

2019-2020
Advanced Emergency
Medical Technician
National Standard Curriculum

Program Handbook

Rev 6/14/18/DKD

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Admissions Criteria and Procedure

Advanced Emergency Medical Technician

Sioux City and all programs developed in the area

Specific Admission Requirements:

- Students must submit an application to the Office of Admissions at Western Iowa Tech Community College.
- Students must have a high school transcript or equivalency diploma.
- Students must have a mandatory Reporter Certificate for Adult and Child Abuse.
- Students must have a current CPR card (BLS Health Care Provider American Heart Association).
- Students must have a valid Iowa EMT certification card. If a student has a National Registry Card, the student must obtain an Iowa certification. A photocopy must be submitted. If you do not have an Iowa certification and only a National Registry Card, please contact the Bureau of Emergency and Trauma Services (BETS) (1-800-728-3367 or 515-281-0620) immediately.
- Students must have a health physical and immunizations up to date.

General Admissions Procedure

General admissions procedure for **all WITCC students** is available in the WITCC College Catalog. Listings are as follows:

- Admissions Criteria
- Specific Courses
- Admissions Procedure
- Registration
- Student Classifications
- Financial Aid
- Scholarships

Process and Procedures for Iowa EMS Certification and Endorsement Programs

Requirements for Educational Programs Leading to Iowa EMS Certification

Training Program Requirement

Prior to acceptance into a class that will lead to an Iowa EMS certification, all candidates **must** meet entrance requirements on the date of enrollment as defined in IAC 641-131:

- Be at least 17 years of age.
- Course completion card in CPR if enrolling into an EMT, AEMT, and Paramedic program.
- High school diploma or equivalent if enrolling into an AEMT or Paramedic program.
- Currently certified at a minimum as an Iowa EMT or hold a valid NREMT registration if enrolling into an AEMT or Paramedic program.
- If the AEMT or Paramedic student is currently nationally registered but not certified in Iowa, the student **must** submit a completed endorsement application and fees to the department no later than 14 calendar days following the start of the AEMT or Paramedic program.
- Candidates that do not meet the minimum requirements **are not** eligible to participate in clinical or ride/field experiences or practical or cognitive examinations for certification.

Student Requirement

- No later than 14 calendar days following the start of class each candidate must **successfully** register as an EMS student with the department through AMANDA.
- Candidates should view the instructional video on the Bureau of Emergency and Trauma Services' (BETS) website before beginning the online registration process.
- Candidates should register using their proper/complete name (e.g. William versus Bill).
- Candidates should use a permanent email address when registering.
- The online registration process, as an Iowa EMS student, has been complete **only** when the applicant accepts the Terms and Conditions page and no fees are indicated:
 - o If fees were assessed during the application process, the applicant did not select registration as an EMS students and is not successfully registered as an EMS student.
 - o If the Terms and Conditions page does not appear or is not accepted, the application process has not been completed.
- Once successful, the applicant will be able to see their student registration on their "My Profile" page AMANDA with a "New" status.
- Profiles with a "New" status cannot be viewed through a "Public Search" in AMANDA.
- Based on provided responses during the EMS student registration process, individuals may be required to provide additional documentation to the Bureau.
- EMS student registration status will remain "New" until **all** required documentation has been received, reviewed, and approved by the Bureau.
- Once all conditions and required documentation for registration has been met, processed, and individual's EMS student registration can now be viewed through a "Public Search" with AMANDA.
- Only registered EMS students with a status of "**Active**" are eligible to participate in clinical or field/ride time.

Training Program Requirement

- Create class/program in AMANDA to include last classroom date, location, course coordinator.

- After the applicant has successfully completed the EMS student registration process, the Iowa EMS Training Program the applicant is associated with must “**Link**” the student to their Training Program in AMANDA.
- If a student is dropped or withdraws from the program before course completion (including clinical or field requirements) for any reason or fails the program requirements, the EMS Training Program must enter a “**Fail**” attempt in AMANDA and notify the Bureau so their student folder can be “**Closed.**”
- Upon successful completion of all training program requirements, to include clinical and field time, the EMS Training Program must enter a “**Pass**” attempt in AMANDA.
- Instructional videos can be viewed from the Bureau’s web page in the Training Program section.

Student Requirement

- After successful completion of the program requirements and **prior** to attempting either the practical or cognitive examination, the candidate **must** complete the EMS Certification application process in AMANDA and submit a \$30 application fee.
 - o If the EMS Training Program will be paying the candidate’s EMS Certification application fee, the candidate should select “**Pay Later**” on the fee page.
 - o EMS Certification application cannot be processed until the fee has been received by the Bureau.
- Candidates should view the instructional video on the Bureau’s website before beginning the online application process.
- The EMS Certification application process has successfully been completed when the candidate has provided all required information, accepted the Terms and Conditions page, and paid the application fee either online or directly to the Bureau.
- Verification of EMS Certification application can be found on the candidate’s “My Program” page and “Program Details” page.
- Practical or cognitive examination attempts completed **prior** to submission of the EMS Certification application and payment of the application fee **will not be recognized.**

Training Program Requirement

- After completion of all program requirements, the EMS Training Program should verify with the student that they have completed the EMS Certification application process and have paid the fee through AMANDA.
 - o If the EMS Training Program will be paying the EMS Certification application fee for the EMS student, the training program must forward to the Bureau a list of students they will be paying the application fee for.
 - o EMS Certification application cannot be processed until the fee has been received by the Bureau.
 - o Training Programs can verify the application and status through a “Public Search” with AMANDA.
- If the student does not have an EMS Certification application for the current level of program being completed with a “New” status, the students is **not** eligible to attempt either the practical or cognitive examination.
- At the EMR and EMT level the EMS Training Program must enter either a “Pass” or “Fail” for each **full** attempt of the practical examination in AMANDA for each student.
- If the student attempts the practical examination at another program, the “parent” training program of the student must enter either a “Pass” or “Fail” for each full attempt of the

practical examination in AMANDA.

