

**2023-2024**  
**Firefighter/Paramedic**  
**(Criteria for Paramedic I & II)**  
**Program Handbook**

## Western Iowa Tech Community College

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If you have questions or complaints, please reference Board Policies at [witcc.edu/about/board/board-policies/](http://witcc.edu/about/board/board-policies/) or call [712.317.3304](tel:712.317.3304) and/or email [jackie.plendl@witcc.edu](mailto:jackie.plendl@witcc.edu) (employees) or call [712.317.3227](tel:712.317.3227) and/or email [tawnya.beermann@witcc.edu](mailto:tawnya.beermann@witcc.edu) (students) 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](mailto: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](mailto: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.

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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](http://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- 113<sup>th</sup> St. N, #7709  
Seminole, FL 33775  
727-210-2350  
[www.caahep.org](http://www.caahep.org)

To contact CoAEMSP:

8301 Lakeview Parkway, Suite 111-312  
Rowlett, TX 75088  
Phone: 214.703.8445  
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[www.coaemsp.org](http://www.coaemsp.org)

# **Admissions Criteria and Procedure Firefighter/Paramedic (Criteria for Paramedic I & II)**

**Sioux City and all programs developed in the area.**

## **Specific Admission Requirements:**

- Students must submit an online application into the program at [www.witcc.edu](http://www.witcc.edu).
- Students must be 17 years of age at time of enrollment.
- Students must submit their high school transcript or proof of equivalency diploma to the Office of Admissions.
- Students must provide their current American Heart Association BLS Provider (CPR) card to the EMS office prior to registration into the class.
- Students must provide their current state approved Mandatory Reporter Certificates for Child and Dependent Adult Abuse to the EMS office prior to registration into the class.
- Students must also provide a current WITCC Clinical Health Evaluation form to the EMS office prior to registration. Records will eventually be uploaded into our electronic health tracking compliance system. No student will be allowed to start the clinical experience until they have been cleared in the compliance system.
- Students must provide a valid Iowa EMT or AEMT certification card. If a student has a National Registry Card, the student must obtain an Iowa certification. 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.

## **General Admissions Procedure**

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

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

Our goal is to prepare entry-level Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.

## Required Classes for Firefighter/Paramedic

SDV 108	The College Experience
FIR 213	Principles of Emergency Services
FIR 320	Essentials of Firefighter I
ENG 105	Composition I
FIR 152	Fire Protection Systems
FIR 141	Fire Fighter II
EMS 217	Emergency Medical Technician
PEA 148	Physical Fitness I
MAT 772	Applied Math
PSY 111	Introduction to Psychology
SPC 122	Interpersonal Communication
PHI 105	Introduction to Ethics
EMS 540	NSC Paramedic I
EMS 541	Clinical I
EMS 810	Advanced Cardiac Life Support
EMS 820	Prehospital Trauma Life Support
EMS 545	NSC Paramedic II
EMS 546	Clinical II
EMS 815	Advanced Pediatric Life Support
EMS 825	Advanced Medical Life Support
EMS 547	Field Internship

## **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

# Student Eligibility

Training programs shall ensure that emergency medical care students meet the following requirements:

- a.* Be at least 17 years of age on the date of enrollment
- b.* Have a high school diploma or its equivalent if enrolling in an AEMT or paramedic course
- c.* Be able to speak, write, and read English
- d.* 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 documented disabilities, as required by the Americans with Disabilities Act (ADA)
- e.* Be currently certified, at a minimum, as an EMT if enrolling in an AEMT or paramedic course
- f.* Be a current emergency medical care provider, RN, PA, or physician and submit a recommendation in writing from an approved EMS training program if enrolling in an EMS instructor course

Training programs shall:

