

EMT-IV Instructions

(Please read carefully and follow the instructions)

Included in this packet are:

- **Forms that your doctor will need to complete**

Please be sure that these forms are signed by an MD and are completed in full
These should be completed before you start classes

- **Instructions for the background check you will need to complete**

Please complete this no more than 30 days prior to starting class

- **Uniform Instructions**

You will be expected to be in uniform on the first day of class

Medical Forms

- **State Medical Statement**
This form must be filled out and signed by an MD. Please be sure all information is complete and correct or this form will be returned to you to be corrected.
- **Immunity Verification**
Please be sure that all titers are completed. We require titers to prove immunity. Your physician will be able to draw these for you. Copies of the lab results must be attached.
- **Drug Screen**
A **10-Panel** drug screen is required. Please ensure that you receive the proper drug screen. Failure to do so will result in an additional visit to your physician and a possible delay in your clinical experience.
- **The original Medical Statement and Immunity Verification forms must be turned in to the Program Coordinator.**
Please make copies for your records.

Background Check

- You will be required to complete a background check prior to beginning your clinical rotations. This background check should not be done more than 30 days before your class begins. It should be done before you start classes. Instructions are online.

Uniform Order

- You will be required to attend each class and clinical rotation in uniform. A uniform shirt order form has been placed on the website. You are required to have one and encouraged to have at least two complete uniforms.

Additional Considerations

- **Clinical Scheduling**
You will be given access to the online clinical scheduler after classes begin. DO NOT attempt to register for an account prior to the start of class. This will result in the student incurring additional expenses.
- **Program Handbook and Syllabi**
You will be expected to abide by all rules of the EMS Education program. It is important for you to read and understand the Program Handbook and syllabi prior to the start of class. Download and print or save these documents.



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SERVICES
HERITAGE PLACE, METRO CENTER
227 FRENCH LANDING, SUITE 303
NASHVILLE, TN 37243

MEDICAL STATEMENT
For Emergency Medical Services Professional License

The Division of Emergency Medical Services is the state agency responsible for the licensing of emergency medical services personnel. The mission of the agency is to oversee the delivery of pre-hospital emergency care and to safeguard the public from inappropriate or incompetent medical care in the pre-hospital environment. When issuing a license, it is understood that the individual can meet the demands, duties, and responsibilities listed below.

GENERAL DUTY REQUIREMENTS:

The general environmental conditions in which emergency medical service personnel work includes a variety of hot and cold temperatures and, at times, they may be exposed to hazardous fumes. They may be required to walk, climb, crawl, bend, pull, push, or lift and balance over less than ideal terrain. They can also be exposed to a variety of noise levels, which can be quite high, particularly when sirens are sounding. The individual must be able to function effectively in uncontrolled environments with high levels of ambient noise. Aptitudes required for work of this nature are good physical stamina, endurance, and body condition which would not be adversely affected by having times to lift, move, carry and balance while moving in excess of 125 pounds (250 pounds 2 person lift). Motor Coordination is dexterity to bandage, splint and move patients, including properly applying invasive airways and administering injections.

Driving in a safe manner, accurately discerning street names, map reading, and the ability to correctly distinguish house numbers or business locations are essential tasks. Use of the telephone or radio for transmitting and responding to physician's advice is also essential. The ability to concisely and accurately describe orally to health professionals the patient's condition is critical. The provider must also be able to accurately summarize all data in the form of a written report.

TYPE / PRINT APPLICANTS NAME

HAS BEEN EXAMINED AND DEMONSTRATES SUFFICIENT HEALTH TO PERFORM THE ESSENTIAL FUNCTIONS IN THE PRE-HOSPITAL ENVIRONMENT AS DESCRIBED IN THE GENERAL DUTY REQUIREMENTS ABOVE INCLUDING VISUAL ACUITY, SPEECH, HEARING, AND THE USE OF EXTREMITIES.

PRINT PROVIDER'S NAME

PROVIDER'S LICENSE NUMBER

STATE

PROVIDER'S SIGNATURE

DATE

AUTHORIZATION FOR RELEASE OF INFORMATION:

I AUTHORIZE THE RELEASE OF ANY MEDICAL INFORMATION BY THE EXAMINER NECESSARY FOR QUALIFICATION TO MY EMPLOYER FOR DETERMINATION OF MY ELIGIBILITY BY THE DIVISION OF EMERGENCY MEDICAL SERVICES.

SIGNATURE OF APPLICANT

SOCIAL SECURITY NUMBER

DATE

"Under HIPPA, the health information you furnish on this document is protected from public inspection, absent a subpoena or for purposes of health oversight activities."

EMS Education - EMT Immunity Verification Form

Name of Student: _____ SS# _____
Please Print

Date: _____ Phone: _____ Cell: _____

NOTE: Attach all Lab and Radiology reports to this form.

Date of T.B. skin test **(required)**: Date Administered: _____ Date Read: _____ Result: _____
NOTE: Must be within 6 months of starting clinical.

