



**NEW ENGLAND INSTITUTE**  
FOR PREHOSPITAL MEDICINE INC.

NEIPM/BHS/MCPHS  
CONSORTIUM FOR  
PARAMEDIC EDUCATION

Policy & Procedure Manual

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Dean



## Table of Contents

Preamble .....	6
Program Goals.....	8
Contact Information .....	10
Emergency Situations .....	10
General Issues or Questions.....	10
Admission Requirements.....	12
Functional Position Description .....	14
Introduction .....	14
Qualifications.....	14
Description of Tasks: .....	14
DOT Technical Standards.....	15
AMERICANS WITH DISABILITIES ACT - ALLOWABLE ACCOMMODATIONS .....	18
Procedure for Requesting Accommodation .....	19
Anti-Harassment and Discrimination .....	20
Definition of Sexual Harassment.....	20
Complaints of Sexual Harassment .....	21
Disciplinary Action .....	21
State and Federal Remedies .....	21
Attendance & Make-up Policy.....	22
Absenteeism.....	22
Tardiness.....	22
MAKEUP .....	22
VILT (Virtual Instructor Led Training) .....	23
Field and Clinical Time Make-up.....	23
Advanced Placement.....	24
Transfer of Credits .....	26
Transfer of Credit into the Institution .....	26
Transfer of Credit out of the Institution .....	26
Experiential Learning.....	28
Graduation Requirements / Credits Required .....	28
Tuition Policy and Agreement .....	30
Payment Options.....	30
Refund Policy.....	32
Refund Schedule.....	32
Accreditation Status .....	34

Credentialing Information.....	36
Electronic Communications.....	38
Use of the Internet.....	38
Technology Policy.....	38
Acceptable Use of Technology.....	38
Cell Phones/Smart Phones.....	39
Non-academic Apps.....	39
Photos and Video.....	39
Pornography and Objectification.....	39
Social Networking Policy/ Media Policy.....	40
Social Networking Sites Should Not Be Considered Private.....	40
NEIPM Monitoring Policy.....	40
Use Common Sense/Think before you Post.....	40
Respect Others/Keep Gripes and Disputes Offline.....	40
Protect confidential information.....	40
No phony identities/be clear about who you are.....	40
Respect copyrights and fair use.....	41
Stay Productive.....	41
Use social networking safely.....	41
Media Policy.....	41
Media, Marketing or Promotional Photos.....	41
Evaluations.....	42
Evaluations Completed by the Paramedic Student.....	42
Evaluations Completed by the Paramedic Program Graduate.....	42
Evaluations Completed by the Paramedic Program Director.....	42
Outcomes.....	42
Results of Ongoing Program Evaluation.....	43
Outcomes.....	44
Exposure / Injury / Incident Reporting.....	46
Incident Report.....	46
Bloodborne Exposure.....	46
Injury.....	46
Guidelines on Appropriate Conduct.....	48
Prohibited Conduct.....	48
Drugs and Alcohol.....	49
Relationships with Preceptors.....	50
Non-Fraternization Policy.....	50

Classroom Skills Practice (Lab).....	52
Required Equipment.....	53
Grievance Policy.....	54
Procedure:.....	54
Faculty Grievance Policy.....	54
Examinations.....	56
Grading.....	58
Paramedic.....	58
Clinical / Field Sections.....	58
Didactic Sections.....	58
Course Completion .....	60
Dismissal .....	62
Certification Process .....	64
NREMT WRITTEN EXAMINATION .....	64
Massachusetts Licensing .....	64
Infection Control.....	66
Vaccinations .....	66
Maintenance of Certification .....	68
Recertification .....	68
Patient Confidentiality/HIPAA .....	70
Practical Examinations .....	72
Introduction to the Clinical and Field Internship.....	74
Time Requirements.....	74
Practicing Advanced Skills .....	74
Minimum Competencies.....	76
Skill.....	76
Assessment/Team Lead .....	76
Age Related .....	76
Pathology/Complaint.....	77
Clinical Evaluations .....	78
Clinical Rotations.....	80
Rescheduling Clinical Rotations .....	80
Professional Responsibilities .....	82
Recognizing Stress .....	84
Ride A-Longs.....	86
School Cancellation / Inclement Weather .....	88
Scholastic Dishonesty .....	90

Student Handbook .....	92
Threat Advisory .....	94
Uniforms.....	96
Program ID .....	96
Grooming / Hygiene .....	96
Jewelry and Bodily Decoration .....	97
Medical Equipment.....	97
Cold or Wet Weather .....	97
Guns.....	97
Wearing the Uniform.....	97
Failure to Follow the Uniform Policy .....	98
Withdrawing From the Program/Returning Students .....	100
Working While Enrolled.....	102
Transcripts .....	104
Staff.....	106
Academic Calendar .....	108
Changes and Modifications to Policies and Procedures .....	110
Health Questionnaire.....	114
General Demographics .....	114
General Health History: (Check all that apply).....	114
Respirator Use Section .....	115
Do you currently have any of the following symptoms of pulmonary or lung illness? .....	115
Comments .....	115

## *Preamble*

The policies of the EMS program are intended to provide a safe and professional educational experience for EMS students. It is important for each student to understand and follow both the letter and spirit of each policy. From time to time, situations will present themselves which are not covered by specific language of the policies and procedures. In such cases students and faculty will be guided by best judgment, best practices, professional ethics, and the intent of current written policies and procedures.

Regardless of written language, students must, at all times, present themselves as a professional member of an elite community. Students who fail to represent the pride, integrity, and wholesomeness expected of EMS Personnel will be considered in violation of policies, whether written or unwritten, and removed from the EMS program. The standards of professionalism of the EMS community will be set by program officials and not the student.





## *Program Goals*

To prepare competent entry-level Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains with or without exit points at the Advanced Emergency Medical Technician and/or Emergency Medical Technician, and/or Emergency Medical Responder levels.



## Contact Information

### Emergency Situations

In case of an emergency, please contact any staff member of NEIPM at 978-253-2600.

### General Issues or Questions

Students are encouraged to make use of the contacts listed below if questions arise throughout the educational process, outside of the classroom. Individuals listed below can be contacted by phone or e-mail.

<b>Offices of NEIPM</b>	1 Jewel Dr Wilmington Ma 01887 Email: <a href="mailto:jason@neipm.org">jason@neipm.org</a> Web: NEIPM.ORG Office Hours: Mon-Fri 9am to 5pm
<b>Program Director</b>	Michael Woronka - NRP 781-953-1905 Mike@neipm.org
<b>Dean/Lead Instructor</b>	Jason Lefebvre NRP IC 978-726-4550 jason@neipm.org
<b>Medical Director</b>	Dr. Michael McHugh MD mmchugh@bhs1.org



## *Admission Requirements*

NEIPM has an open admission policy. Paramedic Program. Students must maintain their EMT-Basic/Advanced licensure/certification and Basic Life Support – Healthcare Provider CPR certification throughout the entire program.



## Functional Position Description

### Introduction

The following general position description for the FR, EMT, AEMT and EMT-P is provided as a guide for advising those interested in understanding the qualifications, competencies and tasks required for emergency medical services certification. It is the ultimate responsibility of an employer to define specific job descriptions within each Emergency Medical Services (EMS) entity.

### Qualifications

To qualify for EMS certification or licensure an individual must successfully complete a State approved course and achieve competency in each of the psychomotor skills. In addition the individual must achieve a passing score on the state/NREMT written certification or licensure examination.

EMS personnel must be at least 18 years of age. Generally, the knowledge and skills required show the need for a high school education or equivalent.

EMS personnel must have the:

- Ability to communicate verbally via telephone and radio equipment
- Ability to lift, carry and balance up to 125 pounds (250 pounds with assistance)
- Ability to interpret written, oral and diagnostic form instructions
- Ability to use good judgment and remain calm in high-stress situations
- Ability to work effectively in an environment with loud noises and flashing lights
- Ability to function efficiently throughout an entire work shift
- Ability to calculate weight and volume ratios and read small print, both under life threatening time constraints
- Ability to read and understand English language manuals and road maps
- Ability to accurately discern street signs and address numbers; ability to interview patient, family members and bystanders
- Ability to document, in writing, all relevant information in prescribed format in light of legal ramifications of such
- Ability to converse in English with coworkers and hospital staff as to status of patient.

EMS personnel should possess good manual dexterity, with ability to perform all tasks related to highest quality patient care. Ability to bend, stoop and crawl on uneven terrain and ability to withstand varied environmental conditions such as extreme heat, cold and moisture is vital. The ability to work in low light, confined spaces and other dangerous environments is required.

### Description of Tasks:

- Receives call from dispatcher, responds appropriately to emergency calls, reads maps, may drive ambulance to emergency site, uses most expeditious route and observes traffic ordinances and regulations.
- Determines nature and extent of illness or injury, takes pulse, blood pressure, visually observes changes in skin color, auscultates breath sounds, makes determination regarding patient status, establishes priority for emergency care, renders appropriate emergency care (based on competency level); may administer intravenous drugs or fluid replacement as directed by physician.
- May use equipment (based on competency level) such as but not limited to, defibrillator, electrocardiograph, performs endotracheal intubation to open airway and ventilate patient, inflates pneumatic anti-shock garment to improve patient's blood circulation or stabilize injuries.
- Assists in lifting, carrying, and transporting patient to ambulance and on to a medical facility.
- Reassures patients and bystanders, avoids mishandling patient and undue haste, searches for medical identification emblem to aid in care.

- Extricates patient from entrapment, assesses extent of injury, uses prescribed techniques and appliances, radios dispatcher for additional assistance or services, provides light rescue service if required, provides additional emergency care following established protocols.
- Complies with regulations in handling deceased, notifies authorities, arranges for protection of property and evidence at scene.
- Determines appropriate facility to which patient will be transported, reports nature and extent of injuries or illness to the facility, asks for direction from hospital physician or emergency department.
- Observes patient in route and administers care as directed by physician or emergency department or according to published protocol.
- Identifies diagnostic signs that require communication with facility.
- Moves the patient into the emergency facility from the ambulance.
- Reports verbally and in writing concerning observations about the patient, patient care at the scene and in route to facility, provides assistance to emergency staff as required.
- Maintains familiarity with all specialized equipment.
- Replaces supplies, sends used supplies for sterilization, checks all equipment for future readiness, maintains ambulance in operable condition, ensures ambulance cleanliness and orderliness of equipment and supplies, decontaminates vehicle interior, determines vehicle readiness by checking oil, gasoline, water in battery and radiator and tire pressure.

## DOT 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, anticonvulsants, 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, antiinflammatories, 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 lifethreatening 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

## Meeting Functional Position Description

Students meet the requirements for graduation of the Paramedic Course and successfully passed State/ and NREMT examinations, will be deemed to meet the entry level requirements and the Functional Position Description as outlined by the USDOT.

## *AMERICANS WITH DISABILITIES ACT - ALLOWABLE ACCOMMODATIONS*

NEIPM complies with the Americans with Disabilities Act and applicable state and local laws providing for nondiscrimination against qualified individuals with disabilities. NEIPM also provides reasonable accommodations for such individuals in accordance with these laws.

The Americans with Disabilities Act (ADA) of 1990 has implications that pertain to licensure or certification.

Both the ability to read and the ability to perform skills within time frames are required functions for a paramedic. Therefore, in Emergency Medical Services (EMS), a person with a disability may not be denied the opportunity to take an examination; but this person will be required to take a written exam and pass the skills competency for program and Medical Sign off.

The following specific points pertain to those involved in EMS training and education programs:

- Students cannot be discriminated against based on a disability in the offering of educational programs or services.
- There can be no accommodation during screening, evaluation or course examinations that will compromise or alter the evaluation of skills that are required to function safely and efficiently as a paramedic.
- Students who have received an accommodation during the course need to fully understand that there is a separate process for requesting an accommodation for the written certification exam and eligibility for an accommodation is determined on a case-by-case basis.

There are accommodations that are not allowed at NEIPM because they are not in compliance with the essential job functions of a paramedic. These include, but are not limited to:

- Students are not allowed additional time for skill checks with specific time frames.
  - Obviously, patients would suffer due to life threatening conditions in emergency situations if treatment were delayed.
- Students are not allowed unlimited time to complete a written exam.
  - This request is not considered reasonable because a candidate should be able to complete a test within a reasonable amount of time.
- Students are not allowed to have written exams given by an oral reader.
  - The ability to read and understand English print is a required function of the profession, and written exams are designed to measure that ability.
- Students are not provided a written exam with a reading level of less than grade eight.
  - The EMS profession requires a reading level of at least grade eight to work safely and efficiently.
- Students must take all exams during the scheduled time, as a member of the enrolled class.
  - The ability to recall information quickly is a required task for paramedics.
  - Exams are given to elicit immediate recall and understanding of emergency situations.
  - Students will be permitted a private space to take the exam.
  - Refer to the written examination policy of missed exams due to excused absences.

