

Student Handbook for the Allied Health Programs

One Vision



One Voice

One Focus

The Client

**Phlebotomy
Pharmacy Technician
Emergency Medical Technician
Emergency Medical Service-
Intermediate
Fire Science**

2016-2017

Dear Allied Health Student:

We are pleased that you have accepted admission into an allied health course or program at Paul D. Camp Community College (PDCCC). Allied Health Programs are professions that offer many career opportunities. Allied health professionals are hired in a variety of health care and community facilities. The programs/courses at PDCCC consist of Phlebotomy, Pharmacy Technician, and Emergency Medical Technicians, Emergency Medical Service-Intermediate, and Fire Science. Certification is available at either state or national levels at the completion of all of the allied health programs/courses.

The number of semesters required for completing the courses and/or programs vary from one to three in the admission and progression standards of the programs. The programs are very computer based. All courses are web-enhanced and testing may occur on-line in Blackboard. Therefore, it is imperative that students either have their own or have access to computers.

The curriculums are very demanding and requires outside time commitments to complete course requirements. Many students must continue to work as they seek to advance themselves educationally. Please realize that it is difficult to work full time while enrolled in the allied health curriculum. It is critical that you take the time to make life style adjustments to accommodate your educational goals.

Several qualities or standards are required for all allied health students. One major quality we expect in each student is *accountability*, which is *being responsible for your own actions*. Another quality standard that is expected from PDCCC students are *SOFT SKILLS*, which are professional behaviors that make you marketable. We expect that you will use this handbook along with the college catalog/student handbook to assist you in being accountable for your action/behaviors. It is your responsibility to read and understand these policies. If you do not understand any policy or your rights as a student, please contact your advisor, any faculty member, or the program head. **Any student with a disability or other special circumstances requiring academic accommodations or other consideration in order to successfully complete the requirements of this program, are requested to identify himself/herself individually to the instructor and discuss this matter in a private and confidential manner. Faculty office hours are posted outside each faculty member's office.** You should contact the faculty during posted office hours or contact to schedule an appointment.

We hope your educational experience is enjoyable and rewarding. Good luck in your college career.

The PDCCC's Nursing and Allied Health Faculty

Note:

Policies in this handbook are subject to revision. These revisions are stated verbally and in course syllabi to students on an ongoing basis. New handbooks are available to students on Black Board and upon request each semester.

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PAUL D. CAMP COMMUNITY COLLEGE

Mission

Paul D. Camp Community College provides diverse learning opportunities to enhance the quality of life for students and community.

Goals

To achieve this mission, the college provides...

- access to higher education for students and promotes their success and goal attainment
- curricula in university parallel programs that facilitate transfer to senior institutions
- career and technical programs that are responsive to the needs of students and employers
- a developmental studies program to help students meet college level learning expectations
- workforce training, services and lifelong learning opportunities
- skills and values students need to function effectively in their world
- support for partnerships for the development, growth and renewal of the service region
- adequate personnel, financial resources, facilities and technology to support its programs and services.
- emergency preparedness planning, training, and promotion

College Core Values

At Paul D. Camp Community College, we are committed to...

The Value of Each Individual – Each person is important.

We appreciate the diversity of our student body and college employees. We seek to understand and respect one another.

The Development of Talent – Faculty, staff and students bring knowledge, skills and abilities to the institution. We encourage them to develop their full potential in order to live responsible and productive lives.

Teamwork and Community – We accomplish more by working together. Collaboration is an organizational priority for faculty and staff and a learning expectation for students.

Access and Service – We serve students and each other by working to remove obstacles that threaten success. We challenge students to do the same in their communities.

Standards of Excellence – We expect each student and college employee to achieve the standards of quality identified for their academic plan or administrative unit.

Innovation and Risk-taking – We encourage each other to try new ways to address challenges and fulfill the college’s mission.

Accountability and Improvement – We expect individual students and college employees to fulfill their responsibilities. Meaningful evaluation of student outcomes and other measures of institutional and individual effectiveness are used to improve performance, programs and services.

Vision Statement

Paul D. Camp Community College will be our region’s first choice for high-quality transfer and technical programs, workforce services and training, postsecondary education and community partnerships.

Paul D. Camp Community College Allied Health Program

Overview of Allied Health Programs

The Allied Health Program supports and functions within the statement of the mission and core values of Paul D. Camp Community College (PDC). The specific vision, mission, purpose, and program outcomes of the Allied Health Programs are as follows:

Vision Statement

Statement I: To prepare diverse individuals to deliver quality holistic health care.

Statement II: To cultivate the knowledge and abilities of health care providers at all levels thus improving the delivery of health care to the community.

Mission Statement

The allied health programs at Paul D. Camp Community College will offer quality education that is comprehensive, innovative, affordable, accessible, and responsive to the changing needs of the health and medical fields. In addition, the programs will provide opportunities for life-long learning for the health care professional.

