

2024-2025

Emergency Medical Services

Program Handbook

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If you have questions or complaints, please contact Dean of Human Resources (employees) 4647 Stone Avenue, Sioux City, IA 51106; [712.274.6400](tel:712.274.6400) ext. 1406; equity@witcc.edu or Dean of Opportunity and Engagement (students) 4647 Stone Avenue, Sioux City, IA 51106; [712.274.6400](tel:712.274.6400) ext. 2887; equity@witcc.edu or the Director of the Office for Civil Rights, U.S. Department of Education, John C. Kluczynski Federal Building, 230 S. Dearborn Street, 37th Floor, Chicago, IL 60604-7204, phone number [312.730.1560](tel:312.730.1560), fax 312.730.1576, TDD 800-877-8339; email: OCR.Chicago@ed.gov.

Individuals using assistive technology (such as a screen reader, Braille reader, etc.) who experience difficulty accessing information on this web site, should send an email to the Webmaster at webmaster@witcc.edu. The e-mail should include the nature of the accessibility problem and the individual's e-mail address for a response. If the accessibility problem involves a particular Web page, the message should include the URL (Web address) of the page. We will contact individuals having accessibility problems within three business days to assist them and to provide them with the information being sought.

Table of Contents

Academic Advising.....	14
Academic Review Process.....	17-21
Accreditation.....	2
Admission Criteria and Procedures	3
Advanced Emergency Medical Technician Curriculum.....	7
Americans with Disabilities Act (ADA).....	3
Background Checks	35
Cardiopulmonary Resuscitation.....	4
Clinical/Field Internship Dress Code.....	23
Clinical Participation Requirements	33
Confidentiality Agreement.....	31-32
Criminal/Abuse Background Check Forms	39-42
Eligibility for Licensure.....	15
Emergency Medical Technician Curriculum	7
Examination and Certification Costs	15
Excused Absences	15
Expectation of Student Learning	5-6
Financial Aid.....	3
Health Evaluation.....	5
Hepatitis B Vaccine - Consent/Decline Forms.....	47-48
Immunizations.....	45
Iowa Core Performance Standards.....	12-13
Iowa EMT License.....	5
Injury Incident.....	14
Mandatory Reporter Training	4
Occupational Hazards	14
Paramedic AAS Curriculum	8
Paramedic Diploma Curriculum	7
Paramedic Functional Job Analysis/Technical Standards	9-11
Plastinated Body Code of Conduct.....	25
Program Shirts/Name Tags.....	6
Requirements for EMS Programs	4
Role of the Student in Advising.....	14
Signature Sheet of Understanding	49
Social Media Policy	37
Student Eligibility	3
Student Registration Form	27
Student Release Form	29
Tuberculosis Test.....	45
WITCC Clinical Health Evaluation Form	43-45

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Accreditation

The Emergency Medical Services- Paramedic program is accredited by the Commission on Accreditation of Allied Health Education Programs (www.caahep.org) upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).

Commission on Accreditation of Allied Health Education Programs
9355- 113th St. N, #7709
Seminole, FL 33775
727-210-2350
www.caahep.org

To contact CoAEMSP:

8301 Lakeview Parkway, Suite 111-312
Rowlett, TX 75088
Phone: 214.703.8445
Fax: 214.703.8992
www.coaemsp.org

Admissions Criteria and Procedure

Emergency Medical Technician (EMT)

- Students must be at least 17 years of age at the time of enrollment.
- Students must be able to speak, write, and read English.
- Students must be able to meet the minimum requirements for the cognitive and psychomotor components of the examination with reasonable and appropriate accommodations for those persons with documents disabilities, as required by the Americans with Disabilities Act (ADA).

Advanced Emergency Medical Technician (AEMT):

- Students must be at least 17 years of age at the time of enrollment.
- Students must have a high school diploma or its equivalent if enrolling in an AEMT course.
- Students must be currently certified as an EMT if enrolling in an AEMT course.
- Students must be able to speak, write, and read English.
- Students must be able to meet the minimum requirements for the cognitive and psychomotor components of the examination with reasonable and appropriate accommodations for those persons with documents disabilities, as required by the Americans with Disabilities Act (ADA).

