Illinois Eastern Community Colleges

Paramedic
Program Guidebook
2026-2027

Frontier Community College

An Illinois Eastern Community College

Some information in this publication may become outdated due to changes in Board of Trustees Policy, state law, and Paramedic program guidelines. In such instances current board policy, state law, and Paramedic program guidelines will prevail.

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WELCOME

Welcome to Illinois Eastern Community Colleges – Frontier Community College Paramedic Program! It is important that you read the academic catalog, this handbook, and guidelines presented to you by the medical facility and medical transport service that you will be observing during your time in the Paramedic program since you will be expected to adhere to the guidelines found in these documents. Illinois Eastern Community Colleges (IECC) reserves the right to change guidelines as needed to facilitate program and student outcomes. Should changes occur, you will be informed as you progress through the program.

Whenever possible, Paramedic courses are scheduled for the student at the Wabash General Hospital EMS Education building or the appropriate IECC campus due to student demand.

We are excited that you have made the decision to enroll in the Paramedic program. It is our desire to help you meet your educational goals. It is our commitment that you receive quality education while enrolled in the Paramedic program.

Questions or concerns should be directed to the Emergency Preparedness Department, Frontier Community College, 2 Frontier Drive, Fairfield, IL 62837, (618) 847-9163.

NONDISCRIMINATION STATEMENT

Illinois Eastern Community College District No. 529 does not discriminate on the basis of race, color, sex, pregnancy, gender identity, sexual orientation, age, marital status, parental status, religious affiliation, veteran status, national origin, ancestry, order of protection status, conviction record, physical or mental disability, genetic information, or any other protected category. More details, including the complaint process, can be found at www.iecc.edu/nondiscrimination.

SECTION I: PROGRAM OF LEARNING

PARAMEDIC PROGRAM MISSION

The Illinois Eastern Community Colleges Paramedic program is committed to excellence in education through innovative teaching and collaboration with the communities we serve. We value and will promote integrity, respect of diversity, competence, and personal and professional development as we facilitate students as members of the EMS profession and citizens of the broader community. Our values are a reflection of the culture and character of the program and guide us in achieving our vision. As a program of integrity, we endeavor to adhere to a consistent standard of ethical behavior that is grounded in the *EMT Oath* and *EMS Code of Ethics* as adopted by the National Association of Emergency Medical Technicians (NAEMT).

PARAMEDIC PROGRAM GOAL STATEMENT

To prepare Paramedics who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession.

PROGRAM REQUIREMENTS

Students enrolled in the IECC Paramedic program must possess the physical and psychological capabilities required to meet the classroom and clinical objectives of the curriculum.

Curriculum objectives require students to have cognitive, psychomotor, and affective abilities that ensure safe emergency care within the scope of Paramedic practice. Students in the Paramedic program must comply with clinical affiliate and medical transport service requirements; associated costs are the responsibility of the student.

Course prerequisites include the following:

- Complete the Application
- Sit for the Accuplacer exam
- High School Diploma or GED (transcripts required)
- Up-to-Date Immunizations
- Seasonal Flu Vaccination
- Valid Illinois State Driver's License
- Current American Heart Association CPR Certification (BLS Provider)
- Must Pass a Background Check
- Must Pass a Drug Screening
- Health Examination
- Minimum of two Letters of Recommendation
- Interview may be required
- Residency verification required
- 17 years of age
- EMT Basic
- Must maintain current certification throughout course

Students must have met the prerequisite requirements prior to the first-class meeting or may be administratively withdrawn from coursework. Additionally, students will be expected to complete skills competency checks prior to clinical rotation.

PARAMEDIC ENTRY REQUIREMENTS

Applicants with completed files will be ranked on the scale below for the available slots in the program.

EMT Certification Status

Certified EMT-B with 2+ years of experience: 20

Certified EMT-B with 1+ years of experience: 10 pts

Certified EMT-B <1 year of experience: 5 pts

Entrance Exam (Accuplacer)

- 200–236: 0
- 237–249: 5
- 250–262: 10
- 263–275: 15
- 276–300: 20

Interview Score (30 points)

Rated by panel (professionalism, communication, motivation)

Letters of Recommendation

2 strong healthcare-related letters: 10 pts

1 strong letter: 5 pts

None/weak letters: 0 pts

Volunteer/Work Experience in Healthcare or Emergency Response

≥5 year: 15 pts

2-4 years: 10 pts

<1 year: 5 pts

None: 0 pts

Residency

In-district: 5

Out-of-district/Out-of-State 0

POLICY ON ADVANCED PLACEMENT OR TRANSFER OF CREDIT

The program does not allow advanced placement, transfer of credits, or experiential learning credits for students seeking a certificate of completion from the Paramedic program. Accepted students must complete all program requirements successfully.

PARAMEDIC PROGRAM TECHNICAL STANDARDS

Observation:
The student must have sufficient sensory capacity to observe and participate in the classroom, laboratory, and all clinical settings.

1. Functional Vision- 1) see from 20 inches to 20 feet and beyond 2) use depth perception and peripheral vision, and 3) distinguish color and color intensity.
2. Hearing- Be able to hear sounds at varying levels(normal speaking volume, faint voices, faint body sounds and equipment alarms.)
3. Olfactory- Be able to detect odors from patients and the environment.
4. Tactile Sensation- Be able to adequately and accurately observe or assess patients to elicit information through procedures regularly required in the care of patients or groups of patients.

Communication

The paramedic student must be able to communicate effectively in the classroom, laboratory, and all clinical/field settings. Students must be able to:

1. Communicate effectively in English both verbally and in writing
2. Recognize, understand, and interpret instructional material required during medical education
3. Use appropriate grammar, spelling and vocabulary when completing classwork and clinical documentation that is submitted into Platinum Planner, and
4. Work Cooperatively and professionally with others (i.e., EMS, Fire, Hospital patients, family, etc.)

Motor:

The paramedic student must have sufficient motor function to participate in basic diagnostic and therapeutic procedures and to provide effective, quality care to clients. Motor function includes both gross and fine motor skills, strength and coordination, physical stamina.

Gross Motor Skills:

The paramedic student must be able to:

1. Sit and stand while maintaining balance in the educational setting and in the ambulance, and while working above and below the waist.

Fine Moter Skills

The paramedic student must be able to:

1. Write and type, and
2. Pinch, pick up, grasp, squeeze or otherwise work with fingers

ILLINOIS EASTERN COMMUNITY COLLEGES
FRONTIER COMMUNITY COLLEGE
PARAMEDIC CERTIFICATE (PARA C412) PROGRAM OUTLINE

Effective Term 202630

First Semester		
EPM 2204	Paramedic I	10.5
Second Semester		
EPM 2210	Paramedic Clinicals I	1.5
EPM 2205	Paramedic II	10.5
Third Semester		
EPM 2211	Paramedic Clinicals II	2.5
EPM 2206	Paramedic III	10.0
Fourth Semester		
EPM 2212	Paramedic Field Experience I (First 8 Weeks)	6.5
EPM 2213	Paramedic Field Experience II (Second 8 Weeks)	6.5
TOTAL CREDIT HOURS		**48.0**

SECTION II: ETHICAL AND LEGAL RESPONSIBILITIES

EMT OATH

Be it pledged as an Emergency Medical Technician, I will honor the physical and judicial laws of God and man. I will follow that regimen which, according to my ability and judgment, I consider for the benefit of patients and abstain from whatever is deleterious and mischievous, nor shall I suggest any such counsel. Into whatever homes I enter, I will go into them for the benefit of only the sick and injured, never revealing what I see or hear in the lives of men unless required by law.

I shall also share my medical knowledge with those who may benefit from what I have learned. I will serve unselfishly and continuously in order to help make a better world for all mankind.

While I continue to keep this oath unviolated, may it be granted to me to enjoy life, and the practice of the art, respected by all men, in all times. Should I trespass or violate this oath, may the reverse be my lot. So help me God.

_____

Written by: Charles B. Gillespie, M.D.
Adopted by the National Association of Emergency Medical Technicians, 1978

CODE OF ETHICS

Professional status as an Emergency Medical Services (EMS) Practitioner is maintained and enriched by the willingness of the individual practitioner to accept and fulfill obligations to society, other medical professionals, and the EMS profession. As an EMS practitioner, I solemnly pledge myself to the following code of professional ethics:

- To conserve life, alleviate suffering, promote health, do no harm, and encourage the quality and equal availability of emergency medical care.
- To provide services based on human need, with compassion and respect for human dignity, unrestricted by consideration of nationality, race, creed, color, or status; to not judge the merits of the patient's request for service, nor allow the patient's socioeconomic status to influence our demeanor or the care that we provide.
- To not use professional knowledge and skills in any enterprise detrimental to the public well-being.
- To respect and hold in confidence all information of a confidential nature obtained in the course of professional service unless required by law to divulge such information.
- To use social media in a responsible and professional manner that does not discredit, dishonor, or embarrass an EMS organization, co-workers, other health care practitioners, patients, individuals or the community at large.
- To maintain professional competence, striving always for clinical excellence in the delivery of patient care.
- To assume responsibility in upholding standards of professional practice and education.
- To assume responsibility for individual professional actions and judgment, both in dependent and independent emergency functions, and to know and uphold the laws which affect the practice of EMS.
- To be aware of and participate in matters of legislation and regulation affecting EMS.
- To work cooperatively with EMS associates and other allied healthcare professionals in the best interest of our patients.
- To refuse participation in unethical procedures and assume the responsibility to expose incompetence or unethical conduct of others to the appropriate authority in a proper and professional manner.