- a.* Ensure that each student submits a completed EMS student registration no later than 14 days from the beginning of an emergency medical training program course. The student registration link can be found on the BETS website ([www.idph.iowa.gov/BETS/EMS/provider-information](http://www.idph.iowa.gov/BETS/EMS/provider-information)).
- b.* Have defined processes for review of academic history, criminal history, and health-related issues for the admission of students.
- c.* Have a process to evaluate students on a recurring basis and with sufficient frequency to provide both the student and training program faculty with valid and timely indicators of the student's progress and achievement of the competencies and objectives stated within the program's curriculum
- d.* Have student guidance procedures that include documentation of regular and timely discussions with qualified faculty or counselors
- e.* Maintain student records for each student enrolled in each program
- f.* Notify the NREMT of each student's successful completion of a training course to ensure NREMT cognitive examination eligibility
- g.* Verify that a student completes all training program requirements before being eligible to attempt the cognitive and psychomotor certification examinations
- h.* Report to the NREMT successful completion of psychomotor examination of each EMR and EMT student to ensure NREMT registration eligibility
- i.* Verify that a student completes all training program coursework, completes the cognitive and psychomotor testing and possesses a current certification with the NREMT before making application to the department for an initial Iowa emergency medical care provider certification
- j.* Notify the department of the successful or unsuccessful status of each student at the completion of each training course
- k.* Ensure that students function and only perform skills or procedures learned in the training program until an Iowa emergency medical care provider certification is obtained
- l.* Ensure that a student is not substituted for the regular personnel of any affiliated medical facility or service program but may be employed while enrolled in the training program

## **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 contact Michelle Fiechtner at 712-317-3440 to discuss “reasonable” accommodations which might be of assistance.

## **Excused Absences**

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

# Emergency Medical Services - Specific Requirements

## **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 supervisor as soon as possible.

## **State EMS Bureau Requirement**

All WITCC admissions requirements as listed in the Specific Admission Requirements section on page 3 apply. 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 (**American Heart Association**) BLS Provider (CPR) card. This course is specifically for healthcare professionals. This is a prerequisite to register into the Paramedic course.

## **Mandatory Reporter Training - Child and Dependent Adult**

All health personnel are mandatory reporters of child and dependent adult abuse. Courses can be completed on the Iowa DHS Training Website at <https://dhs.iowa.gov/child-welfare/mandatoryreporter>. This is a prerequisite to register into the Paramedic course.

## **Health Physical and Immunizations**

All students must provide a current WITCC Clinical Health Evaluation form to the EMS office prior to registration. Records will be uploaded into the electronic health tracking compliance system. No student will be allowed to start the clinical experience until they have been cleared in the compliance system.

# Background Checks – General Information

## **Pre-Clinical**

WITCC will complete criminal and abuse 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.

## **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 employers may have specific policies regarding:

- \* Clearance for clinical while a student.
- \* Graduation from the program.

Successful passage of licensing or registration exams do 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 at their own convenience and enter into Platinum Planner.
2. A schedule of clinical/field times must be submitted to the instructor prior to participation.
3. Students must meet a minimum or exceed the required number of patient contacts in the clinical/field setting 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 WITCC EMS student name tags, an EMS Program Shirt (available at the WITCC Bookstore), and appropriate pants and footwear. 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 ¼ inch in diameter or dangling. No bracelets or neck chains may be worn. No visible tattoos.
9. 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.
10. 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.
11. Make-up should be moderate and not excessive.
12. Offensive body odor and bad breath will be dealt with by the instructor on an individual basis.
13. Perfume or aftershave is to be only moderately used. An overpowering use of either is not permitted.
14. Gum chewing, eating, and use of tobacco are not acceptable in patient areas.
15. Cell phones are not acceptable in patient areas.
16. Documented ride-time with a volunteer service may be counted towards required hours during patient loaded time but cannot be 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. Clinical/field time cannot be completed if the student is on-duty or on-call for the service.
24. If clinical/field times are not completed by the due date on the class schedule, a "0" will be given and you will not be eligible to test for certification. Clinical is worth 25% of your grade.
25. Students are responsible for transportation to and from clinical sites.

