



**College of Southern Nevada -
Emergency Medical Services:
Student Handbook**

Academic Year 2023 – 2024

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CSN Information

Policies and Procedures

CSN is one of eight (8) institutions governed by the Board of Regents of the Nevada System of Higher Education. The Board of Regents (BOR) has adopted policies and requirements which are found in its [Handbook](#), available for review online at nshe.nevada.edu. In addition to the BOR policies, CSN has also adopted policies and requirements which are specific to its college community which are similarly available for review [online](#) at csn.edu. Students enrolled in any EMS course at the College of Southern Nevada are bound to all CSN and BOR policies and procedures in addition to each of the EMS-specific policies and procedures which are outlined in this handbook.

The Board of Regents and CSN may amend their respective policies and requirements consistent with their procedural rules. The CSN President has the discretion to suspend or rescind all or any part of a CSN policy, and the CSN community will be informed as circumstances require. The EMS policies and procedures are reviewed and revised each academic year. No part of these policies is intended to create a contractual obligation between the EMS program and its students. Questions regarding any part of this handbook should be referred to the appropriate party listed or submitted according to the chain of command outlined.

Social Media

The College of Southern Nevada (CSN) recognizes that social media sites – MySpace, Facebook, Twitter, and many others – offer alternative ways to reach and communicate with community members and students. The respectful use of social media strengthens our reputation within the community and expands the awareness of our varied educational options. Social media sites allow us to build strong professional relationships with students, community members, industry experts, business partners, and community organizations. While the College of Southern Nevada encourages the use of social media sites, the Division of Public and College Relations requires specific guidelines to be followed in an effort to create a positive experience.

Personal social sites should not be linked to official CSN web pages. No site should be created that could be perceived to be an Official CSN site. Information published on your blog(s) should comply with CSN's confidentiality, disclosure of proprietary data, and FERPA policies including information regarding CSN business partners and affiliations. This also applies to comments posted on other blogs, forums, and social networking sites. Do not use CSN's name to promote or endorse any product, cause, or political party or candidate. Be respectful of all persons and their right to privacy.

Respect copyright laws and cite sources appropriately. Plagiarism still applies to online content. CSN logos may not be used without consent. Please contact the Division of Public and College Relations for logo authorization and access.

Social networks and the internet provide unprecedented opportunities for rapid information exchange and dissemination, but this exchange does not come without risk. EMS providers, including students, have an obligation to understand the nature, benefits and consequences of participation in social networking of all types. Online content and behavior has the potential to enhance or undermine not only the individual provider's career, but also the EMS profession.

Remember to comply with all privacy laws when functioning in a clinical status in accordance with HIPAA. Remember your online presence is a reflection of CSN [and the EMS program]. Do not reference or cite any CSN faculty, staff or other students without their expressed consent. Do not use their image or likeness without consent.

Equal Employment Opportunity / Affirmative Action

CSN is an Equal Employment Opportunity/Affirmative Action institution and does not discriminate on the basis of sex, age, race, color, religion, disability, national origin, veteran status, sexual orientation, genetic information, gender identity, or gender expression in the programs or activities which it operates. For more information, please visit <http://www.csn.edu/nondiscrimination>

CSN es una institución (igualdad de oportunidades laborales/acción afirmativa) y no discrimina en base del sexo, la edad, la raza, el color, la religión, la discapacidad, el origen nacional, el estatus de veteran, la orientación sexual, la información genética, la identidad de género, o la expresión de género en los programa o las actividades que opera. Para más información visite la página web <http://www.csn.edu/nondiscrimination>

Board of Regents of the Nevada System of Higher Education

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Dale A. R. Erquiaga, NSHE Chancellor; Dr. Federico Zaragoza, CSN President

Program Information

Program Mission Statement

In accordance with [CSN's mission statement](#), the EMS program is dedicated to preparing students with the necessary skills, through theory and practice, to meet the needs required of an EMS professional, both locally and nationally.

The purpose of the EMS Program is to provide the highest quality instruction to the subscribers of the program, insuring, at all times, that the standards and requirements of the Southern Nevada Health District, Commission for the Accreditation of Allied Health Educational Programs, and the College of Southern Nevada are met or exceeded.

Program Vision

- To develop a sensitive and compassionate appreciation for patients and peers while delivering competent emergency care.
- To perform an adequate patient assessment based upon each student's level of training.
- To develop an appropriate treatment plan based upon the patient's needs and the student's level of training.
- To develop an understanding of the presentation and pathophysiology of diseases and conditions encountered in the prehospital setting.
- To prepare students to become healthcare professionals and develop the work habits desired in the workforce of EMS and EMS-related occupations.
- To prepare competent entry-level EMS providers at each nationally recognized level in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.

Program Values

The EMS program provides the highest quality education to all students. To that end, the program believes that the individual who renders aid to the sick and injured person must not only be proficient in the skills necessary to help ease suffering and prevent further injury but must also have the requisite comprehension of the underlying process which is causing the patient's condition. With this knowledge, along with the skills learned, the prehospital care provider trained at CSN will have the resources to handle any emergency that may be encountered. The EMS program teaches all classes to the national standard while also incorporating local practice guidelines necessary for success in the eventual employment. The EMS program also believes and teaches that all patients and people are to be respected and treated with compassion. It is an expectation that these human factors are not only included in every course, but that all students demonstrate these values consistently throughout their education.

Program Accreditation

The CSN Paramedic Program is accredited through the Commission on Accreditation of Allied Health Education programs (www.caahep.org) upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).

[Commission on Accreditation of Allied Health Education Programs](#)

25400 U.S. Highway 19 North, Suite 158
Clearwater, FL 33763

[Commission on Accreditation of Educational Programs for the Emergency Medical Services Professions](#)

8301 Lakeview Parkway, Suite 111-312

Rowlett, TX 75088

Phone: (214) 703 – 8445

Fax: (214) 703 - 8992

Program Course Offerings

The [EMS Program](#) currently offers two certificates of completion (EMT and Advanced EMT), one certificate of achievement (Paramedic), and one associates of applied sciences degree (Paramedic). Each of these programs meet or exceed local and national requirements. Upon completion of each program of study, the student will be eligible for appropriate certification through either the [National Registry of EMTs](#) or the [Southern Nevada Health District](#) with professional licensure to follow.

All complete and current course descriptions can be found in the [CSN Catalog](#) online. The following outlines the general program of study for each certification and licensure level. At each level of instruction, the student will participate in both simulated and supervised real patient encounters. The purpose of these exercises is to prepare the student for application of the theoretical principles and the psychomotor skills necessary to function as a licensed EMS provider upon program completion. Each of these components (lecture, lab, and clinical) are necessary for successful program completion. Therefore, both the student's participation in and performance during all EMS activities will be incorporated into the course grade(s).

EMT

The EMT program of study consists of nine (9) college credits divided over three separate components: lecture, lab, and clinical. All three components must be completed and passed concurrently, in one term, in order for the student to be eligible for certification and licensure. The courses offered at CSN are: EMS 108B and EMS 150B.

AEMT

The AEMT program of study consists of eight (8) college credits divided over three separate components: lecture, lab, and clinical. All three components must be completed and passed concurrently, in one term, in order for the student to be eligible for the certification and licensure. The courses offered at CSN are: EMS 115B and EMS 116B.

Paramedic

The Paramedic program of study consists of forty (40) college credits divided over four semesters. There are two separate tracks to completion, each confers into either the certificate of achievement or the A.A.S. The academic tracks begins each Fall and Spring, meets in the classroom twice a week and in clinical rotations once a week for 13 months, culminating in a paramedic internship. The hybrid track begins each Summer, meeting the classroom one day a week and in clinical rotations once a week for 13 months, culminating in a paramedic internship.

Program Facilities

A complete description of available facilities available to all CSN students is available on the [CSN website](#). The following are descriptions of specialized resources for EMS students.

West Charleston Campus

Address: 6375 W. Charleston Blvd., Las Vegas, NV, 89146

Email: ems@csn.edu and emtclinicals@csn.edu

Administrative Assistant: Valerie McHaskell

Phone: (702) 651 – 5807

Email: Valerie.McHaskell@csn.edu

All full-time faculty members have an office located in the B building, room 205. The EMS program administrative assistant is also available in this location. Contact information is listed above. All three programs of study are hosted at this campus, year-round. There are five designated lab areas for EMS students. One lab (B215) is a wet-lab, designed primarily for practice of vascular access skills and medication administration. Two labs (B217 and B225) have been fitted with a full-size ambulance simulator for student practice of delivering simulated medical care while in the confined space typical for the prehospital environment. The last two rooms (B219 and B221) have been designed with an open floorplan capable of adapting to the needs of each student group and skills practice necessary for competency; room B219 has also been equipped with moveable shelving, and home furnishings to allow lifting, moving, and maneuvering practice.

Green Valley Tech Center

Address: 1500 W. Warm Springs Rd., Henderson, NV, 89014

One shared office space is available on this campus and may be filled by either faculty or adjunct instructors at various times throughout the semester. The EMT courses are offered at this location, year-round, with the AEMT courses being offered during the fall and spring semesters. There are two designated lab areas for EMS students. The main lab (room 108) has an open floor plan and has been fitted with an ambulance simulation area. This space is designed to be multi-functional while still allowing practice of the delivery of medical care in both unique prehospital environments and the confined space typical of an ambulance. The second lab room (120) has been designed with an open floorplan capable of adapting to the needs of each student group and skills practice necessary for competency.