Originally written by: Charles B. Gillespie, M.D., Adopted by: The National Association of Emergency Medical Technicians, 1978. Revised and adopted by the National Association of Emergency Medical Technicians, June 14, 2013.

BACKGROUND AND DRUG SCREENING REQUIREMENTS

A background check and drug screening are required. Students must have met these requirements prior to the first-class meeting or may be administratively withdrawn from coursework. Students must utilize the background and drug screenings as required by the Paramedic program. Additional drug screening or background checks may also be required to meet clinical affiliate or medical transport service requirements.

Students will be required to go online and authorize a background investigation to be conducted by Bushue Background Screening. Payment by debit or credit card is required for submission. *Background screenings from outside agencies or programs will not be accepted.*

A 10-panel drug screening is required for each student and can be obtained through a local hospital or medical clinic. Payment for the drug screening should be made directly to the local hospital or medical clinic at the time of the drug screening. A copy of the results of the drug screening must be provided to the EP office.

An unsatisfactory background check or positive drug test may result in negation of admission or administrative withdrawal from the program. A positive drug test at any time in the program may be grounds for immediate dismissal from the program. Students may be subject to random drug screens at any time. A change in student status during the program which results in a criminal conviction may be grounds for dismissal or administrative withdrawal from the program. Students are required to report any incident which might result in a change in criminal history status to the program director within five days. Failure to report a change in status is grounds for immediate dismissal from the program.

IECC STUDENT CODE OF CONDUCT

Illinois Eastern Community Colleges is committed to the personal growth, integrity, freedom of civility, respect, compassion, health and safety of its students, employees, and community. To accomplish this commitment, IECC is dedicated to providing an environment that is free from discrimination, harassment, retaliation, and harmful behavior that hinders students, employees, or community members from pursuing IECC education or services.

IECC's Student Conduct Policy 500.8, found at www.iecc.edu/studentconduct, establishes the Student Code of Conduct to communicate its expectations of students and to ensure a fair process for determining responsibility and appropriate sanctions when a student's behavior deviates from those expectations. IECC sanctions are independent of other sanctions that may be imposed by other agencies as a result of civil or criminal prosecution.

Students, through the act of registration at Illinois Eastern Community Colleges, obligate themselves to obey all rules and regulations published in the college catalog, program, and student handbooks, and/or on the website. It's highly recommended that all students review the Student Code of Conduct immediately upon enrolling.

SECTION III: GRADING & EVALUATION

EVALUATION OF STUDENT PERFORMANCE

A grade is awarded at the conclusion of the Paramedic course. However, evaluation of student performance exists on a continuum from program entry to program exit. Student clinical and field data and related evaluations are shared and reviewed by faculty. This process allows faculty to provide appropriate classroom and laboratory experiences to assist each student in meeting educational outcomes of the program.

DETERMINATION OF A PARAMEDIC COURSE GRADE

A course grade is comprised of a classroom grade, an evaluation of laboratory, clinical and field training experiences, and evaluation of professional behaviors.

The student is expected to be on time for class and to be ready to participate in the learning process.

Classroom Grading Scale

A uniform grading scale is used by the faculty. The grading scale will be provided to students in writing at the first class session.

Theory grades will be based on module exams, quizzes, and a comprehensive final exam. A theory grade of at least 78 percent is required to pass the course. The grading scale is:

A = 90-100
B = 83-89
C = 78-82
D= 65-77
F = 0-64

Rounding will be done based on tenths. For example: 77.5 percent will be rounded to 78 percent; 77.45 percent will not round to 78 percent.
Percentage score is calculated after every testing opportunity. The percentage score is determined by the following formula:

$$\frac{\text{Total points earned}}{\text{Total points available}} = \text{Percentage score}$$

A grade of "C" or above must be obtained in the Paramedic certificate curriculum.

Evaluation of Paramedic Course Laboratory, Clinical, and Field Experience Competencies

Competency is evaluated on performance in the course laboratory, clinical and field experiences, and on written assignments associated with these experiences. Students will be required to utilize Platinum Planner to schedule clinical and field experiences (depending on the affiliate) and will be required to utilize Platinum Planner to track skills associated with these experiences. Prior to starting clinical and field experiences, students will receive an email with a link to purchase the access code for Platinum Planner access. Students will be required to login to the Platinum Planner site or Platinum Planner mobile app to maintain these skill records. Students should complete the appropriate record within 24 hours of completing the clinical or field experience. Clinical and field experience records must be completed by the last scheduled class session of the Paramedic program.

Grading of "Affective" Components

Students will receive a grade, equivalent to a 100 pt. assignment, reflective of the student's skills in the ten areas of professional behavior as outlined below (each area valued at 10 pts.):

- Integrity Empathy;
- Self-Motivation;
- Appearance and Personal Hygiene;
- Self-confidence;

- Communications;
- Time Management;
- Teamwork and Diplomacy,
- Respect;
- Patient Advocacy; and
- Careful Delivery of Service.

CRITICAL AREAS OF CONCERN

Critical areas of concern include any actions or inactions on the part of the student that increase the risk of or exposure to loss, harm, death or injury of others. Critical concerns include, but are not limited to, the following:

1. Theft from patients, visitors, or agency employees, or the unauthorized removal of supplies, drugs, or other property from the premises of the training institution or clinical agencies.
2. Alteration, falsification, or destruction of any agency records.
3. Refusal to perform assignments or follow directions of the instructor or appropriate agency personnel.
4. Reporting to laboratory or performing at laboratory while under the influence of alcohol and/or controlled substances, drugs, or having possession of same on agency property.
5. Departure from the assigned department or unit, or the facility during scheduled laboratory hours without authorization.
6. Willful conduct which could endanger clients, visitors, or others.
7. Making false, vicious, or malicious statements concerning the agency, its employees, or its services.
8. Use of abusive, threatening, or profane language, or gestures on agency premises.
9. Willful, deliberate, violation of or disregard for the agency's safety and security, and its rules and policies.
10. Solicitation or acceptance of gifts or gratuities from patients, their significant others, families, or vendors.
11. Neglect of duty or incompetence either in quantity or quality of work.
12. Breach of confidentiality of the patient, significant others, or of the agency and its employees.
13. Evidence of disregard or disrespect of the rights of patients or others, or of the agency and its employees.

Such actions or inactions will result in the student being immediately relieved of the Paramedic laboratory, clinical or field assignment, followed by a faculty review and possible dismissal from the Paramedic program.

Unsafe or unsatisfactory evaluations and/or dismissal from the Paramedic program, whether culminating in receiving a failing grade or withdrawal, may prevent readmission.

The student has the right to appeal according to IECC policy. Refer to the Student Complaint Policy found at www.iecc.edu/studentcomplaint.

ASSIGNMENTS

Assignments must be turned in on date due as written or announced by faculty. Late assignments without faculty permission may receive a failing grade. All assignments must be typewritten or written in ink (as allowed by instructor) legibly, using correct grammar, spelling, sentence structure, and prepared on appropriate form only.

References used and cited for written assignments may not be more than five years old except with permission of instructor.

TESTING

Quizzes may be given during classes or skills labs at the discretion of the instructor.

Attendance at tests and feedback sessions is imperative unless previously negotiated with instructor. **All tests and quizzes are to be taken as scheduled**.

If absence is necessary, it is the student's responsibility to notify the instructor prior to the scheduled test or quiz time. An alternate test or alternate test format may be administered whenever a student takes a make-up exam or quiz. Make-up exams or quizzes may be given at the discretion of the instructor.

Test reviews will be conducted after all students have been tested over the content. Students are expected to review tests and to direct questions to the instructor(s) at the time of the review. All questions concerning the test must be brought forward at the review. No further consideration of test questions will be allowed following the review. If a test review is missed, the student must review the test within the next three school days following the return of the scheduled test. The student is responsible for contacting the instructor to set up a time for the review. No review of tests will be allowed following the final exam.

ATTENDANCE POLICY

Attendance provides opportunity for the student to interact with faculty and peers to receive maximum benefits from the course. The absent student or the student who is anticipating an absence is responsible for consulting their instructor(s). Learn more at www.iecc.edu/attenance.

Classroom Attendance

1. Regular class attendance is encouraged for the student to receive maximum benefits from the course. Attendance is the responsibility of the student. No more than **four** class sessions (including classroom and lab hours) per semester in the Paramedic certificate program may be missed for any reason except at the discretion of the program director. Students are expected to contact the instructor in writing (email is recommended) and in person prior to an absence.

2. The student is expected to be on time for class and to be ready to participate in the learning process**.** Students who exhibit tardiness or leaving class early without instructor permission, for any reason, will be counted "absent". Abuse of attendance policies may result in administrative withdraw from the Paramedic program.

3. Students are expected to attend 100 percent of the class session. Paramedics from agencies that are resource-limited should anticipate this and make appropriate accommodations.

