Introduction

This manual is meant to provide a working framework for the Emergency Medical Services (EMS) program, especially the hospital and field clinical program. The manual is written for students, staff, mentors and preceptors to better understand and implement the policies and procedures that are specific to the EMS program. Please read this carefully, you will be held accountable for information contained in this document. At first the paramedic program may seem a bit overwhelming. There is a lot of information to process and be comfortable with. Please ask for help.

Mission and Objectives

The mission of the Emergency Medical Services Degree Program is to offer excellent education for prehospital care clinicians, educators, and leaders.

The goals of the EMS program are to:

1. Prepare future field clinicians for a successful career in the field of Emergency Medical Services (EMS);
2. Promote innovation, research and development of the Emergency Medical Services field;
3. Develop future leaders of the Emergency Medical Services field;
4. Promote professionalism and innovation in the delivery of EMS education in the State of Minnesota, the United States and internationally;
5. Continually assess and improve the scope, depth, and quality of its program offerings;
6. Offer an academic framework for current EMS education offerings and provide transferable college credit that will encourage and facilitate academic degree completion by current field clinicians, educators, and managers.

Medical Direction

The Emergency Medical Services Degree Program receives medical direction from Regions Hospital EMS. In fact, the EMS program is really a continuation of the Ramsey EMS paramedic program that was one of the first paramedic training programs in the state of Minnesota.

Dr. Kory Kaye is the IHCC EMS program’s medical director and is board certified in emergency medicine. Dr. Kaye has over 20 years experience in the EMS field and was an EMT before becoming an emergency physician. She actively works at Regions Hospital’s Emergency Department, a level one trauma and cardiac center.

Physicians and nurses from Regions hospital are frequent guest speakers in the IHCC EMS program.
Clinical Sites

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<th>Primary Field Clinical Affiliates:</th>
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<td>Allina Medical Transportation</td>
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Objectives of the Hospital and Field Clinical and Internship Program:

- Graduate competent entry-level paramedic students.
- Create opportunities for student's to practice and improve their clinical prehospital skills in the field environment while making connections with potential employers.

Student Policies

EMS program students are required to follow the Inver Hills Community College campus wide policies and procedures. Please review and become familiar with the Inver Hills student handbook.

Insurance

Personal Health

Due to the inherent risks involved with EMS and for the benefit of your own health, all students are required to have personal health insurance. A copy of your current card should be on file with the program director.
**Malpractice**

All students must be covered by the Inver Hills Community College Malpractice/Liability insurance policy while they are enrolled in the EMS program. This fee is included in student tuition and fees.

**Student Progress**

Students advance in the EMS program by completing lecture, lab and clinical courses. The objectives for each course are clearly explained in the syllabi for each course. Students are required to read the syllabus for each of the classes they are enrolled in. Consider the syllabus like a contract between each student and the instructor teaching the course.

Students advance in the Hospital and Field Clinical program by meeting skill and assessment objectives along with affective behavior objectives outlined in the course syllabus. A minimum number of hours are required in various clinical settings as well as minimum skill competencies.

**Patient Care**

Students will be required to perform patient care on real patients during real medical emergencies. While providing care, students are under the direct supervision of their mentors, preceptors or instructors. The ultimate responsibility for patient care always rests with the mentor or preceptor. Students will only perform the skills that are approved for the particular ambulance service or hospital and do so only when they are in the presence and are authorized to do so by their mentor or preceptor. Students are required to have covered the material and skill practice in the classroom before attempting the skill in the clinical setting.

**Dismissal: Shift, Site, Program**

Students who do not follow the code of professional conduct and guidelines outlined in this manual will receive verbal and written warning of their failure to perform according to these standards. Students may be dismissed at any time if the mentor, preceptor, instructor, program director, or medical director feel that the student should not be allowed to continue on a shift or in the field clinical program or in the hospital clinical course. A written report of this dismissal must be presented to the instructor and/or director as soon as possible for further action.

**Clinical Mentors**

Students are assigned to one field paramedic mentor, one hospital emergency department nurse, and one emergency physician for the majority of their time during the hospital and field clinical experience.