EMS Instructional Faculty

Full-Time	Adjunct
<p>Program Director Braiden Green: Phone: (702) 651 – 7542 Email: braiden.green@csn.edu Office: West Charleston, B205-G</p>	
<p>Instructor Anthony Chiodini: Phone: (702) 651 – 7339 Email: anthony.chiodini@csn.edu Office: Green Valley, 101-C</p>	
<p>Instructor Trish Klein: Phone: (702) 651 – 7810 Email: tricia.klein@csn.edu Office: West Charleston, B205-F</p>	<p>Christopher Carrier Joe Emler Jessica Goldstein Sierra Stamer</p>
<p>Instructor Sarita Lundin: Phone: (702) 651 – 7812 Email: sarita.lundin@csn.edu Office: West Charleston, B205-C</p>	<p>Imonie Coward Tiffany Pinkerton Ken Taylor Jordan Urias</p>
<p>Professor Richard Main: Phone: (702) 651 – 7547 Email: richard.main@csn.edu Office: West Charleston, B205-I</p>	<p>Tamara Henderson Alecia Neel Stephen Neel</p>
<p>Instructor Justin Peck: Phone: (702) 651 – 7811 Email: justin.peck@csn.edu Office: West Charleston, B205-B</p>	<p>Miranda Woolbright</p>
<p>Instructor Melanie Robison: Phone: (702) 651 – 7547 Email: melanie.robison@csn.edu Office: West Charleston, B205-E</p>	
<p>Instructor Aria Rosenblum: Phone: (702) 651 – 7514 Email: aria.rosenblum@csn.edu Office: West Charleston, B205-H</p>	
<p>Professor Michelle Zahn: Phone: (702) 651 – 5990 Email: michelle.zahn@csn.edu Office: West Charleston, B205-D</p>	

Program Policies

Each of the below policies are the minimum requirements for every EMS student to follow, at all times, while enrolled in an EMS course at CSN. Each policy may be superseded, or made more restrictive, by a policy published in the course-specific syllabus provided by an EMS instructor congruent with CSN's policy on [academic freedom](#). However, no policy below can be made less restrictive, or more lenient, by a course syllabus statement as most of these are based on accreditation, certification, or licensure requirements.

Attendance

Students are expected to attend all sessions of the course(s) in which they are enrolled. To ensure adequate exposure to the educational material and standards, the CSN EMS program adheres to the [Southern Nevada Health District EMS Procedure Manual](#): Procedure for Initial Education statement as follows in accordance with the EMS regulations Section 200, Procedure IX – “Individuals who miss more than 10% of a course will not receive credit for the course.”

- For lecture/lab courses which are scheduled to meet two (2) times per week for sixteen (16) weeks, this equates to being absent no more than three (3) times and being tardy no more than one (1) time.
- For lecture/lab courses which are scheduled to meet one (1) time per week for sixteen (16) weeks, this equates to being absent no more than one (1) time and tardy no more than two (2) times.
- For lecture/lab courses which are scheduled to meet two (2) times per week for eight (8) weeks this equates to being absent no more than one (1) time and tardy no more than two (2) times.
- For lecture/lab courses which are scheduled to meet one (1) time per week for eight (8) weeks this equates to being absent no more than one (1) time and tardy zero (0) times.
- For lecture/lab courses which are scheduled to meet two (2) times per week for more than eight (8) weeks but less than sixteen (16) weeks this equates to being absent no more than two (2) times and being tardy no more than two (2) times.
- For lecture/lab courses which are scheduled to meet one (1) time per week for more than eight (8) weeks but less than sixteen (16) weeks this equates to being absent no more than one (1) time and tardy no more than one (1) time.

Tardiness of greater than 10% of a given class shall be counted as an absence. This equates to approximately twenty (20) minutes of class time for a 3-hour lecture or lab class meeting. Please refer to the syllabus to verify an instructor's specific definition and limitations on tardiness.

Any student who misses class for any reason must contact their course instructor immediately for any make-up assignment(s). Make-up assignments must be completed as directed by the instructor and do not excuse or erase the absence. If a student accrues more than the maximum allotted absences, regardless of the number of accrued tardies, they will not be placed on course completion forms sent to the certifying bodies (SNHD and NREMT) and will not be eligible for EMS certification or licensure at that educational level.

Grading

EMT/AEMT Coursework

EMS courses are designated as either “Pass/Fail” or letter graded. This information can be found on the syllabus and course descriptions. When letter grades are being used for EMT and AEMT courses the following scale will be used:

- A: 90 – 100%
- B: 80 – 89%
- C: 70 – 79%
- D: 60 – 69%
- F: Below 60%

If a student has not achieved a cumulative score of 80% or higher (B grade) at the conclusion of the course, the student will not be placed on the course completion forms sent to the certifying bodies (SNHD and NREMT) and will not be eligible for EMS certification or licensure at that educational level.

No student will receive more than 2% of the total number of points available within the course as extra credit. Opportunities for extra credit will be determined by the instructor but may include volunteering to be a patient or EMT assistant for more advanced student level examinations.

Paramedic Coursework

EMS courses are designated as either “Pass/Fail” or letter graded. This information can be found on the syllabus and course descriptions. When letter grades are being used for paramedic courses, the course syllabi will define the points or percentages needed to achieve a satisfactory cumulative score of “B” or better. Progression in the paramedic coursework will only occur if **all** program-required courses are passed with a grade of “B” or better.

Paramedic course grades can include assessment for clinical assignments and rotation completion including the required decorum and professionalism of EMS professionals in an active medical environment. Laboratory paramedic course grades may also include stipulations on number of successes and/or failures at a particular skill after being provided reasonable opportunities for remediation, and may be determined based on the students’ performance in a single, high-stakes, summative assessment similar to certification and licensure requirements. Any/all assessment criteria will be on course syllabi and distributed to students. Final grades in any lecture, lab, or clinical course of the paramedic program that are below a “B” grade (on any scale being utilized) will result in the student being ineligible for continuation in the paramedic program.

CSN has adopted a [Grade Appeal Policy](#) which provides limited bases for student appeal. CSN has also adopted an [Academic Integrity Policy](#) which provides for sanctions up to and including course failure if cheating, plagiarism, or other such conduct occurs. Finally, CSN has adopted a [Student Conduct Code](#) which provides for sanctions of suspension or expulsion for students who engage in [abusive or threatening](#) behavior. All of these policies can be reviewed on the CSN website. It is the student’s responsibility to discuss any academic/clinical concerns regarding grading or assessment criteria with the instructor and/or program director as they arise.

Uniform

Unless otherwise directed by EMS faculty, the EMS uniform is to be worn by all currently enrolled students at every CSN EMS related activity. This includes attendance in lecture and lab classes, participation in clinical rotations, and attendance at additional clinical orientation, volunteer activities, school tours, etc. Students may not be allowed to participate in an EMS activity if they are not in full uniform - this includes being refused admittance and subsequently counted as absent for lecture and lab course meetings or clinical rotations. The uniform will not be worn at any off-site location when a student is not participating in a CSN EMS sponsored activity.

The approved uniform includes: navy blue pants (not jeans), navy blue tactical polo with CSN EMS program patch and appropriate level rocker patch, shineable black boots, black belt, and a current CSN student ID to be worn with the appropriate badge buddy identifier beneath it.

Uniforms must be neat, clean, and well-maintained. No excuses will be accepted for a student showing up without a full uniform, including any aspect of the uniform being dirty or soiled or wrinkled excessively. The uniform shirt needs to be tucked into the pants at all times. If an undershirt is worn, it must be plain navy blue (without any insignia, image, or wording) or the CSN EMS t-shirt.

The student ID needs to be issued for the current semester and year and display “EMT Student” next to the picture. It should be clipped to the shirt collar or sleeve at all times. No other ID or nametag is allowed.

The wearing of caps, hats, or sunglasses in the classroom or lab is never permitted. The student may not wear jewelry that could cause injuries to the student, keep the student from operating any equipment safely, or impair the safe performance or practice any EMS skills. No earrings, face or tongue jewelry should be worn by any student during the completion of clinical rotations.

Long hair will be pulled back from the face and secured for both men and women. Facial hair must be neatly groomed at all times; it is recommended that EMS students consider shaving all facial hair in congruence with the employment expectations of all EMS field providers

Under certain situations, on-duty EMS personnel may wear their agency uniform in class or during clinical rotations. The student seeking such accommodation must be approved by the EMS Program Director only, and must be getting paid by the sponsoring agency at the time of the class or clinical rotation for which they are wearing the agency uniform. For additional information or questions, the EMS Program Director should be contacted directly.

Student Conduct

Students are held to all college, school, and department conduct expectations in addition to the behaviors listed below. For additional information, students should refer to the [CSN Student Handbook](#) and school website. An instructor has the right to remove an unprofessional or [disruptive student](#) from the classroom, lab, or clinical at any time. Such a removal will count towards accumulated absences. Any student who, after counseling, is found to still display unacceptable behavior that is potentially detrimental to the class will be removed from the course(s) and program of study administratively. Professional behavior can be demonstrated through the following activities, though this list is not exhaustive:

- Giving instructors and peers their full attention, cooperation, and participation during classroom and lab activities.
- Maintaining the cleanliness and organization of lab rooms, equipment, and supplies.
- Wearing appropriate personal protective equipment and practicing adherence to body substance isolation standards in the performance of any hands-on activity.
- Displaying the values consistent with the professional identity of EMS including responsibility, cooperation, work ethic, critical thinking, punctuality, independence, self-esteem, respect, self-discipline, assertiveness, confidence, creativity, ethics and morals, problem solving, decision-making, communication, clinical reasoning, integrity, and safety.

Examples of unprofessional and unacceptable behaviors are as follows; this list is not all-inclusive and is subject to instructor discretion.

- Defacing, vandalizing, or otherwise purposefully damaging school property to include desks, walls, manikins and other lab or classroom equipment.
- Lying to an instructor or committing another act consistent with a violation of CSN's [academic integrity policy](#).
- Interrupting or disrupting the learning of other students in the same classroom, lab, or clinical activity.
- Using a cell phone or other electronic device during classroom, lab, or clinical activities in any manner which distracts others or demonstrates a student's lack of full participation in the course activities.
- Engaging in any unsafe activity which places the student, their peers, instructors or any other person at increased risk for injury or exposure.
- Violation of Health Insurance Portability and Accountability Act (HIPAA) regulations.
- Being under the influence of drugs, alcohol, or other mind-altering substance

Professional Behavior in EMS

All EMS students are expected to conduct themselves in a professional manner consistent with the identity a practicing EMS provider. Consistent disregard for the professional expectations of EMS students may result in a reduction of the cumulative lecture grade by up to 10% per documented occurrence.

Integrity: Consistent honesty – doing the right thing even when no one is watching. Examples include being able to be trusted with protected health information and personal belongings, accurate documentation practices, personal accountability, etc.

Empathy: Showing compassion for others. Examples include responding appropriately to the emotional needs of patients and family members, demonstrating respect, remaining calm and cooperative, etc.

Self-Motivation: Taking the initiative to complete clinical milestones. Examples include setting daily goals, completing required tasks in a timely fashion, finding work without direction or supervision, offering assistance to others, striving to performance improvement and constant excellence in the delivery or patient care, etc.

Self-Confidence: Demonstrating an awareness of one's personal strengths and weaknesses. Examples include making sound judgement calls regarding supervision and assistance required to complete clinical tasks, requesting help for identified shortcomings, demonstrating independence and critical think commiserate with experience level, etc.