Paramedic

- Students must be at least 17 years of age at the time of enrollment.
- Students must have a high school diploma or its equivalent if enrolling in a Paramedic course.
- Students must be currently certified, at a minimum, as an EMT if enrolling in a Paramedic course.
- Students must be able to speak, write, and read English.
- Students must be able to meet the minimum requirements for the cognitive and psychomotor components of the examination with reasonable and appropriate accommodations for those persons with documents disabilities, as required by the Americans with Disabilities Act (ADA).

General Admissions Procedure

The 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

Requirements for EMS Programs

Emergency Medical Technician (EMT)

- CPR Certification – American Heart Association BLS Provider card for Health Care
- Mandatory Reporter Certificates for Child Abuse and Dependent Adult Abuse
- WITCC Health Evaluation Form
- Criminal and Abuse Background Checks

Advanced Emergency Medical Technician (AEMT)

- CPR Certification – American Heart Association BLS Provider card for Health Care
- Mandatory Reporter Certificates for Child Abuse and Dependent Adult Abuse
- WITCC Health Evaluation Form
- Current Iowa EMT License
- Criminal and Abuse Background Checks

Paramedic

- CPR Certification – American Heart Association BLS Provider card for Health Care
- Mandatory Reporter Certificates for Child Abuse and Dependent Adult Abuse
- WITCC Health Evaluation Form
- Current Iowa EMT or AEMT License
- Criminal and Abuse Background Checks

Photocopies of all requirements must be uploaded to the online health compliance tracker prior to the start of clinical. Students are responsible for obtaining their own photocopies. If these requirements are not completed, students cannot be allowed to participate in clinical.

* **CPR Certification**

You are required to have a current CPR card and must have completed the American Heart Association BLS Provider course. This course is specifically for health professionals. If you have a current card, but it will expire during the semester, you should renew it early so that your card is current during the total clinical phase of the course. For information on CPR courses offered at WITCC, contact 319-254-6772.

* **Mandatory Reporter Training – Child and Dependent Adult Abuse**

All health personnel are mandatory reporters of child and dependent adult abuse. You must complete the Iowa Department of Health and Human Services mandatory reporter training courses. You can access the two-hour child abuse and two-hour dependent adult abuse courses on the IDHHS website free of charge using the link below.

<https://hhs.iowa.gov/report-abuse-fraud/mandatory-reporters>

* **WITCC Health Evaluation**

Completed health evaluation forms must be turned in a minimum of three weeks prior to the start of clinical. Upload all documents to the online health compliance tracker.

Refer to the WITCC Clinical Health Evaluation forms in this handbook or go to the website.

<https://www.witcc.edu/pdf/programs/clinical-health-evaluation/>

* **Iowa EMT License**

For the AEMT program you must have a current Iowa EMT License, and for the Paramedic program you must have a current Iowa EMT or AEMT License. You can log into the AMANDA Portal to download a copy of your current license.

* **Criminal and Abuse Background Checks**

When a student starts the program, the College will initiate the background check process and the student must be cleared by the external agencies prior to attending clinical.

Expectation of Student Learning

1. Students must be cleared through the electronic clearance system and maintain a passing (78%) grade to attend clinical.
2. Students are expected to schedule clinical/field hours at their own convenience. Do this through the clinical/field contact list, NOT your instructor. Phone numbers and emails for specific clinical contact persons will be provided.
3. A schedule of clinical/field times must be submitted to the instructor prior to participation at the site. The opportunity must be entered in Platinum Planner by your instructor prior to you attending that site.
4. Specific patient contacts and hour requirements in the clinical/field setting are set per course. These specifics will be provided by the instructor and set up in Platinum Planner.
5. WITCC insurance does not cover helicopter ride-along time.
6. Evaluations from the preceptor must be e-signed when you are submitting the PCRs to the instructor for approval.
7. Students are expected to be professional at all times. Any behavior deemed inappropriate may be grounds for dismissal from the course.
8. Students are expected to respect patient confidentiality. Students are not to write down patient information or make copies of patient information/forms.
9. Students must follow all established guidelines for occupational hazards prior to any clinical/field experience.