NOTE: If T.B. skin test is positive; you must submit a chest X-ray report. Date: _____ Results: _____
(must be within 6 months of clinical) **(Attach Radiologist's report)**

Date of Rubeola Titer/IGG **(required)** _____ **Attach lab report for result:** _____

Date of Mumps Titer/IGG **(required)** _____ **Attach lab report for result:** _____

Date of Rubella Titer/IGG **(required)** _____ **Attach lab report for result:** _____

2 MMR **(required if not immune to any of the above)** Date #1 _____ Date #2 _____

Date of Varicella Zoster titer/IGG **(required)** _____ **Attach lab report for result:** _____

If NOT immune: Date of Varicella Zoster immunization #1: _____ #2: _____

Have you had chicken pox? YES _____ NO/NOT SURE _____

Date of Tetanus **(required)**: _____ **You must have a booster if your vaccination is over 10 years old**

Date of Hepatitis B series (received): #1 _____ #2 _____ #3 _____ **AND**

Date of Hepatitis B titer _____

(Required if you have had the series) (Attach Hepatitis B titer lab report for results). _____

Proof of Regular Seasonal Flu Shot _____

_____, M.D.
Physician's Signature

_____, M.D.
Print or type Physician's Name

Physician's Address

EMS Education

EMT Shirt Order Form

Name: _____ Phone # _____

Address: _____

Email address: _____

Check: Men's Women's

Item	Size	Quantity	Price ea.	Total
Green EMT Shirt S-XL			\$21.00	
Green EMT Shirt 2XL	2XL		\$23.00	
Green EMT Shirt 3XL	3XL		\$25.00	

Order forms may be submitted in person or faxed to:

Ted's Sporting Goods
806 South Main
Columbia, TN 38401
Phone: (931) 388-6387
Fax: (931) 540-8085

Columbia State Community College
Health Science Division
EMS EDUCATION DRUG SCREEN FORM

POLICY: "A drug screen is required after acceptance into specific health science programs. Since multiple facilities utilized for clinical experience require a drug screen of all applicants for employment, students rotating in the clinical environment are subject to the same standards."

PHYSICIAN AUTHORIZATION

I request the laboratory to perform a common drug screen on the student listed below.

Physician Signature _____

Physician Name (printed or typed) _____

Date _____

STUDENT RELEASE I hereby grant permission to the physician and/or laboratory to release the results of my minimum 10 Panel drug screen to Columbia State Community College. I also grant permission to Columbia State to release the results to clinical affiliate institutions.

Signature _____

Name (printed or typed) _____

Social Security Number _____

Address _____

City, State, Zip _____

Program to which you have been accepted _____

Date _____

INSTRUCTION TO LAB: THE TEST MUST BE A MINIMAL 10 PANEL DRUG SCREEN

Columbia State Community College is not responsible for any fees related to student physical exams, blood work, or drug screens. Correspondence regarding fees should be directed to the student. The drug screen results and this form are to be sent to Columbia State Community College.

Please send this form and a copy of the drug screen results to:

COLUMBIA STATE COMMUNITY COLLEGE
ATTENTION: Deb Heidlebaugh, Health Science Records Clerk
Warf Bldg, Room 130-A
1665 Hampshire Pike
Columbia, TN 38401
Phone: (931) 540-2849
Fax: (931) 560-4103

COLUMBIA STATE POLICY & PROCEDURE FOR STUDENTS ACCEPTED INTO A HEALTH SCIENCE PROGRAMS IS AS FOLLOWS:

Drug Screening

▼ A drug screen will be required for students after acceptance into health science programs as a condition for beginning clinical education. Recognized clinical affiliates have agreed to accept a minimum **10 panel drug screen**. Since multiple facilities utilized for clinical experience require a drug screen of all applicants for employment, students rotating in the clinical environment are subject to the same standards.

A positive drug screen will result in the student being excluded from clinical attendance. In this case the student will be counseled to withdraw or will ultimately earn a failing grade based on inability to complete the clinical requirements for the program.

Every student accepted into a program may have (but not required) a physician authorize the attached form marked "Health Science Student Drug Screen form." **You may have your private physician perform the drug screen or you may obtain the drug screening through an independent laboratory that offers this service. Drug screening service must involve a certified medical review officer (MRO).** Some facilities in the Columbia area that provide this service are:

- | | |
|--|-------------------------------------|
| ▼ Maury Regional Hospital, Northside Office:
1600 Nashville Hwy, Columbia, TN 38401 | "10 Panel"
Phone: (931) 540-4270 |
| ▼ Rapid Care
129 N. Locust Street
Lawrenceburg, TN 38464 | "10 Panel"
Phone: (931) 380-0075 |
| ▼ Workers Health and Walk-In Clinic
Dr. Caleb Wallwork
1223 Hatcher Lane, Columbia, TN 38401 | "10 Panel"
Phone: (931) 840-4200 |

IMPORTANT NOTICES

- The drug screen must be completed and the results must be on file at Columbia State Community College by date designated by program.
- The cost for the drug screen is each student's responsibility.
- Drug screens typically will not be paid by insurance.