Communication: Speaking or writing clearly in a manner which enhances patient care. Examples include providing accurate reports to other healthcare providers, conducting patient interviews, utilizing nonverbal strategies when necessary, adapting communication styles to the situation, etc.

Teamwork & Diplomacy: Placing the success of the team above self-interest. Examples include not undermining team efforts, being supportive of others, remaining flexible to changing needs, etc.

Respect: Behaving in a manner that brings credit to the EMS profession. Examples include being polite to others, not using offensive terms or language, following instructions, listening actively, arriving on-time, etc.

Patient Advocacy: Providing quality patient care unaffected by personal bias or feelings. Examples include placing the needs of the patient above self-interest, protecting and respecting patient confidentiality and dignity, etc.

Testing Procedures

All high-stakes examinations (quarterly, midterm, or final examinations) will be administered under the following procedures. Students who believe they will not be able to adhere to the following processes should contact the [disability resource center](#) for evaluation and requested accommodations at least a month in advance of a scheduled examination and follow all necessary CSN steps to obtain documentation of their needs prior to the examination administration date. Instructors are unable to implement individual accommodations otherwise.

All students will place their phones, smart watches, and any other digital/electronic devices on a table with the instructor before the examination begins. These devices should be set to silent mode, and will remain at the designated area, supervised by the instructor until the student completes the examination.

All backpacks, purses, and other bags will be closed completely and secured either under the desks/tables or alongside the electronic devices.

Students should plan ahead and utilize the restroom prior to the start of the examination. Once the exam has begun, only one student may exit the classroom to utilize restroom facilities at a time at the discretion of the instructor administering the examination. The student will not be permitted to access their electronic devices or any other items not needed for personal hygiene purposes until their examination has been completed and turned into the instructor.

Students will be permitted to bring two writing utensils, blank paper, and a single, unlabeled bottle of water for use throughout the examination. All used paper will be turned into the instructor prior to the student leaving the classroom.

Instructors will conduct an item analysis of all examinations and review challenging subject areas with the students after all students have completed the examination. Students will be permitted to schedule a one-on-one review of their individual test results with their instructor according to the course syllabus. However, no instructor will post word for word questions and answers for student studying material. Similarly, no student will be permitted to copy or photograph test items for later review.

Corrective Action

All EMS students are expected to adhere to each of the policies outlined in this student handbook. Failure to do so will result in progressive corrective action process in an effort to outline unacceptable performance or behavior and provide the student with an opportunity for the student to develop more successful habits. On the first offense or incident, the student will be given a written Unsatisfactory Progress Notification (see Appendix A) from the instructor with detailed information provided for their review. On the second offense or incident, another written notification will be provided to the student and delivered by the instructor with appropriate counseling. On the third offense or incident a final written notification will be provided to the student with a recommendation from the instructor to schedule a meeting with the EMS Program Director.

All corrective action documentation is submitted to the EMS Program Director for review. The Program Director may at any offense or incident make the decision for the student's removal from the course and program of study as well as the decision to escalate the paperwork up to the department chair, dean, or student conduct officer.

Chain of Command

For the most efficient communication and resolution of any student issues or complaints, the EMS Program adheres to a structured chain of command. All EMS students are expected to adhere to this chain of command at all times regarding course activities. Students who do not adhere to the chain of command structure when communicating with EMS faculty or staff will be directed back to the appropriate contact and given more specific instructions on following the chain of command.

The first link in the chain of command, and the first point of contact for students is their assigned course instructor. It is important to note that each student will have at least three separate instructors assigned during any one school term: a lecture instructor, a lab instructor, and a clinical instructor. Students can verify the names of assigned instructors through either MyCSN or Canvas.

The second link in the chain of command is the Lead Instructor for their level. Students may escalate their communication to the Lead Instructor only after making a reasonable attempt to resolve any issues with the primary/assigned instructor for the related activity.

The third link in the chain of command is the EMS Program Director. Students shall not escalate their communication to the Program Director without prior notification to both the assigned/primary instructor and the Lead Instructor.

The fourth and subsequent links in the chain of command are those outside of the EMS Program – the Department Chair, the Dean, the Vice President of Academic Affairs, and the CSN President. These persons should never be contacted by a student without prior notification to the EMS Program Director.

The definition of a reasonable attempt at resolution is as follows: the student sent at least two emails or left at least two voicemails or any combination of the two separated by at least one business day each which went unanswered or the student communicated with at least once in-person or by phone and felt that the information provided was inaccurate or unfair when compared to written policies contained in the course syllabus, this handbook, or any other CSN publication.

Safety/Risk Assumption

For a student to get the most out of the courses it will require them to participate in both scenario- and skills-based learning activities. The student may have to employ some physical activity to complete these activities including lifting, stepping up and down from ambulances/simulators, carrying equipment, navigating halls or stairs with stretchers, or performing chest compressions. There may be additional physical activities which are not listed but remain an integral part of the provision of care in an EMS capacity. It is important to understand that participation in any type of physical motion involves inherent risks of injury and the nature/extent of injury may vary depending on the activity as well as the student's physical condition, conduct and limitations. A description of the Essential Functions of EMS Students is provided (see Appendix A); further information on the physical agility typical for this profession can be reviewed online through [ONET](#). If there are known limitations which would prevent a student from performing any of the course-related activities the student should seek further information and counseling from the EMS Program Director.

Emergency Procedures

If an injury occurs, at any time during the performance of course-related activities, the student must immediately notify the instructor. In addition, AEMT and Paramedic students will be utilizing medical sharps to include needles and catheters. It is possible for students involved in these training activities to experience an injury from the improper handling or disposal of sharps, as well as possible exposure to the blood or body fluids of another individual. If a student is exposed to foreign blood, body fluids, or other potential pathogenic agent while participating in a lab or clinical setting, they are to notify the instructor immediately and complete the requisite forms (see appendix A). Additional information regarding the reporting and handling of injuries and exposures can be found by reviewing the [Bloodborne Pathogens Exposure Control Plan](#).

CSN is served by a full-time police department consisting of sworn peace officers and a contracted security service. In the event of a [campus-based emergency](#), staff, faculty, and students have a quick and efficient means for communicating with the CSN Police Department. By dialing "7911" on any campus land line telephone you will be put in contact with the CSN Police Department. It should be noted that anyone dialing "911" from a cell phone on campus will be connected directly with the Las Vegas Metropolitan Police Department, and their police dispatchers will connect these calls with the CSN dispatcher. The "911" number should only be used in the case of an immediate emergency or crime in progress. All other calls for non-emergency police assistance should be made by calling the CSN Police Department on their respective campuses.

Physical Contact

All EMS students must participate in lab and clinical activities which will involve physical contact with other students, instructors, or patients. This contact may be between parties of both the same and opposite genders. Students have the right to refuse physical contact from any party at any time and for any reason including but not limited to cultural or religious beliefs. However, the students who consent to practicing the supervised assessment and the modest physical contact necessary will benefit the most from these learning strategies.

AEMT and Paramedic students may be offered an opportunity to practice certain invasive procedures on each other under instructor supervision during the laboratory component of the course. Participation in these activities is not mandatory, but strongly encouraged. Affected students will be given more information regarding these procedures and risks before they are asked to consent or decline their participation.

Any student who feels threatened by any physical contact within the lab or clinical environment should immediately take necessary steps to ensure personal safety then notify the instructor or preceptor available as well as the EMS Program Director.

Advanced Placement for Paramedic Students

Students who provide evidence of academic credit in paramedic-level coursework or higher (RN, NP, PA, MD, DO, etc.) from a nationally accredited college or university in good standing at the time of the student's attendance may be eligible for admission and advanced placement in the College of Southern Nevada's Paramedic Program if all college transfer requirements have been satisfied. Admission is contingent upon cohort space availability. Applicants wishing to pursue this opportunity must first demonstrate completion of all existing Paramedic Program prerequisite coursework or equivalency.

An advanced placement applicant must submit a letter of intent to the program director at least eight (8) weeks in advance of the term start date for which they are applying. The letter of intent should include the course(s) for which they are seeking advanced placement consideration as well as documents supporting the course completion(s) equivalency.

If after review of the submitted documents, the program director finds that advanced placement is indicated, the applicant will be notified in writing and required to demonstrate current mastery of the subject(s) requested through one or more of the following:

- Theory testing equivalent to the final examination(s) in all courses for which transfer credit is sought. The passing score is 80%. Each theory examination can be taken one time only.
- Skills demonstration of all psychomotor competencies taught in the course(s) for which transfer credit is sought. The skills demonstration(s) may be attempted only twice.

Advanced placement applicants who do not meet the specified requirements may apply for admission to either the academic or academy tracks through the existing process and procedure.

Clinical Requirements

Logistics

When applicable, the dates and times when students are to report to a clinical facility will be announced as soon as possible near the beginning of each semester. Students may be scheduled for available day, evening, or night assignments at various locations as determined by the program faculty or clinical coordinators. Holidays will NOT be available, but weekends may be included.

The EMS program utilizes an online scheduling system ([Fisdap](#)) to optimize the scheduling of all EMS students across the different levels and clinical sites. A CSN EMS code specific to each student level and semester will be provided to students in the appropriate orientation and/or syllabus. The code is good for only the specified level, and students will be required to create a new account/redeem a new code as they progress into more advanced EMS courses. Costs for the Fisdap clinical scheduler/tracker are as follows:

EMT: \$15.00

AEMT: \$42.00

Paramedic: \$109.00

It is your responsibility as a student to make appropriate arrangements for transportation, child care, personal business, etc., so you are able to attend all assigned clinical rotations and your ability to meet requirements of the program is not impacted. Hours and days of clinical assignments are subject to change to allow for the best possible experience. All students are required to follow the clinical assignment schedule.

Each level of instruction has unique requirements and learning objectives, and therefore each EMS student population will be completing a different clinical rotation, which is set but subject to change according to clinical site availability and additional learning activities that may arise throughout a semester. Students should always verify course requirements in their given syllabus. The current schedule of clinical rotations for each level is as follows:

	EMT	AEMT	Paramedic
Total Hours			320 minimum
Type of Rotations	Ambulance Rides, Community Service	Ambulance Rides	Ambulance Rides, Hospital Rotations, Conferences/Meetings, Live/Dead Tissue Labs
Locations	AMR, Henderson FD MedicWest Three Square	AMR, Henderson FD MedicWest CSN	Henderson Fire Department, Las Vegas Fire Rescue, University Medical Center, Valley Health System, SNHD OEMSTS, Misc.