- Instructional videos can be viewed from the Bureau's webpage in the Training Program section.
- To expedite the certification process for the candidate/students, the EMS Training Program shall submit a list of candidates who attempted the practical examination to include date and status to the Bureau.

Student Requirement

- Students will be allowed a maximum of two years from the final classroom date as identified in AMANDA by the Training Program to complete **all** testing requirements for certification.
- After successful completion of all requirements and receipt of all required documentation by the Bureau to include notification of examination results from the NREMT, the student will be issued an Iowa EMC Certification by email through AMANDA.

Financial Aid

- The AEMT certificate program is a part-time program and is not eligible for most types of financial aid.
- Payment for WITCC courses must be arranged prior to the first day of class.
- A service charge will be assessed for returned checks.

Withdrawal Policy

The student who wishes to withdraw from College classes must complete an official notice of withdrawal. Reporting the intent to withdraw from the College to an instructor is **not** an official withdrawal. Please contact the Registration Office at 274-6404.

Refund Policy

The refund policy will be based upon the start date of the class and the date you **officially** drop or withdraw from the class(es). For further information, please contact Student Accounts/Cashier.

Academic Advising

Academic advising assists students in realizing the maximum educational benefits available by helping them to better understand themselves and to learn to use the resources available at WITCC to meet their specific educational needs.

An advisor will be assigned within the first two weeks following enrollment in your course. Students will continue to have the same advisor throughout the program.

Role of Student in Advising

The student is to contact his or her advisor regarding all academic issues. It is necessary to make advance appointments with advisors for efficiency in scheduling.

Advisor signatures are required on all course schedules, drop/add slips, transfer of program and credit forms, and forms for withdrawal from programs or the college.

The student is ultimately responsible to meet **all** requirements for graduation.

ADA Americans with Disabilities Act)

If you have a disability, please feel free to set up an appointment with the instructor to discuss “reasonable” accommodations which might be of assistance. For additional information and/or assistance, contact the Comet Learning Center in the Dr. Robert Kiser Building (A), Extension 1399.

Discrimination

Fair, prompt, and impartial consideration of complaints involving claims of discrimination on grounds of race, religion, sex, age, national origin, or disability will be provided to students without their having to fear reprisal or other action tending to effect discrimination. Full cooperation will be provided to an individual who files a complaint of discrimination.

Emergency Medical Specific Services and Requirements

Liability Insurance:

All students in Emergency Medical Services courses have liability insurance for clinical and field rotations. Fees are paid through the course fees.

State EMS Bureau Requirement:

All WITCC admissions requirements as listed on page 5 apply. Must have a valid Iowa EMT certification card. If the student only has a National Registry card, the student must obtain an Iowa certification by contacting the Bureau of Emergency and Trauma Services (BETS) 1-800-728-3367 or 515-281-0620. Admission requirements for students in any of the area programs are the same as those for the Sioux City WITCC campus.

Cardiopulmonary Resuscitation

You are required to have a current CPR card and must have completed the American Heart Association BLS Health Care Provider course. This course is specifically for health professionals. A photocopy of the course completion card must be submitted to the instructor the first day of class. If this requirement is not met, students cannot be allowed to continue with the AEMT course. This is a prerequisite for AEMT course.

Child and Adult Abuse - Mandatory Reporter Training

All health personnel are mandatory reporters of child and adult abuse. Short courses, approximately three hours in length, are available to provide information on the law, recognition, and documentation and reporting of child and adult abuse. For information on the short courses, contact WITCC, 712-274-6403 or 1-800-352-4649. Please be prepared to provide documentation of a child and adult abuse reporter class. This is a prerequisite for AEMT course.

Health Physical and Immunizations

All students must have a health physical and immunizations up to date. This is a pre-requisite for the AEMT course.

Criminal Background – General Information

Pre-Clinical

WITCC will complete criminal background checks on all health students. Based on the findings, a determination will be made if the student is eligible to participate in clinical activities. See program handbook for additional information.

Post-Graduation Exams

Criminal charges/convictions, abuse charges (adult or child), or a substance abuse history may impact a graduate's ability to obtain registration or licensure in the graduate's profession. Each licensing board will make the determination if a criminal background check will be completed before the graduate is eligible to write licensing/registration exams. See program handbook for additional information.

Employment in Health Care Professions

Employers have varied hiring policies based on their review of an applicant's criminal background history.

Graduates/students need to be aware that:

- * Clearance for clinical while a student
- * Graduation from the program
- * Successful passage of licensing or registration exams does not guarantee graduates will be eligible for employment at some agencies. Employment eligibility is determined by the hiring policies at each health care agency.