4. Absences on dates of practical skills requires notification of the instructor.

5. The student is responsible for meeting learning objectives/activities of all classes, including missed class(es). The student has the responsibility to contact the instructor and make arrangements to obtain materials and instructions that may have been missed.

6. Attendance on scheduled test and quiz dates is required. (See Testing.)

7. The instructor will permit students to make up work missed due to participation in field trips and activities approved or sponsored by the college.

8. Students are encouraged to enroll in the eCampus notification system via Entrata to be notified of weather or emergency-related campus closings.

Laboratory, Clinical and Field Training Attendance

1. Laboratory, clinical and field training is mandatory. Students are expected to attend all scheduled hours.

2. When a lab, clinical or field training is missed, makeup will be at the discretion of the instructor and clinical or field training site. Assignment(s) will be made to assure the student has opportunity to

meet the expected learning objectives/outcomes of the missed experience. The assignment(s) will not negate the missed time. The student is responsible for meeting learning objectives/activities of all classes, including missed class (classes). The student has the responsibility to contact the instructor and make arrangements to obtain materials and instructions that may have been missed.

3. If a student is absent from more than **four** class sessions (including classroom and lab hours) in Paramedic Certificate Program or is absent (without notification) from any scheduled clinical or field experience, the matter may be reviewed by the college site faculty, and a recommendation for action developed. The faculty may recommend dismissal of the student from the program. The final decision to dismiss a student based upon absences will rest with the program director.

LABORATORY, CLINICAL, AND FIELD TRAINING EXPECTATIONS

The combination of laboratory, clinical and field training is an integral part of achieving competency as a Paramedic. It is essential that students be present and punctual for all assigned experiences. The student must inform the Paramedic Instructor and/or their assigned representative of the clinical or field training site if unable to attend. Failure to contact the clinical or field training site and instructor will result in an evaluation by the faculty or program director and may result in an unsatisfactory evaluation.

Laboratory, clinical, and field experiences may occur in a variety of settings (health agencies, hospitals, doctor's offices, mental health centers, campus laboratories, etc.). **All hours must be in a clinical and field setting approved by the program director.** Clinical and field expectations may vary by semester. Students should refer to the course syllabus for details. Final minimum requirements will ultimately be at the approval of the instructor and program director. Field experience must be performed with a program-approved medical transportation service. A minimum number of observation-ONLY hours (depending on the service) may be required prior to a student demonstrating hands-on skills performance. Student clinical and field expectations and critique criteria will be outlined in the Field Internship Training Guidebook and reviewed with students during a Field Training Orientation held prior to starting field training. Students may be required to utilize Platinum Planner to schedule clinical and field experiences (depending on the affiliate) and will be required to utilize Platinum Planner to track skills associated with these experiences. TRANSPORTATION TO AFFILIATING AGENCIES IS THE STUDENT'S RESPONSIBILITY.

Minimum Requirements

Assessments are required to be in a clinical or field setting with skills performed with actual patients of various ages. If a student who has passed all other coursework and has been actively attempting to meet these requirements is unable to meet a skill sub-category, as defined by the instructor, due to a low number of qualifying patients, he/she may be eligible for review by the medical director or a designee in order to prove competency. This determination will be made on a case-by-case basis and is in no way guaranteed. Final minimum requirements will ultimately be at the approval of the instructor and program director is accordance with COA standards.

In order to complete the Paramedic certificate, the student must have documentation of minimum required hours and successful skill performance for the minimum number (shown below). Paramedic students are required to complete clinical hours prior to engaging in field training. **The Minimum Student Competency requirements are outlined in the Appendices.**

Confidentiality

All client records (the chart and any other information, oral or written, and those notes taken from the record) are confidential. Violations of this confidentiality may be subject to litigation.

Students shall not retain any individually identifiable client information, nor should this data be recorded on client assignments. The information includes the following as well as any other unique information:

Name
Names of relatives
Names of employers
All elements of dates, including birth date, admission date, discharge date, etc.

Telephone numbers
Fax numbers
Electronic mail address
Social Security number
Certificate/license number
Serial number of a vehicle or other device
Internet URL
Internet protocol (IP) address number
Photographic images

Students shall be protective of client information during the agency laboratory and once it is removed from the laboratory setting. General guidelines include:

DO NOT leave documents open/uncovered.
DO NOT leave client information lying around unattended.
Log off computers when leaving unattended.
Do not leave computer screens up and keep away from public view.
Keep password secret and don't use other's password.
Shred information when no longer needed.
Do not take any agency documents (report sheets, flow sheets, care plans, med lists) from agency.
Do not discuss information in public places.
Do not discuss clients, Paramedic staff, physicians, or other agency personnel with other persons outside EMT-Basic laboratory or classroom.
Do not discuss client concerns with/or around other clients.
Do not electronically (e.g. e-mail, instant messaging, text messaging) transmit information which identifies clients or agency personnel.

Students shall not identify Paramedic staff, physicians, or other persons by name in any recorded data other than agency documents.

Recording

Charting by Paramedic students shall have the full signature of the student followed by any other identification required by the college or agency.

Passwords shall be kept confidential and shall be used only by the student to whom it is assigned.

Controlled Substances

Students should never accept a narcotic key or narcotic digital access number.

Substance use by a Paramedic student while in agency laboratory will not be allowed and constitutes grounds for further investigation by the Paramedic instructor and agency personnel.

In addition to meeting the Paramedic program and the IECC student conduct criteria, students must meet the standards of the clinical or field training site.

DRESS CODE FOR CLASSROOM, LABORATORY, CLINICAL, AND FIELD TRAINING

Agency policy and faculty discretion will always prevail over this written dress code.

In the classroom, laboratory, clinical, and field training, the Paramedic student shall wear:

1. School uniform polo, clean and neatly pressed.
2. Clean, professional EMS boots (no open toes or open backs). Shoes should have a non-slip sole. Boots that can be polished are recommended.
3. Dark blue or black EMS "pocket pants" or straight leg trousers may be worn in classroom setting. Students should anticipate that pant requirements may vary depending on the clinical or field site.
4. Hair should be in a controlled style that avoids contamination and does not allow hair to touch the collar of the shirt. NO obtrusive hair ornaments are to be worn. Hair must be neat and clean. Facial

hair should be well-trimmed and should not impede the sealing surface of a face-piece or interfere with valve function as may be required by OSHA or other field training regulations. No unnatural hair dye.

5. Cosmetics in moderation. No fragrances may be used; body deodorants used as needed.
6. Nails short and neatly trimmed. No nail polish and no artificial nails of any kind are allowed.
7. No visible piercings other than the ear. Earrings should be limited to a single stud in each ear, only in the lobe.
8. No jewelry other than a single stud in each ear lobe, a wedding band, and a watch.
9. Visible tattoos must be covered.

CELL PHONE USE

Personal cell phone use during classroom, laboratory, clinical and field training is prohibited except on break or lunch or at the instructor discretion. Cell phones should be turned off or set to silent and put away unless otherwise instructed by the Paramedic Instructor.

CHANGE OF PERSONAL DATA

A change in name, address and/or telephone number must be reported immediately to the program director or administrative assistant. This is necessary to ensure timely communications from the program and the college.

SECTION IV: CRITICAL GUIDELINES FOR PARAMEDIC LABORATORY, CLINICAL, AND FIELD TRAINING

Health care and Emergency Medical Services are often delivered in high stress areas, requiring management of multiple roles, tasks, and decisions simultaneously. The equipment and supplies used in the delivery of care may present a danger to individuals with sensitivity and allergies, especially to certain fumes and/or latex products.

Provision of emergency medical services poses inherent occupational risks for EMS responders. Risks include the following:

1. Violence/assaults
2. Verbal threats. Aggression
3. Motor vehicle crashes
4. Infectious disease
5. Lifting injuries
6. Sprains and strains
7. Psychological trauma
8. Hazardous chemical exposure
9. Hyper/hypothermia

STANDARD PRECAUTIONS

Before providing client care, all Paramedic students are expected to read/review the CDC criteria for Standard Precautions. Standard precautions should be demonstrated in all contact with clients and throughout the laboratory, clinical, and field training. Students are expected to follow the clinical or field site's protocol for standard precautions.

BLOODBORNE PATHOGEN EXPOSURE GUIDELINES

Students should immediately report to their assigned representative of the clinical or field training site any exposure or suspected exposure to bloodborne pathogens. Students should also report exposure to their course instructor.

Students are expected to follow the written protocol of the institutions in which they are performing their classroom, laboratory, clinical, or field training. The student will be responsible for physician, lab, and treatment costs for services rendered.

Students will be responsible for meeting the prescribed follow-up care of the institutions. Treatment costs for services rendered will be at student expense.

Students should be aware that a supplemental course in bloodborne pathogens and relevant OSHA regulations may be required in concurrence with the four-course paramedic series. The hours and associated costs for these courses may be separate from Paramedic program hours and costs. These courses may also be graded separately. A grade of "C" or above must be obtained in these courses.

LATEX ALLERGY GUIDELINES

Latex allergy is a serious threat to health care workers as well as patients. Allergic reactions to latex may be mild, such as skin disturbances, to severe reactions resulting in death. Exposure to latex products may cause hypersensitivity response either locally or systemically. A systemic reaction may occur even with trivial exposure to latex and may result in cardiopulmonary arrest within minutes.