Distance Education Clinical Contingency

Upon direction from CSN administration or the EMS Program Director; clinical courses may be moved to a distance learning platform in accordance with EMS Program Medical Director, SNHD, and accrediting body approval.

The current schedule of distance education clinical rotations for each level is as follows:

	EMT	AEMT	Paramedic
Total Hours			TBA
Type of Rotations	Distance Education Simulations and Discussion Group	Distance Education Simulations and Discussion Group	TBA
Locations	Jones and Bartlet Navigate 2	Jones and Bartlet Navigate 2	TBA

Background Check

Clinical sites require each student to submit to a criminal background check. Upon acceptance into the program, the student will receive instruction on how to submit the information for the background check. Following assignment to a clinical facility, the facility will review the background and decide to accept or reject the student for assignment to their facility. If the student is rejected, the clinical education coordinator will attempt to make alternate placement at another clinical facility. The student will have the opportunity to explain or provide further information to the appropriate authority at the facility in an effort to overcome the rejection of the student for placement at the facility. If the program is not able to successfully place the student for clinical experience, this may jeopardize the student’s opportunity to complete the requirements of the program, and the student may be advised to withdraw.

Drug Screen

The EMS Program is committed to protecting the safety, health, and well-being of its students, faculty and staff, and the patients and employees of its affiliated clinics. Recognizing that drug and alcohol abuse pose a threat to this goal, CSN’s EMS Program is committed to assuring a drug-free working and learning environment. The use of intoxicants in violation of NSHE policy, CSN policy, or state or federal law or the use of controlled substances without a legal prescription is prohibited.

In order to participate in the clinical education component of the curriculum, students are subject to a drug and alcohol screen. Any student who violates the substance abuse policy will be administratively withdrawn from the EMS program. Each student must complete and submit the Substance Abuse Policy Release form (see appendix). Pre-clinical testing, which is subject to change, currently includes screening for amphetamines, barbiturates, benzodiazepines, cocaine metabolites, marijuana metabolites, methadone, opiates, oxycodone, phencyclidine, propoxyphene, adulterants, and alcohol.

In the event a student is under the care of a physician and is taking a prescribed medication which might impair his/her ability to perform assigned tasks, the student must notify his/her instructor in advance of starting clinical work. It is at the instructor’s discretion as to whether the student may continue to perform the normal

assignment or be re-assigned to non-safety-sensitive duties (if appropriate). Controlled substances taken by a student must be by authorized prescription approved by the FDA or a current medical marijuana registration card.

Pre-Placement Testing

If a student's pre-clinical test is positive for any illegal or controlled substance without a legal prescription or medical marijuana registration card, alcohol in excess of the legal limit (0.08), or other substances as outlined above, he/she will not be permitted to commence, participate in or complete the clinical experience.

Participation in and completion of clinical assignments are required for EMS program courses. A student who tests positive for any illegal substance, controlled substance without a legal prescription, or alcohol in excess of the legal limit will not be permitted to commence or remain in clinical courses.

To ensure excellence in quality and accuracy, a laboratory is selected and designated by CSN to perform the drug and alcohol testing. The cost of all drug screenings and transportation to the testing lab is the responsibility of the student. The student will access the [CastleBranch](#) web site. The student then goes to the indicated lab to have the test performed. A urine sample is collected, and the specimen is tested. If the sample yields a positive result, that same sample is re-tested by the same laboratory using a different methodology.

Only those persons authorized to receive results from the laboratory will be allowed to discuss the results; positive results are initially sent to the EMS Program Director. Faculty within the EMS Program and CSN will only be notified of the results on a limited need-to-know basis. No test results will appear in a student's file.

If a positive test result is confirmed in this manner, the positive result is sent by the laboratory to an impartial third party medical review officer to determine whether or not the student has a legal prescription for the drug or some other legitimate reason for testing positive. The medical review officer sends a report to the Dean. If the final result is positive, the Dean will contact the student and request that he/she withdraw from the program. Repeat testing is not permitted unless the medical review officer has reason to believe the results or the process was compromised through no fault of the student.

A student whose test is inexcusably positive for any screened substance will not be able to commence, participate in or complete that clinical experience and will be withdrawn from the clinical experience.

Random Testing

Clinical Sites: When the clinical instructor or the affiliate institution/agency has a reasonable suspicion that a student is under the influence of a drug including medical marijuana and/or alcohol, a blood test, urine test, breath or other appropriate diagnostic test will be conducted on-site immediately at the student's own expense. In this case, a second opinion option for positive test results for the student will not be available. By participating in the clinical experience at such a site, the student agrees to accept the site's laboratory results without recourse to a second opinion. Refusal to cooperate in the collection procedure, refusal to take the test or a positive test result will render the student ineligible to continue the clinical experience. EMS professionals are in the mandatory reporting group, and therefore by law must notify the appropriate parties of a positive drug test if it relates to patient care activities performed by the student.

Classroom/Laboratory: If the student is on CSN premises and an instructor has a reasonable suspicion that the student is under the influence of a drug including medical marijuana and/or alcohol, the student will be directed immediately to the designated laboratory, at his/her own expense, for appropriate diagnostic testing.

“Reasonable suspicion” or other reason to order a student to take a drug and alcohol test (outside of the mandatory pre-clinical test) shall be documented by the instructor or clinical affiliate’s representative and provided to the Program Director for review within 3 days of the student’s test. “Reasonable suspicion” is defined as a belief that a student is using, or has used, drugs or alcohol in violation of our policies based on specific objective facts that can be clearly described, and reasonable inferences may be made from those facts. Such facts and reasonable inferences include, but are not limited to:

- Physical symptoms or manifestations of being under the influence of a drug or alcohol while at school or at the clinical site;
- The direct observation of drug or alcohol use while at school or at the clinical site;
- A report of drug or alcohol use while at school or at the clinical site provided by reliable and credible sources; or
- Evidence that a student is involved in the use, possession, sale, solicitation or transfer of drugs while at school or at the clinical site.

If it is determined that a student may be under the influence of a drug including medical marijuana and/or alcohol, the student will be dismissed from all EMS activities. Arrangements will be made for transportation to home or to an off-site testing facility (if on-site testing is not available). The instructor will contact the EMS Program Director and a specimen collection form will be transmitted to the nearest approved collection site. A positive drug and/or alcohol test will result in dismissal from the course and program.

CPR

Students must at all times be currently certified in Cardiopulmonary Resuscitation and AED usage. The EMS program will require certification by the [American Heart Association - BLS Provider](#). Online only courses will not be accepted.

Physical Exam

Students participating in an EMS clinical course must receive a physical examination with the results documented on the CSN Health History Questionnaire & Physical Examination form (see appendix). The examination may be performed by a medical doctor, a doctor of osteopathic medicine, physician’s assistant, or a nurse practitioner. The results must be valid throughout the duration of the course enrollment. An initial physical examination will be followed by annual renewal unless clinical affiliates request additional verification of the student’s ability to participate.

Health Insurance

Each EMS student participating in required clinical rotations must have an active major medical health insurance policy. Accidents or illness may occur as a result of coming in contact with the clinical environment. Medical evaluation, treatment, and follow-up care are the financial responsibility of the student. Proof of major medical health insurance coverage is required by CSN and clinical facilities and must be submitted each semester prior to clinical assignment.

This insurance may be provided through a parent’s policy or purchased through the student’s own carrier. Information on a major medical health insurance policy may be obtained through the Student Government

Office. When students purchase insurance, it is important to be aware that some insurance plans are primarily for wellness care and do not cover treatment and follow-up care after an illness/incident; such policies are insufficient. Each student must sign the Acknowledgment of Health Insurance form and submit it (see appendix).

Clinical Safety

Students shall be constantly aware of safety issues while functioning on a clinical rotation including, but not limited to, biohazard materials, sharp medical instruments, unstable patients and other items that may constitute a hazard. Any unsafe actions, attitude, or behavior will not be tolerated under any circumstances and will incur severe disciplinary actions, up to and including expulsion from the course, program, and college. Students shall exercise due caution when handling bio-contaminated materials and shall dispose of all generated refuse in proper biohazard RED bags. “Sharps” are to be placed within the puncture proof red sharps containers without delay. Students are to be aware of the closest fire exit at all times. All hazards are to be corrected and/or brought to the attention of the site preceptor immediately

The concept of standard precautions must be followed in all clinical and laboratory settings when there is a potential for exposure to airborne and/or bloodborne pathogens. In order to reduce the potential for transmission of communicable diseases, every student will treat all body fluids, with or without visible blood (excluding sweat) as potentially infectious, regardless of the perceived health status of the source individual. Appropriate personal protective equipment, such as gloves, mask, eye protection, and protective gowns must be worn when there is potential for exposure to airborne and/or blood borne pathogens. Failure to follow standard precautions is considered an act of misconduct.

Incident Reporting

All accidents, injuries, incidents and unusual occurrences are to be reported immediately, no matter how minor they may seem. Notify the CSN instructor responsible for the course and complete a Written Statement – Incident Report (see appendix). If the occurrence takes place at an off-campus location, immediately notify the off-campus site supervisor and then notify the course instructor within 48 hours so that appropriate CSN forms can be completed.

Medical evaluation, treatment, and follow-up care following an accident or incident are the financial responsibility of the student. Student accidents, injuries, and incidents are not “work-related” and should not be reported as such. They will not be covered under the clinical facility’s nor CSN’s worker’s compensation program.

Pregnancy

A student who is pregnant or becomes pregnant while enrolled in a health sciences program is strongly encouraged to notify her Program Director of the pregnancy or suspected pregnancy using the Pregnancy Notification/Release form (see appendix). Providing this notice is voluntary and does not require any change to the student’s status or curriculum unless requested by a student with a physician’s certification.

Upon receiving notice that a student is pregnant, the Program Director will provide counseling regarding possible precautionary measures based on the student’s temporary pregnancy status and possible risks to the student and her fetus. Areas of special concern include the effects of strenuous activity, exposure to

infectious/communicable diseases, noxious fumes such as nitrous oxide, radiation and other toxic substances, bloodborne pathogens, antineoplastic agents, and other risks unique to the student's specific program.