Health Evaluation – Required (see pages 17-18)

To provide a safe and healthy environment for yourself and those you will come into contact with requires that you must complete a health evaluation prior to entering the course. If the health evaluation requirements are not completed, you will not be allowed to participate in the clinical phase of your college education. Therefore, Western Iowa Tech Community College has contracted with Mercy Medical Center's Occupational Health Network to assist in the health evaluation. All health evaluation requirement documentation must be done prior to starting class.

Health Evaluation includes:

1. Hepatitis B Vaccine:

- a. Verification that you have received the Hepatitis B Vaccine (a series of 3 shots for the prevention of Hepatitis B);
- b. Signing the Decline to Accept form;
- c. Documentation that you are currently receiving the series by providing a photocopy of the shots received.

If you are planning to start the vaccine at a date later than first clinical rotation you must sign the Decline to Accept form prior to the clinical rotation.

2. Tuberculin Skin Test (TST)

An initial baseline two-step TST is required. The second TST can be given one week to one year after the first TST as long as the first TST has not expired. A TST is current for one year. The first and second TST must be

turned in before the start of clinical. If you have had a past positive TST, you will need to provide documentation of a negative chest x-ray. If the negative chest x-ray is more than one year old, you will also need to turn in a TB Symptom Assessment form.

3. **MMR and Tetanus**

Documentation of MMR (two dates or a titre) and tetanus vaccinations and/or boosters must be provided. The completed records will be reviewed. If there is need for additional information or tests, you will be contacted.

4. **Chickenpox**

Must have a copy of a record showing two vaccinations or positive titre.

Please make sure you keep a copy of your WITCC Clinical Health Evaluation for your own records. In the future, a copy will not be made available to you!

Occupational Hazards

It is the intent of the clinical and field facilities and Western Iowa Tech Community College to keep you, the student, and the patients you care for as free from occupational hazards as possible. It is your responsibility to follow the guidelines that have been established. Any scheduled training, testing, or other documentation must be completed **prior** to clinical or field experience. Students may turn in their health evaluations to the advisor or the instructor. Any significant exposure must be reported **immediately** to the clinical site and to Western Iowa Tech Community College.

Expectations of Student Learning (Clinical/Field)

Students are here to learn a challenging profession. Study skills, reading skills, and listening skills will need to be practiced to achieve maximum knowledge from this course. Referrals are available if students are experiencing any difficulties. Students should demonstrate mature attitudes toward subject matter and participate enthusiastically in class discussions; practical lab; clinical and field time.

1. Students are expected to schedule clinical/field hours and place in platinum planner.
2. A schedule of clinical/field times must be submitted to the instructor prior to participation.
3. Students must meet minimum or exceed patient contacts showing skill competency to pass the course.
4. Evaluation sheets must be signed by a preceptor and submitted to the instructor.
5. Students are expected to be professional at all times.
6. Students are expected to respect patient confidentiality.
7. Students must follow all established guidelines for occupational hazards prior to any clinical/field experience.
8. Students must wear nametags, an EMS Program Shirt (available at the WITCC Book Store), and appropriate attire. EMS Program shirt is required in classroom, Lab, Clinical/Field rotations. Uniformed student may wear rings on no more than one finger. One pair of pierced earrings (one earring in each ear) is allowed in white, gold, or silver and no longer than 1/4 inch in diameter or dangling. No bracelets or neck chains may be worn. No visible tattoos.
9. Hair and fingernails must be clean, short, and neatly filed. No artificial nails. Colored

nail polish is permitted. If clear nail polish is worn, it must not be chipped. Makeup should be moderate.

10. Offensive body odor and bad breath will be dealt with by the instructor on an individual basis. Perfume or aftershave is to be only moderately used. An overpowering use of either is not permitted. Hair must be clean, off the collar pulled back, and secured when a student is in lab and clinical/field area. Only natural hair color will be allowed (i.e. no pink, green, orange, purple, etc.) Hair accessories must be white or same color as the student's hair. Beards mustaches, sideburns need to be clean, well-manicured, and closely trimmed to the face.
11. Gum chewing, eating, and use of tobacco are not acceptable in patient areas. Cell phones are not acceptable in patient areas.
12. Documented ride-time with a volunteer service may be counted toward required hours during patient loaded time. Students may not be responding for the service or be on call.
13. Scheduled clinical/field times must be changed only in an emergency situation with notifying the clinical/field site and WITCC EMS Department.
14. The facility providing clinical field times and the instructor must be notified of any change.
15. Students are expected to be involved in the teaching and learning process during clinical and field time; this will maximize the benefits of the experience.
16. Students may be asked to complete additional clinical/field hours to achieve maximum knowledge.
17. Clinical and Field time cannot be completed during regular class time.
18. Students cannot be on duty or on call for clinical or field rotations.

Program Shirts/Name Tags

Students must wear the designated EMS program shirt and photo name tag during classroom/lab and clinical or field experiences. The photo name tag must be returned at the end of the clinical/field rotation.

Grading (All Campuses)

The grading scale, and requirements to achieve desired grades, will be explained at the beginning of each course.

Conference Review

A conference review may be held any time there are problems with grades, skills, or conduct in the classroom or clinical/field setting. The necessary goals will be stated and you will have the opportunity to respond. If the situation is not resolved, other individuals will be involved.

