



PARAMEDIC PROGRAM

STUDENT HANDBOOK

2021

WELCOME

Welcome to the Bridgerland Technical College Paramedic Program. This Student Handbook governs your participation in the program and outlines various course policies for your reference. The handbook includes sections to inform you about the program instructors, contact information, course completion requirements, and program expectations. It outlines the classroom, clinical, and field internship phases of the program, which will be reviewed at the beginning of each phase. In order to commence your education, you will be asked to sign a certification at the end of this handbook indicating that you have read and understand these policies governing participation in the program.

RESOURCES

- College Page: <https://btech.edu>
- Program Page: <https://btech.edu/certificate/paramedic/>
- Financial Aid: <https://btech.edu/students/financial-aid/>
- Meet with an Advisor: <https://btech.edu/students/advising/>
- Assessment & Learning Center: <https://btech.edu/assessment/>
- Bridgerland Policies: <https://btech.edu/about-us/policies-2/>

ACCREDITATION

Bridgerland Technical College is accredited by the Council on Occupational Education (COE). 7840 Roswell Road, Bldg. 300, Suite 325 Atlanta, GA 30350, 800-917-2081 or 770-396-3898. Web site: www.council.org.

The Paramedic Program at Bridgerland is currently seeking accreditation through CoAEMSP. 8301 Lakeview Parkway, Suite 111-312, Rowlett, TX 75088, 214-703-8445 and by the Commission on Accreditation of Allied Health Education Programs (www.caahep.org).

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SECTION I: GUIDING PRINCIPLES AND CURRICULUM

UTAH SYSTEM OF TECHNICAL COLLEGES MISSION STATEMENT

The mission of the Utah System of Technical Colleges is to meet the needs of Utah's employers for technically skilled workers by providing market-driven, technical education to both secondary and adult students.

BRIDGERLAND MISSION STATEMENT

The mission of the Bridgerland Technical College is to deliver competency-based, employer-guided career and technical education to both secondary and post-secondary students through traditional and technology-enhanced methodologies. This hands-on technical education provides occupational education, skills training, and workforce development to support the educational and economic development of the Bear River Region.

PROGRAM DESCRIPTION

The Paramedic Program is designed to prepare students for career opportunities in pre-hospital emergency care, such as ambulance, fire department, search and rescue, law enforcement, and volunteer service. Pre-hospital emergency care involves a wide scope of activities such as recognition and management of patients with heart disease, trauma, burns, poisoning, alcohol/drug abuse, childbirth, acute psychiatric disorders, and other medical emergencies.

CAAHEP Standard II.C. Paramedic: "To prepare competent entry-level Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains with or without exit points at the Advanced Emergency Medical Technician and/or Emergency Medical Technician, and/or Emergency Medical Responder levels."

Curricula for all paramedic courses are based on the National EMS Education Standards.

PROGRAM OBJECTIVES

The goal of the Bridgerland Technical College Paramedic Program is to produce competent, entry-level paramedics to serve in career and volunteer positions in the community. Upon successful completion of the Paramedic Program, participants will be able to demonstrate proficiency in the objectives along the three domains of learning:

Cognitive Objective:

At the completion of the program, the graduate will demonstrate the ability to comprehend, apply, and evaluate the clinical information relative to his role as an entry-level paramedic.

Psychomotor Objective:

At the completion of the program, the student will demonstrate technical proficiency in all skills necessary to fulfill the role of an entry-level paramedic.

Affective Objective:

At the completion of the program, the student will demonstrate personal behaviors consistent with professional and employer expectations for an entry-level paramedic.

Course Design:

The Paramedic Program consists of four components of instruction: didactic instruction, skills laboratory, clinical education, and field internship. The first three will occur concurrently, with greater emphasis being placed on the field internship during the last semester.

Didactic Instruction:

The didactic instruction consists of primarily cognitive material. Although this is often delivered as lecture material, instructors frequently utilize alternate delivery methods (video, discussion, demonstration, simulation, etc.) as an adjunct to traditional classroom instruction.

Skills Laboratory:

The skills laboratory is the section of the curriculum that provides each student with the opportunity to develop the psychomotor skills of a paramedic. The laboratory phase includes skills lab and scenario lab components. The skills laboratory is integrated into the curriculum in such a way as to present skills in a sequential, building fashion. The skills lab component is the setting for educational imprinting, cognitive integration, frequent drilling and autonomic development of psychomotor skills. It provides students a contextual opportunity to demonstrate what they have learned in a simulated environment based upon the psychomotor skills established in the skills lab. Once students have demonstrated skill competency in the simulated environment, they progress to assessing and treating real patients in the clinical phase with adequate supervision.

Clinical Education:

Clinical education represents one of the most important components of paramedic education since this is where the student learns to synthesize cognitive and psychomotor skills. The clinical phase in a student's education includes: "planned, scheduled, educational student experience with patient contact activities in a setting such as hospitals, clinics, emergency centers, and may include the field experience." The purpose of the clinical education is to integrate and reinforce the didactic and skills laboratory components of the program.

The ability to serve in the capacity of an entry-level paramedic requires experience with actual patients. This process enables the student to build a database of patient experiences that serves to help in clinical decision making and pattern recognition.

The use of multiple departments within the hospital enables students to see an adequate distribution of patient situations. In addition to emergency departments, which most closely approximate the types of patients that paramedics see, clinical education will also take advantage of critical care units, OB/GYN, operating rooms/anesthesia, recovery, pediatrics, psychiatric, etc. This will help assure a variety of patient presentations and complaints. Additional clinical education may also take place in: morgues, hospices, nursing homes, primary care settings, doctor's offices, clinics, day care centers, well baby clinics, and community and public health centers. Each clinical rotation has a required amount of hours for the student to be in attendance and a required number of patient contacts to be achieved. The full amount of time and patient contacts must be completed in the *date range given*. In addition, the National EMS Education Standards requires a specific number of patient contacts in specified diagnosis areas. Students are required to document all patient contacts in the approved FISDAP online EMS tracking software. All clinical rotations must be completed in the date ranges given. Clinical rotations and/or number of contacts not completed as scheduled will result in incomplete assignments for that

class. Students not completing all required assignments will not be permitted to continue to the next semester of class.

Field Experience:

The field experience represents the phase of instruction where students learn how to apply cognitive knowledge and the skills developed in skills laboratory and hospital clinical to the field environment. Field experience is held concurrently with didactic and hospital clinical instruction. The field phase includes the field experience and mandatory capstone field experience components. Students will have a minimum number of shifts to complete with a required number of patient contacts.

Field instruction follows a logical progression where students will progress from observer to participant to team leader. The ability to integrate all of the didactic, psychomotor skills, and clinical instruction into the ability to serve as an entry level paramedic is conducted during the field internship phase of the program. The majority of the field experience occurs during the second and third semesters, with the Red Level Capstone Field Internship (final level) coming after the completion of all other instruction to assure that the student is able to serve as an entry-level paramedic at its completion. During the field experience students are under the close supervision of a preceptor. Students are required to schedule regular run reviews with the program co-coordinator at regular intervals as outlined in the syllabus.

The amount of time that a student will have to spend in each phase will be variable and may depend on individual factors. One of the largest factors will be the amount and quality of previous emergency care experience. Students who have less than one-year field experience prior to the beginning of the Paramedic Program will be required to attend an additional 100 hours of field experience at the beginning of the first semester.

Each field rotation has a required amount of hours for the student to be in attendance and a specified number of patient contacts. The full amount of time and contacts must *be completed in the time given*.