A student who declares her pregnancy will receive options for continuation in the program from the Program Director. These options include the following:

- Withdraw from the program and be reinstated after the pregnancy ends. This option may require the student to retake a semester as classes are offered in the normal scheduling process.
- Withdraw from clinical courses, while completing didactic courses for the semester; Note: This option is subject to the limitations of accreditation requirements and schedules.
- Continue with all courses until the pregnancy ends. Instructors will attempt to accommodate the student's restrictions, if any, but cannot guarantee alternate clinical assignments. Note: With the selection of this option, the student assumes all risks of injury or death to either the pregnant student or her fetus.

Instructors will attempt to accommodate the student's restrictions (if any) but cannot guarantee alternate clinical assignment.

Providing notice of the pregnancy and obtaining permission from a health care provider is the student's responsibility and should be done as soon as possible. Neither the College of Southern Nevada (CSN) nor its clinical affiliates assume responsibility for any harm that might occur to a fetus or a pregnant student.

Patient Confidentiality

A student working in a clinical setting has access to patients' protected health information. The student must maintain the privacy and confidentiality of patient health information and personal information such as age, address, telephone, marital status, etc. pursuant to federal law; this federal law is known as the Health Insurance Portability and Accountability Act (HIPAA). All students will receive training in these rules.

Patient information may not be removed from the clinical facility. No photocopying of patient records is permitted without written authorization from the patient. Any list identifying a patient by name must remain in the hospital/agency. Acknowledging a CSN student as a patient of a clinical facility is also a violation of that student's personal health information.

Photography is prohibited while in a clinical facility. Postings on any social media site pertaining to patients or clinical activities are prohibited. Case reviews conducted at the clinical site, or in CSN classrooms/labs, must not contain personally identifiable patient information.

The violation of these rules could result in significant civil and criminal penalties for the student, particularly if an improper disclosure of information is done knowingly or resulting in personal gain. Violation of these rules may result in discipline up to and including termination from the EMS Program, even for a first offense. More information can be reviewed [online](#).

In general, however, disclosure of health information to anyone other than the patient typically requires the patient's written authorization, except in the following situation: (1) employees who need the information for

their job, or to a supervisor, (2) to medical providers for treatment purposes, (3) to an insurance company to obtain payment for services.

You will be asked to complete HIPAA training and sign the HIPAA Letter of Instruction (see appendix).

Suspected Child or Elder Abuse

Nevada Revised Statutes (NRS) 432B.220 and NRS 200.5091 require a student to report suspected child or elder abuse or neglect to the clinical instructor. According to these statutes, this includes physical or mental injury of a non-accidental nature, sexual abuse or exploitation, or negligent treatment or maltreatment. Anyone who fails to report these conditions is guilty of a misdemeanor, as indicated in NRS 432B.240 and NRS 200.5099.

Professional Liability Insurance

The Nevada System of Higher Education (NSHE) maintains professional liability insurance coverage for all students registered in clinical courses. This insurance covers the student during officially assigned clinical experiences, as long as they are functioning under appropriate CSN supervision/affiliation and within their scope of practice. Each student will be informed of their specific limitations due to their student level, scope of practice, and clinical site location by their clinical coordinator at the beginning of the semester.

Students should not be arranging/attending any clinical rotations under the guise of a CSN student outside of those scheduled on the Fisdap system for their registered course and within the dates of the semester of attendance. Rides completed/coordinated with any EMS/Fire agency that are not assigned through the CSN scheduler will NOT count towards clinical hour completion, nor should they be completed while wearing a CSN EMS uniform. Any such non-CSN experiences will not be covered by the NSHE professional liability insurance, and students should ensure they understand the differences in participation and patient contact that exist for each role. This includes any rides/experiences as a fire/EMS explorer or those done alongside friends/family members in any healthcare or public service job.

Immunization and TB Skin Tests

Nevada law requires the protection of students at high risk for exposure to vaccine-preventable diseases. Students enrolled in the Paramedic Program only (**not EMT or AEMT courses**) are subject to the both CSN Immunization Policy and TB Skin Test Policy. The current vaccinations required of all Paramedic students aligns with CDC guidelines. All Paramedic students are required to complete immunizations or provide in writing a written exemption to the vaccination policy. Questions regarding this policy should be directed to the EMS Program Director.

Required Vaccines

Documentation of all immunity requires health records which show specific dates of the disease on medical diagnosis or specific dates when the vaccine(s) were administered. Health records may be in the form of original vaccination records or the required information may be provided by the original treating physician on official letterhead/prescription form or similar with a legal signature. School records, baby books, or family testimonials are not official documentation.

VACCINE	REQUIRED DOSAGE	ALTERNATIVE
Hepatitis B	3 Doses 1 st initial dose administered 2 nd administered 28 or more days after initial dose 3 rd administered 8 or more weeks after dose 2 (3 rd dose should be separated from 1 st does by at least 16 weeks)	History of the disease based on diagnosis or verification of the disease by a healthcare provider through laboratory blood testing affirming serologic evidence of immunity.
Measles, Mumps, Rubella (MMR)	2 Doses 1 st initial dose administered 2 nd administered 28 or more days after initial dose	
Varicella	2 Doses 1 st initial dose administered 2 nd administered 28 or more days after initial dose	
TDaP	1 Dose Administered within the last ten years	No alternative available.
Influenza	1 Dose Administered within the current influenza season (September through April)	

Blood testing to verify serologic immunity to disease must be ordered by a physician and performed by a licensed clinical laboratory. Confirm with your health insurance company that such testing is covered by your plan. An office visit charge may also be applied for ordering the test. Once the written test order has been received, contact the laboratory of choice to confirm current pricing and collection site. In addition to the test fee, a collection fee may also be assessed. Test results must be reviewed and interpreted by a physician. Do not request CSN faculty or staff to interpret test results.

TB Skin Test

All Paramedic students must have a two-step TB Skin Test (TST) maintained throughout the duration of the program. The Centers for Disease Control and Prevention recommends: Administer Step One - Read results 48-72 hours later; Then, Administer Step Two a minimum of seven (7) days after administration of the first step - Read the results 48-72 hours after administration. A Two-step TB test consists of TWO injections and TWO readings. Two single TB skin Tests performed within 365 days is acceptable regardless of the time interval between the two steps. A Quantiferon® TB Gold in-tube blood test will be accepted in lieu of the two-step TST.

Documented History of Positive TST

Students who have a known history of positive TST *without* history of active TB and treatment will not complete TB skin testing as indicated above. Instead, students will need to submit the following information:

- A chest x-ray (CXR) interpretation taken within the last 24 months AND
- Written documentation of evaluation by a healthcare professional indicating that no active pulmonary disease is present AND
- Complete the Tuberculosis Symptom Screening Questionnaire annually

If any symptoms suggestive of TB develop at any time, it is the student's responsibility to seek immediate referral to an appropriate healthcare provider and notify the clinical coordinator and EMS Program Director.

Documented History of Active TB

Students who have a known history history of active TB and successful completion of treatment will not complete TB skin testing or chest x-ray as indicated above. Instead, students will need to submit the following information:

- Written documentation of evaluation by a healthcare professional indicating successful completion of the recommended course of preventative treatment (minimum 6 months) AND
- Complete the Tuberculosis Symptom Screening Questionnaire annually

If any symptoms suggestive of TB develop at any time, it is the student's responsibility to seek immediate referral to an appropriate healthcare provider and notify the clinical coordinator and EMS Program Director.

New Positive TST

Students who have positive TST upon the first or second TST interpretation will need to seek referral to a healthcare provider for evaluation and will submit the following information:

- The documented results of the newly positive TST AND
- A chest x-ray (CXR) interpretation taken within the last 24 months AND
- Written documentation of evaluation by a healthcare professional indicating that no active pulmonary disease is present AND
- Complete the Tuberculosis Symptom Screening Questionnaire annually

If any symptoms suggestive of TB develop at any time, it is the student's responsibility to seek immediate referral to an appropriate healthcare provider and notify the clinical coordinator and EMS Program Director.

Exemptions

A student claiming medical or religious exemption may not be able to complete clinical portions of the Paramedic Program required for graduation. A consultation with the program director PRIOR to enrolling in the Paramedic Program is required of any student claiming an immunization exemption. Please note, per the CSN Immunization Policy exemptions are as follows:

Medical Exemption

Requires a signed statement from a licensed physician (MD or DO) that the student has a medical condition that does not permit him/her to be immunized. If the medical condition is temporary, the student will be expected to comply with the immunization policy when the exemption expires. A committee, chaired by the Dean of the School of Business, Hospitality, and Public Safety will review all such exemption requests. Documentation will be kept on file in the individual program office.

Religious Exemption

Requires a full explanation of the religious belief. A committee, chaired by the Dean of the BHPS, will review all such exemption requests.

Appendix A: Additional Information



Essential Functions of Emergency Medical Services Students

The following list defines essential functions of students participating in the Emergency Medical Services Program. This list is intended to exemplify skills and tasks encountered in both class room and laboratory settings. While it is not possible to anticipate every possible situation that EMS students may encounter, the following list of essential functions encompasses reasonable and customary tasks performed routinely.

Students with a documented need for accommodation are to meet with the Disability Resource Center according to the CSN Americans with Disabilities Amendments Act Policy.

<u>Category</u>	<u>Activity/Attribute</u>
Cognitive	Students must be able to measure, calculate, reason, analyze, evaluate and synthesize complex information. Perform math skills such as counting, addition, subtraction, multiplication and division.
Communication	Students must be able to speak, read and write in the English language. Must have sufficient language abilities to understand printed materials, lectures and verbal instructions. Students must also be able to communicate physical conditions and interact with lay and medically trained personnel. Students must be able to interact and communicate with patients. Appropriately use terminology of the profession in verbal and written communication. Interpret feedback. Be able to send and understand messages with the use of communication equipment of current technology.
Physical Agility	<p>Twist, bend, stoop, squat, move quickly in emergency situations, walk, climb stairs. Students must be able to perform both fine & gross motor skills including but not limited to:</p> <p>Performing palpation, auscultation, visual inspection and equipment operation used in patient assessment and treatment. Sit or stand for prolonged hours within 12-24 hour shift work. Push, pull, lift and balance loads up to 75 lbs; handle loads in excess of 75 lbs with assistance.</p> <p>Sufficient visual acuity correctable to 20/20. Be able to perform hand-eye coordination functions to manipulate equipment, instruments and medication administration. Must be able to differentiate all visible color spectrums.</p> <p>Hear at normal conversation levels and able to hear both soft whispers to loud sounds.</p>

COLLEGE OF SOUTHERN NEVADA
UNSATISFACTORY PROGRESS NOTIFICATION

PRINT Student Name

Student NSHE ID Number

Course / Section

Semester / Year

Instructor Name

This Notice of Unsatisfactory Progress is issued for the following reasons:

- _____ 1. Academic failure: a grade less than the required passing grade
- _____ 2. Unsatisfactory clinical performance: failure to meet minimal clinical competencies
- _____ 3. Professional misconduct: failure to adhere to stated objectives as outlined and defined by individual program policies and course syllabi.

