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MISSOURI SOUTHERN STATE UNIVERSITY
DEPARTMENT OF EMERGENCY MEDICAL SERVICES

2014-2015

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*Refer to the MSSU University Catalog for faculty data

Web Site: www.mssu.edu/ems

DEPARTMENT OF EMERGENCY MEDICAL SERVICES OFFICE HOURS

Monday through Friday
8:00 AM - 5:00 PM
(Closed for lunch 12:00 Noon - 1:00 PM)
Health Science Building, Room 325

All information contained herein is subject to change without prior notice
PREAMBLE
The policies of the EMS program are intended to provide a safe and professional educational experience for EMS students. It is important for each student to understand and follow both the letter and spirit of each policy. From time to time, situations will present themselves which are not covered by specific language of the policies and procedures. In such cases students and faculty will be guided by best judgment, best practices, professional ethics, and the intent of current written policies and procedures.

Regardless of written language, students must, at all times, present themselves as a professional member of an elite community. Students who fail to represent the pride, integrity, and wholesomeness expected of EMS Personnel will be considered in violation of polices, whether written or unwritten, and removed from the EMS program. The standards of professionalism of the EMS community will be set by program officials and not the student.

HISTORY OF THE DEPARTMENT OF EMS
In the fall of 1974, Missouri Southern State College offered a Mobile Intensive Care Technician (MICT) course. This was one of two courses offered in the State of Missouri. Emergency room physicians and nurses taught this course using a medical school text. At that time, no text existed for emergency medicine. The course was offered one time each year and required 400 clock hours of instruction.

From this course the EMT-Basic and Paramedic programs were developed. By the fall of 1985 the EMT-Basic course was a 120 clock hour program and the Paramedic course was a 600 clock hour program. EMT was offered twice each year, during the fall and spring semester. The Paramedic was offered once each year, starting with the fall semester and ending at the conclusion of the spring semester. The programs follow the national curriculum format developed by the United States Department of Transportation, National Highway Traffic Safety Administration.

The National Registry exam was offered beginning with graduates in 1988. Further program development occurred and in 1995 the Department of Emergency Medical Training was established and the first Director was named. In the fall of 2001, a one semester, six credit-hour Emergency Medical Technician course and a three semester, 33 credit-hour Paramedic course was adopted. The Emergency Medical Technician program was offered as an evening course each fall and spring semester. The Paramedic program was offered each fall semester and requires three semesters to complete. In 2012, the Emergency Medical Technician curriculum increased to nine credit-hours and a day section was added.

In the fall of 2014, the Paramedic Program saw a major overhaul in curriculum, national accreditation through the Committee on Accreditation of Allied Health Education Programs, and the first offering of a Bachelor of Health Science with an EMS emphasis. Additionally, Escaping Violent Encounters certification became a requirement for both EMT and Paramedic programs. The Paramedic curriculum was divided into fifteen topical courses, totaling 38 credit-hours and 1,268 clock-hours of instruction. Classroom instruction as well as clinical observation and experience are combined to provide program students with necessary skills to enter the health professions workforce.

The MSSU Emergency Medical Service Department is an Accredited Training Entity for the Missouri Department of Health and Senior Services and the Missouri Unit of Emergency Medical Services. The Paramedic Program is accredited by the Committee on Accreditation of Allied Health Education Programs. The courses offered meet all requirements of the National Standard Curriculum.

MISSION STATEMENT
The Department of EMS will:
- Provide contemporary EMS education at the Emergency Medical Technician and Paramedic level, preparing competent, entry-level practitioners in the cognitive, psychomotor, and affective domains.
- Improve healthcare in culturally diverse local and global communities through excellence in emergency medical service education, practice, and service.
PHILOSOPHY
Education is the outcome of an individual’s experiences occurring throughout the life cycle and attained through formal and informal activities. The teaching/learning process is a cooperative endeavor, is continuous and results in measurable changes in the learner’s behavior.

The role of the learner is to actively participate in the educational process in order for learning to be meaningful and useful. Learning is best achieved in an environment in which the person is accepted and respected.

EMS education relies on core competencies, which provide an infrastructure for developing critical thinking, decision-making, communication, values and technologies. The role of the faculty is to guide the rigorous educational process. Faculty will foster a professional, respectful learning environment through example, maintenance of discipline, and enforcement of standards. This process extends to the practice setting where education of the patient occurs.

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

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

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

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

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

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

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

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

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

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

10. The Emergency Medical Technician, or groups of Emergency Medical Technicians, who advertise professional service, do so in conformity with the dignity of the profession.
11. The Emergency Medical Technician has an obligation to protect the public by not delegating to a person less qualified, any service which requires the professional competence of an Emergency Medical Technician.

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

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

(Written by: Charles Gillespie, M.D.)

PROGRAM PURPOSES & OBJECTIVES

The program purposes, objectives and competencies reflect the Department of EMS’s mission and philosophy and are presented as follows:

- Offer a nationally accredited emergency medical service education program.
- Enhance higher order thinking, communication, research, and therapeutic interventions in the practice of professional pre-hospital emergency care.
- Promote lifelong learning activities for personal and professional development.
- Furnish a foundation for management and leadership roles in emergency medical services.
- Prepare graduates to use Standards of Emergency Medical Care in a variety of settings.
- Promote empathy for the values and perspectives of diverse cultures including an awareness of international and multicultural influences in emergency medical care.

The primary purpose of the EMS Program is to develop a graduate who is generally prepared to practice emergency medical care consistent with the program’s philosophy and nationally recognized standards of care. The graduate is capable of assuming the various roles of the professional EMS provider as a provider of patient care, patient educator, patient advocate, communicator and leader. The graduate performs the various roles in a variety of practice settings with a variety of patients be they individuals, families or aggregates.

The Paramedic Program builds upon the lower level/technical emergency medical service education and through the curriculum design produces a professional emergency care provider with definite knowledge and skills. The faculty has identified the graduate’s specific knowledge and skills through terminal objectives supported by the curriculum. The terminal objectives express the faculty’s intentions of the competencies a graduate must possess in order to practice advanced emergency medical care.

Terminal objectives which present the competencies of the graduate upon completion of the program are:

**PROVIDER OF PATIENT CARE**

- Establishes differential diagnoses based upon patient presentation within a theoretical framework of emergency medical care.
- Developing and executing treatment plans according to working differential diagnoses.
- Evaluates responses of patients to emergency medical care, making changes when necessary, in treatment plans of care independently or in consultation with emergency medical service colleagues and/or physician medical direction.

**PATIENT EDUCATOR**

- Assesses learning needs, readiness and motivation of individual clients, families and aggregates in relation to health promotion, maintenance and restoration.
- Formulates and implements teaching plans for individual patients, families and aggregates.
PATIENT ADVOCATE
- Develops treatment plans in accordance with the best interest and wishes of the patient.
- Communicates and supports patient best interest to patient, patient family, emergency medical service colleagues, and other healthcare providers.

COMMUNICATOR
- Establishes a rapport with patient, family, and care givers to facilitate effective patient assessment and treatment.
- Establishes and implements effective verbal and written communication practices to ensure continuity of patient care.

LEADER
- Functions as unit leader to direct emergency medical service colleagues and first responders to insure excellent and efficient patient care.
- Assumes various roles within the incident command system.

ROLES AND FUNCTION IN THE DISCIPLINE OF EMERGENCY MEDICAL SERVICE
- Bases practice upon the legal boundaries and ethical frameworks within the scope of own practice.
- Assumes responsibility for continued learning as a means of growth, development and maintenance of competence within the scope of own practice.
- Works within established policy and procedures of employing agency, recognizing policies and protocols that may impede patient care and works within the organization framework to initiate change.

MISSOURI SOUTHERN STATE UNIVERSITY
CORE GOALS AND COMPETENCIES BASED ON MISSOURI GENERAL EDUCATION GOALS AND COMPETENCIES

1. Communicating: To develop students’ effective use of the English language and quantitative and other symbolic systems essential to their success in school and in the world. Students should be able to read and listen critically and to write and speak with thoughtfulness, clarity, coherence, and persuasiveness.
   a. Students will demonstrate the ability to analyze and evaluate their own and others speaking and writing.
   b. Students will demonstrate the ability to conceive of writing as a recursive process that involves many strategies, including generating material, evaluating sources when used. Students will demonstrate the ability to do drafting, revising, and editing.
   c. Students will demonstrate the ability to make formal written and oral presentations employing correct diction, syntax, usage, grammar, and mechanics.
   d. Students will demonstrate the ability to focus on a purpose (e.g., explaining problem solving, argument) and vary approaches to writing and speaking based on that purpose.
   e. Students will demonstrate the ability to respond to the needs of different venues and audiences and choose words for appropriateness and effect.
   f. Students will demonstrate the ability to use mathematical, statistical models, standard quantitative symbols, and various graphical tactics to present information with clarity, accuracy, and precision.

2. Higher-Order Thinking: To develop students’ ability to distinguish among opinions, facts, and inferences; to identify underlying or implicit assumptions; to make informed judgments; and to solve problems by applying evaluative standards.
   a. Students will demonstrate the ability to recognize the problematic elements of presentations of information and the argument and to formulate diagnostic questions for resolving issues and solving problems.
   b. Students will demonstrate the ability to use linguistic, mathematical or other symbolic approaches to describe problems, identity alternative solutions, and make reasoned choices among those solutions.
   c. Students will demonstrate the ability to analyze and synthesize information from a variety of sources and apply the results to resolving complex situations and problems.
   d. Students will demonstrate the ability to defend conclusions using relevant evidence and reasoned argument.
   e. Students will demonstrate the ability to reflect on and evaluate their critical-thinking processes.
3. **Valuing**: To develop students’ abilities to understand the moral and ethical values of a diverse society and to understand that many courses of action are guided by value judgments about the way things ought to be. Students should be able to make informed decisions through identifying personal values and the values of others and through understanding how such values develop. They should be able to analyze the ethical implications of choices made on the basis of these values.
   
   a. Students will demonstrate the ability to compare and contrast historical and cultural ethical perspectives and belief systems.
   
   b. Students will demonstrate the ability to utilize cultural, behavioral, and historical knowledge to clarify and articulate a personal value system.
   
   c. Students will demonstrate the ability to recognize the ramifications of one’s value decisions on self and others.
   
   d. Students will demonstrate the ability to recognize conflicts within and between value systems and recognize and analyze ethical issues as they arise in a variety of contexts.
   
   e. Students will demonstrate the ability to consider multiple perspectives, recognize biases, deal with ambiguity, and to take a reasonable position.

4. **Managing Information**: To develop students’ abilities to locate, organize, store, retrieve, evaluate, synthesize, and annotate information from print, electronic, and other sources in preparation for solving problems and making informed decisions.
   
   a. Students will demonstrate the ability to access and/or generate information from a variety of sources, including the most contemporary technological information services.
   
   b. Students will demonstrate the ability to evaluate information for its currency, usefulness, truthfulness, and accuracy.
   
   c. Students will demonstrate the ability to organize, store, and retrieve information efficiently.
   
   d. Students will demonstrate the ability to reorganize information for an intended purpose, such as research projects.
   
   e. Students will demonstrate the ability to present information clearly and concisely, using traditional and contemporary technologies.

5. **Social and Behavioral Sciences**: To develop students’ understanding of themselves and the world around them through study of content and the processes used by historians and social and behavioral scientists to discover, describe, explain, and predict human behavior and social systems. Students must understand the diversities and complexities of the cultural and social world, past and present, and come to an informed sense of self and others. (Students must fulfill the state statute requirements for the United States and Missouri constitutions).
   
   a. Students will demonstrate the ability to explain social institutions, structures, and processes across a range of historical periods and cultures.
   
   b. Students will demonstrate the ability to develop and communicate hypothetical explanations for individual human behavior within the large-scale historical and social context.
   
   c. Students will demonstrate the ability to draw on history and the social sciences to evaluate contemporary problems.
   
   d. Students will demonstrate the ability to describe and analytically compare social, cultural, and historical settings and processes other than one’s own.
   
   e. Students will demonstrate the ability to articulate the interconnectedness of people and places around the globe.
   
   f. Students will demonstrate the ability to describe and explain the constitutions of the United States and Missouri.

6. **Humanities and Fine Arts**: To develop students’ understanding of the ways in which humans have addressed their condition through imaginative work in the humanities and fine arts; to deepen their understanding of how that imaginative process is informed and limited by social, cultural, linguistic, and historical circumstances; and to appreciate the world of the creative imagination as a form of knowledge.
   
   a. Students will demonstrate the ability to describe the scope and variety of works in the humanities and fine arts (e.g., fine and performing arts, literature, and speculative thought).
   
   b. Students will demonstrate the ability to explain the historical, cultural, and social contexts of the humanities and fine arts.
   
   c. Students will demonstrate the ability to identify the aesthetic standards used to make critical judgments in various artistic fields.
d. Students will demonstrate the ability to develop a plausible understanding of the differences and relationships between formal and popular culture.

e. Students will demonstrate the ability to articulate a response based upon aesthetic standards to observance of works in the humanities and fine arts.

7. Mathematics: To develop students’ understanding of fundamental mathematical concepts and their applications. Students should develop a level of quantitative literacy that would enable them to make decisions and solve problems and which could serve as a basis for continued learning. The mathematics requirement for general education should have the same prerequisites and level of rigor as college algebra.

a. Students will demonstrate the ability to describe contributions to society from the discipline of mathematics.

b. Students will demonstrate the ability to recognize and use connections within mathematics and between mathematics and other disciplines.

c. Students will demonstrate the ability to read, interpret, analyze, and synthesize quantitative data (e.g., graphs, tables, statistics, and survey data) and make reasoned estimates.

d. Students will demonstrate the ability to formulate and use generalizations based upon pattern recognition.

e. Students will demonstrate the ability to apply and use mathematical models (e.g., algebraic, geometric, statistical) to solve problems.

8. Life and Physical Sciences: To develop students’ understanding of the principles and laboratory procedures of life and physical sciences and to cultivate their abilities to apply the empirical methods of scientific inquiry. Students should understand how scientific discovery changes theoretical views of the world, informs our imaginations, and shapes human history. Students should also understand that science is shaped by historical and social contexts.

a. Students will demonstrate the ability to explain how to use the scientific method and how to develop and test hypotheses in order to draw defensible conclusions.

b. Students will demonstrate the ability to evaluate scientific evidence and argument.

c. Students will demonstrate the ability to describe the basic principles of the physical universe.

d. Students will demonstrate the ability to describe concepts of the nature, organization, and evolution of living systems.

e. Students will demonstrate the ability to explain how human choices affect the earth and living system.

9. International Education: To develop students’ understandings of how cultures and societies around the world are formed, sustained and evolve. Students should understand world affairs, international issues, and cultures other than their own as seen through the history, geography, language, literature, philosophy, economics, or politics of the cultures. Students will acquire empathy for the values and perspectives of cultures other than their own and an awareness of the international and multicultural influences in their own lives.

a. Students will demonstrate the ability to use or interpret communication tools through which cultures develop and survive, such as language, arts, mathematics, science, and technology.

b. Students will demonstrate the ability to explain the development of and compare the distinctive social institutions or art forms of more than one region of the world.

c. Students will demonstrate the ability to identify some of the geographical, historical, political, economic, artistic, and environmental concerns of a culture other than their own as these concerns affect its social institutions.

d. Students will demonstrate the ability to identify the ways in which values of at least one culture other than their own are expressed.

e. Students will demonstrate the ability to identify the ways in which the values of a culture shape its responses to problems of international significance.

f. Students will demonstrate the ability to describe past and contemporary issues that transcend national boundaries.