All field rotations must be completed in the date ranges given. Field rotations not completed in scheduled dates given will result in incomplete assignments for that class. In addition, the National Curriculum requires a specific number of patient contacts in specified diagnosis areas. Students are required to document all patient contacts in the approved FISDAP Program. *All field rotations must be completed in the date ranges given. Students not completing all required assignments will not be permitted to continue to the next semester of class.*

STUDENT ASSESSMENT

Several methods for assessing student achievement are utilized. Formative quizzes of the cognitive and psychomotor domains are provided regularly and frequently to provide the student and faculty with valid and timely indicators of the student's progress toward and the achievement of the competencies and objectives stated in the curriculum. Summative examinations are given at Mid-Term and Final of each semester.

Field Experience (Blocks 1 & 2):

Students will be evaluated on their knowledge and skill performance using critical thinking skills under the supervision of an assigned preceptor. Preceptor evaluations will use the Standardized Evaluation Guidelines for each student shift and patient contact. A copy of the Standardized Evaluation Guidelines

will be provided to each preceptor and student and uses a number 1-4 scale (1-Does not meet standard, 2-Meets standard with prompting, 3-Meets standard without prompting, 4-Exceeds standard)

Clinical Rotations (Blocks 1 & 2):

Students will be evaluated in a clinical setting on their knowledge and skill performance. Preceptor evaluations will use the patient contact and skills forms provided by the program.

Capstone Field Internship (Block 3):

Team Lead: Occurs during the capstone field internship experience in which students apply the concepts acquired and demonstrate that they have achieved the terminal goals for learning established by their educational program, and are able to demonstrate entry-level competency in the profession including the cognitive, psychomotor, and affective learning domains. The capstone experience occurs after the didactic, lab and clinical, and optional field experience components have been completed and of sufficient volume to show competence in a wide range of clinical situations. A successful team lead should be clearly defined for preceptors and students to assist in inter-rater reliability.

Affective evaluation will be completed each semester. Areas of evaluation are: Integrity, Empathy, Self-motivation, Appearance/Personal Hygiene, Self-confidence, Communications, Time Management, Teamwork, Respect, Patient advocacy, and careful delivery of service.

Each student must demonstrate attainment of knowledge, attitude, and skills to establish competency in each area taught in the course. It is the responsibility of the educational institution, Program Director, Medical Director, and faculty to assure that students obtain proficiency in all content areas. If after counseling and remediation a student fails to demonstrate the ability to learn specific knowledge, attitudes and consistency in competency of skills, the Program Director and Medical Director will meet with the student to determine if dismissal from the program is necessary. The level of knowledge, attitudes and skills attained by a student in the program will be reflected in his performance on the job as a paramedic. This is ultimately a reflection on the Program Director, primary instructors, Medical Director, and educational institution. The Program Director can only recommend qualified candidates for licensure, certification, or registration.

SECTION II: PROGRAM POLICIES AND PROCEDURES

GENERAL ATTENDANCE RULES

Didactic material will be covered over two grading blocks. If you are not in class, you cannot learn and may miss needed information; therefore, *attendance is mandatory*. If an absence is unavoidable, as a courtesy, the student should notify the instructor prior to the absence so arrangements may be made to turn in any assignments or take quizzes that may be missed. This is at the discretion of the Program Director. Each student can be absent three times, per class, per block without penalty. After three absences, a student will receive a verbal warning. Continued absences will result in a meeting with the Program and Medical Directors to discuss continuation in the program.

Breaks will be given during the class periods. These breaks are for the purpose of taking care of personal needs.

PUNCTUALITY RULES

Arriving late, leaving early, or leaving class multiple times is disruptive for the instructor and fellow classmates. In an effort to mimic the workplace, tardiness will be tracked. If students have a health issue that requires additional break time, please visit with individual faculty members and request an accommodation.

ADVANCE PLACEMENT

The BTECH Paramedic does not provide advanced placement at this time. Challenging of the program by an RN or other eligible person will be referred to the Utah Bureau of EMS and must follow the State policy for licensure.

TRANSFER OF HOURS

For details on the BTECH Transfer Policy, please visit:

<https://drive.google.com/file/d/15MrqoGEA8tqGNMmCluhoXQjesc6oFdwb/view>.

EXPERIENTIAL LEARNING

For details on experiential learning (also referred to as work-based activity), please visit:

<https://drive.google.com/file/d/1SAsoWXbznI-wVtq-LobrNC2nyZglpQiz/view>.

CELL PHONE POLICY

Cellular phones and wireless devices must be *turned off* and *stowed away* during class and skills labs. Calls and text messages are not to be answered, and students are not to leave the classroom during lecture or skills to receive or return calls. Use of cell phones during testing will be considered cheating and may result in expulsion from the program. Cell phones may be placed in a central location at the instructor's discretion.

If there is a particular problem, please discuss it with the instructor. In-class use of a personal computer/tablet is at the discretion of the instructor.

UNIFORM REQUIREMENTS

Classroom Uniform:

- Button down Paramedic Program uniform shirt
- Black EMS pants
- Black belt
- Polished black boots
- Paramedic Program Student ID badge

Lab Uniform:

The uniform required for lab days will vary due to the different activities that will be done that day. Students will be advised in advance what they are required to wear.

Clinical/Field Uniform:

The required uniform for clinical and field rotations will be identical to the classroom uniform unless otherwise specified.

Note: Some areas of the hospital require hospital-provided scrub clothing. If this is the case, the hospital will provide you with such clothing to wear, not to keep. Do not assume scrubs are to be worn. *Always* arrive dressed appropriately.

GENERAL DRESS AND GROOMING STANDARDS

Appropriate attire is necessary to instill a professional attitude among students and create a professional appearance for visiting instructors, potential employers, prospective students and other healthcare professionals. Students must comply with the general policy listed below as well as any specific guidelines of the clinical and field internship agencies.

- Paramedic school photo ID must be worn on the collar, and be clearly visible at all times while at the school and during all clinical/field shifts.
- Students must be neatly groomed with clean hair, nails and clothing. Use of cosmetics must be appropriate and not excessive. Students must avoid excessive use of perfume, cologne, and after-shave lotion. Fingernails must be clean, neatly trimmed and not too long to interfere with job duties. Nail polish is prohibited.
- Be aware, beards, goatees, and male long hair are prohibited by some ambulance service and fire department policies. All students must have hair secured off their face and base of their neck while in class and during clinical and field rotations.
- Students should be freshly bathed with hair and mustaches neat and clean. Body odor is to be controlled and deodorant used. Teeth should be clean.
- Conservative jewelry is permitted. Rings (except for wedding bands) and all body piercings or gages are *not permitted* (for safety reasons).
- Students must wear shoes and socks. Shoes must be polished and shoelaces and socks must be clean. Athletic shoes are acceptable during PT. Flip flop sandals, clogs, high heels, slippers, and open-toed shoes are not acceptable for students at any time.
- Special dress requirements may be outlined for specific activities such as the anatomy lab or operating room clinical activities.