We are concerned that the deficiencies indicated above endanger your standing in the program and may prevent you from continuing. Please indicate below how you intend to resolve these problems.

Instructor Notes:

Student Response:

I have read and discussed the above with the appropriate faculty member. I understand these deficiencies must be corrected to remain in the program. These corrective measures are indicated above.

Student Signature

Date

Instructor Signature

Date

PRINT Instructor Name

Program Director Signature

Date

PRINT Program Director Name

CSN EMS Program Attendance Notification Form

Student NameNSHE ID Number

Course Number/SectionSemester/YearInstructor Name

This notice of unsatisfactory attendance is issued for the following reason:

You have been late to or been absent from your lecture class on the following dates:
Please refer to the "Attendance" section of the class syllabus for further information.

Date	Incident	Remediation	Due Date
Date	Incident	Remediation	Due Date
Date	Incident	Remediation	Due Date
Date	Incident	Remediation	Due Date
Date	Incident	Remediation	Due Date

We are concerned that the attendance deficiencies indicated above endanger your classroom performance and academic standing in the program and may prevent you from satisfactorily completing this course. Please indicate below how you intend to resolve these problems.

Student Signature	Student Name (Print)	Date
Instructor Signature	Instructor Name (Print)	Date
Program Director Signature	Program Director Name (Print)	Date

COLLEGE OF SOUTHERN NEVADA

DISCLOSURE OF EXPOSURE TO POTENTIAL HEALTH RISKS

During the course of clinical or laboratory components of educational programs at the College of Southern Nevada, students may come into contact with diseases, medicines, treatments, and equipment which are potentially hazardous to the student's health, or to the health of an unborn fetus, in the case of pregnant students. Educational programs in which clinical activities exist include, but not limited to:

Cardiorespiratory Sciences, Contact Lens Technician, Dental Assisting, Dental Hygiene, Diagnostic Medical Sonography, Emergency Medical Technician, Health Information Technology, Medical Coding, Medical Laboratory Assistant, Medical Laboratory Scientist, Medical Laboratory Technician, Medical Office Assisting, Medical Office Practices, Medical Transcription, Nursing (RN), Nursing Assistant, Occupational Therapy Assistant, Ophthalmic Dispensing, Optical Laboratory Technician, Paramedic Medicine, Patient Registration, Pharmacy Technician, Phlebotomy, Physical Therapist Assistant, Practical Nursing, Radiation Therapy, Surgical Technologist, Veterinary Technology.

Examples of potential hazards to which exposure may occur include, but are not limited to bacterial diseases (staphylococcal, streptococcal); mycotic diseases (Coccidioidomycosis); tuberculosis; viral diseases (AIDS, Hepatitis); radioactive materials and radiation; and rabies (Veterinary Technology Program). It is possible that exposure to other hazards may occur, as well. Although reasonable efforts are made to avoid and minimize these risks, the exact probability of exposure to these potential hazards is not known.

The student may be required to enter areas where access is restricted due to the storage, transfer or use of radiation sources. Prior to extended work in these areas, students will be given appropriate instruction in precautions, protective devices, and educated about problems which may be encountered in these areas. Students shall comply with requirements of the Nevada Administrative Code and CSN licenses and registrations which may apply in these restricted areas.

Students will be given instruction in infection control procedures, and other techniques for minimizing the risks of exposure to potential hazards. Once this instruction is provided, students will be expected to care for infected clients. Exceptions to this requirement are outlined in the *CSN EMS Student Handbook*. Refusal to carry out assignments with infected clients would be contrary to both the educational and professional objectives of the clinical programs.

Because of potential health risks to both parent and unborn child, the College of Southern Nevada strongly recommends that pregnancy be disclosed as soon as possible by notifying the Program Director for information and assistance to lessen the risk to both mother and unborn child. Areas of special concern are infectious/communicable diseases, noxious fumes such as nitrous oxide, radiation and antineoplastic agents.

COLLEGE OF SOUTHERN NEVADA

DISCLOSURE OF EXPOSURE TO POTENTIAL HEALTH RISKS (CONT.)

There is also a higher risk of danger to students who have compromised immune systems. Immunosuppression occurs when the body's ability to fight infections and other diseases is impaired due to inhibition of the body's normal immune responses. Typical conditions which result in immunosuppression include HIV infection/AIDS, chemotherapy, steroid therapy, and anti-rejection drug therapy for organ transplantation. Students who suffer immunosuppression may consider withdrawing from the clinical program for so long as the immunosuppressive condition continues.

Each student enrolling in the clinical program must read this disclosure and waiver before instruction begins. Further, as a part of the consideration for the clinical programs and instruction provided, each student must give up any and all claims for injuries which may arise from the potential hazards and risks described above. Each student shall complete and turn in to the Program Director the *Waiver of Liability*.



Appendix E – Report of Exposure to Bloodborne Pathogens

Following an exposure to bloodborne pathogens incident, please send the completed form to EHS at EnvironmentalHealth.andSafety@csn.edu.

Do not write in this space

Incident or C-1 Report _____

Exposure to BBP Case Number: _____

EXPOSED INDIVIDUAL

Name: PRINT _____

Date of Birth _____ Phone _____

Address: _____ City _____ State _____ Zip _____

Check one:

- Employee; indicate department _____
- Student; indicate program where enrolled _____
- Campus Visitor

SOURCE INDIVIDUAL

Identify the source individual (the person to whom the exposed individual was exposed), if known:

Name: _____ Phone: HOME _____ OTHER _____

Address: _____ City _____ State _____ Zip _____

INCIDENT DETAILS

Date of Incident: _____ Time of Incident: _____ Time Incident was reported: _____

Name and title of person *initially* notified: _____

Location where incident took place: _____

Did the accident/exposure result in any of the following? (check all that apply)

- percutaneous exposure (break in skin that caused bleeding)
- mucous membrane contact (eyes, nose, mouth)
- abraded skin, chapped skin, dermatitis
- other, please explain _____

Did the incident involve exposure to potentially infectious materials (blood, saliva, body fluids, contaminated solutions)?

YES NO describe: _____

EXPOSED INDIVIDUAL'S STATEMENT

Describe precisely how the incident occurred.

Describe what was done immediately after the incident.

Describe how this incident could have been prevented.

Signature of Person Making Report _____

Date _____

Signature of Supervisor/Witness _____

Date _____



ENVIRONMENTAL HEALTH & SAFETY
303 Water Street
Henderson, NV 89015
702-651-7445

INCIDENT REPORT

Campus:

Date of Incident:

Time of Incident:

a.m. / p.m.

Specific Location (Building/Parking Lot/Stairwell/Classroom:

Personal Information of Involved Party:

Name:

Address:

Phone Number:

Date of Birth:

Gender:

M / F

Circle one: Student

Faculty/Staff

Guest

Contractor

Type of Incident:

Liability

Property Damage

Vehicle Damage

Medical

Other

Description of Incident:

Nature of Injury or Illness or Property Damage:

Police Notified?

Police Report Filed?

Police Report #:

Witnesses:

Phone #:

Name of Person Completing Form:

Date:

Phone

Signature: _____ Department:

**ENVIRONMENTAL HEALTH & SAFETY
303 Water Street
Henderson, NV 89015
702-651-7445**

WRITTEN STATEMENT

Date: _____

Name of Person Writing Statement (Print): _____

Status: Employee Student Guest Contractor Other

Address: _____ Phone #: _____

Party of the Incident

Witness of the Incident

Other

Statement Regarding Incident (include date, time, your location, weather conditions, etc...).

Signature: _____ Date: _____

COLLEGE OF SOUTHERN NEVADA
PREGNANCY NOTIFICATION/RELEASE FORM

I have read and I understand the EMS Student Handbook provisions regarding pregnancy.

Student Signature

Date

Print Student Name

Student ID# (NSHE)

DECLARATION (To be completed by student)

I, _____, am declaring my pregnancy and estimate the due date to be _____.

DOCUMENTATION (To be completed by health care provider)

I certify that _____ is _____ months pregnant and currently under my care.

- She may continue to participate in the laboratory and clinical experiences to meet the objectives of the course(s).* **Student to provide copy of course objectives to health care provider.*
- She may NOT continue to participate in the laboratory and clinical experiences.

Other Recommendations and Restrictions:

Health Care Provider Signature

Date

Print Health Care Provider Name/Title

Phone #

PROGRAM OPTIONS (To be completed by Student and Program Director)

I have met with the Program Director and am choosing the following option:

- Withdraw from the program immediately and apply for reinstatement after the pregnancy ends;
- Withdraw from clinical courses, while completing didactic courses for the semester;
- Continue with all courses until the pregnancy ends.

Student Signature

Date

Print Student Name

Student ID# (NSHE)

Appendix B: Standard EMS Student Signature Forms



EMS students will complete any/all of the following signature forms upon instructor or program director request. Students who fail to submit the requested forms/documentation may not be eligible for continued participation in EMS course activities which could result in failing grade(s). Any questions should be addressed to the EMS Program Director.

Acknowledgement of EMS Handbook Review

I have read and understand the EMS Student Handbook and acknowledge that I am responsible for reviewing and applying the information included at all times while enrolled in an EMS course at the College of Southern Nevada.



Initial beside each statement below:

_____ EMS coursework consists of lecture, lab, and clinical requirements; all of these must be taken and completed in the same term in order for me to eligible for professional certification and licensure.

_____ I have reviewed the EMS chain of command structure. I know who and how to go about resolving and questions or concerns I may have regarding my participation in EMS courses.

_____ Attendance is expected at all sessions, and I am not permitted to miss more than 10% of any course. I will abide by any attendance policy listed in my course syllabus/syllabi.

_____ A minimum of 80% (or B) in graded courses and “Pass” in pass/fail courses is required in order for me to eligible for professional certification and licensure.