## Procedure for Requesting Accommodation

Individuals with disabilities may make requests for reasonable accommodations to the program Director. Once the request is submitted, the Program Director will meet with the student to discuss and identify the precise limitations resulting from the disability and the potential accommodation that NEIPM might make to help overcome those limitations.

The Program Director, in conjunction with the Dean and, if necessary, appropriate management representatives identified as having a need to know, will determine the feasibility of the requested accommodation. NEIPM will inform the student or employee of the final decision on the accommodation request and/or on how the program will provide the accommodation.

## NREMT Accommodations

Students will be directed to the NREMT website (<https://www.nremt.org/Policies/Examination-Policies/ADA-Accommodations>) and directed to follow the instructions, to request accommodations from the NREMT.

The student will be notified directly by the NREMT on the status of the request after the NREMT has reviewed it.

## *Anti-Harassment and Discrimination*

It is the goal of NEIPM to promote an environment that is free of unlawful harassment. NEIPM expressly prohibits any form of unlawful harassment based on race, color, religion, gender, sexual orientation, national origin, age, disability, veteran status, or other protected status. Harassment of employees or students is not tolerated by this organization. Any retaliation against an individual who has complained about harassment, or retaliation against individuals for cooperating with an investigation of a harassment complaint, will not be tolerated.

Because NEIPM takes allegations of harassment seriously, we will respond promptly to complaints of harassment and where it is determined that such inappropriate conduct has occurred, we will act promptly to eliminate the conduct and impose corrective action as is necessary, including disciplinary action where appropriate.

**IN ACCORDANCE WITH REQUIREMENTS OF FEDERAL AND STATE ANTI-DISCRIMINATION STATUTES, NEIPM, AND NO PERSON IN ITS EMPLOY, SHALL DISCRIMINATE ON THE GROUNDS OF RACE, COLOR, CREED, RELIGION, SEX, SEXUAL ORIENTATION, AGE, NATIONAL ORIGIN, ANCESTRY OR DISABILITY IN ANY ASPECT OF THE PROVISION OF EMPLOYMENT OR IN ADMISSION PRACTICE.**

### Definition of Sexual Harassment

In Massachusetts, the legal definition of sexual harassment is this: "sexual harassment" means sexual advances, requests for sexual favors, and verbal or physical conduct of a sexual nature when:

- submission to or rejection of such advances, requests or conduct is made either explicitly or implicitly a term or condition of employment or placement in an education program or as a basis for decisions; or,
- such advances, requests or conduct have the purpose or effect of unreasonably interfering with an individual's performance by creating an intimidating, hostile, humiliating or sexually offensive environment.

Under these definitions, direct or implied requests by an individual in position of authority for sexual favors in exchange for actual or promised benefits is sexual harassment.

The legal definition of sexual harassment is broad and in addition to the above examples, other sexually oriented conduct, whether it is intended or not, that is unwelcome and has the effect of creating an environment that is hostile, offensive, intimidating, or humiliating to male or female individuals may also constitute sexual harassment.

While it is not possible to list all those additional circumstances that may constitute sexual harassment, the following will not be tolerated:

- Unwelcome sexual advances, whether they involve physical touching or not;
- Sexual jokes, written or oral references to sexual conduct, gossip regarding one's sex life; comments regarding an individual's body, sexual activity, deficiencies, or prowess;
- Displaying sexually suggestive objects or pictures;
- Unwelcome sexual gestures, suggestive or insulting comments;
- Inquiries into one's sexual experiences; and,
- Discussion of one's sexual activities.

All individuals should take special note that, as stated above, retaliation against an individual who has complained about sexual harassment, and retaliation against individuals for cooperating with an investigation of a sexual harassment complaint, will not be tolerated by this organization.

### Complaints of Sexual Harassment

If any of our employees or students believes that he or she has been subjected to sexual harassment, the employee or student has the right to file a complaint with our organization. This may be done in writing or orally.

If you would like to file a complaint you may do so by contacting Jason Lefebvre, Dean - NEIPM.

The Program Director is also available to discuss any concerns you may have and to provide information to you about our policy on sexual harassment and our complaint process.

### Disciplinary Action

If it is determined that inappropriate conduct has been committed by an employee or student, we will take such action as is appropriate under the circumstances. Such action may range from counseling to termination of employment or dismissal from the program, and may include other forms of disciplinary action as we deem appropriate under the circumstances.

### State and Federal Remedies

In addition to the above processes, if you believe you have been subjected to sexual harassment, you may file a formal complaint with either or both government agencies set forth below. Using our complaint process does not prohibit you from filing a complaint with these agencies. Each of the agencies has a short period (EEOC and MCAD 300 days) for filing a claim.

- The United States Equal Employment Opportunity Commission ("EEOC") One Congress Street, 10th Floor Boston, MA 02114, 617.565.3200.
- The Massachusetts Commission against Discrimination ("MCAD") Boston Office: One Ashburton Place, Rm. 601, Boston, MA 02108, 617.727.3990. Springfield Office: 424 Dwight Street, Rm. 220, Springfield, MA 01103, 413.739.2145. Worcester Office: 22 Front Street, Fifth Floor, PO Box 8038, Worcester, MA 01641, 508.799.6379

## Attendance & Make-up Policy

100% attendance is required to complete the program.

Attendance for all “live” in-person sessions of the didactic portion of the course will be done by a daily sign-in sheet.

Attendance for all “VILT” or online sessions will be kept by Instructor Monitor and meeting attendance record provided by the virtual platform (i.e., MS Teams)

### Absenteeism

The didactic responsibility begins with your attendance. You may not be absent more than six times throughout the entire program. All absences must be made up. You may be removed from the program should you be absent more than 4 times during a didactic lesson, more than 2 times during any Lab lesson OR absent more than six times all together. Should you be removed from the program for excessive absences (over 6), you will not receive a refund or partial credit. Excused absences will be at the discretion of the Paramedic Program Director or program staff.

### Tardiness

Tardiness will be defined as arriving 10 minutes beyond the assigned start time. You may not be tardy more than six times over the course of the program.

When a student arrives late it disturbs the entire class. If a student is going to be late or absent then he or she must contact the Instructor and inform him or her of the absence. If the student is unable to reach the Instructor, they may contact our office at 978-253-2600 and inform us of the situation. When contacting our office, please leave the following information: student name, location of the clinical/field site, date and reason for the absence. Failure to do so will result in that student receiving a zero for any quiz or exam given. Arriving more than 20 minutes late will count as an absence.

### Makeup

Students can miss and makeup a maximum of three classes before they are dropped from the program.

As previously stated, 100% attendance is required to complete this program. Therefore, any didactic or practical session missed by a student MUST be made up within TEN DAYS unless other arrangements have been made with the IC. Any other arrangement will be in writing with copies made available to both the instructor and the student.

Make-up requirements will differ with each didactic or practical session; therefore, will be at the discretion of the IC as to what the makeup assignment will be. However, it will be applicable to the module or lesson missed.

Instructors will try to schedule makeup sessions prior to the start of regularly scheduled classes. However, if this cannot be done, we reserve the right to charge \$50.00/Hr to ensure appropriate staffing at the scheduled makeup session.

If a student fails to satisfactorily makeup a missed didactic or practical session or misses a scheduled makeup session they will be dropped from the program.

As a rule, there will be no make up for the final written or practical examinations. If you fail to attend the final written or practical examinations, you will fail the program.

There will be no exceptions except for extreme unplanned occurrences that must be verifiable (birth or death announcement, accident report, doctor's note, etc.).

The STUDENT must personally notify and speak with the IC or Program Director prior to the final examination. Voice mail and written messages or notes will not be accepted.

The Program Director will be the final arbiter in whether a student will be allowed to sit for a makeup written or practical exam.

### VILT (Virtual Instructor Led Training)

All previously stated conditions apply for make-up.

### Field and Clinical Time Make-up.

It is extremely important that all scheduled time with clinical/field sites are kept. These agencies may have other of our students or from another program, so scheduling space may be limited. If one of these sessions are missed, NEIPM will look at the reason and pending the review you may have to make up the hours at double the hours missed.



## *Advanced Placement*

Although NEIPM values higher education, we do not offer advanced placement options/ credit for prior education. NEIPM possesses an articulation agreement awarding college credit at the following institutions:

Massachusetts College of Pharmacy & Health Sciences (MCPHS)



## *Transfer of Credits*

### **Transfer of Credit into the Institution**

Coursework is highly specialized. Students will find that comparable specialized courses are not generally offered at other institutions, and therefore may be ineligible for transfer credits in these areas. Transfer credit is totally at the discretion of NEIPM. Students' transfer credit evaluations will be conducted using the following guidelines.

NEIPM may grant academic credit to students who have:

- successfully completed the same, or substantially the same, coursework as required in the curriculum at other accredited institutions of postsecondary education. A copy of the catalog or course syllabi from the program at which the coursework was completed by the student must be furnished before any application for transfer credits can be evaluated.
- A minimum grade of "B" or "3.0" must have been awarded for each course completed to be eligible for transfer. Only courses in which grades were assigned will be considered. No credits earned as a result of a "pass/fail" option are eligible for transfer.
- No more than 40 percent of the clock hours necessary to earn a certificate from NEIPM will be accepted for transfer.
- Coursework completed more than three (3) years ago may only be transferred with the Program Director's approval.
- Transfer of credit must be completed prior to enrollment. Securing an official transcript in a timely manner is the sole responsibility of the student.
- The Paramedic Program Director shall make final determination on the acceptability of transfer credits. The above guidelines shall be used in evaluating all applications for transfer of credit; however, NEIPM reserves the right to accept or reject any or all transfer credits at its discretion.

### **Transfer of Credit out of the Institution**

The program offered at NEIPM is intended to be a specialized career-oriented certificate program. The clock hours earned are generally NOT applicable into programs offered at other institutions. The decision to accept transfer clock hours is solely at the discretion of the receiving institution. NEIPM does not imply, promise, or guarantee transferability of clock hours earned to any other institution.



## *Experiential Learning*

Although NEIPM values “real world” or life experience, we cannot award credit for experiential learning towards the completion of the Paramedic Program.

## *Graduation Requirements / Credits Required*

Successful didactic and clinical course completion will result in a course completion certificate from the NEIPM for coursework. This certificate is for academic credit purposes only and does not signify course completion from the NEIPM program. Students must meet additional requirements as set forth in the policy manual to successfully meet the requirements for program completion.

The students will not be admitted to the State/National exam until program completion requirements have been met.

To successfully complete the NEIPM Paramedic Education Program, receive a final grade, and participate in graduation, the student must complete the following minimum requirements:

- Achieve an 80% at the end of each part
- Achieve an 80% or better on all chapter exams
- Achieve an 80% or better on the Midterm exam
- Achieve an 80% or better on the final exam
- Successful completion of the final practical skills exam
  - Satisfactory completion of all clinical rotations with required patient care reports (PCRs) and evaluations. The Clinical Preceptor must approve each student for continuation into the Field Internship
  - Satisfactory completion of the Field Internship Program with required hours and patient competency requirements. The Field Preceptor must approve each student for graduation. Additional time may be needed before a preceptor determines a student has met the objectives needed to graduate
- All Patient Care Reports (PCRs) and evaluations must be submitted
  - Have all outstanding probation and contractual agreements met

NEIPM does not award credits upon successful completion of the program.



## *Tuition Policy and Agreement*

The total tuition/cost of the program is \$15,000 per student.

- This includes all textbooks, uniforms or other materials required by NEIPM
- DRAFT – NEIPM is currently looking into any legal obstacles to a contract that will allow prospective students to sign that will signify a loan from Action Ambulance Service to NEIPM at a discounted rate where by the student will agree to work for Action Ambulance for a set period of time in order to pay bna

Payment of tuition is due two weeks prior to the first day of class. There are numerous options for payment.

### **Payment Options**

- Check
- Cash
- Credit card (Visa, Mastercard, AMEX, Discover)
- Purchase order (“PO”) from town, fire department, or private company





## *Refund Policy*

Students who terminate enrollment (including voluntary resignation, illness, suspension, or program dismissal) may be eligible for a refund.