Eligibility for Certification

Those who complete the Western Iowa Tech Community College AEMT program are eligible to write the National Registry Certification Examination. State certified AEMT may, if they desire, use credits earned in the Emergency Medical Services Associate Degree Program or other credit programs.

Students will register with the State EMS Bureau within 13 days after the start of the course. If a student answered yes to State EMS questions on registration, they will have to send information to EMS Bureau.

Examination and Certification Costs

Examination and certification costs are as specified by the National Registry of EMT's and the State EMS Bureau office. The fees are as follow:

AEMT	Iowa Department of Public Health	\$30.00
	National Registry of EMT's.....	\$115.00
	Practical Testing (10 stations).....	\$275.00

Any retesting will be your responsibility; retesting will be \$25 per skill. Testing is currently offered monthly in different locations of the state.

IOWA CORE PERFORMANCE STANDARDS

Iowa Community colleges have developed the following Core Performance Standards for all applicants to Health Care Career Programs. These standards are based upon required abilities that are compatible with effective performance in health care careers. Applicants unable to meet the Core Performance Standards are responsible for discussing the possibility of reasonable accommodations with the designated institutional office. Before final admission into a health career program, applicants are responsible for providing medical and other documentation related to any disability and the appropriate accommodations needed to meet the Core Performance Standards. These materials must be submitted in accordance with the institution's ADA Policy.

CAPABILITY	STANDARD	SOME EXAMPLES OF NECESSARY ACTIVITIES (NOT ALL INCLUSIVE)
Cognitive-Perception	The ability to gather and interpret data and events, to think clearly and rationally, and to respond appropriately in routine and stressful situations.	<ul style="list-style-type: none"> <input type="checkbox"/> Identify changes in patient/client health status <input type="checkbox"/> Handle multiple priorities in stressful situations
Critical Thinking	Utilize critical thinking to analyze the problem and devise effective plans to address the problem.	<ul style="list-style-type: none"> <input type="checkbox"/> Identify cause-effect relationships in clinical situations <input type="checkbox"/> Develop plans of care as required
Interpersonal	Have interpersonal and collaborative abilities to interact appropriately with members of the health-care team as well as individuals, families and groups. Demonstrate the ability to avoid barriers to positive interaction in relation to cultural and /or diversity differences.	<ul style="list-style-type: none"> <input type="checkbox"/> Establish rapport with patients/clients and members of the health-care team <input type="checkbox"/> Demonstrate a high level of patience and respect <input type="checkbox"/> Respond to a variety of behaviors (anger, fear, hostility) in a calm manner <input type="checkbox"/> Nonjudgmental behavior
Communication	Utilize communication strategies in English to communicate health information accurately and with legal and regulatory guidelines, upholding the strictest standards of confidentiality.	<ul style="list-style-type: none"> <input type="checkbox"/> Read, understand, write and speak English competently <input type="checkbox"/> Communicate thoughts, ideas and action plans with clarity, using written, verbal and/or visual methods <input type="checkbox"/> Explain treatment procedures <input type="checkbox"/> Initiate health teaching <input type="checkbox"/> Document patient/client responses <input type="checkbox"/> Validate responses/messages with others
Technology Literacy	Demonstrate the ability to perform a variety of technological skills that are essential for providing safe patient care.	<ul style="list-style-type: none"> <input type="checkbox"/> Retrieve and document patient information using a variety of methods <input type="checkbox"/> Employ communication technologies to coordinate confidential patient care

CAPABILITY	STANDARD	SOME EXAMPLES OF NECESSARY ACTIVITIES (NOT ALL INCLUSIVE)
Mobility	Ambulatory capability to sufficiently maintain a center of gravity when met with an opposing force as in lifting, supporting, and/or transferring a patient/client.	<ul style="list-style-type: none"> ◆ The ability to propel wheelchairs, stretchers, etc. alone or with as assistance as available
Motor Skills	Gross and fine motor abilities to provide safe and effective care and documentation	<ul style="list-style-type: none"> ◆ Position patients/clients ◆ Reach, manipulate, and operate equipment, instruments and supplies ◆ Electronic documentation/ keyboarding ◆ Lift, carry, push and pull ◆ Perform CPR
Hearing	Auditory ability to monitor and assess, or document health needs	<ul style="list-style-type: none"> ◆ Hears monitor alarms, emergency signals, auscultatory sounds, cries for help
Visual	Visual ability sufficient for observations and assessment necessary in patient/client care, accurate color discrimination	<ul style="list-style-type: none"> ◆ Observes patient/client responses ◆ Discriminates color changes ◆ Accurately reads measurement on patient client related equipment
Tactile	Tactile ability sufficient for physical assessment, inclusive of size, shape, temperature and texture	<ul style="list-style-type: none"> ◆ Performs palpation ◆ Performs functions of physical examination and/or those related to therapeutic intervention
Activity Tolerance	The ability to tolerate lengthy periods of physical activity	<ul style="list-style-type: none"> ◆ Move quickly and/or continuously ◆ Tolerate long periods of standing and/or sitting as required
Environmental	Ability to tolerate environmental stressors	<ul style="list-style-type: none"> ◆ Adapt to rotating shifts ◆ Work with chemicals and detergents ◆ Tolerate exposure to fumes and odors ◆ Work in areas that are close and crowded ◆ Work in areas of potential physical violence ◆ Work with patients with communicable diseases or conditions

Career Development and Counseling

Group and individual career services and resources including Choices, an interactive career decision software, are available. College counselors can help students with a variety of problems and concerns as well as assist in developing career plans.

