

Program Policy Agreement

Emergency Medical Services Program



I have read, understand, and will abide by the policies of the EMT program I have enrolled in. These have been reviewed at class orientation by the class instructor and/or college coordinator.

Hepatitis Vaccination

I understand that due to my occupational exposure to blood or other potentially infectious materials during my clinical / field time that I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been provided with information on Hepatitis B and vaccination and have read that information. I have been given the advice that I should be vaccinated with Hepatitis B vaccine at my own expense. I understand that by declining to get this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. I hereby release Indian Hills Community College for any responsibility if I should contract Hepatitis B while I am a student.

Medical Treatment

Neither Indian Hills Community College nor any clinical site or facility will be held responsible to pay for expenses I incur due to illness or injury I sustain during training as an EMT. I understand that I am responsible for payment for any and all medical treatment that may be necessary. If I become ill or injured (including any BSI exposure risk) as a result of something which occurs during EMT training, I will notify my course instructor or college coordinator immediately.

Laboratory Activities

I understand that during the laboratory experiences I will role-play as both an EMT/PS and a patient. I will be expected to have physical contact with other students while learning various skills and have skills practiced on myself. Examples of such laboratory experiences may include patient exams, splinting, lifting and moving, assessment of vitals, venipuncture, etc. During the laboratory experiences I agree to follow theories and principles of safe, legal and ethical practice.

Student Health

I agree that I will not knowingly place myself, patients, preceptors or others in an unsafe situation based on my physical, mental, or emotional limitations.

I have read the Physical Requirements for an EMT and noted any special requirements.

I have read and agree to complete the physical exam and immunizations as required prior to patient contact.

Preceptorship of Patient Care

I will provide patient care only under the direct supervision of an IHCC approved preceptor at an approved clinical or field site and will perform skills only up to my student certification level.

State Registration

I understand I have 2 weeks from the first date of class to go on-line and register with the Iowa Dept. of Public Health, EMS Bureau. I have been provided with an instruction sheet indicating how to do this. If I fail to do with the two week deadline I understand I forfeit my right to take certification exams and become a certified EMS provider but may continue with the class for the college credit only.

I understand during this on-line registration process I must honestly answer questions about my criminal history, substance abuse history, mental or physical limitations and psychological history. If I must answer any questions "yes" I know I have to submit additional information to the IDPH as indicated. I understand that until I submit all the required documents to the IDPH, I will not be **able to achieve certification status**.

Criminal Background Checks

I understand criminal and abuse background screening is required prior completing any clinical or field time. I understand that based on the results of the screening that I may not be allowed to complete clinical and field time and may be removed from the program. I also understand that I am responsible for the fees associated with these procedures.

I understand to attend clinical and field sites, I will need to abide by the policies and procedures of that facility or service while I am doing student clinical.

Name: _____ Course level: _____

Signature: _____ Date: _____