Refunds will be determined based on the schedule below, and all money to be returned will be issued 30 days from the date of resignation from the program.

The withdrawal date is the last date of class attendance as verified by faculty, or the date that the notice in writing is either received or postmarked if mailed.

### **Refund Schedule**

- Withdrawal prior to the first day of class (100% minus the non-refundable \$800 deposit)
- Withdrawal during the first week of classes until Sunday of that week (80%)
- Withdrawal during the second week of classes until Sunday of that week (60%)
- Withdrawal during the third week of classes until Sunday of that week (40%)
- Withdrawal during the fourth week of classes until Sunday of that week (20%)
- Withdrawal during and after the fifth week of classes (0%)

Students who terminate enrollment (including voluntary resignation, illness, suspension, or program dismissal) may be eligible for a refund. Refunds will be determined based on the schedule below, and all money to be returned will be issued 30 days from the date of resignation from the program. The withdrawal date is the last date of class attendance as verified by faculty, or the date that the notice in writing is either received or postmarked if mailed.

- Withdrawal prior to the first day of class (100% minus the non-refundable \$400 deposit)
- Withdrawal during the first week of classes until Sunday of that week (80%)
- Withdrawal during the second week of classes until Sunday of that week (60%)
- Withdrawal during the third week of classes until Sunday of that week (40%)
- Withdrawal during the fourth week of classes until Sunday of that week (20%)
- Withdrawal during and after the fifth week of classes (0%)



### *Accreditation Status*

BMC as part of the NEIPM/BHS'MCPHS Consortium for Paramedic Education under the partnership of BHS is accredited through the Joint Commission



## *Credentialing Information*

The NEIPM *Paramedic* Training Program is accredited as a training institution by the Massachusetts Department of Public Health/Office of Emergency Medical Services under Chapter 111C the Massachusetts EMS Law and EMS Regulations 105 CMR 170.000.

NEIPM/BHS/MCPHS Consortium for Paramedic Education has received a Letter of Review from the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professionals (CoAEMSP) and is in the process of receiving full accreditation.

Their contact information is:

**Office of Emergency Medical Services**

67 Forest St  
Marlborough MA 01752  
(617) 753-7300

**Commission on Accreditation of Allied Health Education Programs**

1361 Park Street  
Clearwater, Florida 33756  
(727) 210-2350  
[www.caahep.org](http://www.caahep.org)

**Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions**

8301 Lakeview Parkway  
Suite 111-312  
Rowlett, TX 75088  
(214) 703-8445  
Fax: (214) 703-8992  
[www.coaemsp.org](http://www.coaemsp.org)



## Electronic Communications

To ensure that the use of electronic and telephonic communications systems and business equipment is consistent with the legitimate business and educational interests of NEIPM, authorized representatives of NEIPM may monitor the use of such equipment from time to time.

### Use of the Internet

The following rules apply with respect to Internet usage:

- No browsing of restricted content websites: Accessing websites that contain pornographic or other illicit material is strictly prohibited.
- No downloading of non-educational related data: NEIPM allows the downloading of files from the Internet; however, downloading files should be limited to those which relate directly to NEIPM educational objectives.
- No downloading of application programs: NEIPM does not permit the downloading or installation of application software from the Internet onto NEIPM computers. Such software may not only contain embedded viruses, but is also untested and may interfere with the functioning of NEIPM standard applications.
- No use of subscription-based services without prior approval: Some Internet sites require that users subscribe before being able to use them. Users should not subscribe to such services without the express approval of the Program Director.

### Technology Policy

- iPads, tablets, and laptops are permitted on campus for educational purposes only. (Use of laptops or other tablets must be approved by the administration).
- Students are responsible for having the iPad in good working order (fully charged, with up-to-date apps and books required for each class). Should the iPad be lost or broken the student is responsible to ensure it is replaced in a timely manner (less than 5 calendar days).
- Use of these devices in class is at the discretion of the teacher/ lecturer.

### Acceptable Use of Technology

The NEIPM Network is to be used for educational purposes only. NEIPM staff monitors the use of the school's computer resources. Access to our network is a privileged component of the learning process.

Network access may be restricted or revoked, and other disciplinary sanctions applied, when a student is found to have fallen short of the expected standards as listed below.

The integrity of passwords, personal / confidential information, and an individual's identity are treated with trust and respect. Attempts to defeat system protections or violate an individual's privacy does harm the trust expected from each other.

Students must comply with copyright laws and the provisions for license agreements that apply to software, printed and electronic materials, graphics, multimedia, and all other technology resources licensed to and purchased by NEIPM or accessible over network resources provided by the school. The school upholds the standard of careful stewardship of school property and the property of others.

Students will respect and safeguard the integrity of the network, computer systems and hardware.

Gaming is not permitted anywhere on campus or clinical sites without faculty or staff permission.

Students may use only the NEIPM Network while on campus. Students may not create their own VPN while on campus.

When asked by a faculty member or administrator, a student must turn over his phone, tablet, or any other electronic device; he must also provide the passcode at that time. Refusal will result in disciplinary action.

### Cell Phones/Smart Phones

When students arrive on campus in class, they must turn their cell phones off and place them in their bags or leave them in their vehicles. When a student is in the clinical or field portion of the class, they shall act in accordance with the Hospitals and/or Ambulance Service Policy.

If a student needs to be reached for an emergent purpose during class during the school day, he or she may be contacted through the NEIPM office or a student may ask permission from the instructor to leave his or her phone on for a specific situation. (This will not be allowed on a regular basis.)

If a student violates this policy regarding cell phone usage the instructor can dismiss the student for the day. The student will have to pay for a make-up instructor to cover the materials missed (see school policy for absences).

### Non-academic Apps

To help students develop the best habits for using the iPad as an academic tool, games, social media apps, and all other non-academic apps are not allowed to be present on the devices at any time on campus.

It is the instructor's prerogative to create rules in classrooms to assure an appropriate learning atmosphere. It is the student's responsibility to use the device appropriately, maintaining the standard of decorum that we expect of NEIPM students in all that they do.

### Photos and Video

In the interest of protecting the privacy of the people who come to NEIPM each day, no one is allowed to use any camera, video camera, smart phone, iPad, or any other electronic device to take any photo(s) or video(s) of any student, faculty member, administrator, staff member, and any other personnel on or off campus at any time without awareness and/or permission of that individual.

No student shall share electronic content from a photo or video obtained without permission.

Participation in any form of personal social media (as determined by NEIPM staff) is prohibited on campus during the school day.

In the interest of protecting the privacy of the patients who are encountered by NEIPM students, no student is allowed to use any camera, video camera, smart phone, iPad, or any other electronic device to take any photo(s) or video(s) of any patient they encounter even if permission is given by the patient or a family member.

Any recordings/photographs taken by NEIPM staff will only be done with the approval of the individual & release form signed.

### Pornography and Objectification

NEIPM absolutely prohibits the use of technology to create, view, exchange, or distribute pornography and/or any other means of objectifying another human being.

Anyone who violates this policy is subject to immediate removal from the program. Violators may also be reported to the Department of Public Health/Office of Emergency Medical Services and/or the Federal Office of Civil Rights.



## ***Social Networking Policy/ Media Policy***

NEIPM understands the importance of social computing, networking and social media in today's world. Social media takes many forms including applications (Facebook, LinkedIn, Instagram, Twitter, etc.), blogs, wikis, file sharing sites, forums, discussion groups and chat rooms. Social Media can be an extremely effective way of marketing our company and expanding our interactions with students, potential students, clinical site employees and field site employees. While embracing new technologies, we also want to make sure that NEIPM and our students engage in social networking in a responsible manner.

This policy provides guidance on how to engage in social networking in a way to protect yourself and the interests of NEIPM.

### **Social Networking Sites Should Not Be Considered Private.**

Generally, information posted on social networking sites is public and you should expect that even with your use of certain privacy settings what you post on social networking sites will be seen by others and should not be considered private.

### **NEIPM Monitoring Policy**

Rules against harassment and inappropriate conduct apply to your on-line activities. Social media sites should not be used during class, clinical or field internship times. We may monitor student social media communications to ensure compliance with NEIPM policies.

### **Use Common Sense/Think before you Post**

You are responsible for the content you publish on social media sites. NEIPM will regularly monitor social media postings of applicants and current students. All applicants and current students are held to the highest standards. The attitude and professionalism of all applicants and students is always being evaluated based on many elements including social media. What you post could be online for a long time. As an applicant or a representative of NEIPM, always consider how your comments will be viewed in light of protecting and enhancing both the Company's reputation and your own.

At no time during enrollment, should a student post any information regarding clinical rotations, patient care, interesting cases, clinical or field preceptors or NEIPM staff or policies. All questions or requests for assistance or concerns should be directed to the Program Director via email or in person.

### **Respect Others/Keep Gripes and Disputes Offline**

Be respectful to fellow students or associates. Social media sites should not be used as a platform for disputes. Applicants may be denied entry to the paramedic program, or dismissed from the program if a posting is viewed negatively in relation to NEIPM's Mission and Vision. You can be disciplined or held legally liable for any actions that are unlawful or for information posted that may be defamatory, proprietary, confidential, harassing, pornographic, or libelous or creates a hostile work environment.

### **Protect confidential information**

Respect the privacy of patients, students, and affiliates. Do not share or disclose confidential or proprietary information of NEIPM, students or employees on social media sites. Always ask permission before posting photos of or references to a student, affiliate or employee. This restriction also applies to any other information that was intended to be private.

### **No phony identities/be clear about who you are**

Only authorized employees may communicate information on behalf of NEIPM. You are not authorized to make statements, comments or press releases on behalf of NEIPM without permission. Be clear and write in first person. You should make clear that you are speaking for yourself and not on behalf of NEIPM.

### **Respect copyrights and fair use**

Remember to respect the copyrighted materials owned by others, and reference the sources you use. Never distribute copyrighted materials (such as videos, photos, books, etc.) online as copyright infringement and plagiarism laws apply to posts on the Internet.

### **Stay Productive**

Social media participation can be productive and beneficial both personally and professionally. However, ensure that such personal activities do not interfere with your learning activities.

### **Use social networking safely**

Understand which social networking sites you would benefit from most, how each works and what features each offers. Always review the applicable privacy and security settings so that you understand how much or little information you are comfortable sharing.

### **Media Policy**

News is defined as those events that occur outside the parameters of normal circumstance and behavior. In EMS, you will frequently be called to scenes that fall into these categories. You may be asked to answer questions or give an opinion on a topic or a call that you have responded to as a paramedic student.

The policy of NEIPM is to not publicize or release any information that may be construed as confidential to any source.

When asked a question by any media personnel, you are to refrain from stating "no comment" as a response. This could only end up as a lead-in for the six o'clock news broadcast. Never tell any media personnel something "off the record" as it could subsequently become a front-page story. NEIPM endeavors to retain a favorable position with some media outlets, and looks forward to developing more contacts as time goes on.

### **All requests for information shall be referred to the Program Director or President.**

Any articles, advertisements, or other written materials developed for publication in local, state, internet, national, or international publications on any matter involving-NEIPM or referencing NEIPM directly or indirectly, must be approved by the President.

### **Media, Marketing or Promotional Photos**

From time to time, as a NEIPM student, you will be at in activity or participating in an event where photographs will be taken. These photographs may be used (but use not limited to) in marketing events, promotional materials and the NEIPM website.

All students will be requested to sign a waiver form indicating no objection to the use of these photos for professional and education materials / media / marketing.

## Evaluations

NEIPM will have a continuing system for reviewing the effectiveness of the educational program in achieving its stated goals and objectives.

Program evaluation methods shall emphasize gathering and analyzing data on the effectiveness of the program in developing competencies consistent with the stated program goals and objectives.

The program will use valid external measurement for all learning domains to meet program goals and objectives.

Program evaluation will utilize recertification examinations that employ cut scores based upon a valid psychometric formula which judges entry level competency and uses practice analysis consistent with the description of the profession. Examinations will be national in scope with common pass/fail scores and statistical reports. Psychomotor evaluations will occur multiple times throughout the course, culminating with the final practical assessment. Program goals will be clearly defined for all students. Affective domain assessments must be approved by the program's advisory committee.