An extended orientation course, “Strategies for Academic Success” (course number SDV-114), is recommended for first-year students who seek additional support and career exploration during their first semester on campus.



WITCC Clinical Health Evaluation

Name: _____
Last Name (Please Print) First Name Middle Initial

Date of Birth: _____ E-mail: _____ Program of Study: _____

Student Signature: _____ Date: _____

Health Care Provider Complete The Following

Immunizations:

MMR #1:	MMR #2:		
Measles titre results:	Mumps titre results:	Rubella titre results:	
Tetanus/Diphtheria/Pertusis (Tdap)		Date Given:	
Hepatitis B #1:	#2:	#3:	Hepatitis B titre results:
Chickenpox #1:	#2:	Chickenpox titre results:	

Titre results must include numerical value – not just “positive, negative, immune”.

#1 Tuberculin Skin Test-Mantoux 5 TU/PPD (valid if within one year) Given: _____ Read: _____

PPD result (state reaction in mm): _____ Professional Signature: _____

#2 Tuberculin Skin Test-Mantoux 5 TU/PPD (valid if within one year) Given: _____ Read: _____

PPD result (state reaction in mm): _____ Professional Signature: _____

Questions:

#1 - Have recommendations for limited physical activity been made? Yes No

If “Yes”, for how long and why? _____

#2 - Do you recommend this individual for full participation in clinical? Yes No

If “No,” please comment: _____

Health Care Provider Name (please print): _____

Health Care Provider Signature: _____ Date: _____

Address: _____ Phone #: _____

How to Submit WITCC Clinical Health Evaluation

Scan all information as a PDF document and e-mail to: Marilyn.West@witcc.edu. The weekly deadline is 12 noon Friday. All information received by the weekly deadline will be reflected in a class update sent to your instructor the following Monday morning.

WITCC Clinical Health Evaluation approved in accordance with CDC guidelines by Mercy Business Health June 2017.

Mercy Business Health

To: All WITCC Health Occupation Students

From: Marilyn J. West RN BSN

To provide a safe and healthy environment for you and those you will come in contact with, you must submit a completed WITCC Clinical Health Evaluation prior to your first day of clinical. You will not be cleared to participate in clinical until your WITCC Clinical Health Evaluation is complete. Below are answers to the most commonly asked questions. If you have any further questions, please feel free to contact me at Marilyn.West@witcc.edu.

Student Information

Be sure to answer and then sign all personal information on the top of the WITCC Clinical Health Evaluation.

Health Care Provider Complete The Following

This part of your WITCC Clinical Health Evaluation is to be completed by a medical doctor, a nurse practitioner or a physician's assistant. **No other forms will be accepted.**

Measles/Mumps/Rubella (MMR) – You will need to provide one of the following:

- two vaccination dates.
- positive titre for measles, positive titre for mumps and a positive titre for rubella.

Tetanus/Diphtheria/Pertusis (Tdap) – A Tdap is current for 10 years.

Chickenpox – You will need to provide one of the following:

- two vaccination dates.
- positive titre.

Hepatitis B (Hep B) – You will need to provide one of the following:

- vaccination dates
- positive titre
- signed decline form

Tuberculosis - You will need to provide one of the following:

- Tuberculosis Skin Test (TST) – An initial baseline two-step TST is required. The second TST can be given one week to one year after the first TST as long as the first TST has not expired. A TST is current for one year. The first and second TST must be turned in before the start of clinical.

- If you have had a past positive TST, you will need to provide documentation of a negative chest x-ray. If the negative chest x-ray is more than one year old, you will also need to turn in a TB Symptom Assessment form.
- Negative TB QuantiFeron.

Please make sure you keep a copy of your WITCC Clinical Health Evaluation for your own records. In the future, a copy will not be made available to you!

Information About Hepatitis B Vaccine

NOTE: This form should be discussed with the physician of your choice, signed and returned with all other health forms.

The Disease

Hepatitis B is a viral infection caused by Hepatitis B virus (HBV) which causes death in 1-2% of infected patients. Most people with Hepatitis B recover completely, but approximately 5-10% become chronic carriers of the virus. Most of these people develop chronic active hepatitis and cirrhosis. HBV also appears to be associated with the development of liver cancer.

The Vaccine

Hepatitis B vaccine is produced from the plasma of chronic HBV carriers. The vaccine consists of purified, inactivated Hepatitis B antigen. It has been extensively tested for safety and efficiency in large scale clinical trials with human subjects. A high percentage of healthy people who receive three doses of vaccine achieve protection against Hepatitis B. Persons with immune-system abnormalities, such as dialysis patients, have less response to the vaccine. Full immunization requires 3 doses of vaccine over a six-month period, although some persons may not develop immunity even after 3 doses. There is no evidence that the vaccine has ever caused Hepatitis B. However, persons who have been infected with HBV prior to receiving the vaccine may go on to develop clinical hepatitis in spite of immunization. The duration of immunity is unknown at this time.

