

**2018–2019**  
**Paramedic - Paramedic I & II**  
**Program Handbook**



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Students are encouraged to read the WITCC general catalog for information regarding student rights, services, activities, and special programs which may be available to them. A copy of the catalog is available by calling Enrollment Services, WITCC, 712-274-8733, Ext. 1325 or 800-352-4649 or on our web site at [www.witcc.edu](http://www.witcc.edu).

It is the policy of Western Iowa Tech Community College not to discriminate on the basis of race, creed, color, sexual orientation, gender identity, national origin, sex, disability, religion, or age in its programs, activities, or employment practices as required by the Iowa Code sections 216.9 and 256.10(2), Titles VI and VII of the Civil Rights Act of 1964 (42 U.S.C. § 2000d and 2000e), the Equal Pay Act of 1973 (29 U.S.C. § 206, et seq.), Title IX (Educational Amendments, 20 U.S.C. §§ 1681 – 1688), Section 504 (Rehabilitation Act of 1973, 29 U.S.C. § 794), and the Americans with Disabilities Act (42 U.S.C. § 12101, et seq.).

Individuals having questions or complaints related to compliance with this policy should contact the Western Iowa Tech Community College (WITCC) Human Resources Department, Dr. Robert H. Kiser Building, Room A242, (712) 274.6400 x1220 or the Director of the Office for Civil Rights, U.S. Department of Education, Citigroup Center, 500 W. Madison, Suite 1475, Chicago, IL 60661, phone number 312.730.1560, fax 312.730.1576.



# Admissions Criteria and Procedure

## 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 current CPR card (BLS Health Care Provider Module American Heart Association).
- Students must have a valid Iowa EMT or AEMT certification or National Registry card. 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 who enroll for the Paramedic programs must demonstrate the *ability to benefit*.
- Medical Terminology and Anatomy & Physiology as a prerequisite or co-requisite.
- Students must have a health physical and immunizations up to date.

### Ability to Benefit:

To demonstrate ability to benefit, a student **must** take a nationally recognized, standardized test, such as the Computerized Placement Test (administered by WITCC), measuring the student's aptitude to successfully complete the identified goal.

There is no charge for this test.

### General Admissions Procedure

General admissions procedure for **all WITCC students** is available in the WITCC College Catalog.

Listings are as follow:

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

### Financial Aid

- Contact the Financial Aid Office at 274-6402 for information.
- 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 Student Success Center in the Dr. Robert H. Kiser Building (A), Extension 1247.

## **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 an individual who files a complaint of discrimination.

## **Weather Guidelines**

In case of severe weather consult your local broadcasting media. Both television and radio stations will announce when classes are cancelled. You may access class cancellation information due to severe weather by calling (712) 274-8733 and selecting option 3.

## **Excused Absences**

Military duty, jury duty, of if you are subpoenaed are considered excused absences.

# 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:** Students must have a valid Iowa EMT or AEMT certification or National Registry card. If a student has a National Registry card only, the student must obtain an Iowa certification. The student must contact 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 participate in the clinical/field experiences. CPR card is a pre-requisite for the 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 reporting class. This is a pre-requisite for the course.

## Health Physical and Immunizations

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

## 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 after-shave 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. Name tags will be made; they must be returned to WITCC after clinical/field and internship is completed.

## **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 Paramedic Program are eligible to write the National Registry Certification Examination. State certified paramedic 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 the student answered yes to State EMS Bureau 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:

<b>Paramedic</b>	Iowa Department of Public Health .....	\$ 30.00
	National Registry of EMT's.....	\$125.00
	Practical Testing (6 stations).....	\$275.00

Any retesting will be your responsibility; retesting will be \$25.00 per skill. Testing is currently offered monthly in different locations of the state.

The Paramedic Program of Western Iowa Tech Community College is accredited by the Commission on Accreditation of Allied Health Education Programs ([www.caahep.org](http://www.caahep.org)) upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).

## **Health Evaluation – required (see pages 19-20)**

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 Business Health Services 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. Signed the Decline to Accept form;
- c. Or, 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 needs to show two dates or a positive titre for measles, mumps, and rubella. Tetanus/Diphtheria (TD) is valid for 10 years.

#### **4. Chickenpox**

Documentation needs to show two vaccination dates or a positive titre.