### Evaluations Completed by the Paramedic Student

- Post-Module Evaluation
- Post-Shift Clinical Rotation Evaluation
- Post-Shift Field Rotation Evaluation
- Annual Program Resource Evaluation

### Evaluations Completed by the Paramedic Program Graduate

- Graduate Evaluation of NEIPM Paramedic Program

### Evaluations Completed by the Paramedic Program Director

- Instructor Evaluation
- Student Behavioral Evaluation

## Outcomes

The program will annually secure sufficient qualitative and quantitative information regarding the program graduates to demonstrate an ongoing evaluation of outcomes consistent with the graduate competencies specified by the education program. Sources of data will include, where appropriate, consideration of course completion, Massachusetts certification requirements, national registration, and job placement rates. Outcome data will be collected and analyzed by the administrative staff as a part of the ongoing quality assurance program.

Sources of data will include, but will not be limited to:

- surveys of graduates and employers on such matters as
  - employment settings
  - type and scope of practice
  - salary
  - job satisfaction
  - education and skills sufficiently and inadequately addressed in the educational program
  - interview with program graduates and employers of graduates

- data on the evaluation of student performance on the national certifying examination and other nationally recognized standardized tests.

An integral part of the program's review process will be the re-evaluation of its curriculum and available resources. The program's curriculum and its presentation will be evaluated by the collection of surveys completed by the Faculty, support staff, and students. The surveys will help to relate the effectiveness of the curriculum and its presentation and assist the Administrative Staff in adjusting the program to become more effective. The program's resources will be evaluated in the same manner in the interest of providing the students with the best possible avenue to successfully complete their clinical and field requirements.

### Results of Ongoing Program Evaluation

The results of ongoing evaluation must be appropriately reflected in the curriculum and other dimensions of the program. The program must systematically use the information obtained in its evaluation to foster current and future student achievement in the program. Program evaluation shall be a continuing systematic process with internal and external curriculum validation in consultation with employers, faculty, preceptors, students and graduates, with follow-up studies of their employment and national examination performance. Other dimensions of the program merit consideration as well, such as the admission criteria and the process, the curriculum design, and the purpose and productivity of an advisory committee.

An advisory committee representing the community of interest will be formed. The Training Center Advisory Committee will meet at least annually, with minutes kept at each meeting. This committee shall be designated and charged with assisting the program and sponsoring institutional personnel in formulating appropriate goals and standards, monitoring needs and expectations, and ensuring program responsiveness to change. Communities of interest will include those individuals or entities with which the program, its students, or its graduates relate during the performance of duties. Members of the communities of interest will include, but will not be limited to:

- Emergency medical services providers, including the ambulance supervisory personnel and administrative personnel where the students perform internships, and the employers of the program graduates.
- Physicians, including the emergency physicians whom students and/or graduates deliver their patients as well as trauma surgeons, pediatricians, cardiologists, internists, and family practice physicians.
- Hospital supervisory and administrative personnel to whom the students or graduates deliver their patients and who provide training sites for students
- Other training programs in the area
- Key government officials
- Members of the public who might use the service
- Police and Fire officials
- Program Administrative Staff

## Outcomes

The program will annually secure sufficient qualitative and quantitative information regarding the program graduates to demonstrate an ongoing evaluation of outcomes consistent with the graduate competencies specified by the education program. Sources of data will include, where appropriate, consideration of course completion, Massachusetts certification requirements, national registration, and job placement rates. Outcome data will be collected and analyzed by the administrative staff as a part of the ongoing quality assurance program.

Sources of data will include, but will not be limited to:

- surveys of graduates and employers on such matters as employment settings,
- type and scope of practice, salary, job satisfaction, education and skills sufficiently
- inadequately addressed in the educational program;
- interview with program graduates and employers of graduates;
- data on the evaluation of student performance on the national certifying examination and other nationally recognized standardized tests.

An integral part of the program's review process will be the re-evaluation of its curriculum and available resources. The program's curriculum and its presentation will be evaluated by the collection of surveys completed by the Faculty, support staff, and students. The surveys will help to relate the effectiveness of the curriculum and its presentation and assist the Administrative Staff in adjusting the program to become more effective. The program's resources will be evaluated in the same manner in the interest of providing the students with the best possible avenue to successfully complete their clinical and field requirements.

Outcomes will be published on our website.

Per Massachusetts A/R 2-200(I)(H), If the student outcomes fall below identified metrics, a Plan of Correction will be filed with the OEMS.

At the time of the writing of this policy, NEIPM cannot list, nor identify, such a plan without performing the evaluations and surveys.



## Exposure / Injury / Incident Reporting

NEIPM requires reporting of all incidents.

The following are types of incidents that require reporting:

- Any serious incident that must be reported pursuant to OEMS Regulation 105 CMR 170.350(B)(1) and A/R 2-200(I)(A)(1)(H).
- Any accident involving an ambulance.
- Any accident including personal/property damage to/by a student while on the premises, or engaged in any off-campus program activity.
- Any occurrence of possible negligent care of a patient.
- Any inappropriate behavior of a paramedic student.
- Illness or injury.
- Bloodborne or other exposure.
- Safety concern.

### Incident Report

Please contact NEIPM and report the following:

- Date of incident.
- Time of incident.
- Type of incident.
- Person reporting incident and affiliation.
- Persons involved in incident (up to six) and affiliation.
- Description of the incident.

### Bloodborne Exposure

An exposure incident is when contact or exposure of eyes, mouth, other mucous membranes, non-intact skin or parenteral (needle sticks, human bites, cuts, and abrasions), contact with blood or other potentially infected materials results from the performance of a paramedic student's duties. Paramedic students should report ALL exposures using an incident report. Using an incident report will prompt the individual to complete any additional paperwork that is necessary (such as required OEMS documentation). It is the responsibility of every paramedic student to know and be familiar with all clinical site and field site Health and Safety Plans, including, but not limited to the Bloodborne Pathogen Exposure Control Plan.

### Injury

ANY INJURY THAT OCCURS, EVEN A SLIGHT CUT OR STRAIN, MUST BE REPORTED IMMEDIATELY ON AN INCIDENT REPORT AND VERBALLY REPORTED TO A FACULTY MEMBER, AS SOON AS POSSIBLE.

NEIPM is committed to providing a safe and healthful learning environment. The policy of NEIPM is aimed at minimizing the exposure of our students to health or safety risks. To accomplish this objective, all paramedic students are expected to work diligently to maintain safe and healthful working conditions and to adhere to proper operating practices and procedures designed to prevent injuries and illnesses.

The responsibilities of all students in this regard include:

- Exercising maximum care and good judgment at all times to prevent accidents and injuries;
- Reporting all injuries to faculty and seeking first aid, regardless of how minor;
- Reporting unsafe conditions, equipment, or practices to faculty;

- Using safety equipment provided by NEIPM/clinica/Field at all times;
- Conscientiously observing all safety rules and regulations at all times.
- Notifying faculty before the beginning of the class, of any medication they are taking that may cause drowsiness or other side effects that could lead to injury to them and their fellow students.
- Knowing the locations of all fire and safety exits.
- Smoking only in areas designated as smoking areas.
- Never attempting to catch falling objects.
- Wearing black, non-slip, shined boots at all times.
- Making certain all emergency equipment, such as fire extinguishers, alarms, and exit doors, is accessible at all times.
- Maintaining all equipment in good repair.



## *Guidelines on Appropriate Conduct*

NEIPM Paramedic Program students are expected to conduct themselves in accordance with the high ethical standards expected of health care professionals. Program graduates will assume responsibility for the health and welfare of the public as certified or licensed health care practitioners. Because of this responsibility, students are expected to demonstrate levels of competence and patterns of behavior deserving of the public trust with which they will be vested. The Program has the right and responsibility to sever the relationship with any student considered unfit for a career in the health-related professions. Allegations of prohibited conduct will receive fair and thorough reviews, with vigorous attempts to avoid arbitrary and capricious decision-making.

### Prohibited Conduct

Knowingly producing false evidence or false statements, making charges in bad faith against any other person, or making false statements about one's own behavior related to educational or professional matters.

Falsification or misuse of hospital records, permits, or documents. Disclosing patient information that violates federal HIPPA guidelines.

Violating existing program policies or regulations relating to non-academic matters.

Exhibiting behavior, which is disruptive to the learning process or to the academic or community environment.

Conviction of a crime:

- Before becoming a student under circumstances bearing on the suitability of a student to practice a health or related profession.
- While a student at NEIPM Paramedic Program.

Disregard for the ethical standards appropriate to the practice of a health or related profession while a student.

Obstruction or disruption of teaching, research, administration, disciplinary procedures, or other institutional activities including the institution's public service functions or other authorized activities on institutionally owned or controlled property.

Obstruction, disruption, and/or interfering with freedom of movement, either pedestrian or vehicular, on institutionally owned or controlled property.

Possession or use of firearms, explosives, dangerous chemicals or other dangerous weapons or instrumentalities on institutionally owned or controlled property (eg. clinical environment, classrooms, etc.) in contravention of law or institutional rules.

Detention or physical abuse of any person or conduct intended to threaten imminent bodily harm or endanger the health of any person on any institutionally owned or controlled property.

Malicious damage, misuse, or theft of institutional property, or the property of any other person where such property is located on institutionally owned or controlled property or, regardless of location, is in the care, custody, or control of the institution.

Refusal by any person while on institutional property to comply with program staff orders or an appropriate authorized official to leave such premises because of conduct proscribed by this rule when such conduct constitutes a danger to personal safety, property, or educational or other appropriate institutional activities on such premises.

*Unauthorized entry to or use of institutional facilities, including buildings and grounds.*

Inciting others to engage in any of the conduct or to perform any of the acts prohibited herein. Inciting means that advocacy of proscribed conduct, which calls upon a person, or persons addressed for imminent action, and are coupled with a reasonable apprehension of imminent danger to the functions and purposes of the institution, including the safety of persons and the protection of its property.

*Violation of NEIPM Technology Policy.*

Engaging in, or aiding, abetting, causing or permitting any act prohibited by M.G.L. c. 111C, 105 CMR 170.000 and administrative requirements of the Massachusetts Department of Public Health/Office of Emergency Medical Services.

Any violations of the conduct policy may follow progressive discipline. The only exceptions are violations of the EMS Regulations 105 CMR 170.000, vandalism to NEIPM property, verbal or physical abuse to staff or fellow student, in which you will be immediately removed from the program.

- 1<sup>st</sup> offense - You will receive a verbal warning.
- 2<sup>nd</sup> offense - You will be asked to leave the class.
- 3<sup>rd</sup> offense - You will be removed from the program

*Weapons*

Weapons of any kind are prohibited & grounds for immediate dismissal from the program. Depending on offense, NEIPM may be required to notify local law enforcement.

## Drugs and Alcohol

Per Massachusetts 105 CMR 170.800(F), all individuals involved with the NEIPM Paramedic Program will follow the following policy.

NEIPM intends to provide a learning environment that is free from the use of non-prescription drugs and alcohol. Any student who is reasonably suspected of being under the influence of alcohol and/or drugs and imposes an immediate threat to the health, safety or welfare of ATI Staff, fellow students or others will be immediately suspended and removed from the learning environment. Expenses incurred during the enforcement of this policy will be the responsibility of the student.

1. The sale, manufacture, distribution, purchase, use, or possession of the following substances when reporting to class or any program-related activity is prohibited: alcohol, non-prescription narcotics, hallucinogenic drugs, marijuana, or other non-prescription controlled substances.
2. The distribution, sale, purchase, use, or possession of equipment, products, and materials that are used, intended for use, or designed for use with non-prescribed controlled substances is also prohibited while on Action property.
3. Arriving to class with a measurable quantity of intoxicants, non-prescribed narcotics, hallucinogenic drugs, marijuana, or other non-prescribed substances in the blood or urine is prohibited.

Student use of prescription drugs while enrolled in the program is permitted, if the drug has been prescribed for the student by a licensed physician and is used in accordance with the physician's instructions and in the prescribed dosage as long as the use of the drug does not impair the student's ability to safely and effectively perform responsibilities in the learning environment.

1. A student must report the use of any prescription drug which may affect the student's safety or performance to the instructor. A student may be required to provide a copy of the prescription and/or medical verification. If a student is unable to perform responsibilities in the learning environment safely or effectively while taking a prescribed medication the student may be placed on medical leave until the situation is resolved.

2. The purchase, sale, or transfer of a prescription drug by any student to or from another student or any other individual while on Action property or in the learning environment is strictly prohibited.

