations or sexual contact, which is not freely or mutually

agreeable to both parties.

2.

The continual or repeated verbal abuse of a sexual nature, including but not limited to sexually explicit statements,

sexual suggestive objects or picture, propositions of a sexual nature, sexually degrading words used to describe the

extraordinary skill or talent. The individual can still perform various other positions

compulsive gamblers

4)

pedophiles

3)

person with disorders caused by alcohol that impacts job performance

2)

current illegal drug use (previous use is protected)

1)

Statutory exemptions

c.

within the scope of training.

5)

A disability which excludes a candidate from a specialized job or professional requiring

b.

sprain, infection, pregnancy)

Temporary disabilities: a disability of limited duration with no long term effect (i.e.,

a.

Limits to protection

2.

permanent or expected impact

A.

50

Separate benefit

C.

Participation of unequal benefit

B.

Denial of participation

-

III. Activities that Are Prohibited:

kleptomaniacs

9)

exhibitionists

8)

pyromaniacs

7)

voyeurs

6)

homosexuals, bisexuals, transsexuals, transvestites

A.

II.

enjoyment of the goods, services, facilities, privileges, advantages or accommodations...”

As a general rule, individuals cannot be discriminated against on the basis of a disability in the “full and equal

General prohibitions of discrimination

B.

courses.

graduate private school, or other place of education”. In addition, it includes in the definition exams and

Title III of the ADA includes in its definition of public accommodation an “undergraduate” or post-

Applicability

Duty of Accommodation

telecommunications.

broad protection to the disabled in areas of employment, public accommodations provided by private entities and

In 1990, President Bush signed into law the Americans with Disabilities Act of 1990 (ADA) . The ADA provides

Application of the ADA to the Educational Process

I.

**(AMERICANS WITH DISABILITIES ACT OF 1990)**

**DUTIES TO THE DISABLED STUDENT**

**GUIDELINE**

\*

duration - or expected duration

-

nature and severity

-

“Substantially limited” is based on:

life activity (i.e., ability to walk, talk, work, see, hear, study, read, learn)

A protected disability is a physical or mental impairment that substantially limits a person in some major

who are regarded by the public as having a disability

c.

with a history of having such a disability

b.

with physical or mental disability

a.

Protection is provided to individuals:

1.

Scope

A.

C.

A modification that is so significant that it alters the essential nature of the education

1.

Fundamental alteration

B.

about disability”

however, must be based on actual risks and not on speculation, stereotypes, or generalizations

rules and criteria that are necessary for the safe operation of its business...Safety criteria,

House Committee on Education and Labor states that: “A public accommodation may...impose

Undue Burden

If eligibility criteria is necessary to providing an educational opportunity

1.

Necessity

A.

Defenses to Accommodation

V.

exam is trying to measure.

Auxiliary aids not required if it would fundamentally alter the measurement of the skills or knowledge the

\*

51

policy, practice or procedure, or by the provision of auxiliary aids or services”

“Significant risk to the health and safety of others that cannot be eliminated by a modification of

1.

Direct threat defense

D.

completion of the program?

Put the burden of proof back on the student to determine what needs to be provided.

those requirements are necessary to providing the education. Are they essential requirements for

In establishing any eligibility criteria which would tend to screen out disabled persons, consider whether

\*

expenses, resources, and legitimate safety requirements.

overall financial resources of the institution, the number of students, the effect on

b.

the nature and cost of the action needed

a.

“Significant difficulty or expense”. Factors to be considered include:

1.

reasonable and nondiscriminatory.

Not obligated to waive, modify program requirements or lower academic requirements which are

\*

educational opportunity.

you can demonstrate that making such accommodations would fundamentally alter the nature of the

It is discriminatory to fail to make reasonable modifications to policies, practices, or procedures, unless

\*

opportunity.

unless the criteria is shown to be necessary or essential function for the provision of the educational

It is discriminatory to impose or apply eligibility criteria that tend to screen out disabled individuals

\*

Administrative methods

E.

Opportunity to participate

D.

1.

2.

readers, translators, videotaped lectures, prepared notes, large print materials)

Must provide appropriate adjunctive aids and services (specialized voice activated computers,

1.

Provision of auxiliary aids

C.

Change in the manner in which the course is conducted

3.

Substitution of specific requirements

2.

Change in length of time permitted to complete the course.

Suggested modifications

B.

is given is accessible.

Must make modifications to a course that ensure that the place and manner in which the course

1.

Modifications

A.

The specific requirements include:

In general, examinations and courses must be offered in a place and manner accessible to persons with disabilities.

Special Considerations for Examinations and Courses

IV.

D.

VI.

Summary

A.

Identify essential functions and standards of course program completion. Make these known prior to the

student’s entry into the program.

B.

Identify what a disabled person can do, not what he cannot do

C.

When making reasonable accommodations, an institution does not have to waive or modify program

requirements or lower academic standards.

Shift the burden of accommodation to the disabled individual. Have him/her identify what special aids

will be needed.

E.

Establish a consistent, objective system for individuals assessment of disabled students who demonstrate

an inability to effectively perform or succeed.

52

whether reasonable modifications will decrease the risk

2.

Need to determine the:

a.

nature, duration, and severity of the risk

b.

probability that the potential injury will actually occur

c.

\*

When confronted with a disabled student who poses a direct threat to the health and safety of others,

consider the following:

-

is the risk so significant that a modification will not eliminate the risk?

-

that the determination of “risk” is based on an individualized assessment using reasonable

judgment based on objective evidence of medical knowledge.