10. Students must wear EMS student name tags, an EMS Program Shirt (available at the WITCC Bookstore), and appropriate attire. EMS Program Shirts are required in the classroom, lab, and clinical/field rotations. Uniformed students may wear a ring on no more than one finger. One pair of identical 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.
11. Hair and fingernails must be clean, short, and neatly filed. No artificial nails. Colored and clear nail polish is permitted, so long as it is not worn or chipped.
12. Make-up should be moderate and not excessive.
13. 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 the lab and/or clinical/field area. Only natural hair color will be allowed (i.e. no pink, green, orange, purple, etc.) Hair accessories must be white or the same color as the student's hair. Beards, mustaches, sideburns need to be clean, well-manicured, and closely trimmed to the face.
14. Gum chewing, eating, and use of tobacco are not acceptable in the patient areas.
15. Cell phones are not acceptable in the patient areas. Do not take photographs of car accidents/scenes as this can be seen as a HIPAA violation. Your cell phone can also be subpoenaed for use by the court.
16. Documented ride-time with a volunteer service may be counted towards required hours during patient loaded time but you cannot be the primary care givers.
17. Preceptors must be the same level or higher.
18. Scheduled clinical/field time must only be changed in an emergency situation.
19. Notification must be given to the clinical/field facility, as well as your instructor if any change is going to occur.
20. 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.
21. Students may be asked to complete additional clinical/field hours to achieve maximum knowledge.
22. Clinical/field time cannot be completed during regular class hours.
23. If clinical/field time are not completed by the due date on the class schedule, students will receive zero credit for all clinical and field time points and make the student ineligible to sit for certification through the NREMT.
24. Students are responsible for their own transportation to and from clinical/field internship.

Emergency Medical Technician Program Curriculum

Certificate

Catalog Number	Course Title	Credit Hours
EMS 217	Emergency Medical Technician	7

Advanced Emergency Medical Technician Program Curriculum

Certificate

Catalog Number	Course Title	Credit Hours
SDV 108	The College Experience	1
EMS 217	Emergency Medical Technician	7
EMS 312	Advanced Emergency Medical Technician	7

To prepare competent entry-level Advanced Emergency Medical Technician in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.

Paramedic Program Curriculum

Diploma

Catalog Number	Course Title	Credit Hours
SDV 108	The College Experience	1
EMS 540	NSC Paramedic I	13
EMS 541	Clinical I	3
EMS 810	Advanced Cardiovascular Life Support	1
EMS 820	Prehospital Trauma Life Support	1
EMS 545	NSC Paramedic II	13
EMS 546	Clinical II	3
EMS 815	Pediatric Advanced Life Support	1
EMS 825	Advanced Medical Life Support	1
EMS 547	Field Internship	1
MAT 772	Applied Math	3
ENG 105	Composition I	3

To prepare competent entry-level Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.

Paramedic Program Curriculum

AAS

Catalog Number	Course Title	Credit Hours
SDV 108	The College Experience	1
EMS 217	Emergency Medical Technician	7
BIO 168	Human Anatomy and Physiology I	4
MAT 772	Applied Math	3
BIO 173	Human Anatomy and Physiology II	4
PSY 111	Introduction to Psychology	3
SPC 122	Interpersonal Communication	3
ENG 1105	Composition I	3
EMS 540	NSC Paramedic I	13
EMS 541	Clinical I	3
EMS 810	Advanced Cardiovascular Life Support	1
EMS 820	Prehospital Trauma Life Support	1
EMS 545	NSC Paramedic II	13
EMS 546	Clinical II	3
EMS 815	Pediatric Advanced Life Support	1
EMS 825	Advanced Medical Life Support	1
EMS 547	Field Internship	1

To prepare competent entry-level Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.

Paramedic Functional Job Analysis / Technical Standards

Paramedic Characteristics

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

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

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

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

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

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

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

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

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

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

Physical Demands

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

Comments

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

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

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

Source: USDOT 1998 National Standard Paramedic Curriculum

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"> Identify changes in patient/client health status 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"> Identify cause-effect relationships in clinical situations Develop plans of care as required
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"> Establish rapport with patients/clients and members of the healthcare team Demonstrate a high level of patience and respect Respond to a variety of behaviors (anger, fear, hostility) in a calm manner 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"> Read, understand, write and speak English competently Communicate thoughts, ideas and action plans with clarity, using written, verbal and/or visual methods Explain treatment procedures Initiate health teaching Document patient/client responses 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"> Retrieve and document patient information using a variety of methods Employ communication technologies to coordinate confidential patient care

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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 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

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Career Development and Counseling

Career planning services and resources including “Career Coach”, an interactive career decision making software, are available to all students through the WITCC website. Career Navigators/Admissions Representatives are also assigned to each degree-seeking student, and are available to assist students with a variety of non-academic needs including referral to career planning workshops and other relevant resources.