PROFESSIONALISM

The policies for student standards, conduct, and responsibilities are followed in this program. Policies can be accessed at:

- <https://btech.edu/students/student-standards-conduct/>
- <https://btech.edu/wp-content/uploads/600.609-student-rights-responsibilities.pdf>

BEHAVIORAL EXPECTATIONS

It is the responsibility of both students and faculty to facilitate and maintain an appropriate learning environment in the classroom setting. It is the responsibility of the faculty to place reasonable limits on student behaviors to ensure that classroom interactions facilitate learning and are not disruptive to fellow students. The following behaviors are considered disruptive to the educational process:

- Persistent Speaking: students who carry on private conversations amongst themselves.
- Grandstanding: students whose behavior or comments distract the class from the subject matter. Students who continually make irrelevant comments or attempt to capture the attention of their peers that may be annoying to other students in the class.
- Excessive Tardiness: students who disrupt the learning environment by repeatedly coming in late to class or leaving early.
- Disruptions: Pagers, cell phones, and passing notes can be disruptive in the classroom. Additionally, children are disruptive to the learning environment; therefore, children are not to be brought to class, lab practice, lab pass-offs, examinations, or any clinical experience. The exception to this rule is Pediatric Assessment Day. Pets of any kind are not allowed in the classrooms, with the exception of certified assistance animals as defined by the ADA.
- Disrespect Toward Faculty/Staff/Peers: students who devalue the faculty's/staff's/peer's authority, judgment, or expertise. Students who refuse to comply with faculty/staff/peer directions. Students who make personal insults or derogatory statements directed toward faculty/staff/peers.
- Hostile Behavior: students who are confrontational, openly hostile, or argumentative with faculty/staff or classmates.
- Verbal or Physical Threats: students who verbally or physically threaten a classmate or faculty/staff member. Police will be notified.

If a student behaves in any of the above-mentioned manners, the faculty member may respond in one of the following ways: 1) verbal warning; 2) meeting with the Program and Medical Directors and a probationary contract; 3) dismissal from the program. If a student disagrees with the actions taken by the faculty/staff member, they may follow the guidelines stated in the Bridgerland grievance procedures.

STUDENT WORK POLICY

Students precepting in their own agency are not allowed to complete student shifts while doing employment hours. Student shifts must be scheduled outside of regular shift. Students cannot be paid as an employee while completing a student rotation. Exceptions are if the agency schedules the student as a third person (extra) on the shift and must be approved by the program director.

FIELD EXPERIENCE BEHAVIORAL EXPECTATIONS

Students completing field rotations must arrive 15-30 min prior to the beginning of the shift. Students must be in full clinical uniform with ID badge. Any student arriving more than 10 min. late, at the discretion of the preceptor, may be dismissed from the rotation and will be required re-schedule the shift.

Students are to participate in any activities going on in the station (cleaning chore, restocking, cooking, etc.) During down time a student may study in the common area, at the dining room table, or classroom providing they communicate their location with their preceptor. At no time should the student be studying in the sleep rooms during daytime hours. Students are to be awake and out of the sleep room by 0730, ready for the day. The student may not return to the sleep room until bedtime without permission, unless the shift commander or preceptor orders a nap.

The student is to communicate with the preceptor prior to the end of the shift, the review and signing-off of all patient care reports. All FISDAP information should be entered in following each call and prior to the end of the shift so that the preceptor may complete his evaluation and sign off the shift.

INTEGRITY

Personal integrity is of the utmost importance in the Paramedic Program. It is a requirement that all students' conduct be honest and above reproach at all times.

- Integrity means solid, firm, stable, and thorough; showing good sense or judgment based on valid information.
- It means fairness and straightforwardness of conduct; adherence to the facts.
- It implies a refusal to lie, steal, or deceive in any way.
- It suggests an active or anxious regard for the standards of one's profession, calling, or position.
- It implies tried and proven honesty or truthfulness.
- It implies trustworthiness and truthfulness to a degree that one is incapable of being false to a trust, responsibility or pledge.
- It finally means being incapable of corruption; not subject to decay or dissolution; incapable of being bribed or morally corrupted.

CONFIDENTIALITY

Patient Confidentiality:

The Bridgerland Technical College Paramedic Program requires each of its students to strictly adhere to HIPAA confidentiality requirements as listed below. Prior to beginning clinical and field experiences, students are required to read and sign an agreement, which legally binds them to this policy. Students are prohibited from removing any identifying material (name, address, phone number etc.) from the agency in which they are precepting. Verbal release of this information without prior written permission is also prohibited. Any violation of this policy will result in immediate suspension until after a formal hearing at which disciplinary action, including possible expulsion from the program will be determined.

HIPAA Policy:

As a student of the Bridgerland Technical College Paramedic Program, you are required to learn about the health information privacy requirements of a federal law called HIPAA (Health Insurance Portability and Accountability Act). The health information privacy requirements are known as the HIPAA Privacy Rule. When you are at a healthcare facility or field site for training, you are covered by the privacy rule as a member of that facility's workforce. In addition to this training, your training site (i.e. Intermountain Healthcare) may require you to complete privacy rule training specific to that site. When you are at a training site, you must follow that site's policies and procedures, including those concerning health information privacy.

PHI (Protected Health Information):

PHI is health information or healthcare payment information that identifies or can be used to

identify an individual patient. When in doubt, you should assume that any individual health information is protected under the privacy rule.

You may use PHI, without patient authorization, at the clinical or field site for purposes of treatment and your training at that site. However, you may not further disclose PHI in any form to anyone outside of the training site, without first obtaining written, patient authorization or de-identifying the PHI. This means that *you may not discuss or present PHI from a clinical or field site with or to anyone, including classmates or faculty, who was not directly involved in your training at that facility, unless you first obtain written authorization from the patient.* Therefore, it is strongly recommended that whenever possible, you de-identify PHI, as described below, before presenting any patient information outside of the training facility.

In order for PHI to be considered de-identified under the Privacy Rule, all of the following identifiers of the patient or of relatives, employers, or household members of the patient must be removed:

- Name
- Geographic subdivisions smaller than a state (i.e., county, town, city, street address, and zip code). Note: in some cases, the initial three digits of a zip code may be used.
- All elements of dates (except year) for dates directly related to an individual (including birth date, admission date, discharge date, or date of death)
- Phone numbers
- Fax numbers
- E-mail addresses
- Social security number
- Medical record number
- Health plan beneficiary number
- Account number
- Certificate/license number
- Vehicle identifiers and serial numbers
- Device identifiers and serial numbers
- URLs
- Internet protocol addresses
- Biometric identifiers (e.g., fingerprints)
- Full-face photograph and any comparable images
- Any other unique identifying number, characteristic, or code

Tips for Safeguarding PHI:

The Privacy Rule requires you to "safeguard" PHI at your training site. Use the following practices to ensure Privacy Rule compliance:

- Remove any information that could be used alone or in combination with other information to identify the individual.
- If you see a medical record in public view where patients or others can see it, cover the file, turn it over, or find another way to protect it.
- When you talk about patients as part of your training, try to prevent others from overhearing the conversation. Whenever possible, hold conversations about patients in private areas. Do not discuss patients while you are in elevators or other public areas.

- Never remove the patient's official medical record from the training site.

Student Privacy/FERPA:

- What is FERPA? The Family Educational Rights and Privacy Act of 1974 also known as the Buckley Amendment.
- What does it cover? The act guarantees confidentiality of information in a student's education record that is not classified as "open directory." FERPA also grants students the right to inspect and review their educational records, to seek to have records amended, and to have limited control over the disclosure of information contained in the records.
- What is "Open Directory" Information? Usually, it is information that is not considered harmful if released. Bridgerland releases such information as: the student's full name, address, date, place of birth, program, photograph, etc.
- Are there any exceptions to when confidential information can be released? Yes, see the following:
 - Where the student is claimed as a dependent for federal income tax purposes, parents can have access to non-directory student information.
 - Institutions may disclose information with the written consent of the student. Such consent must include specific records that may be disclosed, purpose of the disclosure, and the person to whom the disclosure may be made. "Blanket disclosures" are not acceptable under this act.
 - There are a number of other exceptions to the disclosure restriction with regard to educational organizations.