The guidelines recommended by IECC are to address potential incidences of acquired latex sensitivity by students in the clinical experiences of the program.

Procedure:
Students should become knowledgeable of latex allergy causes and potential signs and symptoms.

Students should seek medical care for EARLY diagnosis and treatment of hand dermatoses and symptoms suggestive of latex allergy.
Immediately report to the Supervisor any actual or suspected latex allergic responses.

PSYCHIATRIC OR PSYCHOLOGICAL EXAMINATION GUIDELINES

Paramedic students who may, for any reason, appear to be unsafe in clinical or field training or who may compromise client safety may be required to submit to a psychiatric or psychological examination at any time, at the student's expense. Alcohol/drug screening is included as part of these guidelines.

IECC POLICY ON ALCOHOL AND DRUGS

In accordance with the Drug-Free Schools and Communities Act of 1989 and the Drug-Free Workplace Act of 1988, the Board of Trustees of Illinois Eastern Community Colleges (IECC) is committed to providing a college environment free of substance abuse. Measures taken in support of this commitment include: 1) Drug and alcohol abuse awareness, prevention, and treatment initiatives. 2) Prohibiting the unlawful manufacture, sale, distribution, possession, or use of alcohol and use/misuse of drugs while on IECC property or while performing/participating in an IECC-sponsored/related off-site event or function. Additional information is found at www.iecc.edu/drugfree.

SECTION V: PROGRAM REQUIREMENTS AND COSTS

REQUIRED TECHNOLOGY

Some information will be communicated through IECC's Entrata system. Students must set up an Entrata e-mail account. Many student learning resources that accompany textbooks must be accessed online. Internet access is required to use Entrata and to access these learning resources. Students who do not have access to the internet through a personal computer may utilize computers in the campus Learning Commons during regularly scheduled hours.

CPR REQUIREMENTS & SUPPLEMENTAL COURSES

Each student must provide proof of current CPR certification through the American Heart Association (BLS for Healthcare Providers).

A copy of the CPR certification card will be placed in the student's file prior to enrolling in the initial course. It is the STUDENT'S responsibility to maintain certification for the ENTIRE time they're a Paramedic student.

PROGRAM LIABILITY INSURANCE

Program liability insurance will be secured by IECC on behalf of Paramedic students; a fee will be charged to the student's account.

PERSONAL PROTECTIVE EQUIPMENT

Students may be required to provide proof of an N95 Respirator Fit-testing and possess and maintain an N95 Respirator. Safety glasses and a face shield may also be required depending on the clinical or field training affiliate.

PHYSICAL EXAMINATION AND IMMUNIZATIONS

Students must have a complete physical exam by a qualified health practitioner of their choice using the approved physical form (See Candidate Health Examination Form). Any student who returns to the program following an absence of one or more semesters must also complete a physical exam. The original physical form and immunization record shall be maintained in the student's file. Changes in health status, such as surgery, injury, pregnancy, must be reported to the program director. A release from the physician or other health care provider may be required to return to clinical experiences. This information is necessary to plan for student safety and to meet clinical and field site standards. Information from the physical and immunization record shall be made available to the clinical or field site upon the site's request. All Paramedic students will be required to show documentation of a seasonal flu shot vaccination that has been attained since August for the current academic year (i.e. August 2023 for the 2023-2024 academic year).

HEALTH INSURANCE

It is recommended that all students carry their own personal health insurance. Each student is responsible for health care costs including costs related to incidents occurring during experiences with clinical or field sites.

PROGRAM COSTS – PARAMEDIC PROGRAM

Fees are listed below. Tuition reflects the in-district rate. All costs are approximate and subject to change.

First Semester

Tuition	$	140.00	(per credit hour)	$1,470.00
EPM 2204 Paramedic I		Credit hours:	10.5	
Maintenance Fee (per credit hour)	$	15.00		$157.50
Student Support Fee (per credit hour)	$	12.00		$126.00
Technology Fee (per credit hour)	$	9.00		$94.50
Activity Fee				$60.00
Facilities Usage Fee				$5.00

Background Check*					$34.00
Drug Screening* (cost varies by provider)					$50.00
Platinum Planner Software*					$180.00
Textbooks for Program					$835.03
					$3,012.03

Second Semester

Tuition	$	140.00		(per credit hour)	$1,680.00
EPM 2205 Paramedic II			Credit hours:	10.5	
EPM 2210 Paramedic Clinicals I			Credit hours:	1.5	
Maintenance Fee (per credit hour)	$	15.00			$180.00
Student Support Fee (per credit hour)	$	12.00			$144.00
Technology Fee (per credit hour)	$	9.00			$108.00
Activity Fee					$60.00
Facilities Usage Fee					$5.00
Liability Insurance Fee					$15.00
Paramedic Shirt					$38.00
					$2,230.00

Third Semester

Tuition	$	140.00		(per credit hour)	$1,750.00
EPM 2206 Paramedic III			Credit hours:	10	
EPM 2211 Paramedic Clinicals II			Credit hours:	2.5	
Maintenance Fee (per credit hour)	$	15.00			$187.50
Student Support Fee (per credit hour)	$	12.00			$150.00
Technology Fee (per credit hour)	$	9.00			$112.50
Activity Fee					$60.00
Facilities Usage Fee					$5.00
Liability Insurance Fee					$15.00
					$2,280.00

Fourth Semester

Tuition	$	140.00		(per credit hour)	$1,820.00
EPM 2212 Paramedic Field Experience I			Credit hours:	6.5	
EPM 2212 Paramedic Field Experience II			Credit hours:	6.5	
Maintenance Fee (per credit hour)	$	15.00			$195.00
Student Support Fee (per credit hour)	$	12.00			$156.00
Technology Fee (per credit hour)	$	9.00			$117.00
Activity Fee					$60.00
Facilities Usage Fee					$5.00
Graduation Fee					$30.00
					$2,383.00

Total Est. Cost for Program: $9,905.03

*Fees payable to the provider.

Students are responsible for expenses associated with: clinicals and field training (transportation, required equipment, etc.); health exam/insurance; immunizations; licensing exams/costs; misc. costs not identified above.

[1]*Caroline, Nancy. L. Emergency Care in the Streets Jones and Bartlett Learning, Volumes 1-2 current edition, Walraven, Gail. Basic Arrhythmias. Prentice Hall Inc. Current Ed. AHA ACLS Provider Manual Current edition, AHA PALS Provider Manual. Current Ed. National Association of Emergency Medical Technicians AMLS Current Ed., National Association of Emergency Medical Technicians PTHLS Current Ed.*

Clinical and Field Training Equipment costs are not included in above costs and may vary depending upon the clinical or field training site.

Clinical or Field Training Equipment (*recommended*):

- Stethoscope
- Trauma Shears
- Pen light
- Watch with second hand
- EMS-appropriate boots and trousers

SECTION VI: STUDENT RIGHTS

PROGRAM EVALUATION

Student evaluations of faculty, resources, and courses are essential for the improvement of the Paramedic program. Students are given the opportunity to complete evaluations of faculty at least once a semester and field training officers in applicable semesters. Students also evaluate learning experiences in the clinical and field sites. The student may be asked to complete peer evaluation, as well as program evaluation and self-assessment of educational outcomes at various times throughout the program. Students may also be asked to engage in interviews conducted by faculty, staff or outside agencies to evaluate relative to assessment of student knowledge and skills, student perception of the program and program assessment in general.

AUDITING OF PARAMEDIC COURSES

Students will be allowed to audit the lecture and campus laboratory portion of a Paramedic course on a space available basis with written permission of the FCC Dean's Office. There will be no auditing of agency Paramedic clinical and field experiences. Being allowed to audit a Paramedic course does not convey in any way acceptance of an auditing student into the Paramedic program.

NOTEWORTHY STUDENT POLICIES

Information regarding the following policies is found in the academic catalog and on the website per the link provided.

1. Student Complaint Policy www.iecc.edu/studentcomplaint
2. Preventing Sexual Misconduct Policy www.iecc.edu/titleIX
3. Privacy of Student Education Records www.iecc.edu/ferpa
4. Campus Safety and Security www.iecc.edu/safety

SECTION VII: PROGRESSION & GRADUATION

PROGRESSION AND RETENTION

1. Students must achieve a minimum grade of "C" in the Paramedic course.

2. Students must have a satisfactory background check and negative drug screening to continue in the Paramedic program. Failure to meet these criteria, at any time a report or test is required, may result in negation of admission or dismissal from the program.

WITHDRAWAL PROCEDURE

In accordance with IECC's Withdrawal Policy, adding, dropping, or withdrawing a course is a student's responsibility. Students should consult the policy at www.iecc.edu/withdrawalpolicy. Additionally, Paramedic students shall inform the program director or administrative assistant of their intention to withdraw from the program and fill out a student exit questionnaire and appropriate forms if applicable.

PETITION AND READMISSION

Paramedic students who leave the college or program by reason of academic deficiency or dismissal may petition for readmission to the program no sooner than one semester following official notification of status. Such petition will be reviewed by an Academic Standards Committee. This statement applies as follows:

1. Any student who withdraws from a required Paramedic course will be required to file a petition for re-entry into the program.

