



Emergency Medical  
Training Services

## Clinical/Internship Policies and Procedures Manual

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# Clinical/Internship Policies and Procedures Manual Emergency Medical Training Services

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### Introduction

This manual is meant to provide a working framework for the hospital and field clinical program. The manual is written for students, mentors and preceptors to better understand and implement the hospital and field clinical internship program. Please read this carefully, you will be held accountable for information contained in this document. At first this all might seem a bit overwhelming. There is a lot of information to process and be comfortable about. Please know that we don't expect you to know everything immediately and feel free to ask your instructors and advisors as many questions as frequently as you need to.

### Mission and Objectives

*The mission is to offer excellent liberal arts and professional education within an academic organizational structure for out-of-hospital care clinicians, educators, and leaders and to promote the innovation, development, and further career advancement in the out-of-hospital health services industry and enhanced delivery of patient care.*

The goals of the EMT-B and Paramedic programs are to:

- 1- Prepare future field clinicians for a successful career in EMS
- 2- Develop effective planning, management, and communication skills for future leaders in EMS
- 3- Promote professionalism and innovation in EMS delivery and education in Texas.
- 4- Continually assess and improve the scope, depth, and quality of its program offerings
- 5- Use and promote a research oriented model for the study and development of the EMS field
- 6- Offer an academic framework for current EMS education offerings in order to increase professionalism.

### Objectives of the Hospital and Field Clinical and Internship Program:

Graduate competent entry-level EMT-Basic and EMT-Paramedic students. Create opportunities for student's to practice and improve their clinical prehospital skills in the field environment while making connections with potential employers.

### Student Policies

#### Insurance Malpractice

All students enrolled in the EMT-B or Paramedic EMS program are issued Malpractice/Liability insurance \$1,000,000/\$2,000,000.

#### Student Progress

Students advance in the Field Internship program by completing the objectives of each Field Internship Phase. The objectives for each phase are clearly explained in this manual. When the Student and her/his lead instructor feel ready to move to the next phase the student's lead instructor should complete the evaluation form appropriate for that phase. Students advance in the Hospital Clinical program by meeting skill and assessment objectives along with affective behavior objectives outlined in the course syllabus.

## **Field Clinical Phases**

**EMT-Basic** will complete a minimum of 2 twelve hour clinicals in the emergency department and 1 8 to 12 hour elective clinical. Students must complete 10 to 14 hours of ambulance clinicals in conjunction with hospital rotations. Upon completion of all clinicals listed above the student will complete 1 twenty-four hour internship with an ALS 911 provider.

**Paramedic** will complete a minimum of 84 hours in an Emergency Department, 16 hours in a Pedi Emergency Department, and an additional 84 hours of electives = TOTAL OF 184. Electives include OR, ICU, Pedi, Geriatric, NICU/ITT, Pre/Post Ops, Respiratory, Lab, Radiology, and others. Internship consists of 12 consecutive 24 hour A,B or C shifts on an ALS 911 ambulance.

## **Student Grades**

Students will be assigned a pass/fail grade for each Phase of the clinical and internship program. Students must receive a passing status at each phase: hospital clinicals, ambulance, and 911.

## **Patient Care**

Students are under the direct supervision of their preceptor. The ultimate responsibility for patient care always rests with the preceptor. Students will only perform the skills that are approved for the particular ambulance service or hospital, and do so only when they are in the presence and are authorized to do so by their preceptor.

## **Dismissal: Shift, Site, Program**

Students who do not follow the code of professional conduct and guidelines outlined in this manual will receive written communication of their failure to perform according to these standards. Students may be dismissed at any time if the Mentor, Advisor, Program Director, or Medical Director feel that the student should not be allowed to continue on a shift or in the field clinical program or in the hospital clinical course. A written report of this dismissal must be presented to the instructor and/or director as soon as possible for further action.

## **Field Clinical Mentors**

Students are assigned to one preceptor for the majority of their time during the each clinical experience.

The learning which occurs over the clinical and internship is a slow progression which is best observed by the primary preceptor for the shift.