For the Paramedic Program Instructors and Preceptors, the following will apply:

- Adjuncts, Preceptors, or Administrators will not discuss quiz scores, test scores, performance records, or the performance of one student with another student or with fellow employees or employers where a private or non-university agency is involved.
- Adjuncts, Preceptors, or Administrators will discuss with a student their performance and quiz scores only in areas where there is a reasonable expectation of privacy. Conversations will not be held in areas where the likelihood of being overheard by "the public" exists. Where more than one crew member has worked an incident with a student and can enhance the educational experience of the student, all involved in the incident may discuss the call with the student in a group discussion setting (tailboard training, debriefings, etc.). However, performance ratings and scores will in all respects be considered private and protected.
- Questions concerning the appropriateness of a disclosure should first be addressed with the Director of EMS before any student performance information not addressed above is disclosed.
- All other issues regarding the confidentiality of student information will be handled as outlined in the policies and procedures.

CERTIFICATION

EMT certifications must be maintained during the entire length of the program or the student will be immediately dismissed. In addition, BLS certification must be maintained.

TUITION POLICY

All costs associated with the program are the responsibility of each individual student and includes the following: tuition, books, lecture notes, supplies, uniforms, educational trips, immunizations, transportation, CPR certification, testing, graduation, and lab fees. If an agency, such as Department of Workforce Services (DWS), is funding a student, the student is responsible for obtaining the necessary forms from the funding agency and submitting them to the Bridgerland Student Services Office in adequate time to ensure payment. A student will not be allowed to attend class if tuition and fees have not been paid.

TUITION REFUND POLICY

Should a student withdraw or be suspended from the program, 100 percent of the tuition will be refunded up to ten business days after the first scheduled class and none thereafter. *Note:* Refund checks may take two or three weeks for processing.

ADMISSION POLICY

For details on the BTECH Admission Policy, please visit:

<https://drive.google.com/file/d/1D6z1hJAFXG-1lIKBZDvmFo3HZvbmBt8k/view>.

WITHDRAWAL POLICY

For details on the BTECH Withdrawal Policy, please visit:

<https://drive.google.com/file/d/1MslMpXSLM7W8BwRdLumtqpKjGBYLEkYh/view>.

STUDENT GRIEVANCE POLICY

For details on the BTECH Student Grievance Policy, please visit:

<https://drive.google.com/file/d/14MdErhfIUEm5zehZrjXeHjahSjQmMnGX/view>.

MALPRACTICE INSURANCE / LIABILITY

Bridgerland Technical College carries liability/malpractice insurance for its students in healthcare-related professions. Insurance is secured through the state of Utah. The coverage is a \$1,000,000 per person/occurrence, and the policy has a \$3,000,000 general aggregate. Malpractice and liability are important considerations for all healthcare professionals. The Paramedic Director will discuss the pros and cons of students having additional independent coverage, and direct interested students to third-party providers that offer this benefit.

GRADING

Each course must be passed with a grade of B- or better. A cumulative grade of B- (80%) is required to receive credit for any course.

If a test must be taken at a time other than the scheduled time, prior arrangements must be made with the instructor. If it is necessary to delay a test due to illness or emergency, the student is responsible for notifying the instructor and making arrangements to take the test. A penalty

affecting the grade may be assessed at the discretion of individual instructors for any tests taken late (see specific course syllabus).

Percentage	Letter Grade
95-100	A
90-94	A-
87-89	B+
84-86	B
80-83	B-
Below 80	Fail

If a question on an exam or quiz is deemed inadequate by faculty, then the overall points of the assessment will not be reduced and the point(s) for that question may be allocated. On the final grade only, scores .50 or greater will round up to the nearest whole number; scores .49 or less will round down to the nearest whole number.

All skills and lab components within the program are graded using a 1 through 4 numeric rating. Students must perform all skills at a rating of 3 (meets competency) or 4 (exceeds competency). Students who fail to meet competency will be given the opportunity to remediate. If a student cannot meet competency following remediation, a meeting will be held with the Program Director and Medical Director to determine if continuation in the program is appropriate. Paramedic students must meet or exceed all skills competencies in order to ensure public safety.

Extra Credit:

Extra credit is not available in any course in the Paramedic Program.

Late Work and Late Examination Penalties:

All assignments are due at the beginning of the class on the date they are due (according to the syllabus). All late assignments will be penalized by 10% per day late; if an assignment is due in a class that begins at 0830, it is considered late (10% deduction) at any time after 0830 on the due date. If an assignment is due on Thursday, and is not turned in until Monday, both Saturday and Sunday will count as penalty days (i.e. the assignment would be reduced by 30%). No work will be accepted for credit nor graded by the instructor if it is turned in more than 5 days beyond the due date.

Examinations will be scheduled by the instructor and stated in the course syllabus; exams may be administered in class or in the Testing Center. Examinations will be available only during scheduled times. Exceptions to this policy may be allowed under extraordinary circumstances if approved by the instructor; late examinations will be subject to the same penalty as late work (10% per day).

EXAM ITEM REVIEW POLICY

The Bridgerland Technical College Paramedic Program will conduct an item analysis on all major cognitive exams. The exams will be evaluated for validity and reliability by the Program Director, Medical Director, and advisory committee. Questions that 50% or more of the class answered incorrectly will be evaluated for content, validity, and difficulty and may be edited if deemed necessary. Exams through FISDAP will also be used.

Other general quizzes and exams will be monitored using the Canvas review system following the exam. Items are monitored for level of difficulty, discrimination, and reliability. Results of the analysis will be made available to the Medical Director for review.

INFECTION CONTROL

Purpose:

The Department of Labor Occupational Safety and Health Administration has guidelines for exposure to blood borne pathogens. Bridgerland Technical College has an Exposure Control Plan that is followed by this program. Additionally, high-risk tasks for paramedics may be detailed in individual courses and/or by clinical agencies.

VACCINATIONS

Students will be required to adhere to federally-recommended, standard precautions to protect themselves and to prevent the spread of disease in clinical areas. Vaccinations are required to participate in all clinical areas. It is the responsibility of each student to provide proof (either by a public health vaccination record or by signature of a healthcare provider administering vaccinations or titers) to Bridgerland before entering any clinical facility in a student capacity. Proof of immunizations will be required in the first few weeks of the program. This documentation will be placed in your permanent student file.

Required immunizations include the following:

- Tdap: current immunization for Tetanus, diphtheria, and acellular pertussis (Tdap) must be received and documentation submitted.
- Tuberculosis Screening: a 2-step TB process, OR one (1) QuantiFERON Gold blood test, OR one (1) T-SPOT blood test, with a negative result, is needed and must be completed prior to the first clinical shift.
- Hepatitis B: complete the three-vaccine series. Once the series is complete, students will need to submit proof of a reactive quantitative Hepatitis B Antibody (Ab) titer. If a student is in the process of completing their initial series, have the titer drawn 30-45 days after the last immunization. Gray-zone or non-reactive titer results indicate a need for the student to repeat the hepatitis series.
- Measles (Rubeola), Mumps, Rubella: two immunizations administered on or after the first birthday and at least 30 days apart.
- Varicella (Chicken Pox): documentation of two immunizations administered on or after the first birthday and at least 30 days apart; or lab report of positive immune serum antibody titer.

- Influenza: annual influenza immunization is required. Documentation of influenza vaccination must be submitted. Bear River Health Department offers this vaccination for a nominal fee.