2. Any student who achieves less than "C" in a Paramedic course must petition for re-entry. The student may not petition for re-entry more than one time.**

3. Any student who receives an unsafe or unsatisfactory laboratory, clinical or field competency evaluation or is dismissed from the college or program, whether culminating in failure or withdrawal, must petition for readmission.

Readmission will be granted only if it is shown that the student possesses the requisite ability, and that the prior performance did not indicate a lack of capacity to complete the course of study in the program and/or college. The burden of making such a showing rest with the petitioning student. In general, a petition for readmission must include a description of circumstances which adversely affected the petitioner's ability to meet the academic standards of the program and/or the college. Petitioners must resubmit all the admission materials required for a first-time admission unless this requirement is waived by the chief student personnel officer. Petitioners must meet the current college and Paramedic program admission requirements. Petition approval does not guarantee re-admittance to the Paramedic program. Petitioners must have all requirements completed, including the petitioning process, at least sixty (60) days prior to the semester of readmission.

If a written petition is denied by the Academic Standards Committee, the petitioners shall be granted a personal appearance upon timely request before the Academic Standards Committee. A petitioner for readmission whose petition has been denied by the committee may request a rehearing before the President of the College. A request for a hearing before the President of the College must affirmatively show:

1. That there are new or extraordinary circumstances, not known by or available to the petitioner at the time of the original petition for readmission, which adversely affected the petitioner's ability to meet the academic standards, or

2. That the procedures employed by the Committee failed to give the petitioner a fair hearing.

The decision of the president is final and is not subject to review. A student in the Paramedic program who has been denied readmission may repetition no sooner than three calendar years from the date of

his/her original petition. If the student is readmitted and withdraws or fails, he/she will not be allowed to petition again.

**The Academic Standards Committee has the right to review the admission status of any student based on faculty recommendation and documentation of extraordinary circumstances that adversely impacted student performance.

If readmitted, the student progression/retention will follow the guidelines of a first-time student.

GRADUATION REQUIREMENTS

Paramedic students should read the graduation requirements addressed in the college catalog and available on the website here. Students are encouraged to consult their campus advisor about course and graduation requirements for their program of study, beginning at the time they enter college.

ARTICULATION WITH SENIOR INSTITUTIONS

Students desiring to articulate with a senior institution should seek information from counselors of the desired institution for guidance in their curriculum development plan.

LICENSING EXAMINATION & APPLICATION

Successful completion of the Paramedic program prepares the student to sit for the NREMT Exam. Students planning to submit an examination request and subsequent licensures will be required to meet eligibility requirements of IDPH and relative agencies. Students are responsible for fees associated with examination requests and subsequent licensures.

In regard to the NREMT Exam and the Paramedic program accreditation process, according to the CoAEMSP website*, "Starting in 2012, CoAEMSP is implementing a Letter of Review (LoR) process, which will be the official designation that a Paramedic program is in the "Becoming Accredited" process" (CoAEMSP, 2012, Paragraph 1). Additionally, as it applies to program graduates, "As such, after January 1, 2013, the NREMT will recognize graduates of CAAHEP accredited programs as well as graduates of programs holding a CoAEMSP LoR, as eligible for the national Paramedic certification examinations" (CoAEMSP, 2012, Paragraph 3). Students should be aware that the IECC - Frontier Community College Paramedic program is not accredited by CAAHEP, but does currently hold a Letter of Review.
**Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions. Letter of Review. Retrieved June 25, 2012, from http://www.coaemsp.org/LoR.html.*

PROFESSIONAL LICENSURE DISCLOSURE

This program prepares students to seek a licensure in the state of Illinois and may not meet minimum requirements for other states. See the Professional Licensure Disclosure at www.iecc.edu/licensuredisclosure for more information.

EMPLOYMENT OR SCHOLASTIC REFERENCES

Students may sign a release form to allow faculty to provide references for employment or continuing education. Written permission is required for references to be provided.

COPY OF TRANSCRIPTS

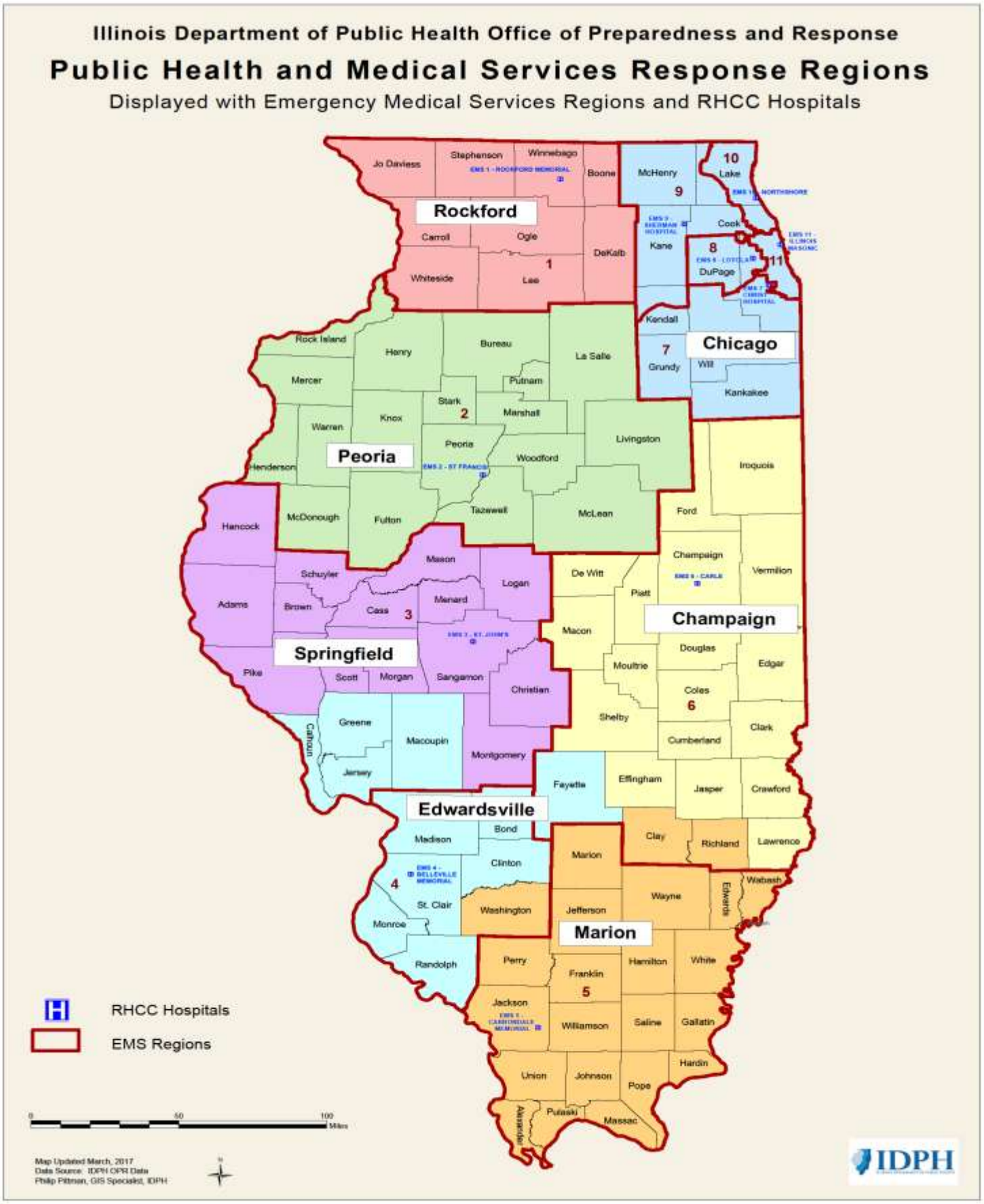
The student may request an official transcript at any time in person in Student Records or online. Applicable fees apply. An unofficial transcript can be accessed through the student's Entrata account free of charge. Learn more at www.iecc.edu/transcript.

EDUCATIONAL GUARANTEE

Information regarding technical degree/certificate educational guarantee and transfer degree educational guarantee is found in the academic catalog and on the website here.