## **Preceptor Selection**

### **QUALIFICATIONS:**

Preceptor candidates must meet the following qualifications:

- 1- They must have a MINIMUM of 1 year experience in the healthcare industry as a certified care provider with a minimum of 6 months service at their current employer.
- 2- Have a strong clinical background, be in good standing and receive endorsement from their department director(s).
- 3- They may not be on medical probation (i.e. required to work with a department preceptor or FTO) at their agency.

### **SELECTION:**

Preceptors are designated at the sole discretion of the clinical or internship organization.

### **BENEFITS:**

Through our website, [www.emts911.com](http://www.emts911.com) preceptors will have access to the participant's student page. The preceptor can view the student's grade, attendance, and assignments. An up to date clinical schedule is posted on each student page by class. Also the course syllabus is posted to allow preceptors to view what topics have been completed to date.

### **ORIENTATION:**

Orientation of students will take place prior to the beginning of each clinical period starting. Orientation will cover the following topics:

- 1- Welcome and introduction of students.
- 2- History of the EMS program
- 3- Overview of the internship
- 4- Clinical Policy Manual Overview (this packet)
- 5- Documentation (pt. run sheets and EMTS evaluation forms)
- 6- Computer systems
- 7- HIPAA / Confidentiality orientation
- 8- Exposure policy
- 9- Lifting and Moving orientation
- 10- Facility/patient safety orientation
- 11- Department tour

## **Mentor Switching**

Mentor Switching is discouraged. If there is a problem between a student and a preceptor both parties should try to discuss it openly and resolve it as much as possible. The student's instructor is also available as a mediator in difficult situations.

In extreme circumstances it is possible to switch mentors. The student may petition (in writing) to switch preceptors. Petitions will be considered by the clinical coordinator. Petitions will be considered seriously and granted as much as possible for the following reasons:

- The preceptor and the student have tried to make their working relationship function appropriately and cannot resolve personal differences
  - Personality Conflicts
  - Sub-standard Preceptor or Student performance
- Switches will not be considered due to:
- Patient volume, or types of patients
  - Disagreements on philosophies of providing EMS care
  - Disagreements of any kind that have not been discussed openly with both parties (and the Advisor if necessary) and where both parties agree that the differences of opinion are too great to overcome.

### **Scheduling (Hours/Reporting)**

One month prior to the start of clinical and internships the school will have students pick their required rotations on one schedule. This schedule will be posted on line at the class student page. Clinical and internship contacts will be notified of the request and assignments made.

It is strongly discouraged for students to make any changes to their schedule once it is filed. Any changes must be submitted in writing to the field clinical coordinator with a detailed description of the reason for the change.

### **Documentation**

#### **Written Patient/Run reports**

Documentation is one of the most important aspects of completing a patient care form. As part of student rotations students are required to complete a mock EMS patient care report form.

Important Confidentiality note: Students are prohibited from using names, locations or any information that identifies a real patient. Mock names should be used. Students are prohibited from removing any identifying patient information from the premises of a clinical site.

\*\*Students are prohibited from completing the actual/real hospital or ambulance service patient care report.

A. All run reports must be written the same shift as the rotation occurred.

### **Mentor Documentation**

Mentors must complete a student evaluation form per rotation.

Mentors must document the student's performance on each phase by filling out the evaluation sheet appropriate for that phase.

The evaluation sheets can be given to the student or faxed directly to the clinical coordinator.

### **Sick Calls**

Working while you are ill helps no one. You run the risk of not only making yourself sicker, but also infecting your assigned crew, hospital staff, and patients. While no one wants to miss a clinical, you should call in sick if you have one or more of the following:

- 1: Fever >101 degrees.
- 2: Frequent productive cough.
- 3: Nausea and vomiting.
- 4: Diarrhea.
- 5: Any infectious disease (strep throat, chicken pox, etc.), unless you are cleared to return to duty by a physician.
- 6: Any condition where you feel your illness will disrupt the function of the staff (needing to leave early after you arrive, etc.), or disruptive to patient care.

NOTE: Mentors or preceptors may dismiss a student from the clinical site if the student appears ill, and/or is unable to complete his/her duties due to illness.

### **Infection control**

Students must wear personal protective equipment any time they are in contact with a patient.