Academic Advising

Academic advising assists students in realizing the maximum educational benefits 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 advanced 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.

Injury Incident

A student who incurs an injury during clinical or preceptor should report it to the clinical facility immediately, and then notify their WITCC instructor, as soon as possible.

Occupational Hazards

It is the intent of the clinical/field facilities and WITCC 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/field experience. Students must turn in their health evaluation information to the health compliance tracker.

Any significant exposure must be reported immediately to the clinical site and to WITCC.

Weather Guidelines

In case of severe weather, consult your local broadcasting media. Both television and radio stations will announce when classes are canceled. Students may sign up for weather alerts on MyWIT.

Excused Absences

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

Eligibility for Licensure

WITCC EMS students that successfully complete their respective program are eligible to write the NREMT examination. Successful completion requires a passing grade of at 78% (C) or better, completion of any lab skill requirements, and completion of any clinical/field internship within each course.

In order to complete any lab skills or clinical/field internship, students must register with the State of Iowa as an EMS student within 14 days from the start of the class. Failure to do so would require dismissal from the course.

Examination and Certification Costs

Examination and certification costs are determined by the NREMT, State of Iowa, and WITCC. The fees are as follows:

EMR	Iowa Department of Health and Human Services	\$80.00
	National Registry of Emergency Medical Technicians.....	\$88.00
EMT	Iowa Department of Health and Human Services	\$80.00
	National Registry of Emergency Medical Technicians.....	\$104.00
AEMT	Iowa Department of Health and Human Services	\$80.00
	National Registry of Emergency Medical Technicians.....	\$144.00
Paramedic	Iowa Department of Health and Human Services	\$80.00
	National Registry of Emergency Medical Technicians.....	\$160.00

***Academic Review Procedure
Program/Course Appeal Process
Health Sciences Programs***

This process provides students with a mechanism to channel concerns related to departmental/program policies and procedures within the Health Sciences Department. These may include concerns and/or violations of department, program, course, laboratory, and/or clinical policies and procedures.

Step 1: Informal Process:

- Students are encouraged to discuss specific concerns with the course instructor involved within five (5) instructional days of occurrence of the issue. This is in an effort to resolve issue(s) by a prompt and effective means with free and informal communications.
- If at this point, the issue(s) is/are not resolved to the mutual satisfaction of both parties, the student should proceed to the formal process **Step 2**.
- Documentation of the discussion will be generated. (i.e. email, verbal, phone, etc.)

Step 2: Formal Process: (Student, Course Instructor)

- Student may initiate a formal appeal process by submitting the “Student Appeal Process Form”-detailing the policy they’re appealing, as well as the reason for their appeal request, to the appropriate instructor.
 - Appeal process form must be submitted within five (5) instructional days of the informal process meeting.
- Instructor will initiate a formal conference with a student to discuss and develop a plan of action related to academic performance, behavior, or discipline.
 - Schedule meeting with student within five (5) instructional days of receiving written notification.
 - Documentation will be completed on the “Student Conference Form”
 - Instructor will submit completed “Student Appeal Process Form” to the Associate Dean of Health Sciences or the designated program administrator.
- If the issue is not resolved, the student may initiate **Step 3** of the appeal process.

Step 3: Formal Process: (Student, Department Administrator, or Associate Dean of Health Sciences)

- If issue is not resolved between student and instructor, the student will request an appointment with the Associate Dean of Health Sciences or designated program administrator within five (5) instructional days.
 - The student will submit a “Student Appeal Process Form” detailing the policy they’re appealing, as well as the reason for their appeal to the Associate Dean of Health Sciences.
 - Associate Dean of Health Sciences or designated program administrator will provide appeal decision within five (5) instructional days.
 - Associate Dean or designated program administrator will review all documentation.
 - Associate Dean or program administrator will send formal written notice to student within five (5) days from step 2.
- If the issue is not resolved, the student may initiate **Step 4** of the appeal process.