The learning which occurs over the internship is slow progression which is best observed by the primary mentors.
Lead Mentors

In addition to their primary mentors, each student will be assigned to a Lead Mentor. Lead mentors are experienced mentors that are very familiar with the EMS program and act as a quality assurance and reliability check, as well as being liaisons between the clinical sites and the IHCC faculty. Lead mentors directly evaluate student progress at the clinical sites and coach students who may be struggling. All students are required to perform at least two clinical shifts with their lead mentor. If a primary mentor is on vacation, sick or injured the lead mentor is another resource for the student to continue their clinical work.

In order to advance through each phase of the hospital and field clinicals, IHCC instructors (in consultation with the student’s mentors) will directly evaluate student performance in the clinical setting and approve advancement to the next phase. Ambulance and hospital shifts with instructors will be required in each Phase of training.

Faculty Advisors

Each student is also assigned a faculty advisor. This instructor acts a resource and advocate for their students. Students are encouraged to set up additional ride alongs, group study sessions or one-on-one meetings with their advisor.

Mentor Selection

QUALIFICATIONS:

Mentor candidates must meet the following qualifications:

1- They must be actively working in the EMS field and have a minimum of 3 years experience as a field paramedic or Emergency Department staff, with a minimum of 1 year service at their current employer.

2- Mentors must have a strong clinical background, be in good standing and receive endorsement from their nurse manager or ambulance service supervisor, as well as their medical director. The Inver Hills EMS program director and medical director always have final approval on who will be a mentor.

SELECTION:

Mentors are interviewed and selected by the clinical instructors in consultation with the EMS program director and Medical Director.

BENEFITS:

Through our website, www.ehs.net/mentor/, phone and e-mail communication mentors will be kept informed of overall student progress, and the progress of their particular student. Mentors are encouraged to attend class with students; they will be informed when guest speakers and key lectures are given at the Inver Hills Community College EMS program. Preceptors (MENTORS?) may attend these lectures for continuing education credit at no cost to them, during the year they are serving as a preceptor.

Mentors who wish to use web-based lectures will be granted access and provided free education on how to use this account.

Mentors who are interested will be assigned a membership card to have access to the
IHCC athletic facilities.

**ORIENTATION:**
Orientation of mentors and students will take place prior to the beginning of classes on each year. Orientation will cover the following topics:

1. Welcome and Introduction of students, mentors, and faculty.
2. History of the EMS program
3. Structure of the Paramedic Core
4. Overview of the Field/Clinical Internship
5. Student Manual Overview
6. Documentation (run sheets and IHCC evaluation forms)
7. Computer systems
8. Campus Tour

**Mentor Switching**

Mentor Switching is discouraged. If there is a problem between a student and a Mentor both parties should try to discuss it openly and resolve it as much as possible. The student’s instructor is also available as a mediator in difficult situations. Mentors are encouraged to contact an instructor if problems are noted. Mentors ideas, perceptions and opinions are valued and weigh heavily into the educational process for the student.

In extreme circumstances it is possible to switch mentors. The student may petition (in writing) to switch mentors. Petitions will be considered by the Field clinical instructor. Petitions will be considered seriously and granted as much as possible for the following reasons:

- The mentor and the student have tried to make their working relationship function appropriately and cannot resolve personal differences
- Personality conflicts
- Sub-standard mentor or student performance

Switches **will not be considered** due to:

- Scheduling conflicts
- Ambulance run volume, hospital patient census or types of patient complaints
- Disagreements on philosophies of providing EMS care

**Scheduling (Hours/Reporting)**

All scheduling for the EMS department clinicals is performed in FISDAP; an internet based clinical tracking system. The calendar in FISDAP is the official calendar for the program and represents a real-time accurate schedule of student clinicals.

Students are responsible for making sure their schedule is up to date in FISDAP. Students must schedule hospital and field clinicals with their mentor. During each phase of the program students must complete a minimum number of clinical hours outlined in the syllabus for each class. Students should obtain their mentor’s schedule and discuss what shifts are open for the student to attend. Some mentor schedules are pre-entered in FISDAP and are available for viewing/selecting.
The student must turn in a schedule of their shifts for the semester by the tenth day of class.

If the mentor or internship site does not have a pre-entered scheduled in FISDAP, the student’s schedule must be approved by the student’s mentor and then entered in FISDAP. The schedule in FISDAP must be up-to-date at all times. Any changes must be approved one week in advance by the Field Clinical Instructor and Mentor. All changes must be recorded in FISDAP.