A. Exposure to blood should be minimized.

When the possibility of exposure to blood or other body fluid exists, gloves are recommended. During extrication, or when broken glass is present, leather gloves or fire fighter gloves should be used. If hands accidentally become contaminated with blood, they should be washed thoroughly as soon as possible.

When there is a risk of eye or mouth contamination (for example, the patient is vomiting bloody material or there is arterial bleeding), protective eye wear and masks are recommended.

B. Needles and other sharp objects should be considered as potentially infective and be handled with extraordinary care. Needles should not be recapped. If it is absolutely necessary to recap a needle use the appropriate technique (shoe holding the cap to the floor). Needles syringes and broken vials should be immediately placed in a puncture proof "sharps" container after use.

C. Pocket masks with one-way valves or positive pressure ventilators should be used for artificial respiration. Masks should be worn by the EMT or patient for those infectious agents known to be transmitted by the airborne route (i.e., tuberculosis, chicken pox, measles, etc...).

D. Sufficient information should be obtained to determine if a patient may have active tuberculosis (TB); recent history of TB, HIV infection, fever, recent weight loss or cough. A surgical mask should be placed on patients with a history suggestive of active TB unless the mask would compromise the patient's respiratory status. In circumstances where a surgical mask appears to make or might make the patient's breathing worse, the prehospital personnel should wear surgical masks. Ventilation should be maximized in the patient compartment during transport of patients known to have active TB.

E. Equipment should be thoroughly cleaned after each use. Disposable equipment should be considered for use whenever appropriate.

F. In the event of significant exposure an instructor should be notified and an incident report filed.

G. Significant exposure is defined as the following:

- Any puncture of the skin by a needle or other sharp object that has had contact with patient's blood or body fluids or with fluids infused into the patient.
- Blood spattered onto mucous membranes (e.g. mouth) or eyes.
- Contamination of open skin (cuts, abrasions, blisters, open dermatitis) with blood, vomit, saliva, amniotic fluid or urine. Bite wound to providers would be included in this category.

**Substance use/abuse:**

Attending clinicals and internships while under the influence of alcohol or drugs is prohibited. It is inappropriate to be under the influence or have consumed within the last 12 hours any substance that would alter your state of mind, or jeopardize patient care (ex: alcohol or drugs).

If you are suspected of being under the influence of alcohol or drugs, you will be immediately dismissed from your shift by your mentor. If this occurs you must notify your instructor immediately via pager and voice mail and complete an incident report in writing. You may be asked to provide evidence that you are sober (i.e.: Breathalyzer, urine or Blood test). Your preceptor will notify the clinical coordinator immediately via pager and voice mail.

**Student Conduct**

Students are expected to act in a professional manner as outlined in the professional behavior evaluation form.

Student behavior that threatens and/or endangers the psychological or physical safety of a patient, ambulance staff member or instructor will result in immediate dismissal from the course and the program.

**Physical Fitness and Lifting:**

EMS and Healthcare in general can be a physically demanding field. Keeping physically fit through proper diet and exercise will help you look professional, and more importantly, it will help prevent you from falling victim to many "job related" injuries. Also, should an injury occur, your fitness will help speed your recovery.

During your field internship you are expected to participate as a full member of the healthcare team. This will include carrying equipment and assisting with the lifting and carrying of patients.

Physical fitness is often overlooked in EMS curriculum and practice. It is however one of the most important aspects of preparation and participation in an EMS career. For many EMS workers being safe on the job means approaching ambulance work like an athlete approaches a game. Although you might not use your maximum physical output on each ambulance call, or each shift, being prepared to give your all is vital to staying healthy. Your risk of injury increases dramatically if you do not stay ready and healthy. Your approach to this issue will dictate whether EMS is your long term career or a short term job.

**Always stretch before and during your shifts. Remember to keep you back in neutral at all times. Lift with your legs and whenever possible have a spotter.**

**Student Uniform Policy**

This uniform protocol applies to all EMTS EMS students unless specified otherwise by course instructor.

The uniform must be clean and present a professional appearance at all times. If purchasing this uniform will cause you financial hardship, please contact your instructor. There may be used uniforms donated by past students, or cost effective alternatives that we can suggest.