The program supports recommendations from the Utah Department of Health and Centers for Disease Control and Prevention and encourages that all students receive the following immunizations: HPV, Meningococcal, Hepatitis A, and/or Polio. Please consult your personal physician to make an informed decision.

Hand Washing Practices:

As soon as possible following patient care and the removal of personal protective equipment, students will wash exposed body parts with antiseptic materials. Upon returning to the agency with whom the student is riding, students will also wash those same areas using soap and water. The Paramedic Preceptor or Paramedic Partner assigned to the student will see that this takes place. If contact of blood or bodily fluid takes place with student's skin or mucous membrane, those exposed areas should be washed with water as soon as feasible. *Station hand washing following a call will not be done in food preparing sinks.*

Contaminated Needles:

All needles which have been used on any person shall be considered contaminated. Needles will *not* be bent, recapped, or sheared except for the following reasons allowed by OSHA:

- If a special medical procedure requires it.
- That no alternative was feasible at the time. If this is the case, it should be documented and brought to the attention of the Program Administrator to evaluate the practice to determine if modifications in the practice should be implemented.
- Any recapping of a needle that is required due to special situation will be done by using a one-handed technique only. The one-handed technique will be done by sliding the needle into the cap without holding onto the cap. The boot method and scoop method are the two approved techniques.
- Students will use sharps containers supplied by the various agencies which can be brought to the patient care area. The sharp container should be one that meets federal requirements. It is imperative that as soon as feasible, once completing a task with a needle or sharp instrument, the instrument is placed in the protective container to eliminate the risk of an exposure. *This is one area of great risk, and historically has been a cause of health care work exposure. Use extreme caution with the handling of any needle or sharp instrument.*

Medical Procedures:

All procedures for patient care shall be performed in such a way to minimize splashing, spraying, spattering, and generation of droplets of bodily substances/fluids. Mouth pipetting of medical devices is prohibited (Example: checking the location of an endotracheal tube placement by direct mouth contact on the end of the tube is prohibited).

Decontamination Procedures:

Where no policy or procedure exists, the student will use the following:

- Any equipment suspected of being exposed to bodily fluids or other potentially infectious

material will require decontamination with a disinfectant. Some equipment will require prior scrubbing or repeated soaking and scrubbing depending on the extent of contamination. The equipment must be thoroughly rinsed and air dried. Equipment that cannot be submerged (stethoscope, ECG leads, monitor, etc.) shall be cleaned using disinfectant disposable towels, if available.

- To prevent cross contamination or spread of contagious disease, appropriate protective clothing shall be worn when washing equipment. This will be done to protect the student from inadvertent splashing of contaminated water onto the student's clothing, skin, or mucous membranes. Contaminated clothing should be changed as soon as possible. Items should be washed with an approved detergent solution, rinsed, and air dried. A disinfectant detergent is preferable when washing contaminated clothing. Boots and leather goods may be brush scrubbed with soap and hot water to remove contaminants. *It is the responsibility of the student to see that their clothing is properly handled and cleaned.*

Personal Protective Equipment (PPE):

Students in the Paramedic Program will be issued eye wear that meets OSHA splash protection requirements and will use program-provided gloves and eye wear during all lab functions. Student will use the issued eye wear and gloves provided by the agency or facility with which the student is participating whenever contact with a patient is made by the student. Most personal protection equipment will be disposable and one-time use only. Students should seek advice and instruction from the Paramedic Preceptor and follow the agency policies and procedures when there is a need for masks, face shields or other types of personal protection.

The Incident Commander, Paramedic Preceptor, or Paramedic Partner will ensure that the appropriate protection is utilized when the potential of contamination of blood or potential for contamination is present. When working during an inter-agency event, the Safety Officer will hold this responsibility to insure compliance with local policy and procedures. *In any event, it is the personal responsibility of each student to consistently use personal protective equipment that eliminates or minimizes the risk of exposure.*

If under rare circumstances, the student determines the use of personal protective equipment prevents the student from delivering appropriate care or use poses an increased hazard to the safety of the student, and the Paramedic Preceptor or Partner agrees, the personal protective equipment can be removed. This will be documented and brought to the attention of the EMS Program Administrator for review. Review results will be forwarded to the Risk Management Committee, student, and agency head (Fire Chief, Agency Owner, etc.).

THE LEVELING PROGRAM

Paramedic students are required to complete field rotations under a color coded internship system. The color coding is designed to take students from the most basic assessment and treatment methods to the level of an entry-level paramedic. All field rotations must be completed during calendar dates assigned. Failure to complete all field shifts in dates assigned will result in incomplete assignments. Students not completing all required rotations will not be allowed to continue in the Paramedic Program. *Students are required to complete 50% of all shifts with their assigned primary preceptor.* The levels are broken down as follows:

If any clinical or field site denies access to a student for any reason, the student will be dropped from the course and program for inability to complete the requirements of the course/program. However, if an alternate clinical site exists for the rotation AND shifts are available, AND the site will accept the student; then the student may continue in the course and program. Any appeal by the student regarding access to a clinical site must be communicated directly with that site as the EMT Program and staff are not responsible for nor have a voice in the decision of a clinical site student denial.

BLUE LEVEL
“OBSERVATION”

Description:

The Blue Level is designed to orient students to ambulance procedures and protocols. The students required to complete Blue Level shifts have less than 6 months – 1-year ambulance experience or low call levels in their own agency. Students required to complete Blue Level shifts must complete 96 hours of ambulance field time (determined by the Program Director). These are observation-only shifts and are not required to perform any skills above the EMT level.

End-of-Level Requirements:

Students are required to meet with the Field Coordinator or Program Director when all hours are complete. All shifts are to be recorded on the sheet provided.

YELLOW LEVEL
“SKILLS LEVEL”

Description:

Students are required to complete 10, 12-hour, Yellow Level shifts. These shifts are designed to start integrating the student with the ambulance crew and assist with patient treatment. The student should be able to function as a team member and complete all basic and some advanced skills (skills that have been covered in class to that point). *The student should not at time be given team leadership responsibilities at this level regardless of their skill or ability level.*

Focus:

Primary Assessment - The student will make contact with the patient, perform a primary survey, and administer any immediate interventions required. The Preceptor will step in and complete the secondary survey and assign the student treatment skills to do. These skills can also be completed in the field or in a lab with the preceptor, if call volume does not provide enough field opportunities. If for any reason the preceptor feels the student should not advance to the next level, they will notify the Program Director and discuss a remediation plan.

End-of-Level Requirements:

In order for the student to advance to the Green Level, they are required to complete all

GREEN LEVEL
“REFINING ASSESSMENT SKILLS AND BEGINNING SCENE MANAGEMENT”

Description:

Students are required to complete 10–12, 12-hour, shifts. As students enter into their Green

Level, they will take on more responsibility in the patient care and scene management. Students should be proficient in all basic and intermediate skills and be able to use them independently. Any skills passed off in the Yellow Level should also be done by the student or delegated (by the student) to a crew member.

Focus:

Preceptors will take a team approach with the student in the treatment plan and scene management. Students are required to demonstrate proficiency in all aspects of patient assessment and begin demonstrating scene management skills. As the student approaches the end of the level, they are given more independence with the call. At no time will the Preceptor leave the student on his/her own during patient care. If for any reason the Preceptor feels the student should not advance to the next level, they will notify the Program Director and discuss a remediation plan.

End-of-Level Requirements:

In order for the student to advance to the Red Level, they are required to complete all assignments and tasks given to them by their Preceptor, have the Green Level paperwork completed, and have a run review with the Program Director.