Violations of this policy will result in disciplinary action up to and including dismissal from the program. Observed impairment of a student may be evidenced and identified by many factors, including but not limited to reasonable suspicion and/or bizarre and unusual behavior. It is the faculty's responsibility to identify students who display physical and/or emotional conditions which may impede clinical judgment and/or practice. Upon identification, such students will be excused from the learning environment and may be required to submit to blood and/or urinalysis testing with a follow-up referral to the Program Director.

Reasonable suspicion is based on specific and articulable facts taken together with rational inferences from those facts: Indicative factors may include, but are not limited to:

1. bizarre and unusual behavior
2. repeated accidents
3. unexplained mood swings
4. an odor of alcohol on the breath
5. disheveled appearance or poor personal hygiene
6. impairment of judgment
7. chronic absenteeism or tardiness
8. unsafe clinical practice to include errors of omission or commission.

Reasonable suspicion that a student is impaired will be documented by at least two ATI members. After documentation, the student will be removed from the learning environment and will be given the opportunity to discuss the behavior with the two ATI members. It is the responsibility of the student to disclose if they are under the influence of any prescription/nonprescription medications, drugs or alcohol or other relevant information.

ATI staff will contact the Program Director who will assess the situation and form an action plan that may include, but is not limited to, dismissal from the program, counseling, drug testing, and/or referral to the appropriate agency or administrative official.

NEIPM may use random drug testing and screening during the student's attendance in the program. The signed signature form indicates the students understanding and compliance of this rule.

### Relationships with Preceptors

NEIPM prohibits relatives of paramedic students, through blood or through marriage, from functioning as clinical or field preceptors to the paramedic student they are related to. This has the potential to create a conflict of interest. The program director should be made aware of any situations of this nature that arise.

### Non-Fraternization Policy

The faculty and staff of the program assist in meeting its mission of providing a quality educational environment for its students that supports the goals of the program. Students should be assured that the relationships they develop with faculty and staff members will always be built upon the highest ethical precepts of the educational profession.

Virtually all faculty members, administrators and staff members are, or can appear to be, in a position to exercise power or authority, directly or indirectly, over students in the program. Many students are at a stage when they may be particularly vulnerable to the influence of faculty members, administrators, and staff members who are in positions where they can affect the terms and conditions of a student's standing in the program.

If a student consents to a romantic relationship with a faculty member, administrator or staff member, the existence of such a relationship could have unintended adverse effects on the educational environment of the program. In some cases, such a relationship can end unhappily or become problematic, resulting in charges of sexual harassment, and even physical or psychological abuse.

Because of the commitment to maintaining an environment that supports our educational goals and in order to promote the efficient and fair operation of the program, and to avoid misunderstandings, complaints of favoritism, supervision problems, security problems, morale problems, questions regarding academic achievement, and possible claims of sexual harassment, the program prohibits romantic, sexual and exploitative relationships between employees and students including but not limited to: dating, pursuing to date, and pursuing or having romantic or sexual relationships with students. Employees who violate this policy will be subject to discipline, up to and including termination of employment.

There are exceptional circumstances in which the spouse or partner of an employee is a student in the program. This fraternization policy does not apply in such circumstances.

## *Classroom Skills Practice (Lab)*

During the course of this program, students will be taught skills necessary for the assessment and management of patients in emergency situations. It is essential that students practice and perfect these skills using human subjects. All students are hereby advised that the practice of both non-invasive and invasive skills will be practiced on classmates, and that classmates will be practicing these same skills on you. The purpose of these practice sessions is to develop the tasks, dexterity, and tactile feel, necessary for each skill, in situations as real as possible, under the control and supervision of program instructors. The practice of these skills will involve limited physical contact with all areas of the human body including the areas of the chest and pelvis.

The EMS Program is acutely aware of both the importance of hands on human practice and the risk of inappropriate behavior. All students involved in these skills practice sessions, in the role of the rescuer, the patient, or as an observer, are expected to display tact and professionalism, as well as to behave under ethical and legal guidelines.

At anytime, should a student believe that the practice of a particular skill places her or himself in an uncomfortable position, that student has the responsibility to make that belief known to the instructor prior to beginning the skills practice.

At anytime, should a student believe that the practice of a particular skill on themselves by another student or as demonstrated by an instructor, crosses a line of professionalism, into overt sexual contact, that student has the responsibility to make that belief known to both the student or instructor involved and to the Program Director as soon as possible. Any student who perceives that he or she has been treated in a discriminative manner on the grounds of sex may consult with or file a written complaint with the dean of student development and educational services.

Specific skills which will be practiced in this program, and which may involve practice in or around the chest or pelvis include:

- Traction Splinting
- Foreign Body Airway Obstruction
- Patient Assessment / Physical Exam
- Blood Pressure by Auscultation
- Blood Pressure by Palpation
- Dressing and Bandaging
- Splinting
- Auscultation of Breath Sounds
- Assessment of Pulse and Respirations
- Application of ECG Electrodes
- Application of 12-Lead ECG Electrodes
- Supine Spinal Immobilization
- Seated Spinal Immobilization

The practice of skills is an essential part of the EMS Program. Students must come to laboratory sessions fully prepared to practice skills and scenarios. Being prepared means being **IN UNIFORM** and having the appropriate equipment ready and available (as listed below).

Additionally, scenario practice requires an attitude and demeanor which do not detract from the scenario created. Remaining “in character”, communicating with the “patient” as if a real patient, and performing all skills as appropriate, following procedures step-by-step.

## **Required Equipment**

To be supplied by the student

- Stethoscope
- Penlight
- Pen
- Note pad
- Watch
- Skills Procedure Manual

Failure to have all required equipment available for the skills practice session will prevent the student from remaining for the skill practice session.

## *Grievance Policy*

A student may grieve a NEIPM Program operational or administrative decision utilizing the grievance procedure as outlined below. The student, not an intermediary, must pursue any grievance and the procedure should be followed in the below sequential order. No step of the procedure may be circumvented. Resolution of the issues involves obtaining factual information regarding the situation and adhering to appropriate policies and procedures. If the student is unclear about any step of the procedure, he or she should get clarification from the Program Director.

### **Procedure:**

The student should discuss the situation with the primary instructor. If the student does not gain satisfaction from the discussion with the primary instructor, he or she shall submit the grievance, with supporting documentation including remedy sought, in writing within ten (10) working days to the Program Director. The Program Director shall contact the student within ten (10) working days following submission of the grievance to discuss the matter. The Program Director shall provide a written reply to the student within ten (10) days of the discussion. The Medical Director shall receive a copy of the Program Director's written reply. If the Program Director is the primary instructor, the grievance should be submitted to the President of NEIPM.

If the student does not gain the satisfaction desired, the student may submit a written appeal, with supporting documentation, including remedy sought, to the Medical Director within ten (10) days of the student's discussion with the Program Director. Following review, the Medical Director will respond within ten working days. The decision of the Medical Director is final and may not be appealed.

### **Faculty Grievance Policy**

The grievance process provides a means to resolve disputes which have not been resolved through the normal process of reasoned discussion. The grievance process is intended to define clearly the matters that are at issue; to assure the faculty member that his/her complaint or problem has been presented to and considered by the Program Director; and to assure the Staff that decisions involving faculty members in their relationship to NEIPM are fully considered.

Any faculty member who has a grievance with respect to appointment, promotion, salary or with respect to such matters as assignment of duties, academic freedom or working conditions and who has been unable to resolve the matter with the Program Director shall have the right to appeal in writing to the Dean, or where the grievance is against the action of the Dean, to OEMS. If a resolution acceptable to the faculty member is not thereby affected, or if the faculty member has not received a response from the President within thirty days after having submitted his/her appeal, the faculty member may submit, in writing to OEMS, a detailed report of the action(s) for which the grievance was initially issued.





## *Examinations*

Major exams must be taken during the scheduled and allotted time. If circumstances require missing a major exam, the student must make arrangements with the assigned instructor to take a make-up exam prior to attending the next scheduled class session and within the next three business days. Failure to complete the makeup exam within three business days will earn the student a grade of zero (0) on the exam. Makeup tests will not be given without an appointment.



## **Grading**

### **Paramedic**

To pass each course of the Paramedic program students must earn a minimum grade of C or CR. Failure to earn the minimum grade in any course constitutes failure from the program.

### **Clinical / Field Sections**

To pass clinical sections students must complete the minimum number of required contact hours. In addition, passing the clinical section requires that all minimum patient contacts and procedures be achieved, and that preceptor evaluations identify the student as minimally competent. Preceptor evaluations which indicate unsatisfactory performance may result in failure of the clinical section.

### **Didactic Sections**

Each didactic section has three grading domains. A passing grade must be achieved in each domain to pass the course. If all three domains are passed the letter grade will be assigned based on the performance in the Cognitive domain. Failure of the Affective or Psychomotor domain will earn a grade of "D". Failure of the cognitive domain will be given the earned grade.

90 to 100 A  
80 to 89.9 B  
70 to 79.9 C  
60 to 69.9 D  
Below 60 F

A grade of 70% or higher must be earned on major exams. Students will be allowed two (2) grades less than 70% in each course. A third grade below 70% will result in failure of the course.

Calculation of final cognitive grades comes from the following formula:

Major Examinations 50%  
Daily tests / Homework 10%  
Final Exam 40%

After all work has been completed, the student must have a final average of 70% or better.



## *Course Completion*

To graduate from the course and be eligible to take the required examinations to achieve your certification/licensure you must complete the progression through the sections of the course as outlined in the three syllabi. Successful completion also requires completion of your Paramedic Portfolio, and NEIPM instructors attesting your competency in the required skills.

Competency will be judged on all 3 categories (Cognitive, psychomotor, affective)

Once verified NREMT verification will be done by the Program Director.



## *Dismissal*

Violation of any of the outlined policies, procedures may be grounds for dismissal from the program.

An exit interview with either the Dean, Program Director, or Lead Instructor will be held, and a written statement will be issued to the student with the reasoning of the program.





## Certification Process

Students that successfully complete the course requirements are eligible to become certified EMTs upon successful completion of the NREMT written and practical examinations.

### NREMT WRITTEN EXAMINATION

- Create/access an account on the NREMT website ([www.nremt.org](http://www.nremt.org))
- Submit a NREMT application and answer all questions truthfully.
- The NREMT may deny certification or take other appropriate actions in regard to applicants for certification or recertification when a [criminal conviction](#) has occurred.
- Pay the application fee of \$160 (US funds). The application fee is non-transferable and non-refundable. This fee is charged for each attempt of the cognitive examination.
- Candidates will receive an electronic Authorization to Test (ATT) once you are eligible for the exam. The electronic ATT contains scheduling instructions and important details concerning proper identification required at testing centers. You can find the ATT in the 'Check Application Status' page.

### Massachusetts Licensing

- Once you have obtained your NREMT certification follow the process as outlined at: <https://www.mass.gov/guides/apply-for-an-initial-emt-advanced-emt-or-paramedic-certification>



## Infection Control

It is the intent of NEIPM that each student enrolled in a health related curriculum meet the objectives necessary for successful completion of that program. This enrollment is inclusive of clinical experience which entails potential exposure to individuals with communicable diseases.

Because the student must know how to prevent the spread of infectious diseases for his or her safety and for the safety of others, it is the policy of NEIPM that principles of infection control be included in the curricula of health occupation programs. It is then the responsibility of students to apply appropriate precautionary measures when providing services to all patients. These measures may include, but are not limited to, hand washing and the use of gloves, masks, protective glasses and gowns as indicated by the circumstances involved in the treatment of a particular patient.

Before beginning clinical rotations, each student must demonstrate a satisfactory understanding of the importance of body substance isolation, personal protection from airborne and blood borne pathogens, and the reporting/notification process for exposure to infectious patients.

Students assigned to affiliated clinical sites must comply with the infection control policy of the entity to which they are assigned. As new information becomes available, instructors will disseminate the finding to all students.

For the protection of the student, students should not participate in any procedure which would expose the student to blood or body fluids from a patient with a **KNOWN** infectious disease, while on a clinical rotation. Upon identifying an infectious patient, students are to use tact and courtesy to inform the preceptor of this policy.

Skill practice sessions will be conducted with the intent of preparing students for the practice of patient care on known or suspected infectious patients. All students will wear gloves at all times when in skills practice sessions. Eye protection will be worn during the practice of airway control procedures, peripheral venipuncture, medication administration, or other procedures which could potentially expose the student to the splash or spray of blood or body fluids. At the completion of each skill practice session students must remove their gloves and wash their hands before handling personal equipment. **GLOVES ARE NOT TO BE WORN IN THE HALLWAY BETWEEN PRACTICE SESSIONS.**

## Vaccinations

To satisfy the program requirements for vaccinations, paramedic students are required to provide proof of vaccinations and immunity by virtue of titer, if applicable.