It is strongly discouraged for students to make any changes to their schedule once it is filed. Any changes must be submitted in writing to the field clinical instructor with a detailed description of the reason for the change.

**Documentation**

**Written Run reports**

Documentation is a critical component of good patient care. Documentation reflects good assessment, treatment and a legal record of the interaction. As part of student clinical experiences and scenario simulations students are required to complete a mock EMS run report form.

Important Confidentiality note: Students are prohibited from using real names, locations or any information that identifies a real patient. Mock names should be used. Students are prohibited from removing any identifying patient information from the premises of a clinical site. When discussing cases in a learning environment identifying information should remain confidential. Inver Hills is in full compliance with state privacy laws and federal HIPAA laws. If you break confidentiality you may be accountable to state and federal regulatory agencies outside Inver Hills.

A. Complete a run report on every field patient contact.
   "Students are prohibited from completing the actual/real ambulance service run report unless they are employees of that service.

B. All run reports must be written the same shift as the run occurred.

C. Run reports must be in the IHCC SOAP format outlined in the syllabus for each respective course to receive credit. Use as many approved abbreviations as possible (see list).

D. Students are required to enter each run into FISDAP (http://www.FISDAP.net/) for all runs, including those entered only into the FISDAP narrative and not onto paper.

E. After all forms have been entered into the computer the student will turn them in to the secretary on the first floor of the building on the first Monday after the clinical.

F. Interesting hospital and field cases may be reviewed during the case presentation session and the student may be asked to present their case for the entire class.

The run report grading form can be found at:
http://www.ehs.net/mentor

**Mentor Documentation**

Mentors must sign the clinical shift log on each patient encounter

Mentors must document the student’s performance on each phase by filling...
out the evaluation sheet appropriate for that phase.

The evaluation sheets can be given to the student or sent directly to the field clinical instructor.

**Reporting for work and tardiness**

Due to the unpredictable nature of Emergency Medical Services, punctuality is very important. Paramedics arriving late may force a department to operate understaffed, or force an off-going crew to be held on overtime. Arriving on time is just as important for students. Showing up even a few minutes late may mean missing your mentor for up to several hours, depending on call volume and unit availability. More importantly, it demonstrates a lack of professionalism, respect and commitment to the EMS program.

You are required to report for your shifts 15 minutes prior to the start of shift. This policy is in effect for all clinicals, both in hospital and in the field.

**EXPECTATION:**
Students are expected to be on time and prepared to work at time of scheduled class start.

**PRINCIPLES:**
1. All student absences or tardies at clinicals must be reported immediately.
2. Every absence or tardy is considered “unexcused” until reviewed by your clinical instructor.
3. Make-up work is required for all absences or tardies. Make-up work must be proposed or designed by the student and approved/amended by the instructor. *Note for Hospital and Field Clinicals:* Make-ups will be scheduled on a first-come/first-serve if additional clinical hours are available. Make-ups may be limited based on available opportunities. No make-ups will be granted after the last scheduled clinical.
4. A single unexcused absences or tardies from a clinical will result in suspension of clinicals. However, absences may negatively affect individual course grades, up to and including failure.

**PROCESS FOR REPORTING AN ABSENCE OR TARDY:**

**Student Responsibilities:**
If you are going to be late to a field shift for ANY reason you are required to do ALL the following **BEFORE** your shift is supposed to begin:
1. Call your mentor and speak with them directly*
2. Call the on-call instructor line: (651)755-1132
3. Call your field clinical instructor on their office phone (651) 450-8576 and leave voice mail.

Note: Mentors will report all episodes of tardiness and absence with the forms provided or by sending e-mail to the instructor. (dpage@inverhills.edu or Ddoering@inverhills.edu or tradant@inverhills.edu)

Chronic tardiness will affect your grade and/or your standing in the paramedic program.

Unexcused absences/tardiness will not be tolerated.
Sick Calls

Working while you are ill helps no one. You run the risk of not only making yourself sicker, but also infecting your assigned crew, hospital staff, and patients.