_____ I understand that all students in an EMS course are expected to wear the CSN EMS uniform at all times when participating in EMS-sponsored activities.

_____ My participation in EMS coursework predisposes me to certain risks of injury and illness. I will not purposefully endanger myself, my peers, my instructors, or patients with any unsafe acts or behaviors.

_____ Participation in clinical rotations is mandatory for course completion; I understand there are numerous pre-clinical requirements to complete. Failure to complete these requirements to the satisfaction of both the clinical instructor and the clinical affiliate site may affect my eligibility to continue in the EMS program.

Student Signature

Date

Printed Student Name

NSHE ID

COLLEGE OF SOUTHERN NEVADA

EMS PROGRAM – VIDEO RECORDING USE AND CONFIDENTIALITY

CSN offers high fidelity simulation, which provide student centered learning opportunities. A digital recording system designed specifically for documenting simulation is used to enhance the post-simulation debriefing experience and facilitate fair, accurate assessment of student performance. CSN requires EMS students give consent to the use of audio and video recordings of their individual or group performances in simulation sessions for educational purposes.

_____ I agree to adhere to professional behaviors as defined in the CSN EMS Student Handbook.

_____ I agree to maintain strict confidentiality about the details of the scenarios and performance of any participant(s). Failure to maintain confidentiality will be considered a violation of the Health Insurance Portability and Accountability Act (HIPAA) and will result in failure of that clinical day.

_____ I authorize CSN Simulation Lab to audio and video record my performance during simulation experience.

_____ I understand that video records will be used for educational purposes. Educational purposes include providing feedback to students to improve their performance, formally assessing student achievement and/or competency, evaluating and improving college or program curriculum, evaluating and improving our teaching and assessment processes using human and non-human simulations, grievances and scholarly purposes.

_____ I understand that before video records are used for any other purpose, and there is a recognizable image of a student, faculty, or standardized patient, written permission of those individuals will be obtained prior to the use of any such images. This permission will stipulate the specific use(s) of the video records, including duration of use. The individual(s) reserves the right to agree or disagree to its use with or without stipulations. Such stipulations may include limitation to specified use(s). All stipulations will be documented in the consent. Even after such consent has been granted, individuals retain the right to revoke their consent at any time.

_____ I understand that video recordings are maintained on a private network server. Video recordings are accessible only with the password specific to that record.

_____ I understand CSN will not release or make publicly available any recordings or portions of recordings made during any simulation session. All video recording viewing is limited to individuals with a legitimate educational need.

_____ I understand that the audio/video recordings may be permanently deleted at the discretion of CSN.

Printed Student Name

Student Signature

Date



Emergency Medical Service (EMS) Program

Laboratory Intravascular Venipuncture

General Information:

During this year you will be participating in laboratory activities in which learning by students may require the use of human subjects in the training procedure, demonstration and/or experiment. As part of your learning activities, you will be asked to perform specific skills or be asked to be the subject of specific skill practice by other students.

It will be requested that you voluntarily donate the use of an arm or finger for fellow students to practice various laboratory techniques during the laboratory portion of some courses. This may be necessary at least once during laboratory sessions. Learning activities that use human subjects shall be conducted only under the supervision of program instructors and/or laboratory assistants who have been assigned to the course. Examples of procedures that involve human subjects include: venipuncture; skin puncture.

Use of Human Specimens:

During this year you will be participating in laboratory activities in which learning by students may require the use of human subjects/samples in the training procedure, demonstration and/or experiment. As such, specimens collected from students during the course of laboratory activities will not be used in other EMS courses. The results acquired from these specimens are not reportable, as the EMS student laboratory is not a licensed healthcare facility.

Benefits:

The EMS Program requires that students develop both cognitive and practical skills in all laboratory areas, including blood collection techniques. The experiences have been selected because they are skills essential to the learning process and faculty believes that realistic practice is essential for optimum learning. Participation will enhance the learning process and the acquisition of technical skills.

Risks/Discomforts:

Peripheral venipuncture carries associated risks. Participation may create some anxiety or embarrassment for you. Some of the procedures may create minor physical or psychological discomfort. Specific localized risks include infiltration, phlebitis, hemostatic occlusion, hematoma, nerve or tendon or ligament damage, temporary pain with any puncture, minimal possibility of infection, and slight possibility of minimal scarring. Specific systemic complications, while rare, include allergic reactions, air embolism, catheter shear, circulatory overload, and vasovagal reactions.

Your Rights:

You may ask questions and expect explanations of any point that is unclear. You have the right to withhold consent for participation and to withdraw consent after it is given.



Emergency Medical Service (EMS) Program

Laboratory Intravascular Venipuncture Consent

Please Initial

_____ I have been informed that students must perform skin punctures in order to successfully complete the EMS Program under the educational routes. It is in the interest of all students in the classroom to accomplish this low risk procedure during the laboratory sessions. Students who do not successfully complete the required number of skin punctures will be ineligible for national certification examinations until such time as the skin punctures have been completed.

Please select one of the following and sign below:

_____ I agree to participate in phlebotomy/venipuncture activities as described above. I have reviewed the information, and all questions have been answered to my satisfaction.

_____ I do not agree to submit to venipuncture or skin punctures in EMS courses as described above. However, I understand that it is necessary demonstrate competency in the performance of these procedures, and skill assessment activities will be determined by the EMS faculty. I understand that there will be no penalty or reduction in my grade.

Student Name

Student Signature

Date

NSHE Number

COLLEGE OF SOUTHERN NEVADA
ACKNOWLEDGEMENT OF HEALTH INSURANCE

I have read the student policy regarding health insurance and acknowledge that health insurance coverage is solely my responsibility as a student of the _____
_____ program at the College of Southern Nevada. I have provided proof of health insurance coverage to the program faculty. I further understand that should this verification be fraudulent or should I allow my coverage to lapse, I am solely responsible for all expenses incurred for all accidents or illnesses which may occur as a result of exposure to the clinical or laboratory environment.

My medical insurance with _____ is currently in effect through
(company)

_____. I have provided proof of health insurance coverage to the program faculty.
Date

Student Signature

Date

Print Student Name

Student ID# (NSHE)

Copy to: Program Director

COLLEGE OF SOUTHERN NEVADA

WAIVER OF LIABILITY

I have received and read the attached *Disclosure of Exposure to Potential Health Risks*. By participating in the clinical or laboratory program, I waive any and all claims and causes of action, present and future, against the Board of Regents of the Nevada System of Higher Education and their respective officers, agents and employees arising out of my participation in clinical or laboratory program and resulting injury, physical or mental illnesses, disability, or death.

I acknowledge that this waiver is made freely, voluntarily and under no compulsion.

Student Signature

Date

Print Student Name

Student ID# (NSHE)

.....

Parent or Guardian Signature*

Date

Print Parent or Guardian Name*

*Students under age of 18

Copy to: Program Director

COLLEGE OF SOUTHERN NEVADA - HEALTH HISTORY QUESTIONNAIRE

(Information and History: Completed by student / Physical Exam: Completed by the healthcare provider)

STUDENT INFORMATION:

Name: _____ **DOB:** _____ **Gender:** _____
(Last) (First) (MI) (MM/DD/YY)

Phone: _____ **Type:** _____ **NSHE ID:** _____
(Cell, Home, Etc.)

Emergency Contact: _____
(Name) (Relationship) (Phone Number)

HEALTH HISTORY:

Do you have, or have you ever had, any of the following:

	<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>
Alcohol Abuse	<input type="checkbox"/>	<input type="checkbox"/>	Foot problems	<input type="checkbox"/>	<input type="checkbox"/>
Allergies to animals	<input type="checkbox"/>	<input type="checkbox"/>	Gall bladder problems/Gall stones	<input type="checkbox"/>	<input type="checkbox"/>
Allergies, environmental/hay fever	<input type="checkbox"/>	<input type="checkbox"/>	Gland disease (any)	<input type="checkbox"/>	<input type="checkbox"/>
Allergies/reaction to medicine/serum/ latex	<input type="checkbox"/>	<input type="checkbox"/>	Gonorrhea, Syphilis, or other VD	<input type="checkbox"/>	<input type="checkbox"/>
Amnesia, loss of memory	<input type="checkbox"/>	<input type="checkbox"/>	Headaches, frequent/severe	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety, nervousness, or excessive worry	<input type="checkbox"/>	<input type="checkbox"/>	Head Injury	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis/Rheumatism/Bursitis	<input type="checkbox"/>	<input type="checkbox"/>	Hearing loss or hearing aid	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Heart murmur	<input type="checkbox"/>	<input type="checkbox"/>
Back Pain	<input type="checkbox"/>	<input type="checkbox"/>	Heart problems, or pounding/palpitations	<input type="checkbox"/>	<input type="checkbox"/>
Blindness, including partial or colorblind	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis or jaundice	<input type="checkbox"/>	<input type="checkbox"/>
Bloody cough	<input type="checkbox"/>	<input type="checkbox"/>	Hernia rupture	<input type="checkbox"/>	<input type="checkbox"/>
Blood pressure problems (high or low)	<input type="checkbox"/>	<input type="checkbox"/>	Joint problems, swelling or pain	<input type="checkbox"/>	<input type="checkbox"/>
Bone, joint, or other deformity	<input type="checkbox"/>	<input type="checkbox"/>	Kidney stones or blood in urine	<input type="checkbox"/>	<input type="checkbox"/>
Braces for joint or back support	<input type="checkbox"/>	<input type="checkbox"/>	Knee problems, "trick" knee, locked knee	<input type="checkbox"/>	<input type="checkbox"/>
Breathing Difficulty, shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	Liver problems	<input type="checkbox"/>	<input type="checkbox"/>
Broken bones	<input type="checkbox"/>	<input type="checkbox"/>	Mental disorder	<input type="checkbox"/>	<input type="checkbox"/>
Cancer, cyst, tumor, or growth	<input type="checkbox"/>	<input type="checkbox"/>	Neuritis	<input type="checkbox"/>	<input type="checkbox"/>
Chest pain or pressure	<input type="checkbox"/>	<input type="checkbox"/>	Paralysis (include infantile)	<input type="checkbox"/>	<input type="checkbox"/>
Chickenpox	<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric disease	<input type="checkbox"/>	<input type="checkbox"/>
Chronic cough	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic fever	<input type="checkbox"/>	<input type="checkbox"/>
Colds/sinusitis	<input type="checkbox"/>	<input type="checkbox"/>	Skin disease	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	Stomach or intestinal issues	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid problems	<input type="checkbox"/>	<input type="checkbox"/>
Dizziness or fainting spells	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
Drug abuse	<input type="checkbox"/>	<input type="checkbox"/>	Urine problems, painful or frequent	<input type="checkbox"/>	<input type="checkbox"/>
Ear, nose, or Throat issues	<input type="checkbox"/>	<input type="checkbox"/>	Urine with sugar or albumin	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy or seizures	<input type="checkbox"/>	<input type="checkbox"/>	Varicose veins	<input type="checkbox"/>	<input type="checkbox"/>
Eye problems/Corrective lenses	<input type="checkbox"/>	<input type="checkbox"/>	Weight changes (recent) (gain or loss)	<input type="checkbox"/>	<input type="checkbox"/>

Explain all "Yes" answers above: _____

List all current medications: _____

I certify that the above is true and complete to the best of my knowledge. In case of an emergency, I authorize the CSN personnel in charge to use their discretion regarding the College's emergency procedures.