## Program Shirts/Name Tags

Students must wear the designated EMS program shirt (available at the WITCC Bookstore) during classroom/lab and clinical/field experiences.

An EMS student badge with photo will be given to each student once they are cleared for clinical. The photo name badge must be worn at all clinical/field experiences. The photo name badge must be returned to the instructor by the last day of the class.

## Conference Review

A conference review may be held any time there are problems with grades, skills, and/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 EMT program with a “C” (78% or higher) are eligible to write the NREMT Examination for licensure. State certified EMT may, if they desire, use credits earned in the Emergency Medical Services Associate Degree Program or other credit programs.

Students must be registered with the State EMS Bureau as an active student within 14 days from the start of the course. If a student answered yes to State affirmation questions during registration, they may have to send information to the EMS Bureau for approval of the student active status.

## 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 follows:

<b>Paramedic</b>	Iowa Department of Public Health .....	\$80.00
	National Registry of EMT’s.....	\$160.00
	Practical Testing (6 stations).....	\$275.00

Any retesting will be your responsibility; retesting cost will be \$20 per skill.

## Clinical Health Evaluation – Required

To provide a safe and healthy environment for yourself and those you will come into contact with, WITCC requires that you must complete a health evaluation prior to starting the clinical experience. If the health evaluation requirements are not completed, you will not be allowed to participate in the clinical phase of your college education. Health records and other clinical requirements will be uploaded to our electronic health tracking compliance system for approval. All requirements must be met in order to be cleared for clinical/field rotations.

## Health Evaluation Includes:

### 1. Hepatitis B Vaccine (Hep B)

You will need to provide one of the following:

- a. vaccination dates
- b. positive titre
- c. signed decline form, which will be approved or declined by affiliate

### 2. Tuberculin Skin Test (TST):

You will need to provide one of the following:

- a. 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.
- b. 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.
- d. Negative TB QuantiFeron

### 3. MMR and Tetanus

You will need to provide one of the following:

- a. two vaccination dates
- b. positive titre for measles, positive titre for mumps and a positive titre for rubella
- c. A Tdap is current for 10 years.

### 4. Chickenpox

Documentation of two vaccination dates or a positive titre

### 5. COVID-19 vaccine

Recommended, as it may be required by some clinical sites

### 6. FLU vaccine

Required to be uploaded during flu season, September through March

## 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 evaluation information to the EMS Office or the instructor.

Any significant exposure must be reported **immediately** to the clinical site and to Western Iowa Tech Community College.

Western Iowa Tech Community College's Paramedic Program has an average passing rate for graduates on the National Registry computer exam of 80% for the 2019 year and 67% for the 2020 year. The average passing rate for the National Registry psychomotor exam is 80% for the 2019 year and 67% for the 2020 year. The retention average is 71.4% for 2019 and 83.3% for 2020, with positive placement at 80% for 2019 and 60% for 2020.

## 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> <li>Develop plans of care as required</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</li> <li>to coordinate confidential patient care</li> </ul>

*Reviewed and Approved April 2018*



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>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>Position patients/clients</li> <li>Reach, manipulate, and operate equipment, instruments and supplies</li> <li>Electronic documentation/ keyboarding</li> <li>Lift, carry, push and pull</li> <li>Perform CPR</li> </ul>
Hearing	Auditory ability to monitor and assess, or document health needs	<ul style="list-style-type: none"> <li>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>Observes patient/client responses</li> <li>Discriminates color changes</li> <li>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>Performs palpation</li> <li>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>Move quickly and/or continuously</li> <li>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>Adapt to rotating shifts</li> <li>Work with chemicals and detergents</li> <li>Tolerate exposure to fumes and odors</li> <li>Work in areas that are close and crowded</li> <li>Work in areas of potential physical violence</li> <li>Work with patients with communicable diseases or conditions</li> </ul>