While no one wants to miss a clinical, you should call in sick if you have one or more of the following:

1: Fever >100 degrees.
2: Frequent productive cough.
3: Nausea and vomiting.
4: Diarrhea.
5: Any infectious disease (strep throat, chicken pox, etc.), unless you are cleared to return to duty by a physician.
6: Any condition where you feel your illness or injury will disrupt the function of the crew (needing to leave early after you arrive, etc.), or is disruptive to patient care.

Notify your mentor if you are calling in sick for a scheduled shift with him/her, preferably at least 2 hours before the scheduled start of shift. After calling your mentor, you must also notify your instructor by leaving a voice-mail or e-mail and sending a personal message via MOODLE or found on our website at: http://www.ehs.net/tardy.doc

NOTE: Mentors or preceptors may dismiss a student from the clinical site if the student appears ill, and/or is unable to complete his/her duties due to illness or injury.

Mentors Note: Absences due to illness or injury will also be reported on the tardiness/absence form.

Inclement Weather

Due to the extreme fluctuations in Minnesota weather, especially in winter, people are often classified as essential or non-essential personnel. Paramedics are generally considered "essential personnel", meaning they must make every reasonable attempt to go to work regardless of weather conditions. This does not hold true for students.

In the event of inclement weather, www.wcco.com; WCCO TV channel 4 and WCCO radio 830 am will broadcast any closing of federal, state, county, and local government offices to "non-essential" personnel. If your clinical site orders it's "non-essential" employees to stay home (i.e. St. Paul city offices, Hennepin County offices), students should also stay home. Students should also use common sense...If you don't think you can safely make it to your field internship site, don't go.

Remember that unless Inver Hills Community College is announced as "closed" due to weather, classes will be held.

If the student is not coming in due to weather, they should follow the tardy/absent policy and document the absence by completing the Tardy/Absence on our website at: 
If inclement weather occurs while the student is on duty, reasonable efforts will be made to get the person back to quarters to get off on time. It should be understood that driving conditions, call volume, and staff shortages may result in the crew (and student) being held on overtime.

NOTE: All time missed from clinical shifts, regardless of reason, must be made up.

**Infection control**

Students must wear personal protective equipment any time they are in contact with a patient.

A. Exposure to blood should be minimized.

- When the possibility of exposure to blood or other body fluid exists, gloves are recommended. During extrication, or when broken glass is present, extrication gloves or firefighter gloves should be used. When hand washing facilities are not available, an antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic wipes will be used. When antiseptic hand cleansers or wipes are used, hands shall be washed with soap and running water as soon as feasible.
- Students will wash their hands immediately or as soon as feasible after the removal of gloves or other personal protective equipment.
- Students shall wash hands any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following the contact of such body areas with bodily fluids or other potentially infectious materials.
- Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed. Shearing or breaking of contaminated needles is prohibited.
- Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly processed. These containers shall be:
  - Puncture resistant; and
  - Labeled or color-coded in accordance with this standard; and
  - Leak proof on the sides and bottom.
- Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.
- Food and drink shall not be stored in an area where bodily fluids or other potentially infectious materials are present.
- All procedures involving bodily fluids or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances. When there is a risk of eye or mouth contamination (for example, the patient is vomiting bloody material or there is arterial bleeding), protective eye wear and masks are recommended.
- Specimens of bodily fluids or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.
- Equipment which may become contaminated with bodily fluids or other potentially infectious materials shall be examined and decontaminated as
necessary, unless decontamination of such equipment or portions of such equipment is not feasible.

**Personal Protective Equipment (PPE)**

- Students are encouraged to receive the three immunization Hepatitis B series. If the student wishes to decline, a waiver must be signed. There is no vaccine for Hepatitis C or HIV.

- Students will use appropriate PPE necessary to protect them from likely exposure to OPIM. The equipment should be chosen specifically for the hazardous task; i.e., gloves and eye protection for when splashing may occur, or N-95 mask.

- In the event a Bloodborne pathogen exposure be suspected or known to have occurred the following procedure must be observed:
  
  - First aid and proper wound cleansing must occur immediately with out delay. If possible, wound cleansing should be done with seconds of exposure. The wound should be flushed with water (and soap if available) for 5-10 minutes. Eye contamination should be flushed for 15-30 minutes continuously. The location of hand and eye washing stations must be reviewed with all at-risk employees and readily available for use.