If paramedic students are deficient in any of the required vaccinations, they will be required to obtain said vaccinations and / or titers at their own expense, due within three weeks after the start of class. If necessary, NEIPM will provide references and sites to fulfill this requirement.

It is recommended that vaccinations / titers / tests that expire on an annual basis be coordinated to the start of the clinical program to ensure that such items do not expire during the clinical and field portion of the program.

### Required Vaccinations

- MMR (Measles, mumps, and rubella)
- DPT (Diphtheria, pertussis and tetanus)
- HBV (Hepatitis-B)
- Varicella
- Annual tuberculosis testing (PPD / Mantoux test)

- Due to different requirements that may be present at either clinical or field sites, there may be required additions to the above list
- Failure to provide proof of vaccinations will be grounds for dismissal from the program.

### *Maintenance of Certification*

Paramedic Students must be currently certified as an Emergency Medical Technician or as an Advanced Emergency Medical Technician. It is the responsibility of the student to keep the certification current. If at any point during the program a student allows the certification to expire or the certification is suspended, the student will be immediately removed from the program.

### Recertification

If at any point during the program, a student recertifies as an EMT or AEMT, the student must submit a copy of the new certification prior to the expiration date.



### *Patient Confidentiality/HIPAA*

All paramedic students will familiarize themselves with the Health Insurance Portability and Accountability Act (HIPAA) OF 1996.

All paramedic students will rigidly adhere to the standards set forth in this act and any violation of these standards will be regarded as a serious breach of discipline and will be dealt with accordingly.

All paramedic students must complete and pass a HIPAA exam at each of their clinical sites as part of their orientation prior to the start of their clinical internship. These records will be stored at each clinical site, and can be made available at the request of NEIPM.





## *Practical Examinations*

Practical examinations are conducted to assess the student's competency in the performance of skills used in patient care. To pass the course, and the program, students **MUST** pass all required examinations to be deemed proficient

Retests of failed practical examinations will be permitted, provided:

- A majority (greater than 50%) of the practical examinations have been passed on the initial attempt.
- No retests will be permitted for a student who fails a majority (greater than 50%) of all practical skills.
- The student will receive a failing grade in the course enrolled, and will not be able to continue in the program.
- Prior to retesting practical examinations:
  - The student will be allowed to view the practical examination score sheet and discuss with a program instructor the reason for the failure.
  - Upon request, equipment and supplies will be provided and the student will be allowed to practice the skills, with the help of fellow students.
  - Program instructors **ARE NOT** permitted to assist students with skills practice, or participate in retraining, at any time once the course has begun practical examinations.
  - If a student fails a retest of the practical examinations, that student may petition the Program Director for
    - a second retest. Petitions forms may be obtained through the course instructor. A second retest will be granted, for one skill and one skill only. A failure of two or more skills will not be permitted. To be eligible for a second retest:
      - The student's grade point average must be a grade of B or better, or have an average which is passing and has shown consistent improvement on through the course.
      - The student's attendance in the course must equal or exceed 70% of the total class, and equal or exceed 70% of laboratory classes.
      - The student must have no record of student conferences requiring probation or disciplinary action.

A second retest will be conducted by a panel of two examiners, and will be conducted on a time permitted basis. In the event the second retest cannot be conducted during the regularly scheduled time period for practical examinations for the class the candidate is enrolled, a grade of incomplete will be given for the course and a practical examination session will be scheduled at a time agreeable by the EMS program and the candidate. The scheduled practical examination session must be scheduled in the first three weeks of the next regularly scheduled semester. If the candidate fails to retest, or fails any of the skills in the set, a grade of "F" will be recorded as the official grade.



## *Introduction to the Clinical and Field Internship*

Clinical rotations are an essential component of the EMS Program. Each clinical is intended to offer the student both a positive learning opportunity and real life experiences. The primary purpose of clinical rotations is to expose the student to patient assessment including the gathering of pertinent medical information and past medical history. The practice of basic and advanced skills and patient documentation are highly essential parts of clinical rotations. While on clinical rotations:

- Students are to be dressed in the NEIPM Clinical Uniform. (see Uniform Policy for additional information)
- Students are to display a professional attitude while seeking out learning opportunities without interfering in the emergency care of patients or infringing on patient confidentiality.
- Students must function in the student capacity, regardless of previous affiliations or employment with the clinical site. Although employers are free to compensate students for clinical and field rotations, students must function 100% of the time as a student or intern. Students are not to replace paid personnel in daily functions.

To receive a passing grade for the clinical component of each course, students must accomplish the following by the course completion date:

- Complete the required number of clinical hours (including all required repeat or make-up rotations) at each clinical site. Documentation of these hours must be submitted to the Program on the proper form, and signed by the preceptor.
- Complete all minimum runs and minimum numbers of skills.
- Perform assessments and interventions to the satisfaction of the preceptor, as documented on the clinical forms.
- Meet the standards of professionalism set by NEIPM, including appropriate dress, actions, demeanor and language.

Clinical rotations which receive an unsatisfactory evaluation must be repeated prior to the completion of the program.

Detailed information is contained within the *Clinical Internship Guide* and *Field Internship Guide*. Information and instructions contained within these guides is considered policy and should be adhered to as such.

## Time Requirements

NEIPM paramedic program, CoAEMSP, and Massachusetts OEMS, requires the paramedic students to participate in clinical (hospital) and field (ambulance) internships as an integral component of their education and a requirement for program completion. Paramedic students are required to complete a minimum of 300 clinical (hospital) hours and 200 field (ambulance) hours.

## Practicing Advanced Skills

Students enrolled in the paramedic program may practice advanced skills, in the presence of a program instructor or clinical preceptor, while on clinical rotations only.

The student liability policy covers students to perform advanced skills during scheduled clinical rotations. Students who are otherwise licensed or certified to perform advanced skills are advised that the liability insurance does not cover them in the non-student capacity. This advice applies to students who's Medical Director has approved them to practice skills above their current level of training. Refer to State EMS Rules for clarification.

Students are limited to practicing only skills previously taught by the faculty of NEIPM. Students enrolled in the Paramedic Program may accept invitations to ride with EMS agencies as a citizen of the community. However, students will not be considered by NEIPM to be conducting a clinical rotation and are not permitted to wear an NEIPM clinical uniform or represent NEIPM in any fashion. Violations of this policy may result in the immediate removal of the student from further clinical rotations, which would prevent the student from completing the paramedic program.

## Minimum Competencies

### Skill

	Lab	Clinical/Field/Capstone	Total
IV Access	2	25	27
Administer IV Infusion Medication	2	2*	4
Administer IV bolus medication	2	10	12
Administer IM injection	2	2	4
Establish IO access	4	2*	6
Perform PPV with BVM	4	10*	14
Perform oral tracheal intubation	2	10*	12
Perform endotracheal suctioning	2	2*	4
Perform FBAO removal using magil Forceps	2	2*	4
Perform cricothyrotomy	2	2	4
Insert supraglottic airway	2	10*	12
Perform needle chest decompression	2	2	4
Perform synchronized cardioversion	2	2	4
Perform Defibrillation	2	2*	4
Perform transcutaneous pacing	2	2*	4
Perform chest compressions	2	2*	4
Assessment and management of patient			

\* Can be simulated

Assessments/Team Lead	Field	Capstone	Total
Assessment & Team Lead	30	20	50
<b>Age Related</b>	Clinical/Field	Clinical/Field/Capstone	Total
Pediatric patients with pathologies or complaints	15	15	30
Neonate (birth to 30 days)			2*
Infant (1 month - 12 months)			2*
Toddler (1 to 2 years)			2*
Preschool (3 to 5 years)			2*
School-Aged/Preadolescent (6-12 years)			2*
Adolescent (13-17 years)			2*

\* Included in totals

### Assessment/Team Lead

Assessments/Team Lead	Field	Capstone	Total
Assessments/Team Lead	30	20	50

### Age Related

Age Related	Clinical/Field	Clinical/Field/Capstone	Total
Pediatric patients with pathologies or complaints	15	15	30
Neonate (birth to 30 days)			2*
Infant (1 month - 12 months)			2*
Toddler (1 to 2 years)			2*
Preschool (3 to 5 years)			2*
School-Aged/Preadolescent (6-12 years)			2*
Adolescent (13-17 years)			2*
Adult	30	30	60
Geriatric	9	9	18
Totals	54	54	108

\* Included in totals

## Pathology/Complaint

Condition	Simulation	Clinical Field	Clinical/Field/ Capstone	Total
Trauma	<i>Minimum of one (1) pediatric and one (1) adult trauma simulation must be completed prior to capstone field internship</i>	18	9	27
Psychiatric/Behavioral	<i>Minimum of one (1) psychiatric simulation must be completed prior to capstone field internship</i>	12	6	18
OB with normal delivery & newborn care	N/A	2*		
Complicated OB delivery	<i>Minimum of two (2) complicated OB delivery simulations must be completed prior to capstone field internship, including a prolapsed cord &amp; breech delivery</i>	2*	2*	6
Distressed neonate	<i>Minimum of one (1) distressed neonate following delivery simulation must be completed prior to capstone field internship</i>	2*	1*	3
Cardiac pathologies or complaints	<i>Minimum of one (1) cardiac related simulation must be completed prior to capstone field internship</i>	12	6	18
Cardiac arrest	<i>Minimum of one (1) cardiac arrest simulation must be completed prior to capstone field internship</i>	2*	1	3
Cardiac dysrhythmias	N/A	10	6	16
Medical/Neurological	<i>Minimum of one (1) geriatric stroke simulation must be completed prior to capstone field internship</i>	8	4	12
Respiratory	<i>Minimum of one (1) pediatric and one (1) geriatric respiratory distress/failure simulation must be completed prior to field capstone internship</i>	8	4	12
Other Medical	<i>Minimum of one (1) geriatric sepsis simulation must be completed prior to capstone field internship</i>	12	6	18
<b>Totals</b>		<b>88</b>	<b>46</b>	<b>134</b>

## *Clinical / Field Evaluations*

Clinical Evaluations must be submitted to the instructor on the next scheduled class period. Failure to submit clinical evaluations on the next scheduled class period will negate the hours (but not the experience) earned during the rotation, requiring the clinical to be repeated. Repeat clinical rotations must be completed before the end of the semester in which the clinical was originally scheduled.

Evaluations are to be given to the instructor **ONLY** upon request. **DO NOT** place rotation forms on the instructor's desk, under the instructor's door, or on the front lectern unless specifically asked to do so by the instructor.

Clinical evaluations must be an accurate representation of the clinical experience. Falsification of the clinical experience is grounds for disciplinary action up to and including removal from the EMS Program. Additionally, the EMS program may elect to, or be required to, report the incident to the Department of Public Health – Office of Emergency Services





## Clinical / Field Rotations

Clinical/Field rotations are an essential component of the EMS Program. Each clinical is intended to offer the student both a positive learning opportunity and real life experiences. The primary purpose of clinical rotations is to expose the student to patient assessment including the gathering of pertinent medical information and past medical history. The practice of basic and advanced skills, and patient documentation are secondary, but highly essential, parts of clinical rotations.

While on clinical/Field rotations:

- Students are to be dressed in the NEIPM Clinical Uniform. (see Uniform Policy for additional information)
- Students are to display a professional attitude while seeking out learning opportunities without interfering in the emergency care of patients or infringing on patient confidentiality.
- Students must NOT participate in any amorous or sexual behaviors toward preceptors, patients, or others encountered.
- Students must function in the student capacity, regardless of previous affiliations or employment with the clinical site.
- Although employers are free to compensate students for clinical rotations, students must function 100% of the time as a student or intern. Students are not to be substituted for paid personnel.
- Any variance to policies will be based solely on the Clinical/Field internship site and any requirements they may have.

To receive a passing grade for the clinical component of each course, students must accomplish the following, by the course completion date:

- Complete the required number of clinical hours (including all required repeat or make-up rotations), at each clinical site, as described by the instructor at the beginning of each course.
- Documentation of these hours must be submitted to the instructor on the proper form and signed by the preceptor.
- Complete all minimum runs and minimum numbers of skills, as required in the clinical information given by the instructor at the beginning of each course.
- Perform assessments and interventions to the satisfaction of the preceptor, as documented on the clinical forms.
- Meet the standards of professionalism set by the NEIPM Paramedic Program, including appropriate dress, actions, demeanor, and language.