10. Health and Wellness: To provide students with the knowledge and self-management skills that will assist them in adopting healthy lifestyles. This will encompass all areas of wellness: physical, emotional, spiritual, social and intellectual. Students will understand the relationship between lifestyle management, quality of life, and societal health and productivity.
a. Students will demonstrate the ability to recognize and explain the value of physical activity, sound nutrition, and stress management for developing and maintaining a healthy body and mind.
b. Students will demonstrate the ability to explain the role of functional testing, medical examinations, and adequately prescribed health intervention programs in modifying or eliminating identified health risks and in addressing epidemiological concerns.
c. Students will demonstrate the ability to describe the impact of preventive measures and appropriate responses to physical, emotional, and mental challenges on the quality and length of life.
d. Students will demonstrate the ability to evaluate, synthesize, and access consumer related health and wellness materials.
e. Students will demonstrate the ability to execute the basic skills and develop proficiency in a physical activity to increase the likelihood of lifetime participation.

11. **Economics**: To develop students’ understanding of themselves and the world around them through study of the fundamental interaction between wants and resources in shaping human experience. Students must understand how the science of economics can be used to discover, explain, and predict human behavior and social systems both past and present.
   a. Students will demonstrate the ability to describe the basic economic problem of scarcity and choice, and the resulting interaction of supply and demand.
   b. Students will demonstrate the ability to distinguish between positive and normative economics.
   c. Students will demonstrate the ability to identify features of the ideological framework and characteristics of American capitalism, and explain how it addresses the basic market problem.
   d. Students will demonstrate the ability to identify the characteristics of capitalism and how they differ from other economic systems.
   e. Students will demonstrate the ability to explain the socioeconomic issues that relate to inflation, unemployment, economic growth, debt, etc.; their possible causes and possible solutions for macroeconomic stabilization from the monetary authority’s or the fiscal authority’s point-of-view.
   f. Students will demonstrate the ability to describe the economic concepts that explain why nations trade, the effects of trade barriers on the prices and quantities of domestic and foreign goods, and the rationale for trade barriers.

Appendix 1: Core Goals and Competencies from the General Education Committee. Used by permission and slightly reformatted for this final report of the Academic Policies Subcommittee on Syllabi and Course Handouts. 4 September 2001. Revised 22 November 2002.

**APPROVAL/ACCREDITATION**
The MSSU EMS Program has full approval of the Missouri Bureau of Emergency Medical Services, Missouri Department of Health and Senior Services, PO Box 570, Jefferson City, MO 65102. Main number: 573-751-6356, Fax: 573-751-6348, email: EMSINFO@health.mo.gov website: [http://health.mo.gov/safety/ems/index.php](http://health.mo.gov/safety/ems/index.php)

**AMERICANS WITH DISABILITIES ACT - ALLOWABLE ACCOMMODATIONS**
The Americans with Disabilities Act (ADA) of 1990 has implications that pertain to licensure or certification.

The law permits testing that requires the use of sensory, manual or speaking skills where the tests are intended to measure essential functions of the profession. For example, an applicant with reading difficulties is required to take a written exam since the ability to read is an essential function of EMS. Exams are designed at least in part to measure the student’s ability to read.

A second example is dealing with skills proficiency verifications that must be performed within established time frames. Performing a skill within established time frames is required because speed of performance is an integral part of patient care.

Both the ability to read and the ability to perform skills within time frames are essential functions for an EMS provider. Therefore, in EMS, a person with a disability may not be denied the opportunity to take an examination;
but this person shall be required to take a written exam and pass the skills proficiency verifications within established criteria.

The Functional Job Description, outlined at the end of this section, describes the required skills and job requirements essential to EMS personnel. This description will guide all accommodations permitted for the EMT and paramedic students.

The following specific points pertain to those involved in EMS training and education programs:

- **Students cannot** be discriminated against on the basis of a disability in the offering of educational programs or services.
- There can be **no** accommodation during screening, evaluation or course examinations that will compromise or fundamentally alter the evaluation of skills that are required to function safely and efficiently in the profession.
- Students who have received an accommodation during the course need to fully understand that there is a separate process for requesting an accommodation for the written certification exam and eligibility for an accommodation is determined on a case-by-case basis. In other words, just because a student was allowed an accommodation during the course does not guarantee an accommodation for the National Registry exam. Documentation confirming and describing the disability should be submitted according to policy for consideration.

There are accommodations that are not allowed in the EMS Program because they are not in compliance with the essential job functions of an EMT or paramedic as outlined in the Functional Job Description. These include, but are not limited to:

1. **Students are not allowed additional time for skills with specific time frames.**
   - Obviously patients would suffer due to life threatening conditions in emergency situations if treatment were delayed.

2. **Students are not allowed unlimited time to complete a written exam.**
   - This request is not considered reasonable because a candidate should be able to complete a test within a finite amount of time.
   - Students will be allowed a maximum of time and one-half to complete written exams.

3. **Students are not allowed to have written exams given by an oral reader.**
   - The ability to read and understand small English print is an essential function of the profession, and written exams are designed, at least in part, to measure that ability.

4. **Students are not provided a written exam with a reading level of less than grade eight.**
   - The EMS profession requires a reading level of at least grade eight to work safely and efficiently.

5. **Students must take all exams during the scheduled time, as a member of the enrolled class.**
   - The ability to utilize knowledge on the spur of the moment is an essential task for EMTs and paramedics.
   - Exams are given to elicit immediate recall and understanding of emergency situations.
   - Students will be permitted a private space to take the exam.
   - Refer to the written examination policy of missed exams due to excused absences.

6. **Students must answer all written test questions as written. No explanation of the question can be provided by the test proctor or any other individual.**
   - Additional descriptions of test questions would not be a reasonable accommodation because reading and understanding written English is an essential part of EMS communication.
   - Student must be able to understand and converse in medical terms appropriate to the profession.
Because of the critical nature of the tasks needed in emergency situations, accommodation requests are considered very carefully, on a case by case basis. The safety and welfare of the community must be insured while providing full protection of the certification applicant’s rights. The main question to be considered is: with the accommodation being requested, can this individual perform the essential functions of the job safely and efficiently?

If you have special needs addressed by the Americans with Disabilities Act, please notify the professor or Disabilities Coordinator at the Learning Center (417-659-3725).

Functional Position Description
EMT/Paramedic

Introduction
The following general position description for the EMT and Paramedic is provided as a guide for advising those interested in understanding the qualifications, competencies and tasks required for emergency medical services certification. It is the ultimate responsibility of an employer to define specific job descriptions within each Emergency Medical Services (EMS) entity.

Qualifications
To qualify for EMS certification or licensure an individual must successfully complete a State approved course and achieve competency in each of the psychomotor skills. In addition the individual must achieve a passing score on the state written certification or licensure examination.

EMS personnel must be at least 18 years of age. Generally, the knowledge and skills required show the need for a high school education or equivalent. EMS personnel must have the:

• Ability to communicate verbally via telephone and radio equipment
• Ability to lift, carry and balance up to 125 pounds (250 pounds with assistance)
• Ability to interpret written, oral and diagnostic form instructions
• Ability to use good judgment and remain calm in high-stress situations
• Ability to work effectively in an environment with loud noises and flashing lights
• Ability to function efficiently throughout an entire work shift
• Ability to calculate weight and volume ratios and read small print, both under life threatening time constraints
• Ability to read and understand English language manuals and road maps
• Ability to accurately discern street signs and address numbers; ability to interview patient, family members and bystanders
• Ability to document, in writing, all relevant information in prescribed format in light of legal ramifications of such
• Ability to converse in English with coworkers and hospital staff as to status of patient.

EMS personnel should possess good manual dexterity, with ability to perform all tasks related to highest quality patient care. Ability to bend, stoop and crawl on uneven terrain and ability to withstand varied environmental conditions such as extreme heat, cold and moisture is vital. The ability to work in low light, confined spaces and other dangerous environments is required.

Description of Tasks:
• Receives call from dispatcher, responds appropriately to emergency calls, reads maps, may drive ambulance to emergency site, uses most expeditious route and observes traffic ordinances and regulations.
• Determines nature and extent of illness or injury, takes pulse, blood pressure, visually observes changes in skin color, auscultates breath sounds, makes determination regarding patient status, establishes priority for emergency care, renders appropriate emergency care (based on competency level); may administer intravenous drugs or fluid replacement as directed by physician.
• May use equipment (based on competency level) such as but not limited to, defibrillator, electrocardiograph, performs endotracheal intubation to open airway and ventilate patient, inflates pneumatic anti-shock garment to improve patient’s blood circulation or stabilize injuries.

• Assists in lifting, carrying, and transporting patient to ambulance and on to a medical facility.

• Reassures patients and bystanders, avoids mishandling patient and undue haste, searches for medical identification emblem to aid in care.

• Extricates patient from entrapment, assesses extent of injury, uses prescribed techniques and appliances, radios dispatcher for additional assistance or services, provides light rescue service if required, provides additional emergency care following established protocols.

• Complies with regulations in handling deceased, notifies authorities, arranges for protection of property and evidence at scene.

• Determines appropriate facility to which patient will be transported, reports nature and extent of injuries or illness to the facility, asks for direction from hospital physician or emergency department.

• Observes patient in route and administers care as directed by physician or emergency department or according to published protocol.

• Identifies diagnostic signs that require communication with facility.

• Moves the patient into the emergency facility from the ambulance.

• Reports, verbally and in writing, concerning observations about the patient, patient care at the scene and in route to facility, provides assistance to emergency staff as required.

• Maintains familiarity with all specialized equipment.

• Replaces supplies, sends used supplies for sterilization, checks all equipment for future readiness, maintains ambulance in operable condition, ensures ambulance cleanliness and orderliness of equipment and supplies, decontaminates vehicle interior, determines vehicle readiness by checking oil, gasoline, water in battery and radiator and tire pressure.

COMPUTER ACCEPTABLE USE POLICY

Certain responsibilities and ethical behavior are expected of you as a computer user. The guidelines for U.S. Copyright Law and Software Licensing, the State of Missouri Law (RSMO 1988 569.094-569.099) and additional specific rules and regulations relative to the Missouri Southern State University campus are in the MSSU student handbook online. It is the intent of Missouri Southern State University to adhere to the provisions of copyright laws relative to software and to comply with license agreements and/or policy statements contained in the software packages used on campus.

In addition, since we are members of the MOREnet Consortium, all computer users at Missouri Southern State University are bound by their acceptable use policy. If you need further clarification regarding these guidelines, please contact the Computer Center. (417-659-4444)

Misuse of campus computing facilities shall be reported to the Director of Information Services. This administrator will impose restrictions on the offender’s computer access and report the incident to the Dean of Students, the Vice President of Academic Affairs, or whomever is appropriate.

Violation of U.S. or MO laws may result in legal and/or civil action. Students may be referred to the Student/Faculty Hearing Committee Board if found in violation of MSSU rules and regulations outlined in the Student Handbook. Prosecution under applicable laws will also be pursued.

COMMUNICATING POLICY CHANGE TO STUDENTS

When a policy is changed, the emergency medical service student is notified as follows:

• A copy of the new policy will be provided directly to the student so students may update their current Department of EMS Student Handbooks.

• A copy of the new policy is posted in each lab.

• A copy of the new policy will be posted on Blackboard-Announcements
- Distance Education Students: A copy of the new policy will be posted on the Announcements page for each Internet course section. Students will sign an acknowledgement of having received the new policy information.

**ADMISSION TO EMS PROGRAMS**

Admission begins with an application to Missouri Southern State University. Emergency Medical Service should be declared on application to the University. Application to the EMS Program is provided by the Department of EMS upon completion of prerequisite courses (or current enrollment in such course) and faculty advisement. Admission to the EMS Program is competitive. **Applications will be accepted on a continual basis until class is filled.**

Students who meet all admission requirements for the Emergency Medical Service Program at the time of application will be given preference on admission.

**REQUIREMENTS**

- Submit the following documents:
  - Application Form
  - Three letters of reference
- Background Check (completed at orientation)
- Proof of required immunizations or positive titer.
- Proof of current health insurance or completion of health insurance waiver.
- Drug/Alcohol Screen. Information to be provided at program orientation.
- Applicants, for whom English is a second language, must take the Test of English as a Foreign Language (TOEFL) or the Michigan test and attain a required minimum score(s). (See MSSU catalog, page 24 for details)
- Possess a current American Heart Association, Basic Life Support for Healthcare Provider card.
- Possess a current Missouri Emergency Medical Technician license. (Paramedic applicants only)

**Documentation of immunization:**
- Measles, Mumps, Rubella (MMR) immunization: two doses on or after first birthday
- Hepatitis B series
- Flu Vaccine (Annually)
- Varicella
- Current Td (Tetanus/Diphtheria) immunization and proof of one time Tdap (Tetanus/Diphtheria/Pertussis)

**Copies of required laboratory examinations:**
- TB Skin Test Reaction (Must be tested annually)

**Copies of required laboratory examinations if evidence of immunization is not available:**
- Rubella Titer
- Hepatitis B Titer
- Varicella Titer

Students who fail to comply with the above requirements will be counseled and not be allowed to progress to the clinical portion of their classes, resulting in dismissal from the program. During the course of the program, students will be required to demonstrate their physical and/or emotional fitness to meet the essential requirements of the program. Any appraisal measures used to determine such physical and/or emotional fitness would be in compliance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. Core performance standards for admission and progression comply with the Americans with Disabilities Act of 1990.

**MAINTENANCE OF CERTIFICATION**

Paramedic Students must be currently certified by the State of Missouri as an Emergency Medical Technician. It is the responsibility of the student to keep the certification current.

If during the course of the paramedic program, a student’s EMS Certification expires, the student will **NOT BE PERMITTED** to participate in Clinical Rotations. If the lapse of certification exceeds 30 days, the student will **NOT BE PERMITTED** to participate in any program activity including, but not limited to, lecture presentations and laboratory practice.
APPLICATION FOR EMERGENCY MEDICAL TECHNICIAN LICENSURE
Completion of an approved Emergency Medical Technician program does not guarantee eligibility to sit for the licensure examination or guarantee issuance of a license to practice emergency medical care in the State of Missouri.

BACKGROUND CHECK REQUIREMENT
Missouri House Bill 1362 prohibits a hospital from knowingly allowing those guilty of Class A and B felonies as defined in three chapters of state law to give care to clients in their agency. RSMo 660.317.6 prohibits a hospital from knowingly allowing those guilty of Class A and B felonies as defined by state law to give care to clients in their agency. Students entering Missouri Southern State University are assigned to do clinical practice in cooperating hospitals and ambulance services and because they will be in contact with patients, they must meet these requirements. A background check is required for admission to the EMS Programs. Students who have been found guilty of Class A and B felonies will be ineligible to enter the EMS Programs. EMS Program students assigned clinical experiences in cooperating hospitals and/or ambulance services must meet these requirements. Results of the Criminal Record Check must be on file after notification of admission to the EMS program and prior to the first day of classes. Failure to comply will restrict the student from class attendance. Students who fail to provide full disclosure of their states of residence for the purposes of Criminal Background Checks may be subject to dismissal from the EMS Program.