  - Any possible exposure must be reported to the instructor as soon as possible but no later than 24 hours after the incident. Immediate care must be initiated where the incident occurred.

B. Needles and other sharp objects should be considered as potentially infective and be handled with extraordinary care.

Needles should not be recapped. If it is absolutely necessary to recap a needle use the appropriate technique (shoe holding the cap to the floor). Needles syringes and broken vials should be immediately placed in a puncture-proof “sharps” container after use.

C. Pocket masks with one-way valves or positive pressure ventilators should be used for artificial respiration. Masks should be worn by the EMT or patient for those infectious agents known to be transmitted by the airborne route (i.e., tuberculosis, chicken pox, measles, etc...).

D. Sufficient information should be obtained to determine if a patient may have active tuberculosis (TB); recent history of TB, HIV infection, fever, recent with loss or cough. A surgical mask should be placed on patients with a history suggestive of active TB unless the mask would compromise the patient's respiratory status. In circumstances where a surgical mask appears to make or might make the patient's breathing worse, the prehospital personnel should wear surgical masks. Ventilation should be maximized in the patient compartment during transport of patients known to have active TB.

E. Equipment should be thoroughly cleaned after each use. Disposable equipment should be considered for use whenever appropriate.

F. In the event of significant exposure an instructor should be notified and an incident report filed.

G. Significant exposure is defined as the following:
• Any puncture of the skin by a needle or other sharp object that has had contact with patient’s blood or body fluids or with fluids infused into the patient.
• Blood spattered onto mucous membranes (e.g. mouth) or eyes.
• Contamination of open skin (cuts, abrasions, blisters, open dermatitis) with blood, vomit, saliva, amniotic fluid or urine. Bite wound to providers would be included in this category.

(These protocols were adapted from the Hennepin County EMS System Medical Protocols)

Mental Health

Emergency Medical Services provides a challenging, sometimes rewarding, and nearly always stressful career. Preventing burnout by remaining mentally healthy is as important to staying in this career as maintaining physical health.

Sometimes even routine problems can cause more stress than we can manage. This is especially true in the student environment, where you are experiencing emergency services stress, the stress of being a student, possible financial strain, and the strain of not having enough time to yourself, or to spend with family members. One way to help reduce this stress is to talk to someone you trust: your mentor, a fellow student, or your spouse or significant other.

If at any time during the class or your involvement with the Inver Hills EMS programs, you feel as though a simulation, clinical, ride-along, or other event has affected you, please contact your instructor/advisor immediately. She or he can put you in contact with a peer counselor from the Metro-Region CISM/Peer Counseling team. You are encouraged to familiarize yourself with the causes and contributing factors of critical incident and cumulative stress, and learn to recognize the normal stress reactions that can develop from providing emergency medical services.

The Metro-Region CISM/Peer Counseling Program is available to Emergency Service personnel and IHCC EMS students. The program consists of mental health professionals, chaplains, and trained peer support personnel who develop stress reduction activities, provide training, conduct a defusing or debriefing, and assist emergency services personnel in locating available resources. The team will provide voluntary and confidential assistance to those wanting to discuss conflicts or feelings concerning their work or how their work affects their personal lives.

Critical Incidents:

As an EMS provider, you often encounter events that would overwhelm the average person. You and your peers have built up strong emotional defenses to these events. A critical incident is an event that has the emotional power to overcome your coping abilities. Some typical critical incidents are:

1. Line of duty death.
2. Serious injury to emergency services worker.
3. Mass Casualty Incident
4. Suicide of emergency services worker.
5. Traumatic death of children.
6. Serious injuries to children.
7. Victims that are known to emergency services workers.
If you are involved in a critical incident, you may be invited to a Critical Incident Stress Debriefing (CISD). Your mentor will contact you if there is a debriefing scheduled. In addition, the requesting agency will advise IHCC EMS program staff, who may also notify you.

A CISD is usually held 24 to 72 hours after a critical incident. It is facilitated by a mental health professional and peer counselors from the Metro-Region CISM team.

A CISD is not a performance critique. Instead, it serves to walk providers through the incident, concentrating on their thoughts and feelings during and after the incident. Time is also spent discussing any stress reactions that may be occurring, and assuring providers that such reactions are NORMAL. Providers are also taught some methods of managing these stress reactions.