SECTION VIII: APPENDICES

IDPH EMS REGIONAL MAP



ILLINOIS EASTERN COMMUNITY COLLEGES
PARAMEDIC PROGRAM

CLINICAL & FIELD TRAINING AFFILIATES

Carle Richland Memorial Hospital
800 East Locust
Olney, IL 62450
(618) 395-2131

Clay County Hospital
911 Stacy Burk Drive
Flora, IL 62839
(618) 662-2131

Clay County Hospital Ambulance
911 Stacy Burk Drive
Flora, IL 62839
(618) 662-1652

Deaconess Hospital (Evansville)
600 Mary St.
Evansville, IN. 47710
(812)450-5000

Deaconess Gibson Hospital
1808 Sherman Drive
Princeton, IN 47670
(812) 385-3401

Deaconess Hospital, Inc.
600 Mary Street
Evansville, IN 47710
(812) 450-5000

Fairfield Memorial Hospital
303 NW 11th St.
Fairfield, IL 62837
(618) 847-8381

Good Samaritan Hospital
520 S. 7th Street
Vincennes, IN 47591
(812) 882-5220

Good Samaritan Hospital EMS
750 Prairie St.
Vincennes, IN. 47591

Gibson County EMS
1808 Sherman Dr.
Princeton, IN. 47670

St. Vincent Hospital
3700 Washington Ave.
Evansville, IN. 47714

Lawrence County Ambulance
1306 Lexington Avenue
Lawrenceville, IL 62439
(618) 943-3600

Lawrence County Memorial Hospital
2200 State Street
Lawrenceville, IL 62439
(618) 943-1000

Posey County EMS
305 Mill St.
Mt. Vernon, IN. 47620

United Life Care Ambulance Service
301 S. Cross Street, #100
Robinson, IL 62454
(618) 544-3911

Wabash General Hospital
1418 College Drive
Mt. Carmel, IL 62863
(618) 262-6401

Wabash General Hospital Ambulance
1418 College Drive
Mt. Carmel, IL 62863
(618) 263-6402

Wayne County Ambulance
501 SW 7th St.
Fairfield, IL 62837
(618) 842-7346

White County Ambulance
314 E. Cherry St. #1
Carmi, IL. 62821

ILLINOIS EASTERN COMMUNITY COLLEGES
PARAMEDIC PROGRAM

Paramedic
STUDENT INQUIRY FORM

OFFICE USE ONLY
B
ID Number
Date Received

Form Completion Date ☐☐ - ☐☐ - ☐☐☐☐

Date of Birth ☐☐ - ☐☐ - ☐☐☐☐

E-mail _____

Last Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

MI ☐

First Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Mailing Address ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

PO Box/Apt. ☐☐☐☐☐☐☐☐☐☐

City ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

State ☐☐

Zip Code ☐☐☐☐☐

Cell Phone ☐☐☐ - ☐☐☐ - ☐☐☐☐

Other Phone ☐☐☐ - ☐☐☐ - ☐☐☐☐

Highest Level of Education Completed

- ☐ High School Diploma or GED
- ☐ Certificate
- ☐ Associate's Degree
- ☐ Bachelor's Degree
- ☐ Graduate Degree
- ☐ Other _____

Indicate the location and time of the EMT-P course you are inquiring about
(i.e. Fairfield – Day, Fairfield – Evening)

_____

Student Signature

OFFICE USE ONLY

- ☐ Student Inquiry Form (official form - tan)
- ☐ 17 years of age
- ☐ FCC Semester Schedule (Banner)
- ☐ FCC Transcript (Banner)
- ☐ HS Diploma (transcript)/GED (official copy)
- ☐ Valid Illinois State Driver's License (copy)
- ☐ CPR Certification (BLS for Healthcare Providers) (copy)
- ☐ Background Check (UCIA document)
- ☐ Drug Screening
- ☐ Immunization Record (goldenrod)
- ☐ Candidate Health Examination (white)
- ☐ Uniform Shirt Order Form (blue)
- ☐ Program Guidebook Review Verification Form (white)
- ☐ Release of Background Check Results (salmon)
- ☐ Release of Liability Form (green)
- ☐ Authorization to Release Information Form (orchid)
- ☐ Authorization to Release Documentation Form (cherry)
- ☐ Student Release Form (ivory)
- ☐ EP Payment Voucher (if applicable) (pink)

ILLINOIS EASTERN COMMUNITY COLLEGES
PARAMEDIC PROGRAM

CANDIDATE HEALTH EXAMINATION

*This examination must be completed by a PCP licensed to practice: MD, DO, APN or PA.

Name_____
Last First M.I.

Address _____

_____ _____
City State Zip Telephone Number

DOB_____ Gender_____

PHYSICAL EXAM

Height _____ Weight _____ Allergies** _____

** Explain reaction to allergy: _____

Are the following systems Within Normal Limits?

Vision: Right: Yes_____ No_____
Left: Yes_____ No_____

Nose & Throat: Yes_____ No_____
Skin: Yes_____ No_____
Cardiac: Yes_____ No_____
Circulatory: Yes_____ No_____
Endocrine: Yes_____ No_____

Hearing: Right: Yes_____ No_____
Left: Yes_____ No_____

Gastro Intestinal: Yes_____ No_____
Musculoskeletal: Yes_____ No_____
Neurological System: Yes_____ No_____
Respiratory System: Yes_____ No_____

THE CANDIDATE CAN LIFT 50 POUNDS: Yes _____ No _____

IS THE CANDIDATE PREGNANT: Yes _____ No _____

Explanation of anything above that is listed as NOT WITHIN NORMAL LIMITS:_____

_____

_____

CURRENT CHRONIC OR ACUTE MEDICAL CONDITION(S):

_____

_____

CURRENT PRESCRIBED MEDICATION(S): _____

_____

I HEREBY CERTIFY that I have examined the above individual and find (him/her) free of disease of a communicable nature and (he/she) is emotionally and physically able to participate in the EMT program.

_____ _____ _____
***Primary Care Provider Signature** P.C.P. Name (printed) Date

_____
Address City State Zip

*This examination must be completed by a PCP licensed to practice: MD, DO, APN or PA. All subsequent changes made to this document should be initialed by the health care provider making the change, and any necessary supplemental forms should be attached indicating change in record. IECC does not discriminate against applicants on the basis of race, color, religion, gender, age, disability, national origin or veteran status.

ILLINOIS EASTERN COMMUNITY COLLEGES
PARAMEDIC PROGRAM

NEW APPLICANT IMMUNIZATION RECORD FORM

CERTIFICATE OF COMPLIANCE WITH IMMUNIZATION REQUIREMENTS

THE FOLLOWING RULES WILL APPLY:

1. All dates must include MONTH, DAY, AND YEAR.

2. PART I must be completed and signed by a health care provider.* The high school immunization record may be used by the health care provider in completing this form.

3. Part II must be signed and dated by the student.

4. **ALL LABORATORY EVIDENCE OF IMMUNITY MUST BE ACCOMPANIED BY A COPY OF THE LABORATORY REPORT.**

5. History of disease is NOT acceptable as proof of immunity.

6. All live virus vaccines must have been given on or after first birthday.

7. If you do not have proof of two (2) MMR's, proof of immunity by titer must be provided or (a) 2 doses of Rubella, (b) 1 dose of Mumps, and (c) 1 dose of Rubella

8. Hepatitis B series: The 3-injection series must be completed prior to clinical rotation. The student is responsible for completing the series on time.

9. Proof of two doses of varicella (chickenpox) immunization (at least 4 weeks apart) or immunity to varicella by titer must be provided. History of disease is NOT acceptable as proof of immunity.

10. Proof of a Td or Tdap within the last 10 years must be provided. It is recommended by the CDC that if you have never received a Tdap, you receive a one-time Tdap booster in place of the Td booster.

11. Two-step TB test: All students must have proof of a two-step TB test. If you have documented proof that you had a two-step PPD test in the past and one-step PPD EACH YEAR thereafter, you do not have to have a new two-step. If you have ever had a positive PPD test, you need to have a chest x-ray on admission and not a PPD. After the initial chest x-ray a statement from your healthcare provider documenting evidence of absence of symptoms for TB will be required annually.

12. Only the following exemptions will be accepted and statements must accompany this record:

    MEDICAL CONTRAINDICATIONS - A written, signed and dated statement from a physician stating the specific vaccine or vaccines contraindicated and duration of the medical condition that contraindicates the vaccine(s).

    PREGNANCY OR SUSPECTED PREGNANCY – A signed statement from a physician stating the student is pregnant or pregnancy is suspected.

    All exemptions, statements, and forms must be completed by the specified date and provided to the FCC Emergency Preparedness Department.

*Physician licensed to practice medicine in all of its branches (M.D. or D.O.), local health authority, Registered Nurse employed by a school, college, or university, Department Recognized Vaccine Provider, or Nurse Practitioner.

ILLINOIS EASTERN COMMUNITY COLLEGES
PARAMEDIC PROGRAM

NEW APPLICANT IMMUNIZATION RECORD

IMMUNIZATIONS AND TESTS
Required by State Law/Clinical Facilities

Student Name (*please print*) _____ DOB _____

Part I – To be completed by the Heath Care provider(s) whose signature is on form. All subsequent changes made to this document should be initialed by the health care provider making the change, and any necessary supplemental forms should be attached indicating change (i.e. report of titer, proof of immunization. If received after submission of this record, as recorded and initialed only by EP program director).