**Please make sure that 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

## 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"> <li>■ Identify changes in patient/client health status</li> <li>■ Handle multiple priorities in stressful situations</li> </ul>
Critical Thinking	Utilize critical thinking to analyze the problem and devise effective plans to address the problem.	<ul style="list-style-type: none"> <li>■ Identify cause-effect relationships in clinical situations</li> </ul>
Interpersonal	Have interpersonal and collaborative abilities to interact appropriately with members of the healthcare 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"> <li>■ Establish rapport with patients/clients and members of the healthcare team</li> <li>■ Demonstrate a high level of patience and respect</li> <li>■ Respond to a variety of behaviors (anger, fear, hostility) in a calm manner</li> <li>■ Nonjudgmental behavior</li> </ul>
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"> <li>■ Read, understand, write and speak English competently</li> <li>■ Communicate thoughts, ideas and action plans with clarity, using written, verbal and/or visual methods</li> <li>■ Explain treatment procedures</li> <li>■ Initiate health teaching</li> <li>■ Document patient/client responses</li> <li>■ Validate responses/messages with others</li> </ul>
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"> <li>■ Retrieve and document patient information using a variety of methods</li> <li>■ Employ communication technologies to coordinate confidential patient care</li> </ul>

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"> <li><input type="checkbox"/> The ability to propel wheelchairs, stretchers, etc. alone or with assistance as available</li> </ul>
Motor Skills	Gross and fine motor abilities to provide safe and effective care and documentation	<ul style="list-style-type: none"> <li><input type="checkbox"/> Position patients/clients</li> <li><input type="checkbox"/> Reach, manipulate, and operate equipment, instruments and supplies</li> <li><input type="checkbox"/> Electronic documentation/ keyboarding</li> <li><input type="checkbox"/> Lift, carry, push and pull</li> <li><input type="checkbox"/> Perform CPR</li> </ul>
Hearing	Auditory ability to monitor and assess, or document health needs	<ul style="list-style-type: none"> <li><input type="checkbox"/> Hears monitor alarms, emergency signals, auscultatory sounds, cries for help</li> </ul>
Visual	Visual ability sufficient for observations and assessment necessary in patient/client care, accurate color discrimination	<ul style="list-style-type: none"> <li><input type="checkbox"/> Observes patient/client responses</li> <li><input type="checkbox"/> Discriminates color changes</li> <li><input type="checkbox"/> Accurately reads measurement on patient client related equipment</li> </ul>
Tactile	Tactile ability sufficient for physical assessment, inclusive of size, shape, temperature and texture	<ul style="list-style-type: none"> <li><input type="checkbox"/> Performs palpation</li> <li><input type="checkbox"/> Performs functions of physical examination and/or those related to therapeutic intervention</li> </ul>
Activity Tolerance	The ability to tolerate lengthy periods of physical activity	<ul style="list-style-type: none"> <li><input type="checkbox"/> Move quickly and/or continuously</li> <li><input type="checkbox"/> Tolerate long periods of standing and/or sitting as required</li> </ul>
Environmental	Ability to tolerate environmental stressors	<ul style="list-style-type: none"> <li><input type="checkbox"/> Adapt to rotating shifts</li> <li><input type="checkbox"/> Work with chemicals and detergents</li> <li><input type="checkbox"/> Tolerate exposure to fumes and odors</li> <li><input type="checkbox"/> Work in areas that are close and crowded</li> <li><input type="checkbox"/> Work in areas of potential physical violence</li> <li><input type="checkbox"/> Work with patients with communicable diseases or conditions</li> </ul>

## 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.

Western Iowa Tech’s Paramedic average passing rate for graduates in the National Registry computer exam is 82.61% for the 2011-2015 years. The average passing rate for the National Registry Psychomotor Exam is 97.78% for 2011-2015, and the retention average is 83.33% for 2011-2015 with positive placement 76%.

# 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.

Revised 04/14/14

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## 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:** LaDonna Crilly, EMS Program Coordinator Western Iowa Tech Community College  
P.O. Box 5199 Sioux City, IA 51102-5199 Phone: 712-274-8733, Ext. 1286 [ladonna.crilly@witcc.edu](mailto:ladonna.crilly@witcc.edu)

Revised 2/21/07

Revised May 27, 2008



# 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.**

HIPAA Program Office; The University of Chicago Medical Center; GUIDANCE (February 18, 2008)

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, P.O. Box 5199, Sioux City, IA 51102-5199 Phone: 712-274-8733, Ext. 1286  
ladonna.crilly@witcc.edu

*Revised and Accepted 4/10/18*



## 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.**

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## 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) _____	_____	_____	_____

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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



# WITCC Clinical Health Evaluation

Name: \_\_\_\_\_  
Last Name (Please Print) First Name Middle Initial

Dater 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](mailto: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.

## 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](mailto: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 that 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!**

Revised 4/10/18

# 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: \_\_\_\_\_

Revised & Accepted 11/30/17



# Signature Sheet of Understanding

**I have reviewed and understand the Emergency Medical Services  
Completion Program Handbook and agree to abide by these  
policies.**

Print name: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Revised June 28, 2011*