Applicants must demonstrate evidence of personal characteristics and integrity that indicate high probability of successful program completion, and must meet application criteria necessary to complete the National Registry of Emergency Medical Technicians (NREMT) exam.

ORDER OF STUDY

<table>
<thead>
<tr>
<th>Course Name</th>
<th>Course Number</th>
<th>Credit Hrs</th>
<th>Offered</th>
<th>Length</th>
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<tbody>
<tr>
<td>Emergency Medical Technician</td>
<td>PARA 220</td>
<td>9</td>
<td>Fall, Spring</td>
<td>16 week semester</td>
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<tr>
<td>Escaping Violent Encounters</td>
<td>PARA 101</td>
<td>1</td>
<td>Fall, Spring</td>
<td>1 weekend</td>
</tr>
<tr>
<td>Concepts of A/P for Emergency Care</td>
<td>PARA 201</td>
<td>4</td>
<td>Spring</td>
<td>16 week semester</td>
</tr>
<tr>
<td>EMS Foundations</td>
<td>PARA 251</td>
<td>1</td>
<td>Fall</td>
<td>16 week semester</td>
</tr>
<tr>
<td>EMS Pharmacology</td>
<td>PARA 252</td>
<td>2</td>
<td>Fall</td>
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</tr>
<tr>
<td>Pathophysiology</td>
<td>PARA 253</td>
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<td>Fall</td>
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<tr>
<td>Pulmonology</td>
<td>PARA 254</td>
<td>2</td>
<td>Fall</td>
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<td>Paramedic Skills</td>
<td>PARA 255</td>
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<tr>
<td>Pre-hospital Cardiology</td>
<td>PARA 256</td>
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<td>Traumatology</td>
<td>PARA 272</td>
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<tr>
<td>Emergency Medical Care</td>
<td>PARA 273</td>
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<td>Spring</td>
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<tr>
<td>Advanced Paramedic Skills</td>
<td>PARA 275</td>
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<td>Spring</td>
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<td>Clinical Practicum</td>
<td>PARA 370</td>
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<td>Spring</td>
<td>16 week semester</td>
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<td>EMS Operations</td>
<td>PARA 292</td>
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<td>Summer</td>
<td>8 week semester</td>
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<tr>
<td>Special Patient Populations</td>
<td>PARA 293</td>
<td>1</td>
<td>Summer</td>
<td>8 week semester</td>
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<tr>
<td>Field Internship</td>
<td>PARA 390</td>
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<td>Summer</td>
<td>10 week semester</td>
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<tr>
<td>EMS Seminar</td>
<td>PARA 395</td>
<td>1</td>
<td>Summer</td>
<td>10 week semester</td>
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</tbody>
</table>

*Paramedic courses must be completed in succession.

COST OF ATTENDANCE
All Emergency Medical Services classes are subject to MSSU fee assessment. Each semester students will be billed for total number of credit hours enrolled (subject to in or out of state tuition rates), special course fees as assessed by the EMS Department and all other required fees established at the discretion of MSSU. A complete listing of university fees is available each semester online and in print format in the Schedule of Classes. A complete listing
of all special course fees is available on the Department of EMS website. All questions regarding assessment of fees should be directed to the Bursar’s Office located in Hearnes Hall.

**MSSU Tuition**
(per credit hour) as of Fall 2014 semester
- Missouri Residents $ 173.20
- Non-Missouri Residents $346.40

All MSSU fees apply including: textbook rental fees, equipment use fee, student activity fee, parking fee, record fee, and student ID fee. Refer to current MSSU schedule book for fees. (Approx. for Fall 2014 $300)

Complete the FAFSA federal financial aid application. Students are encouraged to inquire about financial assistance eligibility through the MSSU Financial Aid department.

All fees are subject to change. MSSU and the Department of EMS reserve the right to add or change fees without notice.

**Special Course Fees**
In addition to established fees for all university students, other costs are incurred by emergency medical service students such as: uniforms, liability insurance, equipment fee, National Registry examination fee, clinical/field internship scheduling and tracking software, and examination materials.

- Para 220-Emergency Medical Technician (EMT) Special Course Fee-$425
- Para 101-Escaping Violent Encounters Special Course Fee-$35
- Para courses for Paramedic Program Special Course Fees $1430.00

All fees are subject to change. MSSU/Department of EMS reserves the right to add or change fees without notice. Fees are billed to student account upon registration for courses.

**CURRENT CONTACT INFORMATION IS REQUIRED**
Students must keep their current address, phone number, e-mail address, and a contact person on file in the secretary’s office. Important information will be communicated to all students via their MSSU e-mail addresses.

**ATTENDANCE POLICY**
Regular attendance in the classroom, skills laboratory, and scheduled clinical/field internship sessions is **required** to obtain necessary experience to become a trained emergency medical technician. In addition, good attendance habits will assist the student in meeting future employer expectations. Therefore, the student understands that the following policy will be followed for all EMS courses.

Certain clinical and field internship assignments require pre-clinical preparation as directed by the instructor. Pre-clinical preparation may include a visit to the assigned clinical site for orientation and/or protocol testing. Pre-clinical preparation is to be completed individually by the student. No one is permitted to accompany the student to the clinical site for pre-clinical preparation or for any clinical assignment or activity.

The student is responsible for notifying the Department of EMS regarding a classroom absence by emailing ems@mssu.edu or by calling the instructor and Director of EMS at least one hour prior to the scheduled course period. In the event that a student will be absent from a clinical assignment, the student is to notify the Clinical Coordinator, the Director of EMS, and the clinical/field internship unit at least one hour prior to the scheduled session. Notification to program personnel can most easily be made by emailing ems@mssu.edu. However, telephoning is acceptable, but the student must call the Clinical Coordinator and the Director of EMS. Notification to the clinical or field site should be made by telephone. The student is to make certain that the message will be given to the preceptor or charge nurse. At NO time is texting or contacting a classmate an acceptable method of notification.

Students are not permitted to leave the clinical facility during lunch or break times. Students are responsible for their own transportation.
A reduction of 1% will be taken from courses Affective grade for each hour of didactic classroom time missed for any reason, exceptions are at the discretion of the instructor or Director of EMS.

A reduction of 5% will be taken from the courses Affective grade for each day of laboratory/clinical/field internship time missed for any reason on the scheduled day if the professor, preceptor or charge nurse, and Director of EMS is not notified according to the above policy.

A tardy will accumulate into absences: Absence during classroom or laboratory activities of six (6) minutes through sixty (60) minutes equals one tardy. In the clinical/field internship setting, students must be present in the area designated and must be ready to assume responsibilities on their assigned unit. Three (3) recorded tardies are equivalent to one-day of absence. If a tardy is over one hour, the student will be counted absent for one day.

The same tardy policy will be applied for students leaving didactic or clinical sessions early.

A student will automatically be dropped when he or she accumulates the equivalent of four (4) days absences in any fall or spring semester courses or two (2) days absences for summer semester courses. Additionally, students enrolled in the Paramedic Program, will be dropped when he or she accumulates the equivalent of eight (8) days cumulative absences during the program.

In instances of professional meetings or in the absence of opportunities to achieve objectives in the assigned clinical (e.g. preceptor unavailable, no patients) the professor will mark the evaluation tool with date and an "E" for excused absence. In the summative evaluation the "E" will be considered a satisfactory (S). The student may be required to make up the clinical at the professor's discretion.

LABORATORY SKILLS PRACTICE

During the course of this program, students will be taught skills necessary for the assessment and management of patients in emergency situations. It is essential that students practice and perfect these skills using human subjects. All students are hereby advised that the practice of both non-invasive and invasive skills will be practiced on classmates, and that classmates will be practicing these same skills on you. The purpose of these practice sessions is to develop the tasks, dexterity, and tactile feel, necessary for each skill, in situations as real as possible, under the control and supervision of program instructors. The practice of these skills will involve limited physical contact with all areas of the human body including the areas of the chest and pelvis.

The EMS Program is acutely aware of both the importance of hands on human practice and the risk of inappropriate behavior. All students involved in these skills practice sessions, in the role of the rescuer, the patient, or as an observer, are expected to display tact and professionalism, as well as to behave under ethical and legal guidelines.

At any time, should a student believe that the practice of a particular skill places her or himself in an uncomfortable position, that student has the responsibility to make that belief known to the instructor prior to beginning the skills practice.

At any time, should a student believe that the practice of a particular skill on themselves by another student or as demonstrated by an instructor, crosses a line of professionalism, into overt sexual contact, that student has the responsibility to make that belief known to both the student or instructor involved and to the Program Director as soon as possible. Any student who perceives that he or she has been treated in a discriminative manner on the grounds of sex may consult with or file a written complaint with the Dean of Student Affairs.

Specific skills which will be practiced in this program, and which may involve practice in or around the chest or pelvis include:

Traction Splinting
Foreign Body Airway Obstruction
Patient Assessment / Physical Exam
Blood Pressure by Auscultation
Blood Pressure by Palpation
Dressing and Bandaging
Splinting

Auscultation of Breath Sounds
Assessment of Pulse and Respirations
Application of ECG Electrodes
Application of 12-Lead ECG Electrodes
Supine Spinal Immobilization
Seated Spinal Immobilization

The practice of skills is an essential part of the EMS Program. Students must come to laboratory sessions fully prepared to practice skills and scenarios. Being prepared means being IN UNIFORM and having the appropriate equipment ready and available (as listed below). Additionally, scenario practice requires an attitude and demeanor which do not detract from the scenario created, remaining “in character”, communicating with the “patient” as if a real patient, and performing all skills as appropriate, following procedures step-by-step.

**Required Equipment** - to be supplied by the student

- Eye Protection
- Stethoscope
- Blood Pressure Cuff
- Penlight
- Pen/Pencil
- Note pad
- Watch (with second hand or digital display)
- Laboratory Manual

Failure to have all required equipment available for the skills practice session will prevent the student from remaining for the skill practice session and result in an absence.

**EMS SKILLS LABORATORY USE**
The emergency medical service skills laboratory (Health Science Room 219 or Health Science Room 258) may be used to practice procedures at any time a laboratory class is not in session by appointment with faculty supervising student use of the laboratory. The emergency medical service skills laboratory is locked when not in use. Admission may be granted by faculty, the secretary to Dean of School of Health Sciences, or Director of Emergency Medical Services.

**Guidelines for Skills Labs**

1. Students are required to sign in and out of lab. Students may not sign for other students under any circumstance.
2. Practice professional consideration, conduct, and communication (low volume, please) at all times.
3. No food or drink in the labs.
4. Bring only necessary items for skills into lab. Examples: Car keys, skills supplies, skills book, notebook, pen. Store personal belongings outside the lab.
5. Sit only on chairs. Stretchers and tables are for skill practice only.
6. Stretchers are used only when for the skill. Some skills require only a table top, supplies, and equipment.
7. Keep the lab clean and neat. Before leaving the practice area, each student must ensure that:
   a. Mannequins are clean and free of dressings, tape, marks, etc.
   b. Mannequins are returned to storage area
   c. Special equipment is returned to proper cabinet/area
   d. Jump bags are cleaned, restocked, and returned to their storage area
   e. Suction and oxygen units are turned off
   f. Countertops and sinks are clean, dry, and free of any items
   g. All tables and lab areas are free of books, supplies, debris, etc.
8. Students are encouraged to be self-directed, and to use any extra time in the skill labs to further enhance their learning.
9. Supplies contained within the skill labs are intended for use throughout the program; supplies may need to be reused. The student will use all supplies in an appropriate manner.
10. Skills lab hours are as posted and additional hours are possible by appointment.
11. The student is responsible for attending labs and keeping records of time and completed skills.

All equipment should remain in the designated area. Damaged or malfunctioning equipment should be reported immediately to an instructor or to the secretary of the department. **The Director of EMS administers the operation of the laboratory and maintains equipment and supplies.**

**DUTY CREW**

Students will be assigned to a crew. Each crew will be assigned specific days which they will be “on duty.” Duty crew schedule will be posted on the classroom bulletin board and skills laboratory marker board. Duty crew responsibilities include the following:

- Perform an inventory check on EMS Jump Kits and ambulance on each class day. Checks should be completed and check sheet turned in to the instructor by the first break during class.
- Respond to mock emergencies during the class period.
- Insure skills laboratory remains neat and orderly and all equipment is secured after use.
- Clean (dust/wipe down cabinets, tables, and board and sweep/mop floor) laboratory at least once during assigned shift if the lab has been used, or as required to maintain cleanliness.
- Other duties as assigned by instructor or Director of Emergency Medical Services.

Crews failing to complete assigned tasks will receive a 2% deduction from Affective grade on the first occurrence. On second and subsequent occurrences, the crew members will have 5% deducted from their Affective grade.

**LABORATORY/CLINICAL DOCUMENTATION REQUIREMENTS**

Laboratory/Clinical Documentation must be completed and submitted via Platinum Planner within 72 hours of completing the rotation. Failure to submit all required documentation within the specified period will result in 1% per day deduction from the student’s grade for each shift in which the documentation is submitted late. Submission occurs only when the student actually presses the “Submit Clinical” or “Submit Lab” button. Credit is not awarded until documentation is approved by a faculty member.

For submitted documentation to be deemed complete, the following requirements must be met:

- Preceptor is selected from drop down menu. Only create a new preceptor if they are not already listed in the drop down menu. If creating, insure correct spelling of first and last name.
- Time/Patient Data is accurately and completely recorded for each patient contact (including time (field only), age, sex, chief complaint, skills, and a narrative in the patient notes (field only).
- Site evaluation completed to include comments.
- Required documents are uploaded as a single file in the specified order. (See below)

Required clinical and field documentation should be submitted in the following order and includes, but is not limited to:

1. Preceptor Evaluation of Student
2. Hospital Clinical Shift Report—one form for entire shift. Used for hospital rotations only.
3. Patient Care Report—one form for each patient encountered. Used for field rotations only.
4. Site Evaluation

Each laboratory shift must be submitted with the completed check sheet of each skill performed attached as a single file. Laboratory/Clinical documentation must be an accurate representation of the clinical experience. Falsification of the clinical experience is grounds for disciplinary action up to and including removal from the EMS Program. Additionally, the EMS program may elect to, or be required to, report the incident to the Bureau of EMS for decertification. Preceptors, fellow students, and other certified or licensed health care providers may face disciplinary action of a similar nature for assisting misrepresentation of the clinical experience.
**CLINICAL ROTATION GUIDELINES**

Clinical rotations are an essential component of the EMS Program. Each clinical is intended to offer the student both a positive learning opportunity and real life experiences. The primary purpose of clinical rotations is to expose the student to patient assessment including the gathering of pertinent medical information and past medical history. The practice of basic and advanced skills and patient documentation are secondary, but highly essential, parts of clinical rotations.