MMR (Combined Measles, Mumps, Rubella) Date #1_____ Date #2 _____ **OR** **Combined MMR Vaccine is vaccine of choice if recipients are likely to be susceptible.**	
Measles (Rubella):	
A. **Two** doses of measles vaccine on or after their first birthday and at least 30 days apart **OR**	Date #1 _____ Date #2 _____
B. Serologic test (titer) positive for measles antibody **Attach Lab Report** **** See Note**	Date _____ Result _____
Mumps:	
A. One dose of mumps vaccine on or after their first birthday **OR**	Date _____
B. Serologic test (titer) positive for mumps antibody. **Attach Lab Report** ****See Note**	Date _____ Result _____
Rubella:	
A. One dose of Rubella vaccine on or after their first birthday **OR**	Date _____
B. Serologic test (titer) positive for Rubella antibody **Attach Lab Report** **** See Note**	Date _____ Result _____

Student Name (*please print*) _____ DOB _____

Hepatitis B must show proof of:	
A. Three doses of vaccine administered over a period of 6 months. Initial vaccine followed by a dose at 1 month & 6 months. **OR**	Date #1 _____ Date #2 _____ Date #3 _____
B. Serologic test (titer) positive for Hepatitis B antibody **Attach Lab Report** **** See Note**	Date _____ Result _____

Varicella must show proof of:	
A. **Two** doses Varicella vaccine administered at least 4 weeks apart **OR**	Date #1 _____ Date #2 _____
B. Serologic test (titer) positive for Varicella antibody **Attach Lab Report** ****See Note**	Date _____ Result _____

Diphtheria, Pertussis, & Tetanus (DPT)	Date #1 _____ Date #2 _____ Date #3 _____ Date #4 _____

Diphtheria, Tetanus (Td) OR Tetanus, Diphtheria, acellular Pertussis (Tdap) One dose within past 10 years	Td Date _____ **OR** Tdap Date _____

TB must show proof of:	
A. 2-Step Tuberculosis Test **OR**	Date given #1 _____ Date given #2 _____ Date Read _____ Date Read _____ Result _____ mm Result _____ mm _____ Initials _____ Initials
B. Verification of annual tuberculosis testing with proof of initial 2-step	Date _____ Result _____

Student Name (*please print*) _____ DOB _____

Flu must show proof of:

Seasonal flu shot vaccination that has been attained since August 2024 for the 2024-2025 academic year. **Attach Flu Vaccination Record**	Date given _____ Lot# _____ Product/Manufacturer _____ Product Expiration Date _____Vaccine Site _____ Administering Immunizer Initials _____

Health Care Provider Verification of Immunizations Given and/or Reviewed:			
Printed Name/Title		Printed Name/Title	
Agency		Agency	
Signature	Date	Signature	Date

Part II - To be Completed by Student

I authorize Illinois Eastern Community Colleges to release this Immunization Record to affiliating health care agencies.

Student Name (*please print*) _____

Student Signature _____ Date _____

Part III – To be Completed by Illinois Eastern Community Colleges Emergency Preparedness Program Director

Comments _____

_____

EP Program Director Signature _____ Date _____

****If any serologic antibody test (titer) is negative a vaccine is required.**

ILLINOIS EASTERN COMMUNITY COLLEGES
PARAMEDIC PROGRAM

AUTHORIZATION TO RELEASE INFORMATION FORM

I, _____ , hereby authorize

_____ to give appropriate information

regarding my scholastic and clinical performance to prospective employers. I realize that the inquiry from such individual(s) might be over the telephone or by letter.

Student Name (*please print*) _____

Student Signature _____ Date _____

ILLINOIS EASTERN COMMUNITY COLLEGES
PARAMEDIC PROGRAM

UNIFORM SHIRT ORDER FORM

The Illinois Eastern Community Colleges Paramedic program requires a dress code for classroom and agency laboratory, which includes the required purchase of a uniform shirt. The payment for the shirt is billed as a student fee. Therefore, payment for the shirt is not required when this order form is submitted.

If you would like to order additional shirts, you may do so. However, your selection and payment should be submitted no later than the first scheduled day of class for the semester.

The uniform shirt is a polo shirt, royal blue in color and stitched with the IECC logo. The price is as follows and reflects the $7 additional cost for stitching.

Shirt sizes small thru 4X $38

Shirt Size _____

Student Name (*please print*) _____

Student Signature _____ Date _____

ILLINOIS EASTERN COMMUNITY COLLEGES
PARAMEDIC PROGRAM

RELEASE OF LIABILITY FORM

Paramedic students should immediately report to their clinical instructor any exposure or suspected exposure to bloodborne pathogens or hazardous products, or any injury sustained in the clinical agency. In the event of an untoward incident, students are expected to follow the written protocol of the institution in which they are performing their clinical work. The student is responsible for physician, diagnostic, and treatment costs for services rendered by a clinical facility. Students are also responsible for meeting the prescribed follow-up care of the institution and for treatment costs of such care.

It is recommended that all paramedic students carry their own personal health insurance. Paramedic students are required to provide proof of health insurance and/or health coverage. Each student is responsible for his/her own health care costs including costs related to incidents occurring in the clinical agencies.

I, _____, hereby release and hold harmless Illinois Eastern Community Colleges and all clinical agencies from any and all medical expenses or liability claims that may arise in relation to clinical experiences.

Student Name (*please print*) _____

Student Signature _____ Date _____

[A signed copy of this form may be required for <u>each</u> clinical agency.]

ILLINOIS EASTERN COMMUNITY COLLEGES
PARAMEDIC PROGRAM

STATEMENT OF UNDERSTANDING – BACKGROUND CHECK AND DRUG SCREENING

Statement of understanding regarding release of background check results

I understand that a copy of my background check may be required by affiliating agencies in which I will have clinical experiences.

I, _____, give Illinois Eastern Community Colleges permission to release the results of my criminal background check to affiliating agencies upon request.

I understand that an unsatisfactory background check will result in negation of my admission to the Illinois Eastern Community College – Paramedic program or administrative withdrawal from the program. I understand that a change in my background check which results in a criminal conviction during my progression through the paramedic program must be reported and that such a change may result in administrative withdrawal or dismissal from the program. Failure to report a change within five working days is grounds for automatic dismissal from the program.

I understand that passing the IECC background check does not ensure eligibility to meet the Illinois Department of Public Health (IDPH) Emergency Medical Technician-Paramedic Exams.

Statement of understanding regarding drug screening:

I understand that a copy of my drug screening may be required by affiliating agencies in which I will have clinical experiences.

I, _____, give Illinois Eastern Community Colleges permission to release the results of my drug screening to affiliating agencies upon request.

I, _____, understand that a positive drug screening test will result in negation of my admission to the IECC Paramedic program or administrative withdrawal from the program. I further understand that I can apply for readmission after one year and three consecutive satisfactory drug screening tests.

Student Name (*please print*) _____

Student Signature _____ Date _____

Witnessed By _____ Date _____

ILLINOIS EASTERN COMMUNITY COLLEGES
PARAMEDIC PROGRAM

AUTHORIZATION TO RELEASE DOCUMENTATION FORM

I understand that a copy of certain documents may be required by affiliating agencies in which I will have clinical experiences.

I, _____, give Illinois Eastern Community Colleges permission to release the following information to affiliating agencies upon request.

Proof of:

- Immunization Record
- Seasonal Flu Vaccination Record
- Valid Illinois State Driver's License
- American Heart Association CPR Certification (BLS for Healthcare Providers)*
- Illinois EMT-B Licensure
- Background Check
- Drug Screening
- Health Examination
- Completion (and Achievement of Passing Grade) in Necessary Competencies for Clinical Rotation
- Signed "Authorization to Release Information Form"
- Signed "Authorization to Release Documentation Form"
- Proof of Health Insurance and/or Health Coverage
- Signed "Student Release Form"
- Applicable Declination Forms

Student Name (*please print*) _____

Student Signature _____ Date _____

Witnessed By _____ Date _____

ILLINOIS EASTERN COMMUNITY COLLEGES

CLINICAL OR FIELD INCIDENT REPORT - CLINICIAN

(Clinician's Comments)

(*A form should be completed by Clinician/FTO and Student*)

Student Name (*please print*): _____

Student ID Number: _____

Clinician Comments:

_____
_____
_____
_____
_____
_____
_____
_____

Clinician Signature: _____

Procedure:

The student should first attempt to resolve the conflict through discussion with clinician. Both the student and the clinician should document the nature of the conflict on an incident report. They should also document any efforts made to resolve the problem. The paramedic instructor should then be contacted within 24 hours. If the paramedic instructor is not available, the program coordinator should be contacted.

If the student has been unsuccessful in resolving the issue, or if he/she does not believe he/she can safely attempt resolution, the paramedic instructor should be contacted immediately. If the paramedic instructor is not available, the program coordinator should be contacted.

The student may believe the issue has not been adequately addressed (by representatives of the Paramedic program). In such an instance, he should consult the current Illinois Eastern Community Colleges Catalog. Other resources are available at the college, outside of the Paramedic program, to assist the student.

Similarly, if the student believes that an action taken by the paramedic instructor is unacceptable, the program coordinator should be contacted. If there is no satisfactory resolution, the student should consult the current Illinois Eastern Community Colleges Catalog and utilize other available resources.

ILLINOIS EASTERN COMMUNITY COLLEGES

CLINICAL OR FIELD INCIDENT REPORT - STUDENT

(Student's Comments)

(*A form should be completed by Clinician/FTO and Student*)

Student Name (*please print*): _____

Student ID Number: _____

Student Comments:

_____
_____
_____
_____
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Student Signature: _____

Procedure:

The student should first attempt to resolve the conflict through discussion with clinicians. Both the student and the clinician should document the nature of the conflict an incident report. They should also document any efforts made to resolve the problem. The paramedic instructor should then be contacted within 24 hours. If the paramedic instructor is not available, the program coordinator should be contacted.

If the student has been unsuccessful in resolving the issue, or if he/she does not believe he/she can safely attempt resolution, the paramedic instructor should be contacted immediately. If the paramedic instructor is not available, the program coordinator should be contacted.

The student may believe the issue has not been adequately addressed (by representatives of the Paramedic program). In such an instance, he should consult the current Illinois Eastern Community Colleges Catalog. Other resources are available at the college, outside of the Paramedic program, to assist the student.