Step 4: Formal Process: (Health Sciences Review Committee)

- If the issue is not resolved, the student may petition to meet with the Health Sciences Review Committee within five (5) instructional days of appeal decision notice from Associate Dean of Health Sciences or designated program administrator.
 - Student will email request to the Associate Dean of Health Sciences to schedule a meeting with the Health Sciences Review Committee within five (5) instructional days of appeal decision notice.
 - Student will submit all documentation related to the issue for the Health Sciences Review team to the Associate Dean of Health Sciences or designated program.
- Health Sciences Review Committee (Associate Dean of Health Sciences and/or Health Administrator; 2 health instructors; 1 student)
 - Committee will convene meeting within five (5) instructional days of request.
 - Committee will review documentation and receive testimony from all parties.
 - Committee will render a decision and/or resolution within five (5) days
 - If the student is not satisfied with the resolution, they may initiate the college “Academic Review Procedure.”

Step 5: Formal Process: (College Academic Review Procedure)

- Students may initiate the college “Academic Review Procedure.” For procedural steps, refer to the “College Catalog” and/or “Student Handbook.”

Adopted 12/10/2018
Approved Academic Council 11/24/2015
Revised January 2024

**WESTERN IOWA TECH COMMUNITY COLLEGE
HEALTH SERVICES PROGRAMS
STUDENT – INSTRUCTOR CONFERENCE RECORD**

Student Name _____ **STUDENT ID** _____

Program _____ **Course** _____ **Date** _____

SUMMARY OF CONFERENCE

_____ **Academic (GPA)** _____ **Laboratory** _____ **Clinical** _____ **Personal**

WITCC Instructor Summary of Conference:

Plan of Action and/or Referrals:

WITCC Instructor Plan of Action and/or Referrals:

Student Comments: (Use back of sheet if needed):

Instructor Signature (if necessary) **Date** _____
Signature of Student **Date**

Revised January 2024
Reviewed and approved 2020

**WESTERN IOWA TECH COMMUNITY COLLEGE
HEALTH SCIENCE PROGRAMS
STUDENT APPEAL PROCESS FORM**

Student Name: _____ **Student ID** _____

Program _____ **Course** _____ **Date** _____

Statement of the issue (policy or procedure) must address the following (attach the following):

- * State which policy or procedure you are appealing.
- * Clearly and concisely state/describe the resolution you are seeking.
- * When did you first become aware of the issue?
- * Identify any extenuating circumstances related to the issue.
- * What steps have you already taken to address the issue?
- * Identify resources or supports that may help you improve or correct the issue.

Resolution (check one):

- ☐ Issue resolved
- ☐ Issue not resolved; student advised to move to next step – Program Administrator or Associate Dean of Health Sciences.
- ☐ Issue not resolved; student advised to move to next step – Health Science Review Committee.
- ☐ Issue not resolved; student advised of the College Academic Review Procedure.

***Student Signature** _____ **Date** _____
Indicates only that student has prepared the documentation and consulted with the instructor.

***Instructor Signature** _____ **Date** _____

***Administrator Signature** _____ **Date** _____
Indicates only that student has consulted with Instructor and/or Program Administrator or Associate Dean of Health Sciences and does not indicate, express, or imply approval.

Revised January 2024
Adopted 12/10/2018
Approved Academic Council 11/24/2015

Clinical/Field Internship Dress Code

Students in the clinical/field internship for EMS courses will be required to adhere to the following dress code while caring for clients:

1. Students shall be neat and clean in appearance. Their personal hygiene and grooming must be acceptable to the facility/preceptor or they could be denied access to the shift.
2. Students are required to wear the WITCC EMS Program shirt along with professional and appropriate pants.
3. Students may wear a white or black long sleeve shirt under the program shirt.
4. The WITCC EMS Student badge must be worn and visible at all times.
5. Shoes (flat and closed toe) or boots that are clean, shined, and in good repair. Footwear should have gripping sole for good footing.
6. Appropriate coat, glove, etc. for weather conditions when appropriate for the setting.
7. Hair must be clean, pulled back, off the collar, and secure. Only natural hair colors will be allowed (i.e., no pink, green, orange, purple, etc.). Hair accessories must be white, black, or the same color as the student's hair. Beards, mustaches, and sideburns need to be clean, well-manicured, and closely trimmed to the face.
8. Fingernails must be clean, short, and neatly filed. No artificial nails. Colored nail polish is not permitted.
9. Make-up should be minimal, not excessive.
10. No jewelry allowed with the exception of one ring, one earring in each ear not larger than ¼ inch in diameter.
11. Visible tattoos must be covered when possible and adhere to facility policy if applicable.
12. No offensive body odor or bad breath. No perfume or cologne.
13. Students may not use tobacco products at any time during their work shift, this includes meal periods and rest breaks, on or off campus. Clothing worn during the student's shift must be free of the odor of tobacco.
14. Cell phones and other electronic devices are restricted to professional use only and/or according to agency policy.
15. Eating and drinking are not acceptable in client areas.