**General Information**

1. Clinical learning is scheduled. Students must not arrive late or leave the clinical area early. No student is to be at a clinical site or department that has not been scheduled and approved by the Clinical Coordinator or Director of EMS. Students will not be permitted to have personal visitors during their clinical times.
2. Clinical rotations will be scheduled in advance. Each clinical will be scheduled through Platinum Planner or forms provided by the MSSU Clinical Coordinator. Students may not schedule directly with the facility. Meeting scheduled learning experiences is a professional responsibility of the individual student.
3. Preceptors will fill out evaluations for every scheduled experience. An unsatisfactory evaluation will require that the student have additional clinical experiences after a conference with the instructor.
4. Students are required to carry their CPR card and clinical book, and wear the MSSU student ID while participating in clinical assignments.
5. Proper uniforms will be worn to all clinical rotations. If not in complete uniform, the preceptor will send the student home, and the day will count as a clinical absence.
6. If the student is going to be late or unable to attend his/her clinical, the student MUST notify by phone the appropriate agency AND make the appropriate notifications to the Department of EMS. Use the EMS Instructors’ pagers or cell phones for accidents or incidents involving the MSSU student or patients.

<table>
<thead>
<tr>
<th>INSTRUCTOR</th>
<th>PAGER/CELL PHONE</th>
<th>OFFICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brett Peine</td>
<td>620.687.3899 (C)</td>
<td>417.625.3020</td>
</tr>
<tr>
<td>Thad Torix</td>
<td>417.625.7001 (P)</td>
<td>417.625.3013</td>
</tr>
</tbody>
</table>

7. Students will not be able to reschedule any missed clinical rotations directly with the agency or preceptor. The student must schedule clinical rotations as directed by faculty.
8. Students are responsible for their own health. Any care required due to accident, illness, or drug testing is at the student’s expense. Personal health and accident insurance is recommended. Should an accident or incident occur, the student or preceptor shall contact the Clinical Coordinator or Director of EMS immediately.
9. Students may not leave any clinical assignment without prior authorization from the Clinical Coordinator or Director of EMS. Preceptors and clinical site staff may not authorize the student to leave prior to the scheduled end of shift.

While on clinical rotations:
- Students are to be dressed in the Department of EMS Uniform. (see Uniform Policy for additional information)
- Students are to display a professional attitude while seeking out learning opportunities without interfering in the emergency care of patients or infringing on patient confidentiality.
- Students must NOT participate in any amorous or sexual behaviors toward preceptors, patients, or others encountered.
- Students must function in the student capacity, regardless of previous affiliations or employment with the clinical site. Students are not to be substituted for paid personnel.
Students are allowed to leave the assigned unit of the clinical site to eat lunch or dinner. Students will be given 30-minutes to eat, and must eat on the campus of the clinical site.

To receive a passing grade for the clinical component of each course, students must accomplish the following, by the course completion date:

- Complete the required number of clinical hours (including all required repeat or make-up rotations), at each clinical site, as described by the instructor at the beginning of each course.
- Documentation of these hours must be submitted to the instructor on the proper form, and signed by the preceptor.
- Complete all minimum runs and minimum numbers of skills, as required in the clinical information given by the instructor at the beginning of each course.
- Perform assessments and interventions to the satisfaction of the preceptor, as documented on the clinical forms.
- Meet the standards of professionalism set by the MSSU EMS Program, including appropriate dress, actions, demeanor and language.

Clinical rotations which receive an unsatisfactory evaluation must be repeated prior to the completion of the program. A grade of incomplete WILL NOT BE GIVEN for make-up rotations.

Grades of incomplete will be given only when unexpected medical conditions prevent the completion of clinical rotations before the course completion date. Grades must be converted to a passing grade by the date published in the college catalog, or before the next semester begins if necessary.

Students are to schedule clinical rotations in a manner which does not interfere with job or school schedules. Once clinical rotations are scheduled, they are considered part of the class schedule and attendance is MANDATORY.

Rescheduling Clinical Rotations
Each student is allowed to reschedule TWO (2) rotations per semester. Allowable reschedules:
Prior to the Rotation:
- Work schedule changes *
- Change of jobs **
- Important family events
- Scheduled medical tests and procedures

Missed Rotations (must notify the EMS Program BEFORE missing the rotation)
- Illness
- Mandatory employment responsibilities (documentation required)

A Clinical Rescheduling form must be completed for each rotation rescheduled. This form must be submitted to the instructor along with the Clinical Evaluation forms.

* Upon approval from the Program Director, and with proof of an employer mandated schedule change, students may be allowed to reschedule more than two rotations.
** Upon approval from the Program Director, and with proof of a job change, students may be allowed to reschedule more than two rotations. Taking a second job will not be considered a job change.

PATIENT CONFIDENTIALITY
Patient information garnered during clinical rotations is considered confidential both ethically and, in many cases, legally. Discussion with preceptors and instructors is permitted when used for educational or stress management purposes only, and when in private setting. Any other open or public discussion of any confidential patient information outside the clinical setting is strictly prohibited. Confidential patient information is defined as any information which would specifically identify an individual. This includes, but is not limited to: name, address,
Social Security number, or driver’s license number. At times this may also include specific details, not generally known to the public, which involve a media event.

The policy on patient confidentiality is extended to all simulation and scenario-based patients. **Strict** confidentiality must be maintained for all simulated patient encounters to uphold scenario integrity and maintain a psychologically safe environment. Breeching confidentiality of simulation or scenario-based patient encounters will be handled as if breeching confidentiality of an actual patient, including up-to dismissal from the program.

**CONFLICT RESOLUTION**
The Emergency Medical Services Program and Missouri Southern State University recognize that students will, from time to time, encounter disheartening, unpleasant and occasionally hostile situations. These situations may stem from interaction between individual or groups of other students, faculty, clinical preceptors or clinical sites, the general public, or the witnessing of emotionally traumatic events.

While the Department of EMS cannot protect students from the dangers and harsh realities of the world which are encountered on clinical rotations, we will make every effort to give the student the knowledge and skills necessary to protect themselves. To a great extent the student must take the responsibility to use these tools at the appropriate time. This includes situations in which the language, attitude, and behavior of other students, clinical personnel and program faculty may innocently or maliciously be offensive or derogatory based on race, religion, gender, ethnic background, national origin, age, veteran status, or disability. The first step in any of these cases is to notify the involved party of the offense. Should the offensive behavior continue, the student should notify the next person up the Chain of Command, as delineated below.

In the best interest of all parties involved, students enrolled in the EMS Program must abide by the following procedures.

**Conflicts Occurring in the Classroom** - Student conflicts are expected to be handled between the parties involved. In the event that the situation cannot be resolved peaceably between the individual or group of students, the course instructor or Program Director should be notified. The situation will be corrected following Program policies, grading criteria, instructional intent and course objectives.

The following chain of command should be followed for problems encountered with the instruction and skills practice in the EMS Program:

- Parties involved
- Instructor / Faculty / Staff present at time of incident
- Course Instructor
- Program Director

**Conflicts During Clinical Rotations** - Any situation occurring on clinical rotations are to be reported, immediately, to the student’s immediate supervisor at the clinical site (usually the assigned preceptor) and progress up the chain of command for that clinical site. In the event the situation involves the immediate supervisor, an attempt at problem resolution should be made without moving further up the chain of command. In the event the immediate supervisor cannot resolve the situation, the next person in the chain of responsibility should be contacted. Problems regarding differing protocols, treatment modalities, or patient care philosophies should be addressed and resolved with openness for these differences taking into consideration the wide variety of “correct” treatment. In the event the problem cannot be resolved at the clinical site, the student should report the situation to the Clinical Coordinator or Program Director at their earliest opportunity. Reporting the problem directly to Program Faculty without consulting the clinical personnel is not permitted without extenuating circumstances. The definition of extenuating circumstances will be determined by the Clinical Coordinator or Program Director.

Students should understand that the EMS Program is concerned with conflicts encountered while on clinical rotations. However, students should also understand that the clinical site has a vested interest in resolving the problem internally. It will be the prerogative and responsibility of the clinical site to report problems and resolution decisions to the EMS Program.
The following chain of command should be followed for problems encountered during clinical rotations:

- Parties involved
- Assigned Preceptor
- Duty Supervisor / Station Officer / Charge Nurse
- Clinical Coordinator
- Program Director

CLASSROOM BEHAVIOR
Students enrolling in the EMS Program have certain rights and responsibilities. Included in the student’s responsibilities is an awareness of the standards of appropriate behavior. The EMS Program expects students to exercise self-discipline, and be self-directed in activities that will enhance the individual’s educational experience and the total learning environment of Missouri Southern State University.

Behavioral Expectations
1. Each student will be responsible for acquiring his/her own texts and materials required by the curriculum. Textbooks are required for all courses.
2. Students will orient to the web based “Platinum Planner” program and use it for record keeping and scheduling. Student MUST enter all clinical experiences into Platinum Planner to receive credit for those experiences.
3. **Students may not be subject to call while participating in class, clinical rotations, or field sessions. You, the student, must function only under the direct supervision of a preceptor. You may not be alone with a patient in the patient compartment during patient transport and shall not be used to fill staffing requirements while acting as a student.**
4. Professional ethics require that ALL patient information remain confidential. Any student found divulging ANY personal and/or medical information concerning any patient will be subject to dismissal from the program. This is a violation of affiliate agency agreements and patient confidentiality rights.
5. EMT’s and Paramedics are among the most trusted members of our society. Part of the mission of this program is to ensure that those who enter this profession are worthy of this trust. As a result, all breaches of trust will be treated with the utmost seriousness. Ethics, honesty, and personal responsibility are expected at all times. Academic dishonesty is grounds for **immediate dismissal** from the program. Academic dishonesty consists of:
   a. Cheating on tests, homework, or other assignments, including, but not limited to:
      i. Copying information from someone else’s test
      ii. Using sources of information not authorized by the instructor to answer questions on tests, including cheat sheets, text messages, etc.
      iii. Obtaining, distributing, or accepting copies of test or quizzes, or information regarding those tests or quizzes except with written permission of your instructor.
      iv. Turning in work that isn’t your own work
   b. Misrepresenting student records/assignments, clinical reports, evaluations, run reports, physical exams, certifications, etc. This includes:
      i. Presenting documentation that indicates you were at a clinical you did not attend.
      ii. Falsifying the time you spent on a clinical.
      iii. Making up or embellishing patient records.
6. “Standards Precautions” against blood borne pathogens and other pathogens are to be utilized in all patient care situations.
7. Equipment is returned neatly to its designated place by the student at the end of each class/lab session. Malfunctioning equipment should be reported to the instructor immediately.
8. Instructors will have the discretion to determine classroom atmosphere and behavior of students. Any student requested to leave the class or clinical for inappropriate conduct will be counted as absent.
Inappropriate conduct is reported to the Director of EMS and may require a remediation plan and/or counseling.

9. Legal Drugs: The appropriate use of legally prescribed drugs and nonprescription medications is not prohibited. However, the use of any substance which carries a warning label that indicates that mental functioning, motor skills, or judgment may be adversely affected must be reported to the student’s primary instructor and the student is required to provide a written release from his/her doctor or pharmacist indicating that the student can function safely in the clinical and classroom environments.

10. Class attendance is required. All learning is planned and scheduled. EMS programs assume that students are mature, adult learners. Students are expected to attend all classes and assigned clinical rotations. Work conflicts should be resolved before the student begins the program. Should a personal emergency/crisis occur, continuation in the program would be based on student’s current performance, progress in the program, resources available, and the details of the situation. Students have a responsibility to master all of the material presented in the program, regardless of absence.

11. EMS students are not allowed to drive emergency vehicles or act outside their official capacity as students while in assigned clinical rotations or during the field internship under any circumstances.

12. Classroom Decorum: Disruptive behavior will not be tolerated. Disruptive students will be asked to leave the classroom. Continuous disruptive behavior will result in withdraw from the course. Further, any student or threatens the safety or security of any other student, staff member, or instructor, verbally or physically, will be withdrawn from the course.

Violations of accepted student conduct are handled through either the office of the EMS Program Director or the office of the Dean of Health Sciences. Each case is handled on an individual basis. An attempt is made to carefully balance the welfare of the student, the EMS Program, consumers of health care, and the clinical facilities associated with the program in a fair, just, and consistent manner.

Misconduct for which students are subject to discipline falls into the following categories:

1. Academic dishonesty.
2. Immoral conduct or insubordination.
3. Forgery, alteration, or misuse of program related records or documents or knowingly furnishing false information to the EMS Education Program.
4. Obstruction or disruption of the teaching/learning processes in either the clinical or classroom setting.
5. Physical or verbal abuse of any person on Missouri Southern State University owned or controlled property, or EMS Education Program sponsored or supervised functions and activities. Also included are any activities that threaten and endanger the health and safety of any such persons.
6. Theft or damage to property of MSSU and their staff or visitors.
7. Failure to notify the clinical sites of absences.
8. Loud, coarse, vulgar, profane or abusive language in the classroom or clinical settings or during program related activities.
9. Possession or use of weapons
11. Violation of tobacco policies of clinical facilities or MSSU.
12. The student uniform may not be worn for non-school related activities without permission from the Director of EMS.
13. Students are not to leave a clinical area without informing the clinical site staff.
14. Students may not return to visit patients they have been assigned to care for during clinical rotations without special permission from their clinical instructor or the Director of EMS.
15. Use or suspected use of intoxicants or controlled substance and/or unlawful possession of any illegal or controlled substance in the classroom or clinical setting shall result in dismissal from the program. The student must submit to a drug or alcohol screen according to faculty instruction and within a time frame directed by the same. If the student refuses to complete a drug and/or alcohol screen, the student will be assumed to be under the influence of drugs or alcohol. Failure to comply with required testing shall result in dismissal from the program.
Furthermore, if a student is believed to be in possession of any illegal or controlled substance, they may be required to provide proof that they are legally allowed to be in possession of the substance in question. Students are prohibited from using alcoholic beverages and illegal drugs on University owned and controlled property.

Students failing to conduct themselves as responsible individuals will be required to receive counseling from department officials to determine whether they will be allowed to continue in the program under agreed conditions (probation) or be terminated. Program officials will review mitigating circumstances. Students may be referred to an outside agency.

Any student displaying disruptive behaviors or engaged in any activity that is not conducive to maintaining the school’s standards will be suspended or terminated.

**PROFESSIONAL RESPONSIBILITY**
While on campus or on clinical rotations all students are expected to conduct themselves in a professional and ethical manner. This includes proper wearing of the classroom or clinical uniform and proper use of professional vocabulary to reflect well on this school and the EMS profession. The use of foul, profane, vulgar, or sexually explicit or illicit words or phrases are specifically prohibited.

Failure to maintain a professional attitude and behave within ethical guidelines, or the use of inappropriate words or phrases WILL result in removal from the EMS Program - in some cases WITHOUT written warning.

**ANTI-HARRASSMENT POLICY**
The experience of harassment is unique to each individual and it is up to the student to decide if he/she is being harassed. It is also distressing if a student sees someone else receiving unacceptable behavior. Once the problem is identified, the student has recourse to stop unacceptable behavior.

**Harassment is conduct that is unwanted or unreciprocated and affects your self-respect and well-being during classroom or clinical experiences.**

Missouri Southern State University (MSSU) is committed to fostering an environment where all individuals are treated fairly and with complete respect. It is and continues to be, University policy that harassment is unacceptable conduct, which will not be tolerated.

**(MSSU Student Handbook pg. 36, MSSU Catalog pg. 42)**
Behavior can be harassment if:
- It is unwanted, unreasonable and offensive
- It creates a hostile or ineffective environment in the classroom or clinical setting.