*Reviewed and Approved April 2018*



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





## **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



# 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





## 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



# Confidentiality Agreement

## Please read and sign the following statement

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

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

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

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

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

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

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

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

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

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

Student ID: \_\_\_\_\_

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

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Reviewed 2/2022

# 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, 1<sup>st</sup> Floor  
215 E. 7<sup>th</sup> 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:

<b>Last Name</b> (mandatory)	<b>First Name</b> (mandatory)	<b>Middle Name</b> (recommended)
<b>Date of Birth</b> (mandatory)	<b>Gender</b> (mandatory)	<b>Social Security Number</b> (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.





Iowa Department of Human Services  
**Authorization for Release of  
Child and Dependent Adult Abuse Information**

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

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

☐ Child Abuse Registry ☐ Dependent Adult Abuse Registry ☐ Both

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

☐ Address ☐ Fax ☐ Email

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

Requester: Last	First	Agency Name		Telephone Number	
		Western Iowa Tech Community College		712-317-3159	
Address				Fax Number	
4647 Stone Avenue				712-274-6471	
City	State	Zip Code	Email		
Sioux City	Iowa	51102	hr@witcc.edu		
List the name and address of the person whose information is being requested:					
Name (last, first, middle)			Birth Date	Social Security Number	
Address			City	County	State Zip Code
List maiden name, previous married names, and any alias:					
What is the purpose of your request for child or dependent adult abuse information?					
Allied Health Student					
I have read and understand the legal provisions for handling child and dependent adult abuse information which is printed on the second page of this form.					
Signature of Requestor				Date	

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

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

Signature of Person Authorizing	Date
---------------------------------	------

**Section 3: To be completed by the Central Abuse Registry or designee.**

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

Signature of Registry Staff or Designee	Date
Comments	



## **Legal Provisions For Handling Child and Dependent Adult Abuse Information**

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

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

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

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

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

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

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

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

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

## 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) _____	_____	_____	_____

## 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.

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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 Online Health Compliance Tracker**