Thank you for your cooperation in this matter.

Healthcare & Graduate Student Orientation for Using the TCPSSM AY 2010-2011 – For Distribution to Students

Our school is a part of the **Tennessee Clinical Placement Partnership (TCPP)** or has clinical assignments at a TCPP facility. Fueled by the current nursing shortage, this organization has developed the Tennessee Clinical Placement System, a division of the Total Clinical Placement System or **TCPSSM** which is just one strategy actively being pursued within the state to build capacity for healthcare education.

Clinical Passport

The Clinical Passport represents the work of many entities toward streamlining the orientation process for students and faculty. Using online technology, much of the orientation content previously provided during facility orientation is now available online at any time of the day or night! This integration of technology into practice provides more flexibility for all individuals – students, faculty, and clinical facility educators! The Clinical Passport consists of three steps:

Step 1. General Orientation to TCPP healthcare facilities is achieved through online content. All partner clinical facilities have agreed to require students and faculty to complete a standardized general orientation program once per calendar year in keeping with the requirements for all healthcare professionals. **Students who complete general orientation in the fall semester are not required to repeat it during the spring semester. Check with your instructor if you have questions about this policy.**

There are 5 content modules: Emergency Preparedness, Safety, Diversity, Confidentiality & Compliance, and Infection Control. The content is presented in either short movie clips or via a handout that may be downloaded and read based upon your own learning style.

Orientation content may be accessed at: <http://tcps-tn.org/orient.htm>. Please note the technical requirements for Adobe Acrobat Reader, Flash, and to “allow blocked interactive content” when prompted. Free plugins are available for download on the site should your computer not have these programs available. Once you are ready to begin, you will need the following login information. **Access information is case specific.**

Student User ID = practice

Student Password = AY2010

You should visit this website to complete this information as directed by your faculty and PRIOR to the first day at the clinical facility. This login information is changed each academic year.

To complete Step 1, you will complete an online quiz over the content in the 5 modules. Additional instructions for the quiz will be available online when you are ready to take the quiz. Be sure and print/read these instructions carefully to ensure that you complete this step correctly! Failure to not follow these instructions will result in the need to repeat the quiz!

Step 2. In addition to the general orientation content, many individual facilities have their Clinical Facility Orientation content online as well. Facilities have been organized by region. To access the facilities in a particular region, click on the map location or use the related links. You will be taken to the regional listing of all TCPP facilities with online orientation. Visit each of your assigned clinical facilities for this semester to complete this step of your orientation.

Content will vary by facility. You may be directed to print documents or forms that must be submitted during your first clinical day. Your faculty may also provide additional instructions for how to manage any paperwork related to a particular clinical facility. If there is an online quiz, the process will be similar to the General Orientation Quiz. You will have the opportunity to print a completion certificate and your results will be stored online.

If you are not assigned to the listed facilities, proceed to Step 3.

Step 3. The third step of the TCPS© is the Program Evaluation and access to your Clinical Passport Document. You will be directed to an evaluation survey that will give you an opportunity to have input into the process and content. Upon completion, you will be directed to the final component of your orientation process.

The Clinical Passport Document provides a paper tool that students and faculty CAN use to validate and organize their clinical requirements such as immunizations, CPR status, and orientation activities each semester. It has been designed to serve as a viable document for up to four academic years as needed.

Schools have varying procedures for maintaining this document – some are requiring the student to maintain the document, others are filing the document in the School, and still others are asking the current faculty member to “hold” the document for the semester and then pass it on to the next course faculty when appropriate. **Be sure and check with YOUR School to determine the correct action on your part related to this important document.**

Questions and for more information ...

Questions: Contact your faculty member

EMT/IV

HEALTH INFORMATION CHECKLIST FOR NEW ADMISSIONS

Students entering any Allied Health Program at Columbia State must submit evidence of good health, background check, and drug testing. **All forms must be submitted to Deb Heidlebaugh, Records Clerk in Warf 130-A.**

URGENT NOTE: You WILL NOT be allowed to sign-up for any clinicals on FISDAP until all paperwork is submitted.

This check list is to help **you** in completing all paperwork to be turned in. You do not have to return it.

- A. TB Skin Test _____
(Must be within 6 months of starting clinical)
- B. Chest X-ray _____
(Only if positive TB Skin Test)
- C. Rubeola (IGG) Titer _____
- D. Rubella (IGG) Titer _____
- E. Mumps (IGG) Titer _____
- F. Varicella Zoster (IGG) Titer _____
- G. Tetanus/Diphtheria Booster _____
(within 10 years)
- H. Hepatitis B Series _____
- I. Hepatitis B Titer (Required _____
60 days after Hepatitis B series)
- J. Background Check _____
- K. Drug Screen _____
- L. Insurance Card _____
(front & back Copy)

To obtain a Criminal Background Check go to www.columbiastate.edu/ems under Incoming Students link to Background Check.