Clinical/Field rotations which receive an unsatisfactory evaluation must be repeated prior to the completion of the program. A grade of incomplete WILL NOT BE GIVEN for make-up rotations. Grades of incomplete will be given only when unexpected medical conditions prevent the completion of clinical rotations before the course completion date. Grades must be converted to a passing grade by the date published in the college catalog, or before the next semester begins if necessary.

Students are to schedule clinical rotations in a manner which does not interfere with job or school schedules. Once clinical rotations are scheduled, they are considered part of the class schedule and attendance is MANDATORY.

## Rescheduling Clinical /Field Rotations

Each student is allowed to reschedule **TWO (2)** rotations per semester.

Prior to the Rotation:

- Work schedule changes \*
- Change of jobs \*\*
- Important family events
- Scheduled medical tests and procedures.

Missed Rotations (must notify the EMS Program **BEFORE** missing the rotation - Call 978-726-4550)

- Illness
- Mandatory employment responsibilities (documentation required)
- After reviewing the missed rotation, you may have to make up the missed hours at double the time missed.

A Clinical/Field Rescheduling form must be completed for each rotation rescheduled. This form must be submitted to the instructor along with the Clinical Evaluation forms.

- Upon approval from the Program Director, and with proof of an employer mandated schedule change, students may be allowed to reschedule more than two rotations.
- Upon approval from the Program Director, and with proof of a job change, students may be allowed to reschedule more than two rotations. Taking a second job will not be considered a job change.

### *Professional Responsibilities*

While at NEIPM or on clinical/field rotations all students are expected to conduct themselves in a professional and ethical manner. This includes proper wearing of the classroom or clinical uniform and proper use of professional vocabulary to reflect well on this school and the EMS profession. The use of foul, profane, vulgar, or sexually explicit or illicit words or phrases are specifically prohibited.

Failure to maintain a professional attitude and behave within ethical guidelines, or the use of inappropriate words or phrases WILL result in removal from NEIPM - in some cases WITHOUT written warning.



## *Recognizing Stress*

Students involved in clinical rotations encounter uncontrolled situations often exposing the worst the world has to offer. These situations, either individually or through accumulation, can prove difficult to handle for both inexperienced and veteran personnel alike. Students who encounter an emotionally traumatic event or who begin to feel the accumulation of these events, should notify their course instructor or Program Director as soon as possible. Students should be aware that:

- isolation
- inappropriate use of humor
- depression
- difficulty eating/lost appetite
- irritability with family and friends
- inability to concentrate
- indecisiveness
- difficulty sleeping and nightmares

may be symptoms of emotional stress. It is the goal of the EMS Program to provide each student with the tools and resources to deal with emotional stress related to critical incidents.



### *Ride A-Longs*

Students enrolled in the Paramedic Program may accept invitations to ride with EMS agencies as a citizen of the community. However, students will not be considered by NEIPM to be conducting a clinical rotation and are not permitted to wear a NEIPM clinical uniform or represent NEIPM in any fashion.

Violations of this policy may result in the immediate removal of the student from further clinical rotations, which would prevent the student from completing the Paramedic program.





## *School Cancellation / Inclement Weather*

Class cancellations will be rare, however:

1. In the event a class needs to be cancelled the IC will notify students via phone, text message and/or email. It is important that you keep your contact information up to date.
2. All cancelled classes will need to be made up in accordance with OEMS regulations.



## *Scholastic Dishonesty*

Academic dishonesty in any form will not be tolerated and is grounds for immediate dismissal from the program.

Examples include, but are not limited to:

1. Cheating is defined as intentionally using or attempting to use unauthorized sources in exams or on other scholastic projects, as well as failing to follow instructions in such activities. Students are guilty of cheating when they do any of the following:
  - a. Copy answers from another student's examination answer sheet.
  - b. Use or attempt to use unauthorized materials (notes, study guides, "crib" sheets, textbooks, electronic devices, etc.) during an examination.
  - c. Exchange forms of a test with a classmate (i.e. exchange Form A for Form B).
  - d. Possess and/or use unauthorized copies of tests or answer sheets.
  - e. Change answers or grades on a graded project.
2. Falsification or forgery of documents, sign in sheets, applications, assignments, evaluations, etc.
3. Plagiarism is defined as presenting as one's own the ideas or writings of another without acknowledging or documenting the source(s).



## *Student Handbook*

This document serves as the Student Handbook. Copies are available on-line on the NEIPM.org website and on the LMS system. It is strongly encouraged you read and familiarize yourself with this document.

Important policies to review:

- Admission Requirements
- Attendance and Makeup
- Course completion
- Clinical & Field Internship
- Accommodation requests
- Examination process
- Certification Process (both NREMT & State)
- BREMT Portfolio Access
- Grounds for dismissal
- Student conduct
- Grievance process
- Academic resources/support availability



## *Threat Advisory*

If you receive word, through any legitimate means that our Nations Threat Advisory, issued by the Department of Homeland Security, goes to **RED** (severe), **DO NOT GO TO CLINICAL ROTATIONS**. Students may be asked to leave clinical rotations if the threat level is raised during the shift. This policy will be in effect as long as the Threat Advisor remains on **RED** or until informed otherwise by your instructor. Please understand this is a serious time of our nation, and that our local EMS providers, hospitals and fire departments will be on an extremely high level of alert. This policy is important for the security of these clinical sites and for student safety.





## Uniforms

Students of EMT and paramedic programs are required to attend clinical rotations as a part of each specific program. Several of the sites in which clinicals are performed have strict policies regarding personal appearance and hygiene. In order to conform to these policies and the Code of Conduct for students enrolled in NEIPM Paramedic Program, the following Uniform Policy will be followed at all times.

- **Maroon polo shirt**
  - **White Crew-Neck Tee Shirt** - required under the uniform on all rotations, plain white without designs or statements. A white long sleeve shirt or white turtleneck may be worn under the uniform shirt in cooler weather.
  - **Khaki (Tan) Uniform Pants** -
  - **Black Boots or Shoes** - leather tennis or coaching shoes, plain toed boot or shoe.
  - **Black Belt** - plain leather without excessive tooling, plain silver buckle or Hook/loop fastener. If a holster is worn it must be black leather and carry no more than three items (suggest scissors, penlight, and clamp).
  - **Brassieres** - required at all times for female students.
  - **Socks** - required, must be black if visible.
  - **Glasses** - no fluorescent colored eye wear.
- It is recommended that each student have a second uniform with them on clinical rotations for use in the event the first uniform gets soiled or contaminated by blood or other body fluids.

*\* Full, time paid members of a fire department or EMS provider, coming to class **on shift**, may wear their standard duty uniform in lieu of the NEIPM Program Uniform, provided they wear the uniform in its entirety, and in a manner that represents the EMS Program and employer.*

## Program ID

Once issued, the program ID is to be worn by all students while actively participating in EMS Program activities.

- During clinical rotations, students must wear the ID with the picture visible attached to the left shirt pocket / pocket flap.
- On campus, students must wear the ID with the picture visible attached to the left collar.
- The picture ID is the property of the NEIPM Paramedic Program and must be surrendered upon request.
- Program faculty may confiscate the program ID for violations of the uniform policy both in class or on campus, for violations of the professionalism policy, or for other issues related to ethical or moral behavior. Students are not to participate in clinical rotations while the program ID is in the possession of the Program.

The EMS Program will return the program ID to the student following:

- Formal written request from the student detailing what actions will be taken to correct the issues which led to the confiscation of the ID.
- Formal request from the department / agency training officer, in cases in which the student is sponsored by a fire department or EMS agency.
- Full investigation for issues related to ethical or moral behavior.

## Grooming / Hygiene

### ***To be followed on clinical Rotations and in class.***

- Hair must be clean, neatly groomed and of a natural color. Length must not fall below the bottom of the collar while standing. Female students are permitted to wear their hair up. The hair style must be such that remains neat and professional throughout the clinical rotation, and one which does not draw unnecessary attention.

- Beards of any kind are **NOT PERMITTED**. Mustaches must be neatly cleaned and must not fall over the upper lip, sides cannot extend more than 3/4 inch past the corner of the mouth nor drop more than 1/4 inch below the corner of the mouth.
- Sideburns must be neatly trimmed and groomed, cannot extend more than 1/2 inch below the auditory canal.
- Perfume or aftershave are not allowed. Use of deodorant and breath fresheners are highly recommended.
- Makeup, if worn, should be subtle.
- Smoking or other use of tobacco products, while in public, is strictly prohibited while in the classroom or clinical uniform.
- The EMS Program reserves the right to remove students from the classroom or clinical site for poor hygiene. This includes strong body or breath odors, including and especially tobacco, failure to shave, and unkempt hair.

### **Jewelry and Bodily Decoration**

NO jewelry may be worn at any time during clinical rotations with the following exceptions:

- Watches, wedding bands (not diamonds), approved necklaces (must be worn inside shirt), and Medic Alert Bracelets.
- Visible body piercing is NOT permitted.
- Female students may wear **ONE** stud earring per ear. Dangling or hoop earrings are not permitted.
- Tongue studs are not permitted.
- Visible Tattoos are NOT permitted. All tattoos must be covered by either clothing, bandages or smudge resistant make-up. Long sleeve shirts may be worn to cover tattoos on the arms. Turtle neck shirts may be worn to cover tattoos on the neck. Each tattoo must be covered completely at ALL TIMES. "Peaking" of tattoos below the short sleeve line is not permitted.

### **Medical Equipment**

Each student must have a personal stethoscope, pen light, watch with a second hand, and safety eye wear for each clinical rotation.

### **Cold or Wet Weather**

- Jackets worn should be navy blue if possible. If a navy blue uniform jacket is not available, any jacket or coat which is free of patches is permitted.
- A white long sleeve shirt or white turtleneck may be worn under the uniform shirt in cooler weather. Sweaters are not permitted.
- Hats are not permitted at any time other than conditions of extreme weather and designed for protection from heat loss. Ball caps are not permitted.
- Rain coats should be plain, without designs or statements. Scotchlite® strips are recommended.
- Umbrellas are not to be used on clinical rotations.

### **Guns**

Guns are not allowed on clinical rotations. Police departments which require officers to carry a gun at all times must obtain permission from each clinical site prior to the rotation.

### **Wearing the Uniform**

Students are to abide by the following guidelines when dressed in either EMS Program uniform.

- While dressed in the uniform and in the public view; whether on a clinical rotation, in school, before or after class or before of after a clinical rotation; all policies regarding the wearing of the uniform will be followed.
- The uniform is not to be worn in public venues, in other than in an official capacity.
- At no time should the uniform be worn where alcohol is served or consumed, other than while on a call during a clinical rotation.

- The Clinical uniform is highly recognizable in all settings. At all times while in the public view:
  - Students are to wear the uniform with the shirt properly buttoned and tucked.
  - Boots are to be proper laced or zipped.
  - Hats are not permitted at any time other than cold weather and must follow the cold weather policy.
  - Students are to be clean and neatly shaved at the beginning of each shift.
- The Classroom uniform is highly recognizable on campus. While on campus\* it is required that:
  - Shirts are properly buttoned and tucked.
  - Boots are to be proper laced or zipped.
  - Hats are not permitted at any time other than cold weather and must follow the cold weather policy.
  - Students are to be clean and neatly shaved upon arrival on campus.
- Uniforms are to be worn from the moment the student is in the public view.
- Students may wear the uniform to restaurants for meals while in class or on clinical rotations permitted they show professionalism and represent the program and EMS at the highest level.

### **Failure to Follow the Uniform Policy**

Students are to report to the clinical site dressed completely in the clinical uniform. Students who are found on a clinical rotation out of the proper uniform will be asked to leave the clinical site. All hours completed prior to leaving the rotation, including hours from previous clinical experiences, will not count toward the minimum requirement. Students who are reported by clinical sites or other third parties, to have been out of the proper uniform must repeat the entire rotation before credit is received.

The clinical uniform is graded through the clinical section of the program. Students who fail to represent the EMS Program in a positive light through unethical, immoral, or illegal actions while dressed in uniform WILL receive a failing grade for the clinical section, thus preventing the student from completing the program.



## *Withdrawing From the Program/Returning Students*

Students leaving the program are advised to contact the Program Director for an exit interview prior to withdrawing or immediately after receiving a failing grade. The exit interview will establish requirements for returning to the program at a later date.