**Attendance at Critical Incident Stress Debriefings is strongly suggested for any IHCC EMS students who have been involved in a critical incident.**

Any student who is demonstrating a significant symptom of stress may be dismissed from field clinical by their mentor or advisor, until s/he is cleared by a mental health professional.

**College Policies**

The IHCC Course Catalog and links at the IHCC web site (www.inverhills.edu > Enrollment > College Policies) will provide you with explanations of a variety of college and campus policies. Student behavior and rights are governed by these policies and you as an EMS Student at Inver Hills are responsible for these as well as specific EMS program policies. Students with further questions about College or EMS Program policies should see their instructor, the EMS Program director or the College Office of Student Affairs.

**Substance use/abuse:**

Federal law as well as the code of conduct at Inver Hills Community College prohibits the unlawful possession and use or distribution of drugs and alcohol for any member of the college community. This includes all activities on college premises or during any college-sponsored activity held on or off campus, including field and hospital clinical shifts.

No Student or Employee shall possess with intent to or use, manufacture, sell, give away, barter, deliver, exchange, or distribute a controlled substance or drug paraphernalia as defined in Minnesota Statutes—Chapter 152—while on campus or involved in any college activity, service, project, program or work situation.

Attending clinicals while under the influence of alcohol or drugs is unlawful and prohibited. It is inappropriate to be under the influence or have consumed within the last 8 hours any substance that would alter your state of mind, or jeopardize patient the safety of the crew, hospital staff or yourself.

If you are suspected of being under the influence of alcohol or drugs, you will be immediately dismissed from your shift by your mentor. If this occurs you must
notify your instructor immediately via pager and voice mail and complete an incident report in writing. All employees and students are expected to abide by the conditions outlined in college substance abuse policy. The EMS Program and Inver Hills Community College will take disciplinary action against persons associated with the College who fail to comply with this policy.

Students suspected of being in violation of this policy will immediately be referred to the Vice President of Student Affairs. The VP of Student Affairs provides the student with hard copies of the IHCC Code of Conduct, formal disciplinary process, and a listing of Minnesota and federal penalties and sanctions for the violation of alcohol and drug laws. After meeting with the student, the VP of Student Affairs determines whether to (1) initiate a formal investigation of the charge by the institution; (2) refer the matter to local law enforcement authorities; and/or (3) issue a sanction in accordance with the violation. Sanctions include, but are not limited to, warning, restitution, probation, suspension, mandated course withdrawal, expulsion, counseling or referral.

Student Conduct

The EMS Program expects each student to conduct him/herself in accordance with college policy, applicable laws, the EMS professional behavior evaluation form and generally accepted norms of conduct. Code of Conduct regulations apply on all campus property and at all college-sponsored off-campus activities including hospital and field clinicals.

For appropriate behavior guidelines see the IHCC Code of Conduct for Student Behavior and the EMS professional behavior evaluation form. Student behavior that threatens and/or endangers the psychological or physical safety of a patient, ambulance staff member or instructor will result in immediate dismissal from the classroom/clinical site and referral to the IHCC Student disciplinary process.

Student disciplinary procedures apply when a charge of misconduct or unlawful behavior, which may result in substantial disciplinary action, is brought against a student. Student discipline will follow a procedure allowing for due process and appeal according to MnSCU policies. A copy of the Student Code of Conduct Disciplinary Process may be obtained from the Dean of Students Office or on the college web site.
Complaint/Grievance Procedure

A complaint is an informal claim regarding alleged improper, unfair, arbitrary or discriminatory treatment. Any student or group of students may file a complaint concerning any campus issue and discuss it with the appropriate employees or administrators. EMS Students are encouraged to resolve issues informally by meeting and discussing complaints directly with the faculty or staff member involved. A complaint may constitute a grievance if the issue is not mutually resolved, and the complaint falls within the description of a grievance. Student Complaint and Grievance Procedures may be obtained from the Dean of Students Office, the IHCC Course Catalog or on the college web site.

Complaints—Step I

Student confers with involved faculty/staff member in order to resolve issue informally. 

If complaint is not resolved, student may submit complaint to employee’s supervisor. Supervisor will attempt to reach mutually acceptable resolution.

Grievances—Step II

If an unresolved complaint meets the definition of a grievance, the student may submit written grievance to the appropriate administrator.