Possible Vaccine Side Effects

The incidence of reported side effects is low. A small percentage of persons receiving the vaccine experience tenderness and redness at the site of injection. Low grade fever may occur. Rash, nausea, joint pain, and mild fatigue have also been reported. Few cases of serious side effects have been reported with the vaccine, including Guillain-Barre Syndrome, although the possibility exists that more serious side effects may be identified with more extensive use.

You may check with your insurance company concerning coverage.

If you have any questions about Hepatitis B or the Hepatitis B vaccine, please discuss with your physician.



Consent Form

I have discussed with my physician and have read the above statement about Hepatitis B and the Hepatitis B vaccine. I have had an opportunity to ask questions and understand the benefits and risks of Hepatitis B vaccination. I understand that I must have 3 doses of vaccine to confer immunity. However, there is no guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine. I **request** that it be given to me. My decision is voluntary. I understand that all arrangements for receiving the vaccine are my responsibility.

	Date	Lot #	Site	Nurse
_____ Name of Person to Receive Vaccine (Please Print)	(1) _____	_____	_____	_____
_____ Signature of Person Receiving Vaccine	(2) _____	_____	_____	_____
_____ Date Signed	(3) _____	_____	_____	_____

Name

Date of Issue

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Hepatitis B vaccine is produced from the plasma of chronic HBV carriers. The vaccine consists of purified, inactivated Hepatitis B antigen. It has been extensively tested for safety and efficiency in large scale clinical trials with human subjects. A high percentage of healthy people who receive three doses of vaccine achieve protection against Hepatitis B. Persons with immune-system abnormalities, such as dialysis patients, have less response to the vaccine. Full immunization requires 3 doses of vaccine over a six-month period, although some persons may not develop immunity even after 3 doses. There is no evidence that the vaccine has ever caused Hepatitis B. However, persons who have been infected with HBV prior to receiving the vaccine may go on to develop clinical hepatitis in spite of immunization. The duration of immunity is unknown at this time.

Possible Vaccine Side Effects

The incidence of reported side effects is low. A small percentage of persons receiving the vaccine experience tenderness and redness at the site of injection. Low grade fever may occur. Rash, nausea, joint pain, and mild fatigue have also been reported. Few cases of serious side effects have been reported with the vaccine, including Guillain-Barre Syndrome, although the possibility exists that more serious side effects may be identified with more extensive use.

You may check with your insurance company concerning coverage.

If you have any questions about Hepatitis B or the Hepatitis B vaccine, please discuss with your physician.



Decline to Accept

I have discussed with my physician and have read the above statement about Hepatitis B and the Hepatitis B vaccine. I have had an opportunity to ask questions and understand the benefits and risks of Hepatitis B vaccination. I understand the benefits and risks of the Hepatitis B vaccine and **I do not** wish to receive the vaccine.

Name of Person Declining Vaccine (Please Print)

Signature of Person Declining Vaccine

Date Signed

RETURN EMAIL TO:
Marilyn West, RN, BSN
Western Iowa Tech
Community College
marilyn.west@witcc.edu

Clinical Participation Requirements

WITCC uses external affiliated agencies for clinical experiences for our students. Affiliated agencies may impose requirements for students in order that they be allowed access to clinical experience.

- **Students may be required to provide the following information to external affiliated agencies:**

- Health Screening/Immunizations
- CPR
- Mandatory Reporter
- Criminal and Abuse Background Checks
- Drug Test

- **The student should maintain copies of the documents listed above. Affiliating agencies may require the student to provide a copy of the documentation.**

- **Drug Testing**

Students may need to consent for drug testing and release of that information to external affiliating agencies for clinical experience. Western Iowa Tech Community College is uncertain of what other drugs may be screened.

- Unprofessional conduct, breach of confidentiality, or performing duties beyond the scope of practice or academic preparation is grounds for immediate removal from the clinical site. Removal will result in failing clinical and may include disciplinary action.



NOTICE AND RELEASE - READ CAREFULLY BEFORE SIGNING

I, the undersigned student in a health occupations program at Western Iowa Tech Community College, understand that participation in a clinical experience is part of the health occupations program and that participation in a clinical experience includes working at an affiliating agency. I further understand that affiliating agencies have the right to establish requirements for participation in clinical experience. I understand that I am responsible for providing copies of the documentation requested by the affiliated agency. I understand and agree that if I am rejected for participation in a clinical experience by an affiliating agency or if I refuse to submit to checks or tests that are required by an affiliating agency in order to participate in a clinical experience, I may be unable to complete my program of study and graduate from a health occupations program. I hereby release Western Iowa Tech Community College, its employees, and all affiliating agencies from any liability with regard to my participation in a clinical experience and decisions made concerning my participation in a clinical experience.

Print name: _____

Student's Name

Program

Date

Please return to:

Confidentiality Agreement

Please read and sign the following statement

In accordance with the Health Insurance Portability and Accountability Act (HIPAA), it is the policy of WITCC that confidentiality and privacy of information is of utmost importance for health occupations students. Confidential information is any client, physician, employee, and business information obtained during the course of your clinical experiences associated with WITCC. Please read and sign the following confidentiality statement.