*Students are required to set up a “mid-level” run review with the Program Director half way through the Green Level.

**Successful completion of the *Red Level Exam* is required to begin the Red Level shifts. The Red Level exam focuses on paramedic protocols and procedures and will help to verify the student’s base knowledge. If the student is unable to pass the exam on two attempts, additional Green Level shifts will be assigned.

RED LEVEL CAPSTONE
“BUMPER TO BUMPER” SUMMATIVE CALL MANAGEMENT

Description:

The Red Level Capstone requires 14, 12-hour shifts. At this point, students will have reasonable knowledge of all paramedic protocols. Students are required to work *independently as the Team Leader* and complete 25 ALS patient contacts. At no time is the Preceptor to leave the student on his/her own during patient care.

Focus:

Students progressing through the Red Level will demonstrate more confidence and able to critically think and perform as an entry-level paramedic. Advanced assessment and ALS skills will be evaluated during the Red Level. If, for any reason, the Preceptor feels the student should not be signed off for completion of this level, they will notify the Program Director and discuss a remediation plan.

End-of-Level Requirements:

In order for the student to complete the Red Level Capstone, they are required to complete all assignments and tasks given to them by their Preceptor, have the Red Level Capstone paperwork completed, have a run review with the Program Director, and an exit interview by the Medical Director. It is the student’s responsibility to set up the exit interview.

*Students are required to set up a “mid-level” run review with the Program Director half way through the Red Level.

GRADUATION REQUIREMENTS

To receive a certificate of completion for the Bridgerland Technical College Paramedic Program, the student must meet the following criteria:

- All classroom, laboratory, clinical and field experiences must be completed satisfactorily. Satisfactory is defined as a B- grade or higher (>80 percent), and a 3 or 4 rating on all skills, demonstrating the student meets or exceeds competency.
- All required portfolio components must be completed and documentation must be submitted/signed.
- Tuition and fees must be paid in full.
- Adhere to attendance requirements of the program and the institution, including completing immunization requirements.
- Complete a mandatory end-of-program examination with a score indicating success. Each student is responsible for the expense of this examination.
- Exit interview with Program Director must be completed and documented with appropriate signatures. Clinical badges will be returned at the exit interview.

PARAMEDIC TECHNICAL STANDARDS

Paramedic Characteristics:

A Paramedic must be a confident leader who can accept the challenge and high degree of responsibility entailed in the position. A Paramedic must have excellent judgement and be able to prioritize decisions and act quickly in the best interest of the patient. They must be self-disciplined, develop patient rapport, interview hostile patients, maintain safe distance, and recognize and utilize communication unique to diverse multicultural groups and ages within those groups. They must also be able to function independently, at optimum level, in a non-structured environment that is constantly changing.

Even though the Paramedic is generally part of a two-person team, generally working with a lower skill and knowledge level Basic EMT, it is the Paramedic who is held responsible for safe and therapeutic administration of drugs, including narcotics. Therefore, the Paramedic must not only be knowledgeable about medications but must be able to apply this knowledge in a practical sense. Practical application of medications include thoroughly knowing and understanding the general properties of all types of drugs including: analgesics, anesthetics, anti-anxiety drugs, sedatives and hypnotics, anti-convulsants, central nervous stimulants, psychotherapeutics (including antidepressants and other anti-psychotics), anticholinergics, cholinergics, muscle relaxants, anti-dysrhythmics, anti-hypertensives, anticoagulants, diuretics, bronchodilators, ophthalmics, pituitary drugs, gastro-intestinal drugs, hormones, antibiotics, antifungals, anti-inflammatories, serums, vaccines, anti-parasitics, and others.

The Paramedic is responsible legally, ethically, and morally for each drug administered, using correct precautions and techniques, observing and documenting the effects of the drugs administered, keeping one's own pharmacological knowledgebase current as to changes and trends in administration and use, keeping abreast of all contraindications to administration of specific drugs to patients based on their constitutional make-up, and using drug reference literature.

The responsibility of the Paramedic includes obtaining a comprehensive drug history from the

patient that includes names of drugs, strength, daily usage and dosage. The Paramedic must take into consideration that many factors, in relation to the history given, can affect the type of medication to be given. For example, some patients may be taking several medications prescribed by several different doctors and some may lose track of what they have or have not taken. Some may be using nonprescription/over-the-counter drugs. Awareness of drug reactions and the synergistic effects of drugs combined with other medicines, and in some instances food, is imperative. The Paramedic must also take into consideration the possible risks of medication administered to a pregnant mother and the fetus, keeping in mind that drugs may cross the placenta.

The Paramedic must be cognizant of the impact of medications on pediatric patients based on size and weight, special concerns related to newborns, geriatric patients and the physiological effects of aging such as the way skin can tear in the geriatric population with relatively little to no pressure. There must be an awareness of the high abuse potential of controlled substances and the potential for addiction, therefore, the Paramedic must be thorough in report writing and able to justify why a particular narcotic was used and why a particular amount was given. The ability to measure and re-measure drip rates for controlled substances/medications is essential. Once medication is stopped or not used, the Paramedic must send back unused portions to proper inventory arena.

The Paramedic must be able to apply basic principles of mathematics to the calculation of problems associated with medication dosages. They must perform conversion problems, differentiate temperature reading between Centigrade and Fahrenheit scales, be able to use proper advanced life-support equipment and supplies (i.e. proper size of intravenous needles) based on patients age and condition of veins, and be able to locate sites for obtaining blood samples. They must also be able to administer medication intravenously, administer medications by gastric tube, administer oral medications, administer rectal medications, and comply with universal precautions and body substance isolation, disposing of contaminated items and equipment properly.

The Paramedic must be able to apply knowledge and skills to assist overdosed patients to overcome trauma through antidotes and have knowledge of poisons and be able to administer treatment. The Paramedic must be knowledgeable as to the stages drugs/medications go through once they have entered the patient's system and be cognizant that route of administration is critical in relation to patients needs and the effects that occur.

The Paramedic must also be capable of providing advanced life-support emergency medical services to patients including: conducting of and interpreting electrocardiograms (EKGs), electrical interventions to support the cardiac functions, performing advanced endotracheal intubations in airway management and relief of pneumothorax, and administering appropriate intravenous fluids and drugs under direction of off-site designated physician.

The Paramedic is a person who must not only remain calm while working in difficult and stressful circumstances, but must be capable of staying focused while assuming the leadership role inherent in carrying out the functions of the position. Good judgement along with advanced knowledge and technical skills are essential in directing other team members to assist as needed. The Paramedic must be able to provide top quality care, concurrently handle high levels of stress, and be willing to take on the personal responsibility required of the position. This includes not only all legal ramifications for precise documentation, but also the responsibility for using

the knowledge and skills acquired in life-threatening emergency situations.

The Paramedic must be able to deal with adverse and often dangerous situations which include responding to calls in districts known to have high crime and mortality rates. Self-confidence is critical, as is a desire to work with people, solid emotional stability, a tolerance for high stress, and the ability to meet the physical, intellectual, and cognitive requirements demanded by this position.

Physical Demands:

Aptitudes required for work of this nature are good physical stamina, endurance, and body condition that would not be adversely affected by frequently having to walk, stand, lift, carry, and balance at times, in excess of 125 pounds. Motor coordination is necessary because over uneven terrain, the patients, the Paramedics, and other workers wellbeing must not be jeopardized.