**Hair**

- Shoulder length or longer must be tied back.
- Beards and mustaches neatly trimmed (it may be required that beard and possibly mustaches be shaven for the internships allowing for proper fitting of HEPA masks).
- No head covering is permitted except for the approved winter hat at temperatures below 40F.

**Jewelry**

- Small "post" earrings are acceptable for women (this does not include small hoops or dangles).
- Piercing and other visible jewelry should be removed when in uniform.
- No visible necklaces permitted.

**Uniform Shirts**

- EMT-B white EMTS Polo shirt (for all clinicals and internships). A white undershirt must be worn with no visible sleeves or lettering showing.
- EMT-Paramedic dark blue EMTS Polo shirt (for all clinicals and internships). A matching blue undershirt must be worn with no visible sleeves or lettering showing.
- Operating Room, L&D, and Children's Medical Center ICU or Internal Transport clinicals must wear scrubs and closed toes shoes.
- In winter weather only, EMT-B white turtlenecks or white thermal underwear, EMT-P matching turtlenecks thermal underwear, may be worn under long sleeved full uniform shirt. All uniform shirts must be clean and worn tucked in at all times.

**Uniform Pants**

- No jeans. Must be slack pant material. Flight/trauma pants are permitted. All pants must be bark blue or black.

**Outer Garments**

- FOR WARMTH:
- EMTS Gray, Black, Navy blue fleece jacket. This fleece outer garment must have EMTS Patch on the front chest.
- During extreme winter conditions a plain blue/black knit skull cap and black gloves may be worn.
- For all field clinicals and internships, a high visibility OSHA/ANSI approved vest must be worn for all patient contacts on or near the roadway regardless of temperature. This can be worn over the blue jacket for warmth.

**Required Accessories**

- Shoes: All black boots or approved all-black tennis shoes.
- Socks: Navy blue or black in color. No ankle socks.
- Belt: Black with plain silver buckle.
- Identification for FULL UNIFORM: EMTS student name tag worn at all times and visible at all times. To be worn over right breast pocket.
- Watch: with a second hand, or digital readout.

## Additional Information and Expectations of Students:

### ⊕ Hospital

- ⊕ Bring small meal gift to show student appreciation for the rotation opportunity. Triage rotation no food is needed.
- ⊕ Arrive at nursing station 15 minutes early.
- ⊕ Be prepared to stay 15 minutes after scheduled end time for report.
- ⊕ Cannot disappear unless a staff member knows where you are going.
- ⊕ The break room is for staff. Students need to be on the floor learning. There is always something to be done. Example: stocking rooms.
- ⊕ Confidentiality. No information taken from rotation that may identify the patients. Example: EKG strips are OK if name/address/DOB/etc is removed. Lab Sheets are OK if names/address/DOB/etc is removed.
- ⊕ Do not tie up station telephones.
- ⊕ No cell phones or pagers within clinical facility.
- ⊕ No earrings or tongue rings for men.
- ⊕ Women can wear stud earrings only.
- ⊕ Long hair must be pulled back.
- ⊕ Nametag worn at all times and visible.
- ⊕ If exposure or conflict arises contact school pager immediately.
- ⊕ If staff expels you from rotation early just leave and contact school pager immediately.
- ⊕ If a personal emergency arises and you have to leave rotation contact school immediately.
- ⊕ Must have Stethoscope, Watch with second hand, and Trauma Shears at minimum.
- ⊕ If the staff is cleaning, you are cleaning.
- ⊕ If staff asks you to do something, do it. Unless it violates school policy or your safety.
- ⊕ If you are a fight fighter going thru EMS school. While on rotation you are only an EMS student. Do not forget this.
- ⊕ If you sleep during the shift you need to call the school immediately. No exceptions.
- ⊕ You may not receive phone numbers of patients/guests/staff to contact after rotation.
- ⊕ You may not give your phone number to patients.
- ⊕ You may not have relations with any patient/staff, even if consensual.
- ⊕ **Tweeting, Face booking, My Spacing or using any other social networking site to discuss any clinical information such as clinical site, any information about a patient (including but not limited to name, anything regarding their condition, family members/friends), or any information regarding the clinical and or internship staff will not be tolerated.**

### Hospital - EMT-Basic students

1. 8 or 12 hour clinicals must complete:
  - \*1 EMT STUDENT KNOWLEDGE AND SKILLS INVENTORY sheet per shift
  - \*2 EMTS PATIENT RUN SHEETS per shift.