I will treat all confidential information as strictly confidential, and will not reveal or discuss confidential information with anyone who does not have a legitimate medical and/or business reason to know the information. I understand that I am only permitted to access confidential information to the extent necessary for client care and to perform my duties. Information that may be construed as a breach of confidentiality includes but is not limited to:

- (1) client's name and other identifying information
- (2) client's diagnosis
- (3) type of care being provided
- (4) reason for seeking health care services, treatment, and response to treatment
- (5) personal problems or actions

I will not access, use or disclose confidential information in electronic, paper, or oral forms for personal reasons, or for any purpose not permitted by agency policy, including information about co-workers, family members, friends, neighbors, celebrities, or myself. I will follow the required procedures at all agencies to gain access to my own confidential patient information.

In preparing papers, presentations, and other course work I will de-identify protected health information. I will not remove any individually identifiable health information from the facilities in which I am completing my clinical experience. The following are guidelines to be followed in order to be compliant with standards.

- The HIPAA Privacy Rule allows health care providers to use and disclose Protected Health Information (PHI) without a patient's written authorization for purposes related to treatment, payment, and health care operations. It further defines "health care operations" to include *"to conduct training programs in which students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers."*
- **Minimal Information:** The amount of PHI used must be the minimum amount necessary to conduct the training. Allowable information can include race, age, other medical conditions, prior medical conditions, and other background information only if necessary to accomplish the prescribed assignment. **Do not include the patient's name and medical record number. In addition, do not talk about other identifying characteristics, for example the patient's job, job title, where they work, where they live, their community activities, etc.**

I agree to use all confidential information and the information systems of the facilities I am assigned in accordance with facility policy and procedure. I also understand that I may use my access security codes or passwords only to perform my duties and will not breach the security of the information systems or disclose or misuse security access codes or passwords. I will also make no attempt to misuse or alter the information systems of the facilities in any way.

I understand that I will be held accountable for any and all work performed or changes made to the information systems or databases under my security codes, and that I am responsible for the accuracy of the information I input into the system. I understand that violation of such policies and procedures may subject me to immediate termination of association with any facility, as well as civil sanctions and/or criminal penalties.

Any student who fails to maintain confidentiality and/or directly violates confidentiality may risk expulsion from the program in which they are enrolled.

I have read and understand the WITCC confidentiality policy and agree to abide by the policy as written above.

Print name: _____

Student Signature: _____

Date: _____

Please return to: LaDonna Crilly, EMS Program Coordinator
Western Iowa Tech Community College ladonna.crilly@witcc.edu
Phone: 712-274-8733, Ext. 1286

Social Media Policy

Western Iowa Tech Community College supports the use of technology inside and outside the classroom. This support comes with the expectation that students in WITCC programs will uphold the legal and ethical standards of their prospective professions and the WITCC Health Science programs when using such technology, including social media. State and Federal laws regarding privacy, such as HIPAA and FERPA, apply to all communication, whether educational or personal.

Students may not post or otherwise publish confidential or protected information. No information identifying a patient, patient situation or clinical facility may be posted on any social media website. Social media outlets include but are not limited to: Facebook, LinkedIn, MySpace, YouTube, Twitter, Instagram or similar sites in the future. Student use of photography and/or recording devices is prohibited in all class room, laboratory and clinical sites, unless formal permission of the instructor of record is granted in advanced.

Students are expected to maintain professional boundaries in their communication with others. Students should not give healthcare advice on social media sites. Students should not “follow” or become a patient’s “friend” on a social media site.

Any violation of this policy must be promptly reported to the program faculty. Disciplinary actions up to and including student removal will be taken accordingly. Students may be banned from the clinical facility, and/or subject to immediate expulsion from the Health Science Program. Students may also be subject to civil and/or criminal actions.

Print name: _____

Signature: _____

Date: _____

Signature Sheet of Understanding

I have reviewed and understand the Advanced Emergency Medical Technician National Standard Curriculum Program Handbook and agree to abide by these policies.

Print name: _____

Signature _____ Date _____



Authorization for Release of Child and Dependent Adult Abuse Information

This form must be used to authorize release of child or dependent adult abuse information when the person requesting the information does not have independent access to it under Iowa law. Complete a separate form for each person for whom information is requested and email to dhsabuseregistry@dhs.state.ia.us, or fax to (515) 564-4112, or mail to the Iowa Department of Human Services, Central Abuse Registry, P.O. Box 4826, Des Moines, IA 50305.

Please specify which abuse registry you are requesting by checking the appropriate box below:

- Child Abuse Registry Dependent Adult Abuse Registry Both

Please specify your preferred **method of response** by checking a box and completing the information in Section 1.

- Address Fax Email

Section 1: To be completed by the person or agency requesting the information.

Requester: Last	First	Agency Name Western Iowa Tech Community College	Telephone Number (712) 274-8733 Ext. 1405	
Address 4647 Stone Ave.			Fax Number (712) 274-6471	
City Sioux City	State IA	Zip Code 51106	Email hr@witcc.edu	
List the name and address of the person whose information is being requested:				
Name (last, first, middle)		Birth Date	Social Security Number	
Address	City	County	State	Zip Code
List maiden name, previous married names, and any alias:				
What is the purpose of your request for child or dependent adult abuse information?				
I have read and understand the legal provisions for handling child and dependent adult abuse information which is printed on the second page of this form.				
Signature of Requestor			Date	

Section 2: To be completed by the person authorizing the Department of Human Services to release their child or dependent adult abuse information.