Student Signature*
 (*or parent/legal guardian if student under 18)

_____ Date

COLLEGE OF SOUTHERN NEVADA – PHYSICAL EXAMINATION

(Information and History: Completed by student / Physical Exam: Completed by the healthcare provider)

STUDENT INFORMATION:

Name: _____ **DOB:** _____ **Gender:** _____
(Last) (First) (MI) (MM/DD/YY)

PHYSICAL EXAMINATION:

Constitutional:				<input type="checkbox"/> NAD		<input type="checkbox"/> WDNW		Allergies:				
Vitals:		BP	HR	RR	SpO2	Temp	Height	Weight				
HEAD		<input type="checkbox"/> NC/AT		<input type="checkbox"/> NL		<input type="checkbox"/> ABN				COMMENTS:		
Ears	<input type="checkbox"/> NL		<input type="checkbox"/> Gross Hearing		<input type="checkbox"/> NL conjunctiva							
Eyes	<input type="checkbox"/> PERL		<input type="checkbox"/> Anicteric Sclera									
Nose	<input type="checkbox"/> NL											
Throat	<input type="checkbox"/> Trachea midline		<input type="checkbox"/> Neck supple, no mass		<input type="checkbox"/> Cervical/ supraclavicular nodes NL							
CARDIOVASCULAR					COMMENTS:							
Rate	<input type="checkbox"/> Reg	<input type="checkbox"/> Tachy	<input type="checkbox"/> Brady									
Rhythm	<input type="checkbox"/> Reg	<input type="checkbox"/> Irreg										
PMI	<input type="checkbox"/> NL		<input type="checkbox"/> ABN									
JVD	<input type="checkbox"/> No		<input type="checkbox"/> Yes									
Murmur	<input type="checkbox"/> No		<input type="checkbox"/> Systolic	<input type="checkbox"/> Diastolic								
PULMONARY					COMMENTS:							
Auscultation	<input type="checkbox"/> NL		<input type="checkbox"/> Dec.	<input type="checkbox"/> Unequal								
Left Lung	<input type="checkbox"/> Clear		<input type="checkbox"/> Wheeze	<input type="checkbox"/> Rales	<input type="checkbox"/> Rhonchi							
Right Lung	<input type="checkbox"/> Clear		<input type="checkbox"/> Wheeze	<input type="checkbox"/> Rales	<input type="checkbox"/> Rhonchi							
ABDOMINAL					<input type="checkbox"/> Positive BS				COMMENTS:			
<input type="checkbox"/> No rebound tenderness					<input type="checkbox"/> HSM							
<input type="checkbox"/> No guarding					<input type="checkbox"/> Surgical Scar							
EXTREMITIES					<input type="checkbox"/> Edema				COMMENTS:			
<input type="checkbox"/> NL, full CMS and range of motion					<input type="checkbox"/> Deformity							
<input type="checkbox"/> No cyanosis/ischemia					<input type="checkbox"/> Limitation							
<input type="checkbox"/> No clubbing												
SKIN		<input type="checkbox"/> NL		<input type="checkbox"/> Hyperpigmentation		COMMENTS:						
		<input type="checkbox"/> Redness		<input type="checkbox"/> Latex Allergy								
		<input type="checkbox"/> Vesicles										
NEUROLOGICAL					<input type="checkbox"/> Appropriate affect and intact judgement				COMMENTS:			
<input type="checkbox"/> No focal deficits					<input type="checkbox"/> Gait normal							
<input type="checkbox"/> Cranial nerves grossly intact					<input type="checkbox"/> Reflexes symmetrical							
<input type="checkbox"/> Motor strength WNL					<input type="checkbox"/> Negative Romberg							
<input type="checkbox"/> Sensory exam WNL												

Health Care Provider Info:

Printed Name

MD DO PA NP

License

Location

Phone Number

Exam Findings:

Does this individual require any special accommodations? Yes No

Are there any limitation to the individual's full participation in school or work? Yes No

Please explain if "yes" marked above:

Please return form to student for submission.

Signature

Date

COLLEGE OF SOUTHERN NEVADA

SUBSTANCE ABUSE POLICY RELEASE

I have been informed that as a condition of my participation in a College of Southern Nevada (CSN) EMS program, I must submit to a urine drug screening test, and I accept this condition. I understand that I will be screened for: amphetamines, barbiturates, benzodiazepines, cocaine metabolites, marijuana metabolites, methadone, opiates, oxycodones, phencyclidine, propoxyphene, adulterants, and alcohol. I agree that CastleBranch, a drug testing facility, is authorized by me to provide the results of this test to CSN. I agree to indemnify and hold CastleBranch harmless from and against any and all liabilities or judgments arising out of any claim related to (1) compliance with federal and state law, or (2) CSN's interpretation, use (including EMS program selection/termination decisions) and confidentiality of the test results, except where CastleBranch is found to have acted negligently with respect to such matters.

I understand that if I fail to cooperate with a testing procedure, or in the care of a positive test result including an alcohol level at or above 0.08, I may be terminated from an EMS program.

I understand that if a test is positive for a controlled substance, I must be able to produce a prescription for that drug. The drug must be prescribed for me and the prescription must be from the medical doctor licensed to practice in the United States.

Student Signature

Date

Print Student Name

Student ID# (NSHE)

COLLEGE OF SOUTHERN NEVADA

AUTHORIZATION TO RELEASE INFORMATION

As a student enrolled at the College of Southern Nevada (CSN), I give permission for CSN to release the following documents if requested by my assigned Clinical Affiliate.

- Immunization Records
- Verification of Health Insurance
- CPR Card
- Drug Screen
- Background Check
- Other (please specify) _____

This information may also be released if requested for the purpose(s) of:

- Recruitment
- Employment
- Other (please specify) _____

This authorization is valid for two (2) years and may be revoked at any time. Revocation of this authorization must be made in writing to CSN. CSN is not liable for release made prior to revocation.

Student Signature

Date

Print Student Name

Student ID# (NSHE)



Educational Records Release Form

The Family Educational Rights and Privacy Act (FERPA) is a Federal Law designed to protect the privacy of a student's education records. The Law applies to all schools that receive funds under an applicable program of the US Department of Education. This act protects your personal information from being distributed to third parties. With limited exception, the College of Southern Nevada must have a signed acknowledgement from you before personal information can be released to a third party (i.e. attorney, employer, etc). For more information about FERPA, please visit: www.ed.gov/policy/gen/guid/fpco/ferpa/index.html.

Please complete all items below and return this authorization form to the Department you seek information from.

I _____ willingly give my consent for the following person(s) or entity:

To obtain the following information from my educational records on file at the College of Southern Nevada:

I am granting permission for the purpose of:

I acknowledge by my signature that by giving this consent I am willingly waiving my rights protected by the Family Educational Rights and Privacy Act (FERPA). I also agree to hold the College of Southern Nevada harmless of any damages resulting from the release of this information.

Student Signature

Date

NSHE ID No.

COLLEGE OF SOUTHERN NEVADA

HIPAA LETTER OF INSTRUCTION/CONFIDENTIALITY

As a student of the College of Southern Nevada with access to patients' health information, a student is expected to maintain the privacy and confidentiality of patient and/or student health information, as well as personal information such as age, address, telephone, marital status, etc. The federal Health Insurance Portability and Accountability Act (HIPAA) mandate requirements designed to enhance patient privacy.

The violation of these rules could result in significant civil and criminal penalties for the student and CSN, particularly if an improper disclosure of information is done knowingly and for personal gain. The student will receive training regarding these rules. In general, however, disclosure of health information to anyone other than the patient typically requires the patient's express written authorization except in the following situations: (1) to employees who need the information for their job, or to a supervisor, (2) to medical providers for treatment purposes, or (3) to an insurance company to obtain payment for services.

As part of your responsibilities, you are expected to comply with HIPAA and all procedures developed for its implementation. Violation of these rules may result in discipline up to, and including, termination for a first offense. If you have questions, please discuss it with your instructor or the designated privacy officer.

The undersigned understands that all medical information acquired as a result of their participating in work and/or health care activities at Facility is confidential and that the undersigned is prohibited from disclosing that information to any person or persons not involved in the care or treatment of the patients, in the instruction of Students, or in the performance of administrative responsibilities at Facility. The undersigned agrees to protect the confidentiality of patient information as required by law at all times both during and following his or her relationship with Facility. Conversations between physicians, nurses, and other health care professionals in connection with or in the presence of a patient receiving care or between the undersigned and a patient are also protected and may not be discussed. The undersigned recognizes that other sources of medical information include medical records, emergency room department, and ambulance records, child abuse reporting forms, elderly abuse reporting forms, laboratory requests and results, and x-ray requests and results. The undersigned understands that a breach of this confidentiality by him or her may result in an action for damages against him or her as well as against Facility. Facility may terminate the undersigned's relationship with Facility based upon a single breach of confidentiality by him or her.

Please acknowledge your receipt and your review of the contents of this letter by signing below.

Student Signature

Date

Print Student Name

Student ID# (NSHE)



www.csn.edu

**Join the CSN Alumni Network. Visit
www.csn.edu/alumni.**

Board of Regents of the Nevada System of Higher Education

Byron Brooks Chairman; Joseph C. Arrascada Vice Chair
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Dale A. R. Erquiaga, NSHE Chancellor; Dr. Federico Zaragoza, CSN President

CSN is an Equal Employment Opportunity/Affirmative Action Institution.
For more information, visit www.csn.edu/nondiscrimination.