- Students who do not complete an exit interview must reapply to the program and start the program again from the beginning, regardless of the student's last successful semester. No special considerations can or will be made.
- Students who are able to finish the didactic or clinical portion of the program but are unable to finish the practical portion, must complete both components upon re-enrolling.
- Students who re-enroll must repeat all aspects of the course. No credit will be given for previously passed examinations, didactic or practical.
- NEIPM has a two-attempt policy. This policy limits the number of times an individual may enroll and re-enroll into the program to two (2) attempts.



### *Working While Enrolled*

All student activities associated with the EMS Paramedic and EMT while completing clinical or field rotations will be educational and training focused. Students will not receive monetary remuneration in any form during this educational/training experience. Additionally, the student will not be substituted for hired staff within the partnering hospital or field setting while enrolled in the EMS Paramedic Program





### *Transcripts*

The students didactic, clinical, and field internship records are stored in a secure area in the office of the Dean.

Upon completion of the program, the student's records will be kept on file at NEIPM for a period of seven (7) years.

In addition to the physical copies being stored as outlined above, all copies will be scanned & stored electronically in a cloud storage.



## Staff

All staff employed by NEIPM and used during the course in the instruction of the student shall meet all requirements as set forth may Massachusetts Office of Medical Medical Services A/R 2-200

The Medical Director:

- a. Is a physician licensed to practice medicine in Massachusetts.
- b. Has current knowledge and experience in emergency medical care of acutely ill and injured patients.
- c. Has current knowledge and experience of the Massachusetts EMS System; and
- d. Has current knowledge and experience of the Massachusetts Statewide Treatment Protocols.
- e. The medical director shall:
- f. Be responsible for oversight of the medical educational content of the program curriculum and ensure that curriculum content conforms to the Statewide Treatment Protocols.
- g. Play an active role and participate in the evaluation of the education program; and
- h. Have the opportunity for input in recruitment and selection of faculty, and the acceptance of students.
- i. Be approved by CoAEMSP.

Program Director

- a. The Paramedic Program shall have a program director who has:
  - i. At least 2 years' experience instructing and evaluating students.
  - ii. Experience with the development and administration of an education program.
  - iii. Current knowledge of the Massachusetts Statewide Treatment Protocols.
  - iv. Be approved by CoAEMSP.

Lead Instructor

- a. Each ALS initial training course shall be taught by a qualified individual and must be certified at the level of certification being taught.
- b. Must meet any credentialing requirements as determined by the State in which the course is being taught.
- c. Be approved by CoAEMSP.

Teaching Assistants (INSTRUCTOR AIDES)

- a. ATI teaching assistants will have the minimum and have the following qualifications:
  - v. Current Massachusetts EMS certification at the Basic, Advanced or Paramedic level
  - vi. Two years of active prehospital experience within the last three years

1. This requirement may be waived if instructor aide has completed a structured and documented training course in a specialty area (i.e. AHA BCLS/ACLS Instructor Training) of at least 6 hours. The training shall cover basic principles of learning and how to teach practical skills, as well as the administrative aspects of the training program. The program sponsor will be responsible for maintaining records of such training.

#### Clinical Preceptor

- a. Each ALS training institution shall have clinical preceptors who shall supervise and evaluate each student's performance in approved clinical education facilities.
- b. Clinical preceptors shall have:
  - I. Current Massachusetts Paramedic, or current Advanced EMT or higher EMT certification if Advanced EMT training program, or Registered Nurse license;
  - II. Working knowledge of ALS curricula;
  - III. Working knowledge of the Massachusetts Statewide Treatment Protocols;
  - IV. Expertise to supervise required clinical skills; and
  - V. Successfully completed a local clinical preceptor orientation program.

#### Field Preceptor

- a. Each ALS training institution shall have a field preceptor who shall supervise and evaluate each student's performance in an approved EMS operational program setting or equivalent as approved by the Department.
- b. A Preceptor shall only observe one student at a time.
- c. A field preceptor shall have:
  - i. Current Massachusetts Paramedic certification, or current Advanced EMT or higher certification if Advanced EMT training program);
  - ii. Working knowledge of the applicable ALS curricula;
  - iii. (iii)Working knowledge of the Massachusetts Statewide Treatment Protocols;
  - iv. Expertise to supervise required skills;
  - v. Certification to perform the skills supervised for at least two years;
  - vi. Successfully completed a local field preceptor orientation program; and
  - vii. Been approved by an EMS operational program.

#### ALS Faculty

- a. Each Paramedic or Advanced EMT – Level training institution shall have faculty and guest lecturers with the education, experience and certification level necessary to teach in the program.
- b. All faculty members shall have:
  - a. Experience instructing and evaluating students
  - b. Current working knowledge and experience with the Massachusetts Statewide Treatment Protocols
  - c. Current working knowledge of the Massachusetts EM System
  - d. Endorsement of the program's Medical Director, and Program Director/coordinator to teach designated lessons
  - e. An annual written evaluation by the program medical director and/or program coordinator
  - f. A Massachusetts EMT certification at or above the level of above level of course instruction (Advanced EMT or Paramedic for Advanced EMT course, Paramedic for Paramedic training course).

### *Academic Calendar*

The Academic Calendar shall be defined as beginning of the first day of class (didactic) until the final day of testing & competency evaluations.

We cannot set absolute definitions or dates of the calendar due to unforeseen circumstances (i.e. weather)



## ATI STAFF HIRING

### MEDICAL DIRECTOR

1. The Medical Director:
  - a. Is a physician licensed to practice medicine in Massachusetts;
  - b. Has current knowledge and experience in emergency medical care of acutely ill and injured patients;
  - c. Has current knowledge and experience of the Massachusetts EMS System; and
  - d. Has current knowledge and experience of the Massachusetts Statewide Treatment Protocols.
2. The medical director shall:
  - a. Be responsible for oversight of the medical educational content of the program curriculum, and ensure that curriculum content conforms to the Statewide Treatment Protocols;
  - b. Play an active role and participate in the evaluation of the education program; and
  - c. Have the opportunity for input in recruitment and selection of faculty, and the acceptance of students.

### PROGRAM DIRECTOR

1. The ATI shall have a program director who has:
2. At least 2 years experience instructing and evaluating students;
3. Experience with the development and administration of an education program;
4. Current knowledge of the Massachusetts Statewide Treatment Protocols.
5. The program director/coordinator shall:
6. Have overall responsibility for the success of the EMT education program including continuous quality review and improvement of the EMT education program;
7. Serve as the education program's student/faculty liaison;

### INSTRUCTORS

1. Each BLS initial training course shall be taught by an Instructor/Coordinator (I/C);
2. All I/Cs shall be currently approved by the Department, pursuant to 105 CMR 170.977, and meet all requirements of 105 CMR 170.977 and A/R 2-210, Instructor/Coordinator Manual.

### TEACHING ASSISTANTS (INSTRUCTOR AIDES)

1. ATI teaching assistants will have the minimum have the following qualifications:
2. Current Massachusetts EMS certification at the Basic, Advanced or Paramedic level
3. Two years of active prehospital experience within the last three years
4. This requirement may be waived if instructor aide has completed a structured and documented training course in a specialty area (i.e. AHA BCLS/ACLS Instructor Training) of at least 6 hours. The training shall cover basic principles of learning and how to teach practical skills, as well as the administrative aspects of the training program. The program sponsor will be responsible for maintaining records of such training.





## *Changes and Modifications to Policies and Procedures*

NEIPM reserves the right to modify or change any part of the policies and procedures document as it deems necessary to improve the quality of our program.



## Health Questionnaire

(To be completed by student/applicant)

### General Demographics

Last Name:		First Name:		Middle Initial:	
Date of Birth:	Age:	Gender: Female      Male	Curriculum: Paramedic		
Address:			City:	State:	Zip Code:
Telephone Number (day): (      )			Telephone Number (evening): (      )		
Emergency Contact Name:			Emergency Contact Telephone Number: (      )		
Name of Primary Care Provider (family physician, etc):			Telephone Number: (      )		
Current prescription medications (name, dosage, condition):			Allergies to food or medications:		
<p><b>After</b> reading the attached functional position description for the Paramedic, please answer the following question: Do you have any disability, medical, psychological, or other conditions that would prevent you from safely perform the tasks listed in the Functional Position Description for Paramedic?  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If yes, provide details in the comments section. Note that a “yes” response is not an automatic bar to participation in the Paramedic program. All requests for accommodations will be handled in accordance with the NEIPM ADA policy.</p>					

### General Health History: (Check all that apply)

<input type="checkbox"/> Anemia	<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> Mononucleosis
<input type="checkbox"/> Anorexia	<input type="checkbox"/> Frequent Ear Infections	<input type="checkbox"/> Orthopedic Problems
<input type="checkbox"/> Asthma	<input type="checkbox"/> Frequent Sore Throats	<input type="checkbox"/> Pneumonia
<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Hay Fever / Allergies	<input type="checkbox"/> Polio Residual Affects
<input type="checkbox"/> Bulimia	<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Rheumatic Fever / Residual Heart Disease
<input type="checkbox"/> Behavioral or Psychiatric Problems	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Rheumatoid Arthritis
<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Hives	<input type="checkbox"/> Sinusitis
<input type="checkbox"/> Chronic Intestinal Problems	<input type="checkbox"/> Impaired Hearing	<input type="checkbox"/> Small Pox
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Infectious Jaundice or Hepatitis	<input type="checkbox"/> Speech Problems
<input type="checkbox"/> Emphysema	<input type="checkbox"/> Major Injuries or Surgeries	<input type="checkbox"/> Tuberculosis or TB Exposure
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Malignancy	<input type="checkbox"/> Other Illness or Hospitalizationa
<input type="checkbox"/> COVID-19		

If you checked any boxes above, please provide detailed diagnosis, dates, prognosis and current condition in “Comments”

## Respirator Use Section

Paramedic Students must wear particulate respirators (N-95 masks), during certain patient contacts. To assist your healthcare provider in determining your ability to wear and use a respirator, please answer the following questions.

Have you smoked tobacco within the last 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever worn a respirator? <input type="checkbox"/> No	If yes, please list type:
<b>If you have used a respirator, have you ever had any of the following problems while using a respirator?</b>	
<input type="checkbox"/> Anxiety	<input type="checkbox"/> General weakness or fatigue
<input type="checkbox"/> Eye irritation	<input type="checkbox"/> Skin allergies or rashes
	<input type="checkbox"/> Any other problem that interferes with respirator use

<b>GENERAL MEDICAL CONDITIONS</b>	
<input type="checkbox"/> Allergic reactions that interfere with your breathing	<input type="checkbox"/> Claustrophobia (fear of closed-in places)
<input type="checkbox"/> Asbestosis	<input type="checkbox"/> Seizures (fits)
<b>LUNG/RESPIRATORY CONDITIONS</b>	
<input type="checkbox"/> Asbestosis	<input type="checkbox"/> Pneumothorax
<input type="checkbox"/> Broken ribs	<input type="checkbox"/> Silicosis
<input type="checkbox"/> Lung cancer	<input type="checkbox"/> Any chest injuries or surgeries
	<input type="checkbox"/> Any other lung problem that you have been told about
<b>CARDIOVASCULAR/HEART PROBLEMS</b>	
<input type="checkbox"/> Angina	<input type="checkbox"/> Heart failure
<input type="checkbox"/> Heart arrhythmia (hear beating irregularly)	<input type="checkbox"/> Stroke
<input type="checkbox"/> Heart attack	<input type="checkbox"/> Swelling in your legs or feet (not caused by walking)
	<input type="checkbox"/> Any other heart problem that you have been told about

### Do you currently have any of the following symptoms of pulmonary or lung illness?

<input type="checkbox"/> Chest pain when you breathe deeply	<input type="checkbox"/> Coughing that produces phlegm (thick sputum)
<input type="checkbox"/> Coughing that occurs mostly when you are lying down	<input type="checkbox"/> Had to stop for breath when walking at your own pace on level ground
<input type="checkbox"/> Coughing that wakes you early in the morning	<input type="checkbox"/> Coughing up blood in the last month
<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Shortness of breath that interferes with your job
<input type="checkbox"/> Shortness of breath when walking fast on level ground or walking up a slight hill or incline	<input type="checkbox"/> Shortness of breath when walking with other people at an ordinary pace on level ground
<input type="checkbox"/> Wheezing	<input type="checkbox"/> Wheezing that interferes with your job
<input type="checkbox"/> Shortness of breath when washing or dressing yourself	<input type="checkbox"/> Any other symptoms that you think may be related to lung problems

## Comments