Reviewed 01/2023



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

*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

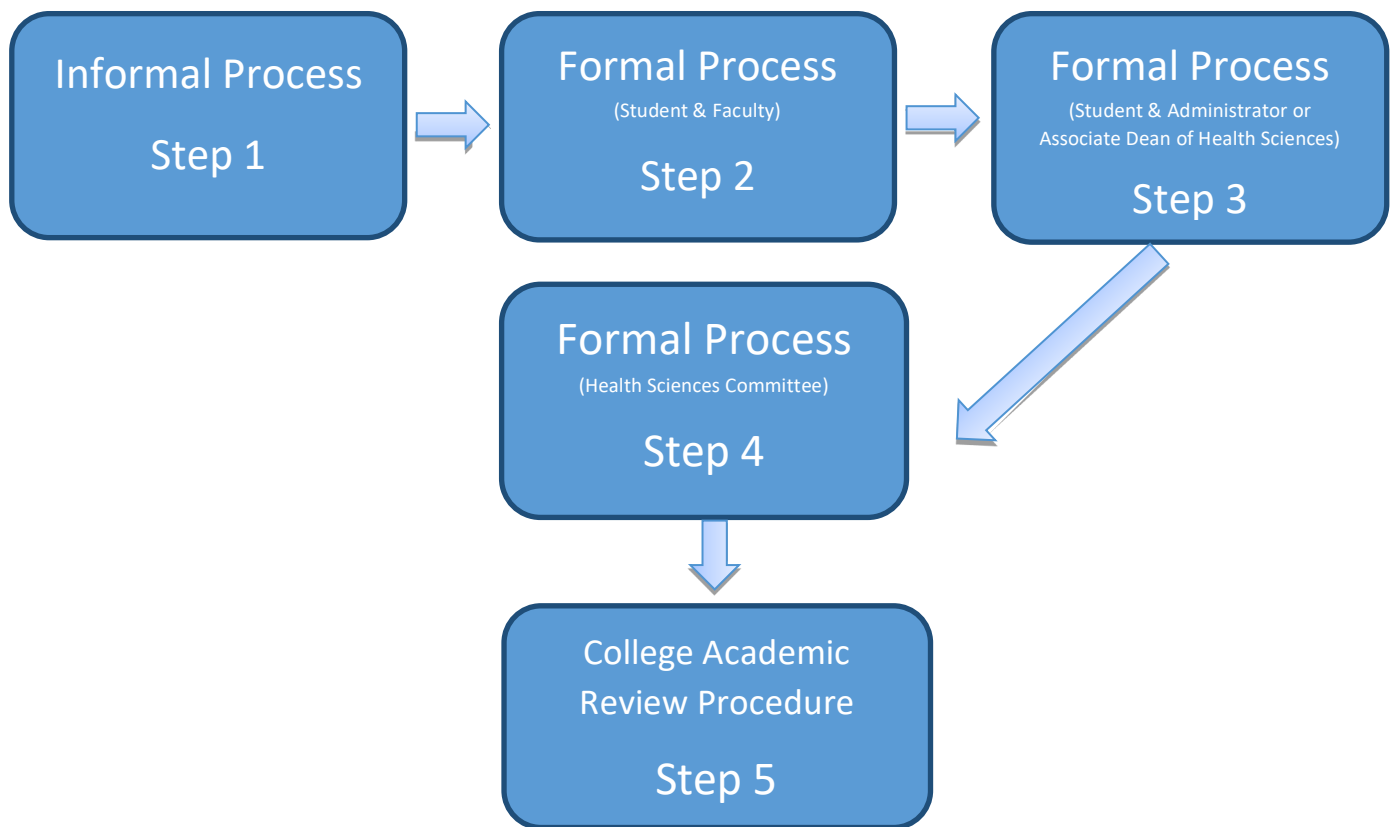
**Students: Please upload completed health forms to the electronic health tracking compliance system.**





***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 faculty 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 not resolved to the mutual satisfaction of both parties, the student should proceed to the formal process.
- Documentation of the discussion will be generated. (i.e. email, verbal, phone, etc.)

**Step 2: Formal Process:** (Student, Faculty)

- Student may initiate a formal appeal process by submitting a letter detailing the policy you're appealing, as well as the reason for your appeal request, to the appropriate faculty.
  - Appeal process form must be submitted within five (5) instructional days of the informal process meeting.
  - Faculty will schedule meeting within five (5) instructional days.
- Faculty may 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.
  - Documentation: "Student Conference Form"
- 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 faculty, the student will request appointment with the respective department administrator or Associate Dean of Health Sciences within five (5) instructional days.
  - The appeal process request will be submitted by the student in writing to the respective program department administrator or Associate Dean of Health Sciences.
  - Department administrator or Associate Dean of Health Sciences will schedule meeting within five (5) instructional days.
  - Documentation: "Student Conference Form"
- 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 meeting with department administrator or Associate Dean of Health Sciences.
  - Student will email request or schedule to meet with Health Sciences Review Committee within five (5) instructional days of meeting with department administrator or Associate of Dean Health Sciences.
  - Student will submit all prior documentation related to the issue and complete an updated "Appeal Process" form with email request.
- Health Sciences Review Committee (Associate Dean of Health Sciences and or Health Administrator; 2 health faculty; 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 step refer to the "College Catalog" and/or "Student Handbook."

Adopted 12/10/2018  
Approved Academic Council 11/24/2015

# Signature Sheet of Understanding

**I have reviewed and understand the Firefighter/Paramedic Program  
Admission Information Booklet and agree to abide by these policies.**

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

Signature: \_\_\_\_\_

Student ID: \_\_\_\_\_

Date: \_\_\_\_\_