Administrator discusses grievance with student and affected employee. If grievance is resolved, decision is documented.

Administrator discusses grievance with student and affected employee. If unresolved, administrator provides written answer to student.

Step III

If grievance is unresolved, student may submit written grievance to college president.

President or designee meets with student in attempt to resolve issue. President’s decision is final.
Physical Fitness and Lifting:

EMS can be a physically demanding field. Keeping physically fit through proper diet and exercise and rest will help you look professional, and more importantly, it will help prevent you from falling victim to many "job related" injuries. Also, should an injury occur, your fitness will help speed your recovery.

During your clinical experience you are expected to participate as a full member of the crew with which you are riding. This will include carrying equipment and assisting with the lifting and carrying of patients.

Physical fitness is often overlooked in EMS curriculum and practice. It is however one of the most important aspects of preparation and participation in an EMS career. For many EMS workers being safe on the job means approaching ambulance work like an athlete approaches a game. Although you might not use your maximum physical output on each ambulance call, or each shift, being prepared to give your all is vital to staying healthy. Your risk of injury increases dramatically if you do not stay ready and healthy. Your approach to this issue will dictate whether EMS is your long term career or a short term job.

Always stretch before and during your shifts. Remember to keep you back in neutral at all times. Lift with your legs and whenever possible have a spotter.

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Inver Hills Community College
Emergency Medical Services Department
Student Uniform Policy

This uniform protocol applies to all IHCC EMS students enrolled in all EMS Department courses unless specified otherwise by course instructor.

The uniform must be clean and present a professional appearance at all times. If purchasing this uniform will cause you financial hardship, please contact your instructor. There may be used uniforms donated by past students, or cost effective alternatives available.

Hair

- Hair that is shoulder length or longer must be tied back.
- Beards and mustaches must be neatly trimmed (shaving of beards and mustaches may be required for the clinical courses to allow proper fit of HEPA masks).
- Approved winter hats may be worn in winter weather or as approved by the instructor. No other head covering or caps are permitted.

Jewelry

- Small "post" earrings and nose rings are acceptable (no hoops or dangles are permitted).
- Visible piercings, other than described above, should be removed when in uniform.
- Other visible jewelry, including necklaces, should be removed when in uniform.

Uniform Shirts

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All uniform shirts must be clean, in good condition and worn tucked in at all times.

FULL (for all clinicals and when working with ambulances):
- Textrup, Elbeco, French-Blue with IHCC EMS Patch on the left shoulder, IHCC EMT patch (if currently certified as EMT-Basic) on the right shoulder. Purchase at Aspen Mills.
- A white undershirt must be worn with no visible sleeves or lettering showing.
- In winter weather only, white turtlenecks or white thermal underwear may be worn under full uniform shirt.

CLASSROOM (for all courses when NOT with ambulances):
- Navy blue t-shirt with Inver Hills EMS logo printed on left front. Purchase at Aspen Mills or other resource as authorized by the EMS Program.
- In colder temperatures the t-shirt may be worn with the approved fleece jacket as an outer garment.

Uniform Pants
- Navy blue or black pants may be worn for CLASSROOM and FULL UNIFORM. Jeans MAY NOT be worn as part of either uniform.
- For students pursuing a Paramedic Degree or Certificate, EMS uniform pants are recommended.
- Aspen Mills sells uniform pants; however, students are free to purchase navy blue EMS uniform pants from any uniform supplier.
- Reflective striping at the lower leg pocket is acceptable but not required.
- Pants must be in good condition without holes and must accommodate a belt.

Outer Garments
FOR WARMTH:
- Navy blue fleece jacket with half zip and epaulets, purchased at Aspen Mills. This fleece outer garment must have IHCC EMS Patch on the left shoulder, IHCC EMT patch (if currently certified as EMT-Basic) on the right shoulder.
- During extreme winter conditions a plain blue/black knit skull cap and black gloves may be worn.