Harassment may include, but is not limited to:
- Repeated events or a single serious incident
- Physical abuse such as unwanted physical contact
- Verbal abuse such as name-calling, use of offensive language or innuendo, telling offensive jokes
- Covert abuse such as non-cooperation, implicit threats
- Abuse that stems from a problem that began in the university or clinical setting, and continues outside of them (i.e. stalking)

Intimidating and disruptive behaviors include overt actions such as verbal outbursts and physical threats, as well as passive activities such as refusing to perform assigned tasks or quietly exhibiting uncooperative attitudes during routine activities. Intimidating and disruptive behaviors are often manifested by health care professionals in positions of power. Such behaviors include reluctance or refusal to answer questions, return phone calls or pages; condescending language or voice intonations; and impatience with questions. Overt and passive behaviors undermine team effectiveness and can compromise the safety of patients. All intimidating and disruptive behaviors are unprofessional and should not be tolerated.
The most appropriate approach for a student to take depends on the student’s level of comfort and circumstances. Persistent harassment may make the student feel that it is her/his fault making it difficult to take action.

Steps that a student can take to clarify the situation are:
1. Talk to other people who are trusted
2. Keep a written record of incidents. Keep notes simple and include date, time of incident, location, nature of the incident, your response, your feelings at the time, any action taken at the time and what it was and the names of any witnesses.
3. Decide to take action. Students may be reluctant to complain even though policies are in place. Unless action is taken, it is unlikely that the unacceptable behavior will stop.

Students are to follow the MSSU policy to file a formal complaint according to the steps identified in the Department of EMS Education Student Handbook. There are situations in which a student is confronted with harassment that requires immediate action.

When harassment occurs, the student should proceed with the following actions:
- Respond with courteous language and a calm, quiet manner.*
- *If in immediate physical danger, the student should move to protect self and others.
- Acknowledge that the other person seems upset or frustrated.
- State that you would like to assist the person in resolving concerns/frustrations.
- Courteously remind the person to speak quietly and respectfully in the clinical/field internship setting.
- Ask that the interchange be moved to a quiet place to continue problem-solving, out of public view/hearing.

If the steps are not effective, the student should:
- Request the assistance of the clinical instructor, preceptor and/or manager in dealing with the individual’s concerns and disruptive behavior;
- Tell the person that you are sorry that you are not able to assist them to their satisfaction at this time, and you will need to refer the issue to your clinical instructor.

The Clinical Instructor will report the incident of harassment in accordance with University and/or facility policy. Reporting should be done without fear of retribution. Retribution or retaliation will not be tolerated. If it appears that reaction/action has occurred, please contact the Clinical Instructor for a follow-up, or submit the incident in writing.

Students are held responsible for policies of the University, EMS Department, and the Facility or Service in which they are practicing.

GRADING
Learning is sequential and cumulative. Each test builds upon the knowledge gained up to that date. Unless otherwise stated, the required textbook, lecture material, printed handouts, classroom discussion, and student projects and reports will be the basic references for test questions.

Unit tests will be given throughout the semester. These tests will relate to course objectives. Tests may include questions generated by students during class assignments. Students are expected to take the tests at the scheduled time. If a student has a serious time conflict with testing, he/she will initiate a conference with the instructor. The EMS faculty will discuss the issue. Decisions for testing outside of the scheduled times rests with the faculty.

A comprehensive final exam will be scheduled during finals week. Students must pass this exam with an 80% or better in order to complete either the EMT or Paramedic program. If a student fails this exam he or she will be required to complete a study plan with the lead instructor and reschedule the exam. If the student
fails the retest he or she will generally be required to repeat the course. Students may appeal to a board consisting of EMS program faculty and/or staff under extreme extenuating circumstances.

**Emergency Medical Technician**

To pass each course of the EMT program students must earn a minimum grade of C. Failure to earn the minimum grade in any course constitutes failure from the program. Additionally, students must achieve a minimum score of 80% on the summative final to pass each course.

**Clinical Sections**

To pass clinical sections students must complete the minimum number of required contact hours. In addition, passing the clinical section requires that all minimum patient contacts and procedures be achieved, and that preceptor evaluations identify the student as minimally competent. Preceptor evaluations which indicate unsatisfactory performance may result in failure of the clinical section.

Students will be graded on a decreasing scale. Each student begins each semester with a Clinical grade of 100%. As the course progresses, points will be deducted for each attendance issue (absence, tardy or leaving early), uniform issue, participation issue, professionalism issue, unsatisfactory performance issue, and late submission of clinical documentation. Students must have a grade of 75% or better to earn a passing Clinical grade.

**Didactic Sections**

Each didactic section has three grading domains. A passing grade must be achieved in each domain to pass the course. Failure of the Affective or Psychomotor domain will earn a grade of “D”. Failure of the cognitive domain will be given the earned grade.

**Affective domain** measures the student’s attitudes, behaviors, and professional attributes, as well as classroom conduct. Passing is appropriate classroom behavior, professional ethics, and adherence to policy. Breaches will result in student conference. Significant behavioral issues may result in failure of the affective domain. In most cases a written warning and time period for improvement will be given before assigning a failing grade. However, in cases where the behavior is significantly unacceptable, egregious, or poses a threat to the well-being of others, the posting of a failing grade may be immediate and without warning.

Students will be graded on a decreasing scale. Each student begins each semester with an Affective grade of 100%. As the course progresses, points will be deducted for each attendance issue (absence, tardy or leaving early), uniform issue, participation issue, or professionalism issue. Students must have a grade of 75% or better to earn a passing Affective grade.

**Cognitive domain** is the student’s knowledge as demonstrated by written exams and assignments.

The grading scale for the EMT course(s) is:

<table>
<thead>
<tr>
<th>Score Range</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>92 to 100</td>
<td>A</td>
</tr>
<tr>
<td>83 to 91.9</td>
<td>B</td>
</tr>
<tr>
<td>75 to 82.9</td>
<td>C</td>
</tr>
<tr>
<td>70 to 74.9</td>
<td>D</td>
</tr>
<tr>
<td>Below 70</td>
<td>F</td>
</tr>
</tbody>
</table>

A grade of 75% or higher must be earned on major exams. Students will be allowed two (2) grades less than 75% in each course. A third grade below 75% will result in failure of the course.

A comprehensive final exam will be scheduled during finals week. Students must pass this exam with an 80% or better in order to complete the course. If a student fails this exam he or she will be required to complete a study plan with the lead instructor and reschedule the exam. If the student fails the retest he or she will generally be denied a successful course completion designation for national certification testing purposes.

Calculation of final cognitive grades comes from the following formula:

\[
\text{Final Exam} \times 30\% + \text{Unit Examinations} \times 25\% = \text{Final Grade}
\]
Affective  25%
Quizzes / Homework  10%
Clinical/Laboratory  10%

After all work has been completed, the student must have a final average of 75% or better.

**Psychomotor domain** is the student’s ability to perform skills and tasks learned in the program. Each student must demonstrate mastery of all identified skill performances. Students will be held responsible for all skills, and the Skills Lab book for each lab class will be collected and placed in the student file when complete.

Following formal lecture presentation and demonstration of the associated skills, lab time is provided to enable the student to practice and refine the specific skills. During this time, instructors will assist each student in achieving competency. Additional individual remediation may be provided when possible. All skills are subject to review at any time during the course by the Medical Director or faculty. During the allotted “lab time,” students will practice and refine the specific skill(s) on an individual basis as well as within the setting of “scenarios.” For the various scenarios, students may be divided into “teams.”

Please bring skill workbook(s) to labs. There will be additional skills labs scheduled for practice and remediation. **It is the student’s responsibility** to make sure that he/she is checked off on skills listed in the workbook within the designated time frame. An incomplete skills check-off list will not be accepted after the stated deadline.

At times, scenarios may be videotaped to allow instructor(s) time to review each student’s participation as a team member and his/her apparent knowledge of skills.

**Paramedic**-To pass each course of the Paramedic program students must earn a minimum grade of C. Failure to earn the minimum grade in any course constitutes failure from the program.

**Clinical Courses**
To pass clinical sections students must complete the minimum number of required contact hours. In addition, passing the clinical section requires that all minimum patient contacts and procedures be achieved, and that preceptor evaluations identify the student as minimally competent. Preceptor evaluations which indicate unsatisfactory performance may result in failure of the clinical section.

Students will be graded on a decreasing scale. Each student begins each semester with a Clinical grade of 100%. As the course progresses, points will be deducted for each attendance issue (absence, tardy or leaving early), uniform issue, participation issue, professionalism issue, unsatisfactory performance issue, and late submission of clinical documentation. Students must have a grade of 75% or better to earn a passing Clinical grade.

**Didactic Courses**
Each didactic section has two grading domains. A passing grade must be achieved in each domain to pass the course. Failure of the Affective domain will earn a grade of “D”. Failure of the cognitive domain will be given the earned grade.

**Affective domain** measures the student’s attitudes, behaviors, and professional attributes, as well as classroom conduct. Passing is appropriate classroom behavior, professional ethics, and adherence to policy. Breaches will result in student conference. Significant behavioral issues may result in failure of the affective domain. In most cases a written warning and time period for improvement will be given before assigning a failing grade. However, in cases where the behavior is significantly unacceptable, egregious, or poses a threat to the well-being of others, the posting of a failing grade may be immediate and without warning.

Students will be graded on a decreasing scale. Each student begins each semester with an Affective grade of 100%. As the course progresses, points will be deducted for each attendance issue (absence, tardy or leaving early), uniform issue, participation issue, or professionalism issue. Students must have a grade of 75% or better to earn a passing Affective grade.

**Cognitive domain** is the student’s knowledge as demonstrated by written exams and assignments.
The grading scale for the paramedic course(s) is:

92 to 100  A
83 to 91.9  B
75 to 82.9  C
70 to 74.9  D
Below 70    F

A grade of 75% or higher must be earned on major exams. Students will be allowed two (2) grades less than 75% in each course. A third grade below 75% will result in failure of the course.

A comprehensive final exam will be scheduled during finals week. Students must pass this exam with an 80% or better in order to complete the course. If a student fails this exam he or she will be required to complete a study plan with the lead instructor and reschedule the exam. If the student fails the retest he or she will generally be denied a successful course completion designation for national certification testing purposes.

Calculation of final cognitive grades comes from the following formula:

- Major Examinations 30%
- Affective 20%
- Quizzes / Homework 15%
- Final Exam 35%

After all work has been completed, the student must have a final average of 75% or better.

**Laboratory Courses**

Each laboratory section has three grading domains. A passing grade must be achieved in each domain to pass the course. Failure of the Affective or Psychomotor domain will earn a grade of “D”. Failure of the cognitive domain will be given the earned grade.

**Affective domain** measures the student’s attitudes, behaviors, and professional attributes, as well as classroom conduct. Passing is appropriate classroom behavior, professional ethics, and adherence to policy. Breaches will result in student conference. Significant behavioral issues may result in failure of the affective domain. In most cases a written warning and time period for improvement will be given before assigning a failing grade. However, in cases where the behavior is significantly unacceptable, egregious, or poses a threat to the well-being of others, the posting of a failing grade may be immediate and without warning.

Students will be graded on a decreasing scale. Each student begins each semester with an Affective grade of 100%. As the course progresses, points will be deducted for each attendance issue (absence, tardy or leaving early), uniform issue, participation issue, or professionalism issue. Students must have a grade of 75% or better to earn a passing Affective grade.

**Psychomotor domain** is the student’s ability to perform skills and tasks learned in the program. Each student must demonstrate mastery of all identified skill performances. Students will be held responsible for all skills, and the Skills Lab book for each lab class will be collected and placed in the student file when complete.

Following formal lecture presentation and demonstration of the associated skills, lab time is provided to enable the student to practice and refine the specific skills. During this time, instructors will assist each student in achieving competency. Additional individual remediation may be provided when possible. All skills are subject to review at any time during the course by the Medical Director or faculty. During the allotted “lab time,” students will practice and refine the specific skill(s) on an individual basis as well as within the setting of “scenarios.” For the various scenarios, students may be divided into “teams.”

Please bring skill workbook(s) to labs. There will be additional skills labs scheduled for practice and remediation. **It is the student’s responsibility** to make sure that he/she is checked off on skills listed in the workbook within the designated time frame. An incomplete skills check-off list will not be accepted after the stated deadline.
At times, scenarios may be videotaped to allow instructor(s) time to review each student’s participation as a team member and his/her apparent knowledge of skills.

**Cognitive domain** is the student’s knowledge as demonstrated by written exams and assignments. The grading scale for the paramedic course(s) is:

<table>
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<th>Percentage</th>
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<tbody>
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A grade of 75% or higher must be earned on major exams. Students will be allowed two (2) grades less than 75% in each course. A third grade below 75% will result in failure of the course.

**Course completion criteria:**
In order for a paramedic student to receive a successful course completion designation necessary for him or her to sit for certification, he or she must complete several steps beyond the standard academic requirements:

1. The student must complete all the required coursework with a grade of C or better.
2. The student must pass a comprehensive written exam with a grade of 80% or higher.
3. The student must have completed and properly documented the required number of clinical hours.
4. The student must demonstrate competency on medical and trauma comprehensive practical exams.
5. The student must have final clearance form signed by field preceptor of the university’s choosing, attesting to the student’s competence.
6. The student must get final clearance from the MSSU EMS Medical Director and Program Director as evidenced by signed terminal competence form.
7. The student must hold a valid American Heart Association Basic Life Support for Healthcare Provider card, Advanced Cardiac Life Support card, and Pediatric Advanced Life Support card.
8. The student must have met the ethical and behavioral standards of the EMS program and University as a whole.

Paramedic students who do not meet all of these criteria will not be given a successful course completion and will not be permitted to sit for national certification exams.

**EXAMINATIONS**
Students are required to take an exam on the scheduled exam date. Students unable to attend on the required date must provide a written request to the instructor and make arrangements prior to the test date. If injury/illness prevents prior approval, student must contact the lecture instructor and make arrangements. EMS faculty may require a doctor’s verification. Exams are to be made up within 72 hours of exam date. After 72 hours, the student will receive a grade of “0”, unless special consideration is warranted. Students will be allowed a maximum of three (3) retakes per semester. If the student passes the retake with a grade of 75% or higher, he or she will be assigned a score of 75% for the exam.

Practical examinations are conducted to assess the student’s competency in the performance of skills used in patient care. These examinations will be conducted at the conclusion of each semester, as printed in the course schedule. To pass the semester, and the program, students **MUST** pass all required examinations.

Retests of failed practical examinations will be permitted, provided:

- A majority (greater than 50%) of the practical examinations have been passed on the initial attempt.

No retests will be permitted for a student who fails a majority (greater than 50%) of all practical skills. The student will receive a failing grade in the course enrolled, and will not be able to continue in the program.

Prior to retesting practical examinations:

- The student will be allowed to view the practical examination score sheet and discuss with a program instructor the reason for the failure.
Upon request, equipment and supplies will be provided and the student will be allowed to practice the skills, with the help of fellow students.

Program instructors ARE NOT permitted to assist students with skills practice, or participate in retraining, at any time once the course has begun practical examinations.