Admission requirements, transfer admissions

4.

“Automatic” dismissal policies for unsatisfactory progress, should be reviewed for appropriateness and uniformity.

Must be published.

5.

Academic, clinical evaluation methods

6.

Required courses, prerequisites

7.

Refund policies

8.

Clearly documented due process procedure, including an appeal mechanism

9.

Narrative records of incidents that may increase liability:

disciplinary actions, accidents

10.

Records of student evaluations, grades

53

? ?

**SAMPLE PROFESSIONAL PROTECTION CHECKLIST**

Listed below are several items that should be kept on file and/or provided to the student.

1.

Requirements for continuance, good standing and program completion

2.

Each instructor should distribute and explain the course syllabus at the first class meeting. The class syllabus

should include:

attendance requirements

course requirements

? ?

specific due dates for assignments/projects

? ?

method of determining grade

? ?

format for submitting written work

? ?

penalties for late work

? ?

description of course content and objectives

? ?

3.

NI

Comments:

Remains non-judgmental

U

NI

S

Maintains Composure

U

S

Obtains information objectively

U

NI

S

history of the child a current history of the incident from the father.

**Valuing Level Evaluation-Scenario/Observational Report:** Given the situation above, obtain a medical

judgmental, objective response even when questioned by others.

54

obtained a medical history of the child a current history of the incident from the father in a non-

**Organizing Level Evaluation-Scenario/Observational Report:** Given the situation above and having

**Organizing Level Objective:** Given a situation of child abuse, the EMT will be able to defend his non-

**Receiving Level Evaluation:** Given the situation above, choose of the following, the correct response:

d.

Obtain information from the father and child in a non-judgmental fashion.

\*c.

Be very angry with the father in front of the child so the child will know who was at fault.

b.

Explain to the father why he was wrong to do what he did and recommend counseling.

a.

Be very angry with the child as his poor behavior caused the whole incident.

EMT will identify the appropriate response.

**Receiving Level Objective**: Given a list of possible emotional responses when dealing with child abuse, the

upper arms by shaking the child violently.

The following examples deal with a situation of child abuse. The father has broken both of his 4-year-old son’s

**Affective Evaluation Examples**

Anger

response.

**Valuing Level Objective:** Given a situation of child abuse, the EMT will initiate a professional emotional

Maintain composure

Objective

Non-judgmental

Points for the following responses:

Pity

**SAMPLE Exercise**

Expected feelings:

toward the father and how to appropriately respond emotionally to the situation.

**Responding Level Evaluation-Written or Oral:** Given the situation above, please describe your feelings

appropriate emotional responses of the EMT.

**Responding Level Objective:** When dealing with child abuse situations, the EMT will be able to discuss

U

begins to accuse the father and become very angry. Please respond.

S

NI

U

Interrupts partner’s questioning and takes control appropriately

S

NI

U

Maintains professionalism while dealing with father

S

NI

**Organizing Level Evaluation-Scenario/Observational Report:** Given the situation above your senior partner

Explains to the partner after the scenario reasons for maintaining professionalism while

dealing with father

Comments:

55

U

yourself.

S

NI

U

Maintains current response as appropriate

S

NI

U

Maintains composure while dealing with partner

S

NI

judgmental, objective fashion, your senior partner questions your response. Please defend

Explains accurately reasons for maintaining professionalism while dealing with father

Comments:

**Characterizing Level Objective:** Given a situation of child abuse, the EMT will be able appropriately

intervene when his partner loses self-control when obtaining a medical history.

12. My clinical training was well organized.

4.

3.

2.

1.

11. I gained a good understanding of the concepts and principles relating to the EMS field.

4.

3.

2.

1.

10. Examinations were graded and returned to students in a timely manner.

1.

4.

3.

2.

1.

9. The instructor was willing to discuss examination outcomes.

4.

3.

2.

1.

8. Course examinations covered the important aspects of the course.

4.

2.

56

4.

3.

3.

1.

14. I believe the course adequately prepared me for state licensing examinations.

4.

3.

2.

1.

13. My clinical training was effective in offering “hands-on” experience relative to course clinical objectives.

4.

3.

2.

4.

3.

2.

1.

2. The course was well organized and the topics were adequately covered.

4.

3.

2.

1.

course) at the beginning of the course.

1. The Instructor/Coordinator shared course objectives (what you needed to accomplish to successfully complete the

3. The instructors had a thorough knowledge of the subject taught.

Strongly Disagree

4.

Slightly Disagree

3.

Slightly Agree

2.

Strongly Agree

1.

Please select and circle the response that comes closest to the way you feel about each statement.

**SAMPLE EVALUATION FORM**

1.

2.

1.

7. Work assignments, grading system, and attendance requirements were made clear from the beginning of the course.

4.

3.

2.

1.

6. The instructors were supportive of classroom participation and encouraged student interaction.

4.

3.

2.

5. The instructors were well prepared for each class.

4.

3.

2.

1.

4. The instructors used class time well.

4.

3.

2.

1.

3.

3.

4.

19. I would recommend this instructor to a friend wishing to train for the EMS field.

1.

2.

3.

4.

20. I would recommend this program sponsor to a friend wishing to train for the EMS field.

1.

2.

2.

4.

Additional comments please:

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3.

15. There was adequate time devoted to practical skill training using equipment, mannequins, etc.

1.

2.

3.

4.

16. There was adequate equipment available during practical skill sessions.

1.

2.

4.

17. The equipment used was in good repair.

1.

2.

3.

4.

18. Visual aids were used appropriately to illustrate the subject matter.

1.