FOR WEATHER AND VISIBILITY, a blue uniform jacket and high visibility public safety vest meeting ANSI/ISEA 207-2006 standards, are required:
- All options available at Aspen Mills.
  - Option A – Light, navy blue windbreaker jacket with patches applied (~$20) and ANSI/ISEA approved vest.
  - Option B – Aspen Mills uniform jacket (~$50) and ANSI/ISEA vest.
  - Option C – Reversible navy blue and ANSI/ISEA yellow jacket (~$100)
- For all field clinicals an ANSI/ISEA 207-2006, high visibility public safety vest must be worn for all patient contacts on or near the roadway regardless of temperature. This can be worn over the blue jacket for warmth.

Required Accessories
- Shoes: All black boots, shoes, or approved all-black tennis shoes
- Socks: Navy blue or black in color.
- Belt: Black with plain silver buckle.
- Identification for FULL UNIFORM: Silver metal nameplate with last name first initial or full name. To be worn over right breast pocket. Purchase at Aspen Mills.
• **Photo ID:** A regular IHCC Photo ID is required for all Inver Hills students and should be used for non-uniform college ID purposes including library access. A specific “Uniform” Photo ID is required to be worn by all EMS students in FULL uniform, while at clinical sites or as directed by their instructor. Both IDs will be issued at the college library.

• **Watch:** with a second hand, or digital readout.

**Additional Notes**

• All tattoos should be covered. If this is not possible with long sleeves or standard uniform clothing, they must be approved in advance by the clinical instructor for the course. Students may be asked to cover or remove tattoos that are disrespectful to a particular culture or symbolic of political or hate organizations prior to being able to wear the IHCC uniform.

• Students may not wear handcuffs, knives or multi-function tools of any sort on belts and are discouraged from bringing these to clinicals. Paramedic scissors are appropriate

• St. Paul Fire students may wear their normal St. Paul Fire uniform during field clinical work at St. Paul Fire only.

• Only the approved IHCC and EMT patches available from Aspen Mills are permitted. They are for use on FULL UNIFORM shirts and specified jackets only. No patches or pins are permitted on CLASSROOM UNIFORM SHIRTS.

• No badges or other embellishments are permitted on either the FULL UNIFORM or CLASSROOM UNIFORM unless approved by EMS faculty. Silver medical caducei and a paramedic patch may be worn by a student or teaching assistant who holds paramedic-certification.

• The uniform should be worn in its entirety or not at all. Wearing parts of the uniform and not others is not acceptable.

• Good personal hygiene is required. Students should arrive to class and clinicals showered, well groomed and in a clean uniform. Clothing and personal care products should be free of special scents or perfumes.

• Students who do not adhere to the uniform policy will be asked to leave class or a clinical and marked “absent without permission”.

• Any exceptions or questionable attire must be presented to the instructor for approval in advance.

• Aspen Mills is located at: 8201-C Central Ave NE, Spring Lake Park, Minnesota 55432 Local Phone: 763-785-1055; E-mail Contact: catherine@aspenmills.com

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EMS students are not allowed to wear Inver Hills Community College FULL (French-Blue with IHCC EMS Patch) or CLASSROOM (navy blue t-shirt with Inver Hills EMS logo) uniform shirts or IHCC EMS patched outer wear unless specifically engaged in an Inver Hills Community College classroom, clinical or EMS Student Association activity except while on the way directly to or from such activity or while on special assignment with prior approval from an EMS Instructor or the EMS Program Director. Possession, use or distribution of drugs or alcohol while in uniform is expressly forbidden and will result in disciplinary actions as outlined below.
EMS Students wearing any clothing that displays any affiliation with Inver Hills Community College, Emergency Medical Services will conduct themselves accordingly and in a manner as not to bring disgrace to the department or college.

Failure to adhere to this section of the Uniform Policy may result in a failing grade in associated EMS courses and/or referral to the Inver Hills Community College Dean of Students as an institutional Code of Conduct violation.

When wearing clothing associated with the EMS profession, whether service identifiable or not, (i.e. “EMS” pants, “EMS/Rescue/Fire style jackets, “EMS” t-shirts, etc.) members of the EMS community should always be conscious of public perception and conduct themselves in a manner which fosters public confidence and trust in the profession.

Revised and Approved by EMS Faculty: January 12, 2010
Affirmation

I have read and understood the contents of the EMS Student Manual. I agree to follow all requirements outlined in the manual. I understand that failure to do so will result in disciplinary action and may also result in dismissal from IHCC EMS courses.

____________________________________________________
Full Name

____________________________________________________   _________________
Signature                      Date