If a student fails a retest of the practical examinations, that student may petition the Program Director for a second retest. Petitions forms may be obtained through the course instructor. A second retest will be granted, for one skill and one skill only. A failure of two or more skills will not be permitted. To be eligible for a second retest:

- The student’s grade point average must be a grade of B or better, or have an average which is passing and has shown consistent improvement on through the course.
- The student’s attendance in the course must equal or exceed 80% of the total class, and equal or exceed 80% of laboratory classes.
- The student must have no record of student conferences requiring probation or disciplinary action.

A second retest will be conducted by a panel of two examiners, and will be conducted on a time permitted basis. In the event the second retest cannot be conducted during the regularly scheduled time period for practical examinations for the class the candidate is enrolled, a grade of incomplete will be given for the course and a practical examination session will be scheduled at a time agreeable by the EMS program and the candidate. The scheduled practical examination session must be scheduled prior to the beginning of the next regularly scheduled semester. If the candidate fails to retest or fails any of the skills in the set, a grade of “F” will be recorded as the official grade.

EMS PROGRAM SEMESTER AND CUMULATIVE GRADE POINT AVERAGE (GPA) POLICY

- Students must earn a grade of “C” or better in each semester to progress to the next or subsequent semester of the EMS education program.
- Students must pass each final examination with a minimum of 80% to progress to the next or subsequent semester of the EMS education program.
- Students must successfully perform all practical skills tests to progress through the program. (See Practical Examinations Policy)
- Students must demonstrate satisfactory progression through clinical and field internship requirements as outlined in the course syllabus.
- Students falling below the required 75% at any time during the semester, failing their first attempt at a practical skill test, or failing to satisfactorily progress through clinical and field internship rotations will be counseled by the instructor and/or EMS Program Director. The student will be provided his or her current standing in the course, and a plan to help improve the student’s performance will be devised and implemented.
- Students failing to improve their academic and or clinical performance after counseling or pass a practical skill test within two (2) attempts will be referred to the EMS Program Director for consideration of dismissal from the program.

Any student failing any emergency medical service course will be dismissed from the EMS education program. The student may make application and if accepted, re-enter the program at the beginning of the specific program one time. A letter grade of “C” will be required on all coursework for progression.

CLINICAL AND PROGRAM PROGRESSION

Requirements to achieve a satisfactory final rating in all courses with a clinical component are stated in the course syllabus and in clinical evaluation tools. If a determination is made, during the clinical or field internship component of any emergency medical service course, that a student cannot achieve the required satisfactory final rating, the student will not be permitted to continue the course of study.

CRITICAL FAILURE:

A critical failure may result from a critical incident. A critical incident includes, but is not limited to:

- Unsafe behavior that would place the client in jeopardy.
- Violation of University or Department policy.
• Violation of EMT Code of Ethics.
• Violation of agency policies.
• Violation of HIPAA/confidentiality regulations.

INCOMPLETE COURSE STATUS
Due to liability insurance requirements, incompletes are not routinely granted. Students may request an incomplete status through their primary instructor. Upon recommendation of the primary instructor, the request will be evaluated by the Director of EMS and/or Dean of School of Health Sciences (or designate) for final approval/disapproval.

REMEDIATION
The Department of EMS is dedicated to the success of the students. Success, ultimately, is measured by the student’s passing of the National Registry of EMT test and achieving gainful employment. Should a student fail the NREMT exam, the Department of EMS will offer remediation/tutoring assistance to the student on a one-on-one or small group setting. Remediation is available on a schedule, recurring basis until the student is prepared for the exam and ultimately passes the exam. Remediation is offered free of charge. However, should the student require an approved refresher to continue to test, the student may be required to locate a refresher course elsewhere. Additionally, if the refresher is provided by the Department of EMS, the student will be required to pay for the course.

READMISSION CRITERIA AND PROCESS

A. READMISSION CRITERIA
Readmission to the emergency medical service program requires the student to comply with the following steps:
1. Be eligible for non-probationary admission or readmission to the University.
2. Have a minimum cumulative grade point average of 2.5.
3. Submit a completed readmission application form.
4. Submit a letter of eligibility from the Director of EMS Program.
5. Apply for readmission within two years from the time of withdrawal.
6. Submit all credentials by the application deadline to the semester of desired readmission.
7. Meet all criteria for regular admission to the Department of EMS including current background check, current TB test results, current CPR for Healthcare Provider card, current Missouri EMT-Basic or EMT-Intermediate license (Paramedic program only), and non-refundable application fee.

B. READMISSION PRIORITIZATION
1. Enrollment is based on space availability in the course. Filling of available spaces is competitive.
2. Circumstances of withdrawal will be considered for readmission and prioritized in the following manner:
   a. Student in good standing (passing grade in clinical and theory).
   b. Failed to meet the theory requirements of an emergency medical service course.
   c. Clinical failures or withdrawal resulting from professional or personal misconduct will be considered on an individual basis.

Readmitted students will pay the same fees as full-time students enrolled in the EMS education program upon re-admittance to the EMS Education Program.

DROPPING COURSES, WITHDRAWAL FROM EMS EDUCATION COURSES, WITHDRAWAL FROM UNIVERSITY

DROPPING COURSES
The faculty advisor should be contacted prior to initiating the dropping of a course in the Office of the Registrar. Deadlines and grades cited in the University Catalog apply.

EMS COURSES
A student who wishes to do a complete withdrawal from all courses should contact the faculty advisor and follow the procedure outlined in the Missouri Southern State University Catalog. It is advisable that the student schedules
an exit conference with the professor teaching the course and the Director of the Department of EMS to discuss the student’s withdrawal, readmission or transfer.

UNIVERSITY
A student who wishes to withdraw will initiate withdrawal in the Advising, Counseling & Testing Center (Hearnes Hall). A student who completely withdraws from the University prior to the last week of classes in a regular or summer semester may receive a grade of “W” in all courses in which the student is enrolled. Withdrawal from the University after the last week of classes in a regular or summer semester will result in a grade of “F” being recorded for all courses, unless other arrangements are made through the Office of the Registrar. A student who leaves school without officially withdrawing shall receive grades of “F” in all courses. Refer to catalog page 53 &54 university withdrawal policies.

SUBSTANCE ABUSE AND DRUG TESTING POLICY
The Department of EMS adheres to Missouri Southern State University Drug and Alcohol Prevention Program and the Drug-Free Schools and Communities Act Amendments of 1989.

The Missouri Southern State University Catalog states: “Students are prohibited from using alcoholic beverages and illegal drugs on University-owned or controlled property and at University sponsored or supervised activities. Irresponsible alcohol or other drug use off campus resulting in disorderly conduct on campus also is not acceptable. Any student of Missouri Southern State University found to have manufactured, dispensed, possessed or used a controlled substance in violation of the Substance Abuse Policy of this University will be subject to discipline in accordance with University policy and reported to local, state or federal law enforcement authorities for criminal prosecution. Criminal prosecution for these acts could lead to a conviction and such a conviction could result in a sentence imposing a monetary fine, imprisonment in a state or federal penitentiary or both.” (Missouri Southern State University 2008-2010 Catalog, p. 28).

Offers of acceptance to the EMS Department are made as conditional offers. Conditions for acceptance into the EMT course include a satisfactory background check, and a negative alcohol, drug, and/or controlled substance test. Conditions for the Paramedic Program include a satisfactory background check, and a negative alcohol, drug, and/or controlled substance test as well as a current Missouri EMT license. An applicant or current EMS student who refuses to authorize and pay for testing or who tests positive for drugs, alcohol, or controlled substances will not receive a final offer of admission, or will not be allowed to continue in the EMS Program. The Director of the Department of EMS will notify the conditionally admitted student that the offer of admission is withdrawn secondary to a positive drug or alcohol screen test, and the Director will notify a current EMS student who tests positive for drugs or alcohol of dismissal from the EMS Program.

To ensure compliance with the Drug Free Schools and Communities Act Amendments of 1989, EMS students will be tested:
1. As a condition of admission, readmission, or transfer to the EMS Program,
2. Upon reasonable suspicion, and
3. Post-accident or post-injury.

Any student who tests positive for a drug or controlled substance must be able to verify that it was obtained legally and legitimately. If an initial drug or controlled substance test is positive, a second test on the same specimen will be performed to confirm the initial result. If an alcohol test is positive, a second test will be performed to confirm the initial result. Any confirmed alcohol result above 0% will be considered positive. A positive test result on the confirming test will result in dismissal from the EMS program. The EMS student assumes full costs of testing. Any student dismissed following a positive drug, controlled substance, or alcohol test will be removed from all emergency medical service courses. A grade of W will be transcribed if prior to the University withdrawal date. A grade of “F” will be transcribed if the student is removed from courses following the University withdrawal date.

Students in clinical agencies are subject to the policies of Missouri Southern State University, and must also abide by the policies of the agency in which they are practicing as a student emergency medical technician. A student may be required to have alcohol or drug testing alone or in combination. Any student who refuses to submit to initial or subsequent testing will be dismissed from the EMS program.
The Director of the Department of EMS must authorize reasonable suspicion testing and incident/post-accident testing on a student before such a test is administered. In the absence of the Director, the Dean or designated administrator may authorize a test. Reasonable suspicion may include, but not be limited to: accidents and injuries caused by human error, unusual or serious violations of rules, secured drug supply disappearance, irrational or extreme behavior, or unusual inattention or personal behavior, such as smelling of alcoholic beverages.

Students must abide by the terms of the above policy and must report any charge, whether resulting in conviction, plea of guilty, finding of guilt, probation, suspended imposition of sentence, suspended execution of sentence, or plea of nolo contendere under a criminal drug or alcohol statute for violations occurring on or off University premises. Any such violation must be reported within five (5) days. Students with involvement in a criminal drug or alcohol offense will be dismissed from the EMS Program.

Dismissed students will be reconsidered for admission one time. Dismissed students will be eligible for consideration of readmission to the EMS Program upon successful completion and documented evidence of treatment remedying the rationale for dismissal.

**APPEALS POLICY AND DUE PROCESS**

Should a difference of opinion develop between a student and an instructor regarding course work, the student should make an appointment to discuss the matter privately with the instructor involved within five (5) business days from the date the disputed event occurred.

If the problem persists, the student and the instructor may arrange a conference with the Director of the Department of EMS within five (5) business days after the student meets with the faculty team.

If the matter is still not resolved the student has a right to appeal to the Dean of the School of Health Sciences within five (5) business days from the date of conference with the Director of the Department of EMS. The final disposition of the matter rests with the Dean of the School of Health Sciences.

Prior to the scheduled conference at any level of the grievance process, the student shall submit the grievance in writing to the person with whom the conference is scheduled. A written notice of all decisions regarding a student’s grievance shall be provided to the student.

The Department of EMS Appeals Policy and Due Process ends when the disputed matter is turned over to the campus judicial system.

**ACADEMIC INTEGRITY (PLAGIARISM/CHEATING) POLICY/PROCEDURE**

The Department of EMS Education faculty opposes student dishonesty and seeks to actively confront student dishonesty as defined and in ways described below.

A. Dishonesty is used in the MSSU Student Handbook (which is online) synonymously with cheating and plagiarism.

B. The MSSU Student Handbook (which is online) states that: **CHEATING** includes but is not limited to…

   - use of any unauthorized assistance in taking quizzes, tests, or examinations;
   - dependence upon the aid of sources beyond those authorized by the instructor in writing papers, preparing reports, solving problems, or carrying out other assignments;
   - the acquisition, without permission, of tests or other academic material before such material is revealed or distributed by the instructor;
   - the misrepresentation of papers, reports, assignments or other materials as the product of a student’s sole independent effort, for the purpose of affecting the student’s grade, credit or status in the University;
   - failing to abide by the instructions of the proctor concerning test-taking procedures; examples include, but are not limited to, talking, laughing, failing to take a seat assignment, failing to adhere to starting and stopping times, or other disruptive activity;
• influencing, or attempting to influence, any University official, faculty member, or employee responsible for processing grades, evaluating students, or for maintaining academic records, through the use of bribery, threats, or any other means of coercion in order to affect a student’s grade or evaluation;
• any forgery, alteration, unauthorized possession, or misuse of University documents pertaining to academic records. Alteration or misuse of University documents pertaining to academic records by means of computer resources or other equipment also is included within this definition of “cheating.”

C. Additionally, the Department of EMS Education faculty explicitly defines CHEATING to include:
• Copying examination answers from another student or providing examination answers to another student.
• Use of unauthorized notes during testing.
• Copying another student’s homework partially or in total.
• Fabrication of resources.
• Fabrication of clinical achievements.
• Forgery of preceptor reports and/or signatures.

D. PLAGIARISM as defined by the Department of EMS Education faculty is consistent with the Missouri Southern State University, Student Handbook (p. 4) and includes but is not limited to:
• Copying another’s work and presenting it as one’s own.
• Using more than two or three words from a source without using quotes.
• Paraphrasing by simply rearranging another’s words.
• Presenting a purchased or stolen paper, as one’s own work.


The Department of EMS Education procedure for responding to student DISHONESTY, as defined above, is as follows:
A. Respond by one or more of the following faculty actions:
• Instructor responds to dishonesty in an advisory non-punitive manner.
• Instructor responds to dishonesty by assigning reduced or failure grade of exam, project, paper, or course grade.
• Instructor responds to dishonesty by using the Disciplinary Action outlined in the MSSU Student Handbook.
• Instructor reports student dishonesty to the Department of EMS Education Director and to the Dean of Students.

PAGER/CELL PHONE POLICY
Cell phones or pagers are to be inactivated (turned off) during class, unless previously approved by the instructor. No pagers/cell phones are permitted during clinical hours. Emergency calls for students will be processed through the Department of EMS secretary (417) 625-9848 during classes on campus or during clinical experiences.

RECOMMENDED STUDY HOURS/ STUDENT EMPLOYMENT
Students should plan to study a minimum of three hours per week for each credit hour enrolled. For example, a student enrolled in 12 credit hours can expect to study a minimum of 36 hours per week. Due to the rigor of the emergency medical service program and time constraints, the student’s scheduled work hours should be prorated accordingly. Students are required to keep the Department of EMS informed of their place of employment. Students will not be allowed to complete clinical or field internship rotations at their place of employment.

TOBACCO POLICY
The use of tobacco, smoke or smokeless, while in a university building or vehicle or at a clinical or field internship site is strictly prohibited. Students violating this policy will be counseled on the first occurrence and removed from the program on the second occurrence.

Students will be caring for patients in a variety of clinical settings and with varying degrees in severity of illnesses. Due to the fact that it is not always possible to predict a patient’s reaction to the smoke on a student’s clothing, hair,
or person, smoking will not be permitted during clinical hours. Additionally, students smelling of smoke will not be allowed to complete the clinical rotation. Students violating this policy will receive deductions in the Affective grade and Clinical grade for any time missed. This policy reflects the Department of EMS’s concern for the welfare of the patients that the students serve. If any student needs assistance with smoking cessation or has questions regarding this policy, please contact the clinical instructor for the course or the Director of the EMS Department.

CLINICAL POLICY ON DRESS
The manner of dress when in a clinical student role or representing the EMS program must be neat and sufficiently conservative to be professional (including undergarments). Additionally, the student’s safety and that of the patient have been given consideration in the development of the following policies.