Comments:

The Paramedic provides the most extensive pre-hospital care and may work for fire departments, private ambulance services, police departments or hospitals. Response times for nature of work are dependent upon the nature of a call. For example, a Paramedic working for a private ambulance service that transports the elderly from nursing homes to routine medical appointments and check-ups may endure somewhat less stressful circumstances than the Paramedic who works primarily with 911 calls in a districts known to have high crime rates. Thus, the particular stresses inherent in the role of the Paramedic can vary, depending on place and type of employment.

However, in general, the Paramedic must be flexible to meet the demands of the ever-changing emergency scene. When emergencies exist, the situation can be complex and care of the patient must be started immediately. In essence, the Paramedic in the EMS system uses advanced training and equipment to extend emergency physician services to the ambulance. The Paramedic must be able to make accurate independent judgements while following oral directives. The ability to perform duties in a timely manner is essential, as it could mean the difference between life and death for the patient.

Use of the telephone or radio dispatch for coordination of prompt emergency services is required, as is a pager, depending on place of employment. Accurately discerning street names through map reading, and correctly distinguishing house numbers or business addresses are essential to task completion in the most expedient manner. Concisely and accurately describing orally to dispatcher and other concerned staff, one's impression of patient's condition, is critical as the Paramedic works in emergency conditions where there may not be time for deliberation. The Paramedic must also be able to accurately report orally, and in writing, all relevant patient data. At times, reporting may require a detailed narrative on extenuating circumstances or conditions that go beyond what is required on a prescribed form. In some instances, the Paramedic must enter data on computer from a laptop in ambulance. Verbal skills and reasoning skills are used extensively.

APPENDICES



HEPATITIS B DECLARATION / DECLINATION

Employee Name: _____
(Please Print)

All instructors with an instructional exposure to blood or other potentially infectious materials may be at risk of acquiring the Hepatitis B virus (HBV) infection. To prevent the risk of Hepatitis B, these instructors are encouraged to receive a three dose series of Hepatitis B vaccine. Please provide your vaccination data below or read and sign the declination section and return this form to the Controller.

Declaration of Hepatitis B Vaccine

Name of vaccines received; date of vaccine:

- 1. Vaccine: _____ Date received: _____
- 2. Vaccine: _____ Date received: _____
- 3. Vaccine: _____ Date received: _____

Please submit documentation of immunizations with this form or proof of titer.

Declination of Hepatitis B Vaccine

- 1. I understand it is recommended that I receive a three (3) dose series of the Hepatitis B vaccine because I work directly with students in high risk areas (including certain Health Science programs, Nursing, and Dental) where I may come in contact with blood/body fluids.
- 2. I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk for acquiring Hepatitis B (HBV) Infection.
- 3. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease.

I assume the risks of not having the vaccine, and hereby release Bridgerland Technical College from any liability arising from my failure to receive the Hepatitis B vaccine. I understand if I desire the vaccination at a later date, BTECH will make it available.

Employee Signature (only required if declining vaccine)

Date



BRIDGERLAND

TECHNICAL COLLEGE
1301 North 600 West, Logan, UT 84321
Main Campus: (435) 753-6780

INCIDENT REPORT

Accident, Error, Illness, & Injury Report Form

HR Office Completion: _____

Full Name:		Parent/Guardian (if Minor):	
Date of Birth: / /		Male <input type="checkbox"/> Female <input type="checkbox"/>	
Street Address:			
City:		State:	Zip:
Phone Number: ()		Emergency Contact Phone Number: ()	
Date of Incident: / /	Date Reported: / /	Reported To:	
Exact Location of Incident:			
Description of Incident: <i>Describe clearly the circumstances that led to the incident.</i>			
Did this incident involve sharps (needle, syringe, IV, etc.) Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide name of device & manufacturer			
Injury: <i>Describe the nature/extent of the injury/illness (be specific).</i>			
Analysis: <i>What acts, failure to act, and/or conditions contributed to the incident?</i> <input type="checkbox"/> Not Applicable			
Prevention part A: <i>Prior to the event, what training/safety measures were in place to prevent the incident?</i>			
Prevention part B: <i>What actions will be taken to prevent reoccurrence?</i>			
Witnesses: list names, addresses, and phone numbers (use reverse side if necessary)			
Treatment: <i>Please provide information on treatment provided.</i>			
Treatment given at site of incident? Yes <input type="checkbox"/> No <input type="checkbox"/>		Person Providing Treatment:	
		Treatment Provided:	
Physician Notified? Yes <input type="checkbox"/> No <input type="checkbox"/>		Physician's Name:	
If treatment was given away from site of incident, where was it given?			
Facility Name:			
Facility Address:			
Final Section: <i>Complete all applicable information.</i>			
<input type="checkbox"/> Department Supervisor Notified	<input type="checkbox"/> Clinical Coordinator Notified	<input type="checkbox"/> Clinical Facility Report (filed)	
<input type="checkbox"/> BTECH School Time Accident Form (filed)	<input type="checkbox"/> Workman's Comp (filed)		
Law Enforcement Investigated: Yes <input type="checkbox"/> No <input type="checkbox"/>		Property Damage: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Officer's Name:		Describe:	
Report Completed by (print name):	Position:	Phone Number:	
Department Head Signature:			
Reviewed by Critical Incident Committee:			
Post-event follow-up: <input type="checkbox"/> Not Applicable			

Please complete all sections and submit to your department head

Revised: December 2017



EXPOSURE REPORT FORM

EXPOSED PERSON INFORMATION			
Name of Employee/Student		Social Security Number	Date and Time of Exposure
Date of Hepatitis B Vaccine		Hepatitis B Status	HIV Status
Circumstances of Exposure			
_____ Signature (of Exposed Person)			
POST-EXPOSURE MEDICAL PLAN FOR EXPOSED PERSON – PHYSICIAN REFERRAL			
Name of Physician		Scheduled Examination Date	
FOLLOW-UP LABORATORY REPORTS			
Test:	Date:	Test:	Date:
Test:	Date:	Test:	Date:
https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051 Federal Regulations (OSHA 29CFR 1910.1030) link above provided to employee/volunteer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Federal Regulations (OSHA 29CFR 1910.1030) link above provided to physician? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>REFUSAL OF POST-EXPOSURE FOLLOW-UP – I have been trained in bloodborne pathogens and OPIM. I understand I have been exposed to Source blood and realize the possible disease implications from this exposure. Despite all of the information I have received, I freely decline post-exposure evaluation and follow-up care.</i> _____ Signature (of Exposed Person if refusing)			
SOURCE PERSON INFORMATION			
Name of Exposure Source		Birth Date	
Street Address		City, State Zip	
HIV Status Known?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hep B Status Known?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If “No” willing to test?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If “No” willing to test?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If “Yes” Status?		If “yes” Status?	
<i>I understand a BTECH employee or student has been accidentally exposed to my blood or bodily fluids and disease testing is requested. I understand I am not required to give my consent, but if I do, my blood will be tested at no expense to me. All results will be kept confidential.</i> _____ Signature (of Source Person)			

Students who wish to pursue education in programs or courses with experiences involving direct patient care and/or controlled substance interaction are required to submit to federal background screening as established by Bridgerland Technical College Policy, Educational Affiliation Agreements, and Utah Codes, §58-31b-302, §R26-21-203, §58-17b-307, and §26-8a-310. Students participating in sanctioned internship, externship, or clinical experience will be considered a “volunteer worker.”

Prior to registration and/or admission to such program(s), a student must utilize the College’s electronic fingerprinting services and pay a nonrefundable fee.