Students are responsible for transportation to and from clinical sites.

I have read and understand the dress code and will abide by these guidelines.

Student Name

Date

Western Iowa Tech Community College

Plastinated Body Code of Conduct

Western Iowa Tech Community College's anatomical specimen (plastinated body) was an 81-year-old male who died of multiple system failure. This person willfully and legally donated his body prior to death for the purpose of educating future generations. Persons donating their body for this purpose receive no financial compensation. In the US, this type of donation is governed by the Uniform Anatomical Gift Act, which was first drafted in 1968 and most recently revised or amended in 2009. With that in mind, the study of WITCC's anatomical specimen must be treated as follows:

1. The specimen must be treated with care, respect and purpose due any living human being. The formerly living person has the right to privacy and confidentiality as would be extended to any live medical patient. Inappropriate or unprofessional comments or behavior will not be tolerated.
2. Conversations surrounding the specimen must reflect the nature of the gift. Students must behave professionally at all times.
3. Out of respect for the specimen's family, under no circumstances may the specimen be photographed in any way. Treat the specimen in a manner that you would wish your own body, or that of a family member, to be treated. Photographing and videotaping the specimen can be construed as abusing a corpse.
4. Neither the plastinated body nor any parts thereof are to be positioned or displayed in an inappropriate, comical or obscene manner.
5. Be certain that the plastinated body is covered up after use.

I have read and understand the above Code of Conduct and agree to abide by it in its entirety.
I realize that failure to do so may require WITCC to impose a penalty.

Student: _____

Witness: _____

Class: _____

Date: _____

EMS Student Registration Form

Must be completed by the student.

PRINT LEGIBLY

Full (legal) Name: _____

Social Security Number: _____

Date of Birth: _____

Email Address: _____

Cell Phone Number: _____

State Pin Number: _____

Western Iowa Tech Community College
Emergency Medical Services
4647 Stone Ave.
PO Box 5199
Sioux City, IA 51102-5199
712-317-3263

Western Iowa Tech Community College

Emergency Medical Services Student

Student Release Form

I understand that through my participation in Emergency Medical training activities by Western Iowa Tech Community College, I may be at risk of acquiring an infectious disease or other transmitted disease, such as AIDS or Hepatitis B, due to my exposure to infectious materials and may be at risk of sustaining physical injury resulting from practical experiences.

I hereby release and hold harmless Western Iowa Tech Community College and its agents, directors, employees, and any other person or agency providing clinical or field experience, from all liability to the undersigned, my personal representatives, assigns, and heirs for any and all loss, damage, harm, claims, or demands on account of injury, loss or death resulting from or relating to my participation in the course listed below. As a result of signing this release, I understand that I will be responsible for the payment of any charges for resulting medical care or treatment I may require.

I further understand that I am not to perform any duties without the expressed authorization of the supervisor in charge. I agree to abide by all hospital/field rules and policies concerning health education classes and practical experience. I further understand that I will be held accountable for my actions as an Emergency Medical Responder, Emergency Medical Technician, Advanced Emergency Medical Technician, or Paramedic.

Student Name: _____ Course Enrolled In: _____

Student Signature: _____ Date: _____

Western Iowa Tech Community College
Emergency Medical Services Program
PO Box 5199
Sioux City, IA 51102-5199
712-317-3263
EMS@WITCC.EDU

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.

Student ID: _____

Print name: _____

Student Signature: _____

Date: _____

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.

Additional expenses will be the student's responsibility.