UNIFORMS
Students are to wear the designated uniforms only during classroom, clinical, field internship, and specified EMS activities. The uniform must be laundered after each wearing. In addition to meeting uniform guidelines for the Department of EMS, students are also expected to conform to the policy of the clinical agency. The wearing of undershirts and/or camisoles is acceptable if they are white or black and not visible outside the uniform at the sleeves. In addition to the provided uniform, students must wear a black belt and either black uniform boots or tennis shoes.

In addition, for paramedic students, a scrub uniform will be provided for wear during hospital clinical rotations or specified classroom/laboratory exercises. Only the Department of EMS approved scrub uniform with appropriate department logo may be worn. The scrub uniform may be worn with either white or black tennis shoes. A white lab coat may be worn with the scrub uniform, but the lab coat must be embroidered with the appropriate department logo.

Wearing the Uniform
Students are to abide by the following guidelines when dressed in either EMS Program uniform.

- While dressed in the uniform and in the public view; whether on a clinical rotation, in school, before or after class or before or after a clinical rotation; all policies regarding the wearing of the uniform will be followed.
- The uniform is not to be worn in public venues, in other than in an official capacity.
  - At no time should the uniform be worn where alcohol is served or consumed, other than while on a call during a clinical rotation.
- The Clinical uniform is highly recognizable in all settings. At all times while in the public view:
  - Students are to wear the uniform with the shirt properly buttoned to the second from top button and tucked.
  - Boots are to be properly laced or zipped.
  - Hats must be the Department of EMS approved ball cap, worn facing to the front, or plan black stocking cap.

NAME BADGES
Missouri Southern State University Identification Badges are made to be worn as the student name badge and should be worn with any badges issued by clinical facilities in a conspicuous location.

First name only badges may only be worn during Mental Health clinical. These badges must be turned in to the secretary at the end of the Mental Health clinical.

HAIR
Hair must be controlled or secured in such a manner that it does not interfere with patient care. Conservative navy, black, or white scrunches may be worn around ponytails. Brown, silver, or gold hair barrettes without adornment must be sufficiently conservative to be professional. Claws and other adornments are not permitted.
BEARDS
A male student who chooses to have a beard must wear it ½ inch or less in length, neat and well-trimmed. Beards must be in place prior to the beginning of clinical practice each semester.

SHOES
Black uniform boots are the preferred footwear for field internship rotations. Black shoes may be substituted for black boots while wearing the EMS uniform. Shoelace color must match the shoe color. All footwear must be closed heel and toe, clean, and safe for the environment you will be operating in.

PERSONAL APPEARANCE AND HYGIENE POLICY
Students will be expected to maintain proper hygiene. Students failing to maintain a professional and clean appearance will be removed from the classroom or clinical/field internship site until the standard is met. Any time missed during this period will be counted as absence time.

ODORS/FRAGRANCES
Strong odors may be distressing to patients; therefore, care will be taken to maintain body and oral hygiene at all times. Perfumes should not be worn during clinical.

HANDS/FINGERNAILS
Hands must be clean. Fingernails are to be clean, neatly manicured and trimmed short. **No nail polish may be worn.** Hands should be free of anything that can trap microorganisms. No artificial or acrylic nails may be worn in clinical or campus laboratory sessions.

JEWELRY
Only one pair of small, non-dangle, non-hoop plain style gold, silver, or white earrings may be worn. Earrings are not permitted during any operating room rotation/experience. No earrings are permitted for male students. No jewelry may be worn in any other pierced areas. The student may be permitted to wear one band style ring, depending upon the requirements of the assigned clinical area.

BODY PIERCINGS
Other visible body piercing are prohibited, which include but are not limited to nose rings, tongue posts, eye rings or posts, etc.

TATTOOS/BODY ART
Any personal enhancement, adornment, or coloring that causes undue attention to oneself is strictly prohibited. Any tattoo that may be perceived as offensive, rude, or vulgar is strictly prohibited. If the tattoo cannot be covered by normal wear of the authorized uniform, the student will not be allowed in the EMS Program. The Director of EMS will determine if the tattoo is considered offensive, rude, or vulgar.

BIRTHING CENTER DRESS
Students are to report to the Birthing Center dressed in their clinical uniform. Students will then change into surgical scrub tops and pants provided by the hospital. The surgical scrub attire provided by the hospital may not be worn outside the hospital building. In the event that scrub tops and pants are not provided by the hospital, the student will wear the clinical uniform.

PRE-CLINICAL DRESS
Students involved in pre-clinical activities, researching patient records or obtaining patient assignments in advance of the clinical day must wear professional dress with name badge(s). The Missouri Southern State University (MSSU) badge must be worn at all times. The individual clinical site student badge is to be worn with the MSSU badge. The following table outlines acceptable and not acceptable professional dress for pre-clinical functions:
<table>
<thead>
<tr>
<th>ACCEPTABLE</th>
<th>NOT ACCEPTABLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dress slacks</td>
<td>Capri pants, Leggings, Tight pants</td>
</tr>
<tr>
<td>Skirts or Dresses Knee Length or Below</td>
<td>Jeans, Any 5 pocket Pants, Any type of Denim clothing</td>
</tr>
<tr>
<td>Shirts or Dresses with Sleeves</td>
<td>Shorts or skorts, Bermuda shorts</td>
</tr>
<tr>
<td>Hose or Plain Socks with Skirts and Slacks</td>
<td>Skirts or Dresses above the knee</td>
</tr>
<tr>
<td>Shoes with 2 inch Heels or Less, closed heel and toe</td>
<td>Sleeveless Shirts or Dresses</td>
</tr>
<tr>
<td>Small Earrings, non-dangle, non-hoop, plain gold, silver or white. No earrings for male students. Only one ring per hand. Suit or Sport Coat</td>
<td>Transparent or Revealing clothing</td>
</tr>
<tr>
<td></td>
<td>Sweatshirts</td>
</tr>
<tr>
<td></td>
<td>Bare Legs</td>
</tr>
<tr>
<td></td>
<td>Boots or Shoes with over 2 inch Heels</td>
</tr>
<tr>
<td></td>
<td>Sandals, thongs, flip-flops</td>
</tr>
<tr>
<td></td>
<td>Loop or Dangle Earrings (pierced or clip)</td>
</tr>
<tr>
<td></td>
<td>Bulky Jewelry</td>
</tr>
</tbody>
</table>

EQUIPMENT FOR CLINICALS
- Watch with a second hand or digital timer.
- Uniforms
- Clinical Manual
- Missouri Southern State University name badge
- Identification as required by Clinical Agency
- Ink Pens
- Stethoscope
- Trauma Shears
- Penlight
- Protective Eyewear

Failure to Follow the Uniform Policy
Students are to report to the clinical site dressed completely in the clinical uniform. Students who are found on a clinical rotation out of the proper uniform will be asked to leave the clinical site. All hours completed prior to leaving the rotation, including hours from previous clinical experiences, will not count toward the minimum requirement. Students who are reported by clinical sites or other third parties, to have been out of the proper uniform must repeat the entire rotation before credit is received.

The clinical uniform is graded through the affective domain. Students who fail to represent the EMS Program in a positive light through unethical, immoral, or illegal actions while dressed in uniform WILL receive a failing grade for the clinical course, thus preventing the student from completing the program.

BROKEN OR DAMAGED EQUIPMENT
Students assume the responsibility for cost of equipment and supplies that are broken or damaged in the clinical setting in accordance with stipulations in contractual agreements with health care facilities.

Projectors, lab equipment, and other school equipment may not be used for student recreational use. Students assume the responsibility for cost of classroom and skills laboratory equipment and supplies that are broken or damaged as a result of misuse or abuse. Additionally, students may be suspended or dismissed from the program for equipment abuse and the Director of EMS’s discretion.

PROFESSIONAL LIABILITY INSURANCE
All students enrolled in the program are required to carry current professional liability insurance. Students obtain insurance through the program provided by MSSU for EMS students. Premium payment will be deducted from the Special Course Fee each program beginning semester.
PRACTICING ADVANCED SKILLS
Students enrolled in the paramedic program may practice advanced skills, in the presence of a program instructor or clinical preceptor, while on clinical rotations only.

The student liability policy covers students to perform advanced skills during scheduled clinical rotations. Students who are otherwise licensed or certified to perform advanced skills are advised that the liability insurance does not cover them in the non-student capacity. This advice applies to students whose Medical Director has approved them to practice skills above their current level of training.

Students are limited to practicing only skills previously taught by the faculty of the MSSU EMS Program.

Students enrolled in the EMS Program may accept invitations to ride with EMS agencies as a citizen of the community. However, students will not be considered by MSSU to be conducting a clinical rotation and are not permitted to wear a MSSU clinical uniform or represent MSSU in any fashion.

Violations of this policy may result in the immediate removal of the student from further clinical rotations, which would prevent the student from completing the paramedic program.

PROGRESSION RELATED TO COMMUNICABLE DISEASES
Students are admitted to Missouri Southern State University EMS Program in accordance with the Rehabilitation Act of 1973 and American Disabilities Act 1990.

In the event of communicable disease, the students must meet the current Missouri Department of Health and/or CDC guidelines to participate in classroom or clinical activities. The list included below is a partial listing as published in Prevention and Control of Communicable Diseases, Missouri Department of Health; Additional restrictions based on the most recent publications by government authority will apply. Students may return to classes or clinical setting when the period of communicability is over.

<table>
<thead>
<tr>
<th>Communicable Disease</th>
<th>When student may return to classes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chickenpox (Varicella)</td>
<td>When all lesions are dry and crusted</td>
</tr>
<tr>
<td>Influenza</td>
<td>After fever subsides and able to resume activities</td>
</tr>
<tr>
<td>Measles (Rubella)</td>
<td>7 days after appearance of rash</td>
</tr>
<tr>
<td>Mumps</td>
<td>9 days after swelling begins</td>
</tr>
<tr>
<td>Pertussis (Whooping cough)</td>
<td>Exclude from duty from beginning of catarrhal stage through third week after onset of paroxysms, or until 5 days after start of effective antibiotic therapy</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>Until proved noninfectious</td>
</tr>
</tbody>
</table>

Retention: Students will be retained in the program based on the following guidelines:
1. Students must be able to practice standard precautions and comply with the guidelines described by state policy Prevention and Control of Communicable Diseases recommendations published by CDC.
2. Students must maintain a health status level that permits them to meet the classroom and clinical objectives with reasonable accommodations.
STUDENTS RECEIVING MEDICAL CARE

STUDENT RETURNING TO CLASS OR CLINICAL FOLLOWING ILLNESS, INJURY OR HOSPITALIZATION:
When the student returns to clinical or class following severe illness, injury or hospitalization, the student must furnish a written release from all health care providers stating that he/she has recovered sufficiently to resume participating in the emergency medical service program.

STUDENT UNDER A DOCTOR'S CARE:
If a student has been or is currently under the care of a Primary Physician and Consulting Specialists Physicians, the written release from all physicians must state that the student is sufficiently recovered to resume full participation in clinical and classroom activities.

STUDENT ILLNESSES OR INJURIES OCCURRING DURING CLINICAL ASSIGNMENTS
Students experiencing illness or injury requiring medical treatment during clinical must receive treatment at the closest, appropriate treatment facility. Faculty will not be responsible to transport any ill or injured EMS student. The student is responsible for any costs incurred by medical treatment received.

IMMUNIZATION POLICIES
Hepatitis B Immunization Policy
Each student must show proof of completed Hepatitis B vaccine series or reactive titer. Minimum compliance prior to the first day of class is proof of 1st vaccination then completion of the series and obtaining titer as scheduled. The cost of the immunization will be the student’s responsibility. The Occupation Safety and Health Administration mandate Hepatitis B Vaccine for persons with a potential blood exposure of at least one time per month.

If a student chooses not to take the vaccine, the Director of EMS will provide educational counseling to ensure an informed decision. The student will be required to sign a notarized release of liability form. If the student is under 18 years of age and is not emancipated, the student’s parents or guardian must also sign the release. Health care facilities may refuse the student’s participation in clinical activities.

Non-responders to vaccination should be considered susceptible to HBV infection, counseled regarding precautions to prevent HBV infection and the need for prophylaxis for any known or probable parental exposure to HbsAg positive blood.

Rubella Immunization Policy
EMS Program students will be having contact with females in the childbearing years and, therefore, must fit in one of the following categories. EMS students must:
   a. Receive rubella immunization or
   b. Provide evidence of a positive screen.
   c. Birth before 1957 is considered acceptable evidence of measles immunity.

Varicella Immunization Policy
By August 1st before class starts (or January 1st for Spring semester EMT classes) all students must demonstrate immunity to varicella. Evidence of immunity includes documentation of 2 doses of varicella vaccine given at least 28 days apart or laboratory evidence of immunity.

Measles, Mumps and Rubella Policy
Students must provide by August 1st before class starts (or January 1st for Spring semester EMT classes), evidence of MMR immunization. This may be a record of two doses of live vaccine on or after the first birthday; or serological evidence of immunity; or re-immunization with MMR vaccine.

Influenza Vaccination Policy
All students must receive one dose of available influenza vaccine annually, optimal time October to November, but no later than earliest mandate requirement of all clinical facilities. The recommendation is based on MMWR Feb 24, 2006 55(RR02); 1-16.
**Tuberculin Test Policy**
Instructors and emergency medical service students must complete an annual tuberculin test between August 1 and the first day of classes annually; or if known positive conversion, must complete annual Statement for Tuberculin Reactors. Tuberculin tests are available through the University Student Health Department. EMS students whose tuberculin test converts from negative to positive will need consultation by the Safety and Exposure committee with follow up with the Health Department.

**Tetanus/Diphtheria/Pertussis Policy**
Students must provide by August 1st before class starts (or January 1st for Spring semester EMT classes) proof of current Tetanus/Diphtheria immunization and a one-time vaccination against Tetanus/Diphtheria/Pertussis.

**HEALTH INSURANCE POLICY**
Health insurance is recommended for all students. In the event of illness or accidents during class or clinical hours neither the school, the hospital, nor field affiliate can assume financial responsibility.

**EXPOSURE AND PREVENTION TOPICS INCLUDED IN THE CURRICULUM**
The Department of EMS will instruct the students in the technical skills and knowledge to minimize exposure to communicable disease and to prevent injuries. The curriculum will include the theory, technical and psychosocial skills to care for patients with communicable diseases.

**EXPOSURE TO BLOODBORNE PATHOGEN POLICY**
EMS students will be taught Standard Precautions prior to assignment in the clinical area and reinforced continually throughout the program. Students will sign the form provided when this educational session is completed.

In the event of a body substance exposure the students will precede with the steps outlined below. An exposure includes: All needle sticks or other penetrating sharps and related events; exposure to blood, fluid containing visible blood, other potentially infectious fluid (semen; vaginal secretions; cerebrospinal, synovial, pleural, peritoneal, pericardial, and amniotic fluids); contact with a mucus membrane.

**Following an exposure, it will be the student’s responsibility to take IMMEDIATE ACTION:**
1. Wash wounds and skin with soap and water.
2. Flush mucous membranes with water.
3. Report the incident immediately to the faculty member or preceptor in charge of the clinical rotation and Director of EMS.
4. If clothing is contaminated, change to scrubs or clean uniform.
5. Accompany faculty or preceptor to report the incident to the Patient Care Manager and the Infection Control Nurse at the health care facility or the supervisor at the ambulance service within one hour of incident.
6. Complete the facility’s incident report and the MSSU student exposure form.
7. Meet with Director of EMS or designee on day of incident.