### Hospital - Paramedic students

1. 1 EMT-P STUDENT KNOWLEDGE AND SKILLS INVENTORY sheet per shift  
1 EMTS PATIENT RUN SHEETS PER SHIFT

## ⊕ Ambulance

### ⊕ Bedding

Internship sites will provide basic bedding. Student brings pillow and material for warmth.

### ⊕ Bring small meal gift to show student appreciation for the rotation opportunity

Fire Departments; bring something to add to the dinner meal. Be creative. In addition donuts are a good start. Private EMS; usually do not eat at the station. Bring some donuts or something for on the go.

### ⊕ Bring cash

Fire Department; bring \$8 to \$15 dollars to buy into the meal schedule. This will pay for at least three filling meals. Private EMS; be prepared to bring cash for fast food.

### ⊕ Arrive at station early

Arrive 30 minutes prior to start time but no earlier. OFF GOING CREW MAY BE SLEEPING AFTER A LONG NIGHT.

Private EMS crews tend to arrive no earlier than 15 minutes before start time. EMTS students are still expected to arrive 30 minutes early.

### ⊕ Confidentiality. No information taken from rotation that may identify the patients. Example: EKG strips are OK if name/address/DOB/etc is removed. Lab Sheets are OK if names/address/DOB/etc is removed.

### ⊕ Cannot disappear unless a crew member knows where you are going.

### ⊕ When you arrive at station must review how stretcher works.

### ⊕ When you arrive at station need to look for a reflective vest to wear on MVC.

### ⊕ Forms to give station officer upon immediate arrival.

If applicable; give required Waiver form to station officer along with your student information form.

### ⊕ If crew is in meeting or CE that you cannot attend you need to be studying not watching TV.

### ⊕ Do not tie up station telephones.

### ⊕ No cell phones or pagers.

### ⊕ No earrings or tongue rings for men.

### ⊕ Women can wear stud earrings only.

### ⊕ Long hair must be pulled back.

### ⊕ Nametag worn at all times and visible.

### ⊕ Cold weather may wear approved EMTS jackets.

### ⊕ May not wear bunker gear during rotations.

### ⊕ If exposure or conflict arises contact school immediately. 24 hours a day.

### ⊕ If crew expels you from rotation early just leave and contact school pager immediately.

### ⊕ If a personal emergency arises and you have to leave rotation contact school immediately.

### ⊕ Must have stethoscope, watch with second hand, and trauma shears at minimum.

### ⊕ If the crew is cleaning, you are cleaning.

### ⊕ If crew asks you to do something, do it. Unless it violates school policy or your safety. Example: Driving the rescue.

### ⊕ If you are a fire fighter going through EMT school. While on rotation you are only an EMT student. Do not forget this.

### ⊕ 24 hour shifts: If you sleep through a call or miss one run you fail the entire course. If you get a call with only 5 minutes left on your shift you are expected to run the call.

### ⊕ You may not receive phone numbers of patients/staff to contact after rotation.

### ⊕ You may not give your phone number to patients.

### ⊕ You may not have relations with any patients even if consensual.

### ⊕ Students must be at least 18 years of age to be eligible to ride with certain department. Even if you are over 18 years of age the school and departments reserve final decision to refuse a rotation.

## Ambulance - **EMT-Basic Students**

### ⊕ Paperwork:

1. EMS **Clinical** must complete:
  - \*1 EMT STUDENT KNOWLEDGE AND SKILLS INVENTORY Sheet
  - \*One EMTS PATIENT RUN SHEET **per** patient transport.
2. Fire Department or Private EMS **Internship** must complete:
  - \*1 EMT STUDENT KNOWLEDGE AND SKILLS INVENTORY sheet per shift
  - \*1 EMTS PATIENT RUN SHEETS PER TRANSPORT
  - \*1 EMTS Internship Final Assessment Statement

## Ambulance – **Paramedic Students**

1. **A minimum of 12 Consecutive Shift Rotations** must complete. Must complete internship booklet with preceptor per shift.