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

- Health Screening/Immunizations
- CPR—BLS American Heart Association
- Mandatory Reporter—Adult and Child
- Criminal and Abuse Background Checks
- Drug Test: 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 drugs may be screened.

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

Revised January 2023

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 ID: _____

Student's Name

Program

Date

Revised January 2023

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 the program handbook for additional information. After the background check has been run and approved, the student must self-report all potential violations of misconduct, abuse, or any pending charges. Failure to self-disclose may result in being removed from the program.

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.

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.

Accepted Fall 2015
Revised January 2024

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 platform. Social media platforms include, but are not limited to: Facebook, LinkedIn, Snapchat, YouTube, Twitter, Instagram, TikTok, or any other social media platform in the future. Student use of photography and/or recording devices is prohibited in all classroom, laboratory and clinical sites, unless formal permission from the instructor of record is granted in advance.

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

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.

Student ID: _____

Print name: _____

Signature: _____

Date: _____

Reviewed 2/2022

STATE OF IOWA

Criminal History Record Check Request Form

DCI Account Number _____
(if applicable):

Mail or Fax completed forms 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

Send results to:
Name Western Iowa Tech Community College
Address 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	

Release Authorization: Without a signed release 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 signed release from the subject of the request.
*****This form (DCI-77) is the only approved release authorization form for this purpose.*****

Release Authorization: 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. I understand this can include information concerning completed deferred judgments and arrests without dispositions.

Release Authorization 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 _____

Release Authorization Information:

Iowa law does not require a release authorization. However, without a signed release authorization 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 release authorization 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 signed release authorization.

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.

The records maintained by the Iowa Department of Public Safety are based upon reports from other criminal justice agencies and therefore, the Department cannot guarantee the completeness of the information provided.

The criminal history record check is of the Iowa Central Repository (DCI) only. The DCI files do not include other states’ records, FBI records, or subjects convicted in federal court within Iowa.

In Iowa, a deferred judgment *is not* generally considered a conviction once the defendant has been discharged after successfully completing probation. However, it should be noted that a deferred judgment may still be considered as an offense when considering charges for certain specified multiple offense crimes, i.e. second offense OWI. If a disposition reflects that a deferred judgment was given, you may want to inquire of the individual his or her current status.

A deferred sentence *is* a conviction. The judge simply withholds implementing a sentence for a certain probationary period. If probation is successful, the sentence is not carried out.

Any questions in reference to Iowa criminal history records can be answered by writing to the address on the front of this form or calling (515) 725-6066 between 8:00 a.m. and 4:00 p.m., Monday - Friday.

REMINDER - (1) Send in a separate Request Form for each last name, (2) a fee is required for each last name submitted, (3) a completed Billing Form must be submitted with all request(s).

Iowa law requires employers to pay the fee for potential employees’ record checks.



Student Signature: _____ Date: _____

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"> Identify changes in patient/client health status 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"> Identify cause-effect relationships in clinical situations
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"> Establish rapport with patients/clients and members of the healthcare team Demonstrate a high level of patience and respect Respond to a variety of behaviors (anger, fear, hostility) in a calm manner 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"> Read, understand, write and speak English competently Communicate thoughts, ideas and action plans with clarity, using written, verbal and/or visual methods Explain treatment procedures Initiate health teaching Document patient/client responses 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"> Retrieve and document patient information using a variety of methods Employ communication technologies to coordinate confidential patient care
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 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

Reviewed and Approved April 2018

Student Information

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

Health Care Provider Completes 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.**

Flu:

- Required to be uploaded during flu season, September through March (optional for Dental Assisting students)

Covid-19 – May be required by clinical affiliates. You will need to provide one of the following:

- vaccination dates
- signed decline form, which will be approved or declined by affiliate

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, which will be approved or declined by affiliate

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

Students: Please upload completed health forms to the electronic health tracking compliance system.

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) _____	_____	_____	_____

UPLOAD TO THE ONLINE HEALTH COMPLIANCE TRACKER

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.

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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

UPLOAD TO THE ONLINE HEALTH COMPLIANCE TRACKER



Western Iowa Tech Community College

Signature Sheet of Understanding

**I have reviewed and understand the Emergency Medical Services Admission
Information Booklet and agree to abide by these policies.**

Print name: _____

Signature: _____

Student ID: _____

Date: _____