Similarly, if the student believes that an action taken by the paramedic instructor is unacceptable, the program coordinator should be contacted. If there is no satisfactory resolution, the student should consult the current Illinois Eastern Community Colleges Catalog and utilize other available resources.

ILLINOIS EASTERN COMMUNITY COLLEGES
STUDENT RELEASE FORM

Through your association with Illinois Eastern Community Colleges: Frontier Community College; Lincoln Trail College; Olney Central College; and Wabash Valley College, you are likely to participate in events that are recorded on behalf of the college. By submitting this release, you authorize Illinois Eastern Community Colleges and those acting on its behalf to copyright, publish and use audio, photographs, video and other recordings or representations of you for promotional and educational purposes. You release and discharge the Illinois Eastern Community Colleges Board of Trustees, its assigns and those acting on its behalf from any liability arising from such use.

Publications can include:
IECC Catalog
IECC Poster/Brochure
IECC Homepage; Intranet, or Internet link, (Including Multi-Media Electronic Presentations)
IECC Printed and Electronic Marketing Materials
IECC Newspaper and Magazine Advertisements
IECC Television Advertisements
IECC Social Media Pages, Including FCC, LTC, OCC and WVC Social Media Pages

This form verifies that I do not have on file any restrictions prohibiting the release of student information.

Student Name (*please print*) _____

Student Signature _____ Date _____

IECC Staff Signature _____ Date _____

STUDENT MINUMUM COMPETENCY REQUIREMENTS

Table 1 Ages				
CoAEMSP Student Minimum Competency (SMC)	**Column 1 Formative Exposure in Clinical or Field Experience** Conducts patient assessment (primary and secondary assessment), performs motor skills if appropriate and available, and assists with development of a management plan in patient exposures with some assistance for evaluation	**Column 2 Exposure in Clinical or Field Experience and Capstone Field Internship** Conducts a patient assessment and develops a management plan for evaluation on each patient with minimal to no assistance	**Total**	**Minimum Recommendations by Age* (*included in the total)**
Pediatric patients with pathologies or complaints	15	**15**	30	**Minimum Exposure Age** 2 Neonate (birth to 30 days) 2 Infant (1 mo - 12 mos) 2 Toddler (1 to 2 years) 2 Preschool (3 to 5 years) 2 School-Aged/Preadolescent (6 to 12 years) 2 Adolescent (13 to 18 years)
Adult	30	**30**	60	**(19 to 65 years of age)**
Geriatric	9	**10**	19	**(older than 65 years of age)**
Totals:	**54**	**55**	**109**	

Table 2 Pathology/Complaint (Conditions)				
CoAEMSP Student Minimum Competency by Pathology or Complaint	**Simulation**	**Column 1 Formative Exposure in Clinical or Field Experience** Conducts patient assessment (primary and secondary assessment) and performs motor skills if appropriate and available, and assists with development of a management plan on a patient with some assistance for evaluation.	**Column 2 Exposure in Clinical or Field Experience/Capstone Field Internship** Conducts a patient assessment and develops a management plan for evaluation on each patient with minimal to no assistance	**Total Formative & Competency Evaluations by Condition or Complaint**
Trauma	Minimum of one (1) pediatric and one (1) adult trauma simulated scenario must be successfully completed prior to capstone field internship.	18	**10**	28
Psychiatric/ Behavioral	Minimum of one (1) psychiatric simulated scenario must be successfully completed prior to capstone field internship.	12	**6**	18
Obstetric delivery with normal newborn care	N/A	2 (Live Expected)	**4** **(simulation permitted)**	8
Complicated obstetric delivery (e.g., breech, prolapsed cord, shoulder dystocia, precipitous delivery, multiple births, meconium staining, premature birth, abnormal presentation, postpartum hemorrhage)	Minimum of two (2) complicated obstetric delivery simulated scenarios must be successfully completed prior to capstone field internship including a prolapsed cord and a breech delivery.	2 (simulation permitted)		
Distressed neonate **(birth to 30 days)**	Minimum of one (1) distressed neonate following delivery simulated scenario must be successfully completed prior to capstone field internship.	2 (simulation permitted)	**4** **(simulation permitted)**	6
Cardiac pathologies or complaints (e.g., acute coronary syndrome, cardiac chest pain)	Minimum of one (1) cardiac-related chest pain simulated scenario must be successfully completed prior to capstone field internship.	12	**6**	18

Cardiac arrest	Minimum of one (1) cardiac arrest simulated scenario must be successfully completed prior to capstone field internship.	4 (simulation permitted)	**2** **(simulation permitted)**	6
Cardiac dysrhythmias	N/A	10	**6**	16
Medical neurologic pathologies or complaints (e.g., transient ischemic attack, stroke, syncope, or altered mental status presentation)	Minimum of one (1) geriatric stroke simulated scenario must be successfully completed prior to capstone field internship.	8	**5**	13
Respiratory pathologies or complaints (e.g., respiratory distress, respiratory failure, respiratory arrest, acute asthma episode, lower respiratory infection)	Minimum of one (1) pediatric and one (1) geriatric respiratory distress/failure simulated scenario must be successfully completed prior to capstone field internship.	10	**6**	16

Other medical conditions or complaints (e.g., gastrointestinal, genitourinary, gynecologic, reproductive pathologies, or abdominal pain complaints, infectious disease, endocrine disorders or complaints (hypoglycemia, DKA, HHNS, thyrotoxic crisis, myxedema, Addison's, Cushing's), overdose or substance abuse, toxicology, hematologic disorders, non-traumatic musculoskeletal disorders, diseases of the eyes, ears, nose, and throat)	Minimum of one (1) geriatric sepsis simulated scenario must be successfully completed prior to capstone field internship.	15	7	22
	Totals:	**95**	**56**	**151**

Table 3 Skills				
CoAEMSP Recommended Motor Skills Assessed and Success	Column 1 Successful Formative Individual *Simulated* Motor Skills Assessed in the Lab	Column 2 Minimum Successful Motor Skills Assessed on a *Patient* in Clinical or Field Experience or Capstone Field Internship *Simulation permitted for skills with asterisk	Totals	Column 4 Cumulative Motor Skill Competency Assessed on *Patients* During Clinical or Field Experience or Capstone Field Internship
Establish IV access	10	40	50	**Report Success Rate**
Administer IV infusion medication	4	20* (Live Expected)	24	
Administer IV bolus medication	4	10	14	**Report Success Rate**
Administer IM injection	5	5	10	
Establish IO access	6	4* (Live Expected)	10	
Perform PPV with BVM	4	10*(Live Expected)	14	
Perform oral endotracheal intubation	5	15*(Live Expected)	20	**Report Success Rate**
Perform endotracheal suctioning	2	4*	6	
Perform FBAO removal using Magill Forceps	2	2*	4	
Perform cricothyrotomy	2	2*	4	
Insert supraglottic airway	2	5*(Live Expected)	7	
Perform needle decompression of the chest	4	2*	6	
Perform synchronized cardioversion	4	2*	6	
Perform defibrillation	4	4*	8	
Perform transcutaneous pacing	2	2*	4	
Perform chest compressions	4	2*(Live Expected)	6	
Totals:	**64**	**134**	**198**	

Table 4 Field Experience / Capstone Field Internship	
Field Experience	**Capstone Field Internship**
Conducts competent assessment and management of prehospital patients with assistance while TEAM LEADER *or* TEAM MEMBER	Successfully manages the scene, performs patient assessment(s), directs medical care and transport as TEAM LEADER with minimal to no assistance
30	**30**

Table 5 EMT Skills Competency	
EMT or Prerequisite Skill Competency (must document reasonable evidence of motor skill competency)	**Evidence**
Insert NPA	
Insert OPA	
Perform oral suctioning	
Perform FBAO - adult	
Perform FBAO - infant	
Administer oxygen by nasal cannula	
Administer oxygen by face mask	
Ventilate an adult patient with a BVM	
Ventilate a pediatric patient with a BVM	
Ventilate a neonate patient with a BVM	
Apply a tourniquet	
Apply a cervical collar	
Perform spine motion restriction	
Lift and transfer a patient to the stretcher	
Splint a suspected long bone injury	
Splint a suspected joint injury	
Stabilize an impaled object	
Dress and bandage a soft tissue injury	
Apply an occlusive dressing to an open wound to the thorax	
Perform uncomplicated delivery	
Assess vital signs	
Perform a Comprehensive Physical Assessment	
Perform CPR - adult	
Perform CPR - pediatric	
Perform CPR - neonate	

ILLINOIS EASTERN COMMUNITY COLLEGES

PARAMEDIC STUDENT PROGRAM GUIDEBOOK REVIEW VERIFICATION FORM

I have read the program guidebook in its entirety. I acknowledge and understand the policies printed in the guidebook and agree to abide by them.

I acknowledge and understand some information in this publication may become outdated due to changes in the Board of Trustees Policy, state law, and Paramedic program guidelines. In such instances current board policy, state law, and Paramedic program guidelines will prevail.

The date of fulfillment for this requirement will be designated by the EP program director.

Student Name (*please print*) _____

Student Signature _____ Date _____

Program Director Signature _____ Date _____

After this form has been signed and dated, it is placed in the student's file.