Students frequently ask what findings on their federal background screen will disqualify them from attending a course or program. If an individual has been convicted of a felony, misdemeanor A, or a non-excluded misdemeanor, the individual may not provide direct patient care and/or work with controlled substances, which will result in the inability to enter and/or complete the program. Misdemeanor charges will be reviewed on a case-by-case basis. Misdemeanor involving violence against a child, family member, animal; unauthorized sexual conduct with a child or disabled adult; or theft may exclude a student from training. Traffic violations are excluded from consideration.

The following factors will be used in deciding under what circumstances, if any, the student will be allowed to provide direct patient care, work with controlled substances, or for other designated externships:

- Types and number of offenses
- Passage of time since the offense was committed
- Circumstances surrounding the commission of the offense
- Intervening circumstances since the commission of the offense
- Relationship of the facts to the individual’s suitability to work in their chosen career field (e.g., working with children, disabled persons, elderly adults, and/or controlled substances)

If you have questions regarding your eligibility to enroll in a course or program, you can discuss your concerns with the program department head. However, students with criminal backgrounds can only be officially cleared for registration by the Campus Review Committee. Student Services staff cannot, under any circumstance, make decisions regarding clearance of criminal background check results.

I have read and understand the Background Screening Student Information. I am aware that, regardless of findings, the fee is nonrefundable. I understand that criminal convictions may lead to ineligibility for a course, program, and ultimately employment. The College Tuition Refund Policy (available online) will apply to all students who are dismissed or withdraw.

I voluntarily consent to the criminal background investigation and give my permission for the results to go directly to Bridgerland Technical College on my behalf. I understand the College will not share the results with anyone other than me (the student) and the Campus Review Committee. I further understand the College considers me to be a “volunteer worker and/or prospective employee” during any sanctioned internship, externship, or clinical experience.

Student Name (please print)

Date

Student Signature



**Bridgerland Technical College
Paramedic Program**

DRUG SCREEN PROTOCOL

Effective January 1, 2005 a urine drug screen is required of all accepted students in the Paramedic Program at Bridgerland Technical College. This panel drug screen tests for cocaine, amphetamines, barbiturates, benzodiazepines, marijuana, opiates, Phencyclidine, propoxyphene, methadone, methaqualone, and other substances as deemed necessary.

Students are responsible for the cost of the random drug screen and payment is due to Intermountain WorkMed at the time the service is provided. The student has **24 hours** from the time they are randomly notified by telephone or in person to complete the drug screen. When you arrive for your drug screen, you **must** have the following with you: the “consent to services” document and a picture ID.

Students must submit to the drug screen the day they are assigned. There will be no exceptions. **Refusal to submit to the drug screen will be treated the same as a positive drug screen and the student will be dismissed from the program.**

The urine drug screens must be administered at the following facility:

INTERMOUNTAIN WORKMED: *412 North 200 East, Logan, UT (435) 713-2850*

Urine drug screens are performed from 8 a.m. – 4:30 p.m. (Monday – Friday); no Saturday or Sunday testing. An appointment is not necessary. Please do not arrive at or near closing time.

Results of the drug screen will be sent directly to the Bridgerland Paramedic Program Director.

Failed Drug Screen – Rights and Remedies: If a drug test reveals the presence of a non-prescribed controlled substance the student may do the following:

- The student must submit a current copy of the prescription for a controlled medication if that is the cause of the positive drug screen.
- The student may pay approximately \$45 to WorkMed and request that the Medical Review Officer review **the same specimen** and make a determination if a legitimate prescription drug may have caused a positive drug screen.
- Should a student contest exam results, they may pay for an independent analysis of the same specimen.
- All positive drug screens are kept for one year at the Northwest Toxicology Lab in Salt Lake City.

Therefore, if a legitimate prescribed drug is not identified (in a positive drug screen) the student will be dismissed from the Program. The student may choose to re-apply for admission.

Application to the Program does not ensure admission. New application materials will be required.

If your drug screen is not definitive because the sample is “dilute,” you will have to submit to another drug test. The second test will require a hair sample or other methodologies as deemed necessary.

I have read and agree to follow the requirements stated above for the drug screen and national background check protocol. I understand that failure to comply with these protocols will be grounds for dismissal from the Program.

Student Name (Printed)

Student Signature

Date



ACCEPTABLE COMPUTER USE

All computers at Bridgerland Technical College (BTECH) are shared educational resources of the State of Utah for the primary use of professional staff and student access. The use of the network and/or online courses is considered to be a privilege and is permitted to the extent that available resources allow. With this privilege come certain responsibilities that need to be understood and carried out by all users.

Classroom computer settings must remain constant to provide a quality training environment for all users.

Therefore, any student found adding, modifying, or deleting current computer settings or software (i.e., screen savers, wallpaper, graphics, games, unlicensed software, instant messaging client, file sharing, downloading of copyrighted materials, etc.) will be subject to appropriate disciplinary action and possible termination from the College.

Bridgerland Technical College **does not** provide e-mail accounts for students.

Users must accept the responsibility of adhering to high standards of professional conduct and act in a responsible, decent, ethical, and polite manner. Internet use is for the purpose of encouraging the pursuit of higher knowledge. Although reasonable effort is made to filter out controversial material, each individual's judgment regarding appropriate conduct in maintaining a quality resource system is essential. Students will treat their instructors, fellow students, and support staff with respect both in the physical and online classroom environments.

While this does not attempt to articulate all required behavior by its members, it does seek to assist by providing the following guidelines:

1. All use of the Internet must be in support of a world class public education and educational research in Utah and consistent with the purposes of the network.
2. Computer accounts shall be used only by the authorized owner of the account. Account owners are ultimately responsible for all activity under their account. All communications and information accessible via the Internet should be assumed to be private property. Great care is taken by the network's administrators to ensure the right of privacy of users. However, it is recommended that users not give out personal information like home addresses and/or telephone numbers. Also, passwords should be kept private and changed frequently.
3. No personal laptop computers, desktop computers, smart phones, tablet devices, or any other personal device capable of network connection will be allowed on the network; although, personal devices may connect to the Internet via the College's wireless network. Personal network devices such as wireless access points, routers, servers, firewalls, etc., are not allowed.
4. Prohibited behaviors include:
 - Sending or displaying intimidating, offensive, or inappropriate messages or pictures
 - Illegal activities (defined as a violation of local, state, and/or federal laws)
 - Harassing, insulting, or attacking others
 - Using another person's password/account
 - Accessing another person's computer, folders, work, or files without their consent
 - Possessing or using any software tools designed for probing, monitoring, or breaching the security of a network

- Violating copyright laws
 - Having someone else complete work
 - Using additional materials to complete exams
 - Any use for commercial purposes or financial gain
 - Any use for product advertisement or political lobbying
 - Any use which shall serve to disrupt the use of the network by other users
 - Extensive use of the network for private or personal business
5. In regard to e-mail, chat rooms, and threaded discussions (if applicable), “netiquette” includes:
 - Having appropriate e-mail addresses
 - Using only language that would be appropriate in any face-to-face classroom at the College
 - Respecting the comments of teachers and other students. Discussions and disagreements over issues are appropriate; however, put-downs or any type of negative comments about another student or instructor is not appropriate
 6. This is a legally binding document and careful consideration should be given to the principles outlined herein. Violations of the provisions stated in this document may result in suspension, revocation of network privileges, and/or dismissal/termination.
 7. The above-mentioned use is subject to revision.
 8. As necessary, the College will determine whether specific uses of the Internet are consistent with this document. Bridgerland Technical College shall be the final authority on use of the network and the issuance of user accounts.