**The faculty member will initiate the following steps immediately:**
1. Verify the wound has been cleaned according to policy.
2. Determine risk of infection transmission
   a. Exposure posing risk of infection transmission:
      b. Percutaneous injures
      c. Mucous membrane exposure
      d. Non-intact skin exposure
      e. Bites resulting in blood exposure to either person involved
3. Determine substances posing risk of infection transmission
   a. Blood
   b. Fluids containing visible blood
   c. Potentially infectious fluids (semen; vaginal secretions; and cerebrospinal, synovial, pleural, peritoneal, pericardial, and amniotic fluids) or tissue
   d. Concentrated virus
4. Determine infectious status of source (if not already known)
a. Presence of HbsAg
b. Presence of HCV antibody
c. Presence of HIV antibody
d. For unknown sources, evaluate the likelihood of exposure to a source at high risk for HBV, HCV, or HIV infection
e. Do not test discarded needles

5. Determine susceptibility of exposed person
   a. Hepatitis B vaccine status
   b. HBV immune status if vaccine response status is unknown
   c. Anti-HCV and ALT
   d. HIV antibody

6. Report the incident to the Department Director of EMS on the day of exposure.
7. Report the incident to the Patient Care Manager and the Infection Control Nurse at the health care facility immediately after the exposure.
8. Refer the student to the agency suitable for follow up intervention.
9. Drug testing of the student will be initiated within one hour of exposure per department policy.

EXPOSURE TO LATEX
The advent of universal precautions in 1987 and the increased demand for protective gloves has been accompanied by increased reports of allergic reactions to natural rubber latex among health care personnel. Avoiding latex products remains the cornerstone of preventing sensitization and reactions.

Students with known latex allergy are expected to take certain steps to avoid contact with these products.

MANAGEMENT OF ALLERGIC REACTION
Symptoms of latex allergy may include skin rashes; hives; flushing; itching; nasal, eye, or sinus symptoms; asthma; and shock. In the event a reaction or suspected reaction to latex occurs:

1. Stop treatment and remove the irritating agent, if possible.
2. The student shall notify the instructor immediately.
3. The student shall notify the agency where incident occurred and follow the agency policy for latex allergic reaction.
4. The student shall complete the MSSU student exposure form.
5. The instructor shall refer the student to medical treatment facility as indicated.
6. The instructor shall report the incident to the Director of EMS.
7. The instructor shall report the incident to the Safety and Exposure Committee chair or a committee member on the day of exposure.
8. The Safety and Exposure Committee will review the data recorded on the student exposure form.
9. The Safety and Exposure Committee shall discuss the event with the student and instructor.
10. The student shall be referred to the MSSU Health services for specific instructions for dealing with allergic reactions to latex.
11. The Department of EMS shall follow guidelines from Centers for Disease Control (CDC) / (National Institutes for Occupational Safety and Health) NIOSH regarding education pertaining to future exposures.
12. The student will be given a copy of the Latex Allergy information
13. The student will be responsible for avoiding latex exposure in the future, as advised in the Latex Allergy information.

LATEX ALLERGY INFORMATION
You may suspect you have or be known to have an allergy to latex. Latex is found in many products. Due to your possible allergy you will need to take certain steps to avoid contact with these products. At this time there is no treatment or cure for the allergy to latex. Therefore, the best way to prevent a serious reaction to these products is to avoid contact or exposure.

How to Avoid the Exposure to Natural Rubber
1. Avoid contact with latex containing products as much as possible. In the health care setting, latex is found in many products. Gloves and catheters are a very common source of contact. The powder in latex gloves can carry the allergenic proteins into the air, which can make some people wheeze or have hay fever.
2. Products that contain latex include rubber gloves, catheters, rubber bands, erasers, condoms, rubber tubing, rubber stoppers in glass vials and balloons.
3. Latex paint does not contain any natural rubber and does not need to be avoided.

Steps to protect yourself from latex exposure and allergy in the clinical setting
1. Use non-latex gloves for activities that are not likely to involve contact with infectious materials (food preparation, routine housekeeping, maintenance, etcetera).
2. Appropriate barrier protection is necessary when handling infectious materials [CDC 1987]. If you choose latex gloves, use powder-free gloves with reduced protein content. Such gloves reduce exposures to latex protein and thus reduce the risk of latex allergy (though symptoms may still occur in some workers). So-called hypoallergenic latex gloves do not reduce the risk of latex allergy. However, they may reduce reactions to chemical additives in the latex (allergic contact dermatitis).
3. Use appropriate work practices to reduce the chance of reactions to latex. When wearing latex gloves, do not use oil-based hand creams or lotions (which can cause glove deterioration) unless they have been shown to reduce latex-related problems and maintain glove barrier protection. After removing latex gloves, wash hands with a mild soap and dry thoroughly. Use good housekeeping practices to remove latex-containing dust from the workplace. Take advantage of all latex allergy education and training provided.
4. Get a Medic-Alert bracelet that says you are “allergic to latex”. Wear the bracelet at all times. Carry prescribed epinephrine pen.
5. Notify your doctors, dentists, nurses and other health care providers of your allergy. This allows them to plan ahead when providing care.

STUDENT HEALTH CENTER SERVICES
A variety of non-emergent health services are available through Willcoxon Health Center, Billingsley Room 242, and telephone (417) 625-9323. Appointments are required for most services.

INCLEMENT WEATHER AND EMERGENCY CLOSING NOTIFICATION
In the event of inclement weather or emergency, campus closings will be announced on the local media. The MSSU Public Information Office notifies local and regional media when campus is closed. Students should check radio, television and internet outlets in the event of inclement weather. Additionally, an announcement will be made through Blackboard and messages disseminated through the class leader.

Students enrolled in on-line (Blackboard) courses are not affected by campus closings. The course instructor may be contacted to confirm that the online course is continuing as scheduled.

GRADUATION POLICY
A. GRADUATION REQUIREMENTS.
   The responsibility for satisfying all requirements for a certificate of completion rests with the student. Advisers, faculty, and administrators offer help to the student in meeting this responsibility.
B. TIME OF GRADUATION.
   Formal announcement of graduation is made at the close of the spring semester.

SPECIAL AWARDS

HONORS GRADUATES
Purpose: To acknowledge all graduates who have excelled in the academic and clinical aspects of the EMS Program.
Criteria:
   1. Cumulative grade percentage of at least 92%
   2. Successful completion of all clinical and field internship requirements.

DISTINGUISHED HONORS STUDENT
The EMS faculty nominates and selects the recipient for this award based on the following criteria:
   1. Earning a minimum grade of 92% during all semesters of EMS program, with cumulative grade percentage of at least 95%.
2. Successful completion of all clinical and field internship requirements.
3. Quality of patient care and affect will be considered in case of a tie.

STUDENT OF THE YEAR
The Class nominates and votes for the recipient for this award based on the following criteria:
1. Earning a minimum grade of 84% during all semesters of the EMS program.
2. Displays the utmost level of professionalism, leadership, and commitment to the program.
3. Acts as a positive role model.

ARE YOU READY?
The following are some important points that you need to know to better understand that classroom expectations directly relate to workplace expectations.

- Students take responsibility for their own learning
- Students see practical applications of classroom learning
- Using MSSU approved curriculum, students satisfy entry-level industry and professional certification/licensure and job requirements

This lists classroom tasks and then shows you their relevance to “real world” situations in the workforce. The purpose of this list is to help you realize you are preparing for your future as you attend class, and your ethical behavior in the classroom, or lack of it, will follow you into the workplace. Being ethical—doing the right thing/correct behavior in the classroom—is relevant to one’s long term success. Unethical behavior, even in small ways such as absenteeism, tardiness, etc., will eventually cause you long-term consequences of a negative nature.

WILL YOU WORK AT BEING AN ETHICAL STUDENT?

- **Student**: Attend class daily, be prompt, and don’t leave early. Excessive absences, tardiness, and leaving when you feel like it will result in a loss of grade (pay). Attend class daily, be prompt, and don’t leave early. Excessive absences, tardiness, and leaving when you feel like it will result in a loss of grade (pay).
  **Employee**: Your employer expects you to be on the job daily, on time, and to put in a full day of work.

- **Student**: Submit class assignments (reports) on a timely basis; otherwise, it could affect not only your grade but your peers as well. They may be relying on your input for a particular assignment (report).
  **Employee**: Your employer expects job reports to be completed on schedule. If not completed, it could negatively affect other employees as well as the company’s reputation and possibly compromise you as an employee in future litigation.

- **Student**: Participate in and contribute to classroom discussions. You must come prepared for class in order to accomplish this. If you don’t, your grade (pay) will be reduced.
  **Employee**: You will be expected to attend meetings that are essential to the workplace, as well as contribute to the discussion. Should you choose not to participate; your career success may be in jeopardy. This is part of the evaluation process for promotion and salary increases.

- **Student**: Update your classroom performance sheet to keep current on your classroom assignment grades and tests that will determine your final grade (pay).
  **Employee**: In the workplace, performance reviews are mandatory which eventually determine promotions and salary increases.

- **Student**: Limit sick days—established policy is three (3) days per semester—see course syllabus. Beyond that, your grade (pay) is docked.
Employee: Your employer will set a sick day policy. Frequent absences may prove costly in both docking of your salary and/or future promotions or termination of employment.

- **Student**: Treat classmates and instructors with respect in your opinions/comments in peer evaluations and classroom discussions. In addition, be open to constructive criticism yourself.
  Employee: The ability to get along well with different types of people is a workplace strength. You should work to maintain professionalism and harmony. There will be times when your supervisor or co-worker criticize your work. Be open to constructive criticism.

- **Student**: Have a good attitude; exhibit positive behavior.
  Employee: A good attitude is a worker’s most important asset. When things are not going well, you can change your attitude with positive thinking. This demonstrates **professionalism**.

- **Student**: Work with other students. Classroom teamwork is required. Rather than shying away, look at this group work as an opportunity to enhance your problem solving and critical thinking skills. Identifying problems, clarifying purposes and goals, employing reasoning skills, setting priorities, and evaluating results are skills you can sharpen in group work.
  Employee: Your employer will expect you to contribute ideas for company growth. Group work teaches valuable workplace skills in leadership, responsibility, commitment, and self-motivation. These are essential skills for anyone who wants to advance in a career.
MISSOURI SOUTHERN STATE UNIVERSITY  
DEPARTMENT OF EMS  

EXPOSURE REPORT  

Student’s Name ___________________________ SID# ________________________  

Exposure: ____________ Date: ____________ Time: ____________  

Details of the procedure being performed:  

__________________________________________________________________________  

__________________________________________________________________________  

__________________________________________________________________________  

Where occurred:  

__________________________________________________________________________  

__________________________________________________________________________  

How occurred:  

__________________________________________________________________________  

__________________________________________________________________________  

If sharp device, Type:  

Brand:  

When in course of handling the device exposure occurred:  

__________________________________________________________________________  

Details of exposure: type and amount of fluid or material:  

__________________________________________________________________________  

__________________________________________________________________________  

Severity of exposure (percutaneous exposure, depth of injury, whether fluid was injected; if skin or mucous membrane exposure, estimated volume of material and condition of skin [chapped, abraded, intact])  

__________________________________________________________________________  

__________________________________________________________________________  

__________________________________________________________________________  

Source of Exposure:  

HBV: +/- /UNK  
HCV: +/- /UNK  

HIV: +/- /UNK  

If HIV infected  

- Stage of disease  
- History of antiretroviral therapy  
- Viral load  
- Antiretroviral resistance information
DETAILS OF EXPOSED PERSON:

Hepatitis B vaccination: ______________________

Vaccine-response status: ______________________

Post-exposure management: _______________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Details about counseling: ________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Follow – up provided by: _________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Student signature ___________________________ SID # ___________________________ Date __________

Clinical Faculty Signature ___________________________ Date ___________________________
MISSOURI SOUTHERN STATE UNIVERSITY
DEPARTMENT OF EMS
INFECTION THERAPY
FOLLOW-UP AFTER COMPLETION OF INFECTION THERAPY

NAME________________________
DOB________________________

ANNUAL STATEMENT FOR TUBERCULIN REACTORS

___I am tuberculin positive. I have had the recommended course of treatment for tuberculosis infection or disease.

___I am tuberculin positive. I have had one negative chest x-ray since becoming tuberculin skin test positive.

This statement is to confirm that I DO NOT have symptoms consistent with pulmonary tuberculosis such as:

- Cough lasting longer than three (3) weeks.
- Unexplained fever.
- Night sweats.
- Unexplained Weight Loss.
- Coughing up blood.
- Chest pain.

If none of these symptoms are present, a chest x-ray is NOT NECESSARY.

If I develop any of these symptoms, I agree to seek immediate medical attention.

Signature__________________________ Date___________________
MISSOURI SOUTHERN STATE UNIVERSITY
DEPARTMENT OF EMS

STUDENT ACKNOWLEDGEMENT/CONSENT FORM

I, the undersigned, hereby authorize laboratory testing of my blood, urine, and/or breath for the presence of drugs, alcohol, and controlled substances prior to admission and for the duration of my enrollment in the MSSU EMS program. I give consent for the release of test results to the Director, Department of EMS at Missouri Southern State University, 3950 E. Newman Road, Joplin, MO 64801 for appropriate review and action as described in the rules and policies of the University and the Department of EMS.

I acknowledge that I have read the policies governing drug and alcohol screening for emergency medical service students at MSSU, and I have received a copy of the same in the Department of EMS Student Handbook.

I understand that this testing is not part of any medical treatment, treatment for illness, or therapy. I agree to hold harmless and release from all liability all physicians, employees and agents who work to perform the testing or the disclosure of results from and against any claims, actions, or losses that arise as a result of the testing or disclosure of test results.

I agree to pay full costs of drug and alcohol testing.

__________________________   ____________________________
Printed Name      Social Security Number

_____________________________
S ID #

__________________________   ____________________________
Signature of Student    Date

RECEIPT OF DEPARTMENT OF EMS STUDENT HANDBOOK

I hereby acknowledge that I have received the Department of EMS Student Handbook and that I am responsible for the contents and information in the manual. I am responsible for providing health documentation as required by the Department of EMS.

______________________________  ______________________________
Student Signature     Date
MISSOURI SOUTHERN STATE UNIVERSITY
DEPARTMENT OF EMS

CONFIDENTIALITY STATEMENT

I understand that during my clinical and field internship rotations I may have access to confidential information about clients, patients, their families, clinical facilities, and ambulance services. I understand I must maintain the confidentiality of all verbal, written or electronic information and in some instances the information may be protected by law, such as the Hospital Information Protection and Portability Act. In addition, the patient’s right to privacy by judiciously protecting information of a confidential nature is part of Emergency Medical Technician’s Code of Ethics.

Through this understanding and its relationship to professional trust, I agree to discuss confidential information only in the clinical setting as it pertains to patient care and not where it may be overheard by visitors and/or other patients.

During each clinical/field internship rotation in the emergency medical service program, I agree to follow each agency’s established procedures on maintaining confidentiality.

________________________________  __________________________________
Printed Name      Date

________________________________  __________________________________
Signature     School