I understand that my signature authorizes the requester to receive information to verify whether I am named on the Child Abuse or Dependent Adult Abuse Registry as having abused a child (Iowa Code section 235A.15) or dependent adult (Iowa Code section 235B.6). To the best of my knowledge, the information contained in Section 1 of this form is correct.

Signature of Person Authorizing	Date
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Section 3: To be completed by the Central Abuse Registry or designee.

- The person whose information is being requested is listed on the Child Abuse Registry as having abused a child.
- The person whose information is being requested is not listed on the Child Abuse Registry as having abused a child.
- The person whose information is being requested is listed on the Dependent Adult Abuse Registry as having abused a dependent adult.
- The person whose information is being requested is not listed on the Dependent Adult Abuse Registry as having abused a dependent adult.
- This request for information is denied because the form is incomplete.

Signature of Registry Staff or Designee	Date
Comments	

LEGAL PROVISIONS FOR HANDLING CHILD AND DEPENDENT ADULT ABUSE INFORMATION

Redissemination of Child and Dependent Adult Abuse Information (Iowa Code sections 235A.17 and 235B.8)

A person, agency, or other recipient of child or dependent adult abuse information shall not redisseminate (release) this information, except that redissemination is permitted when **ALL** of the following conditions apply:

- ◆ The redissemination is for official purposes in connection with prescribed duties or, in the case of a health practitioner, pursuant to professional responsibilities.
- ◆ The person to whom such information would be redisseminated would have independent access to the same information under Iowa Code sections 235A.15 or 235B.6.
- ◆ A written record is made of the redissemination, including the name of the recipient and the date and purpose of the redissemination.
- ◆ The written record is forwarded to the Central Abuse Registry within 30 days of the redissemination.

Criminal Penalties (Iowa Code sections 235A.21 and 235B.12)

A person is guilty of a criminal offense when the person:

- ◆ Willfully requests, obtains, or seeks to obtain child or dependent adult abuse information under false pretenses, or
- ◆ Willfully communicates or seeks to communicate child or dependent adult abuse information to any agency or person except in accordance with Iowa Code sections 235A.15, 235A.17, 235B.6, and 235B.8, or
- ◆ Is connected with any research authorized pursuant to Iowa Code sections 235A.15 and 235B.6 and willfully falsifies child or dependent adult abuse information or any records relating to child or dependent adult abuse.

Upon conviction for each offense, the person is guilty of a serious misdemeanor punishable by a fine or imprisonment.

Any person who knowingly, but without criminal purposes, communicates or seeks to communicate child or dependent adult abuse information except in accordance with Iowa Code sections 235A.15, 235A.17, 235B.6, and 235B.8 is guilty of a simple misdemeanor punishable, upon conviction for each offense, by a fine or imprisonment.

Any reasonable grounds for belief that a person has violated any provision of Iowa Code Chapters 235A or 235B shall be grounds for the immediate withdrawal of any authorized access that person might otherwise have to child or dependent adult abuse information.



STATE OF IOWA

Criminal History Record Check Request Form



DCI Account Number: _____

(if applicable)

To: Iowa Division of Criminal Investigation
 Support Operations Bureau, 1st Floor
 215 E. 7th Street
 Des Moines, Iowa 50319
 (515) 725-6066
 (515) 725-6080 Fax

From: Western Iowa Tech Community College

4647 Stone Ave. PO BOX 5199

Sioux City, IA 51106

Phone: 712-274-6400 EXT. 1405

Fax: 712-274-6471

I am requesting an Iowa Criminal History Record Check on:

Last Name (mandatory)	First Name (mandatory)	Middle Name (recommended)
Date of Birth (mandatory)	Gender (mandatory)	Social Security Number (recommended)
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

Waiver Information: Without a signed waiver from the subject of the request, a complete criminal history record may not be releasable, per Code of Iowa, Chapter 692.2. For complete criminal history record information, as allowed by law, always obtain a waiver signature from the subject of the request.

Waiver Release: I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me that is maintained by the DCI may be released as allowed by law.

Waiver Signature: _____

Iowa Criminal History Record Check Results

(DCI use only)

As of _____, a search of the provided name and date of birth revealed:

- No Iowa Criminal History Record found with DCI
- Iowa Criminal History Record attached, DCI # _____

DCI initials _____

DCI-77 (Approved 08/25/10; updated 05/31/13; reviewed 08/13/14)

Waiver Information:

Iowa law does ***not*** require a waiver. However, without a signed waiver from the subject of the request any arrest over 18 months old, ***without*** a final disposition, cannot be released to a non-law enforcement agency.

Deferred judgments where DCI has received notice of successful completion of probation also cannot be released to non-law enforcement agencies without a signed waiver from the subject of the request.

If the “No Iowa Criminal History Record found with DCI” box is checked, it could mean that the information on file is not releasable per Iowa law without a waiver.

General Information:

The information requested is based on ***name*** and ***exact date of birth only***. Without fingerprints, a ***positive*** identification cannot be assured. If a person disputes the accuracy of information maintained by the Department, they may challenge the information by writing to the address on the front of this form or personally appearing at DCI headquarters during normal business hours.