Purpose

The allied health programs/courses are designed to prepare students to qualify as contributing members of the health care team, rendering health care as beginning practitioners in a variety of health care settings. At the successful completion of the program, the student will be eligible to take the specific licensure or certification examinations. In addition, the program contributes to the workforce, as well as the health and

well-being of the community by providing graduates/course completers with the knowledge and skills to deliver quality health care.

Program Outcomes

At the completion of the Allied Health Programs the graduate will:

1. Use problem-solving techniques to meet specific health needs for clients in a variety of healthcare settings.
2. Communicate therapeutically with individuals, groups and their families and significant others.
3. Communicate relevant data in a comprehensive and concise manner, verbally, written and through information technology.
4. Utilize health teaching in the care of the individual and groups as applicable to the specific career.
5. Utilize ethical values and legal principles in the delivery of health care.
6. Utilize management skills and concepts to plan and coordinate the care for a culturally diverse group of clients in a variety of settings as applicable to the specific career.
7. Assume the role of the allied health professional.
8. Assume accountability and responsibility for his/her own actions and education as a contributing and competent member of the health care team, the profession and society.
9. Successfully pass the national or state certification/license examination.

Allied Health Program Philosophy

The Allied Health Programs embraces the Mission of the College, which has historically provided educational programs responsive to the needs of the community. The philosophy of the Allied Health Programs provides a holistic set of beliefs governing the allied health programs and its graduates/completers. The following statements are the allied health program's beliefs related to the nature of the individual, environment, society, health, nursing, teaching/learning, education, and the role of the allied health professional within their scope of practice.

Society. A society is a dynamic system of interacting subsystems, the goals of which are to attain and maintain a steady state. We believe society is composed of diverse groupings of people across the lifespan reflecting various ethnic and cultural orientations. The adjustment or modification strategies used by these subsystems for the attainment and maintenance of the steady state are influenced by a multitude

of factors that characterize society. These include ethical, legal, historical, social, environmental, cultural, economical, and political factors.

Environment. The environment is a dynamic internal and external state surrounding the individual at a given time. The environment encompasses the physical, psychological, social and political worlds that have both stressors and supports. Stressors can arise from positive or negative life changes and may be adverse in their consequences. Supports may include biological, social, psychological, political, and spiritual buoys that sustain the individual. Each individual perceives the environment uniquely. One's family, culture, and community shape the individual's perception of the environment that the individual enters to promote homeostatic adaptation.

Individual. An individual is a unique biological, psychological, sociocultural, political, and spiritual being that is in constant interaction with the environment. Each individual has the capacity to grow and adjust to the environment in an effort to maintain homeostasis and is in a constant state of change depending on the circumstances at the time. As a member of a societal system, the individual's ability to adapt within one's society is also influenced by developmental and maturational accomplishments.

While maintaining their interdependence with family, community, and society the individual progresses through the stages of the life cycle where growth and development are predictable and orderly. Individuals have the capacity for emotions, communication, and critical thinking. They determine their own destiny as influenced by their diverse nature. In this philosophy the term individual is synonymous with client. The term client may refer to an individual, a group, or a community.

Health. Health is a dynamic state located on a continuum between wellness, illness and death. Health reflects the inter-relationship among the biological, psychological, sociocultural, political, and spiritual components of the individual. The relative balance among these components influences the individuals' state of health. The individual constantly seeks to attain and/or maintain an optimal level of health through self-direction.

Teaching/Learning. The teaching-learning process is a reciprocal interaction involving the student, teacher and the environment. Teaching involves the selection of strategies in the cognitive, psychomotor, and affective domains that provide opportunities for acquiring knowledge, skills, and attitudes. The process promotes self-understanding and motivation for continued learning and personal growth, thereby enhancing the development of the individual as a contributing responsible member of the

discipline of nursing and of society. The educator acts as a role model, counselor, and resource person by acquiring and sharing current knowledge. The educator manages the classroom and clinical experiences to facilitate learning, accountability, and critical thinking.

Learning is the acquisition of new knowledge, attitudes, and competencies. Learning incorporates cognitive activity and behavioral change to promote self-development through the lifespan. It is a self-directed activity requiring motivation, ability, and active participation by the student. Learning is most meaningful when it is related to the pursuit of the individual's personal goals. Individuals have varied learning styles and progress at different rates. The learner is viewed as a responsible participant who should be encouraged in self-expression, creativity, and freedom to discover. Learning is a lifelong process that builds on a foundation of concepts and skills from simple to complex, acquired from previous experiences. The student is provided an educational environment in which faculty promote trust; enhance self-esteem; and encourage maximum learning, accountability, and critical thinking with an emphasis on commitment to caring.

The teaching-learning process facilitates the development of problem-solving abilities, decision-making and independent judgment. Furthermore, the process is enhanced by reinforcement, role-modeling, and mutual respect between the educator and the learner. In addition, teaching-learning is facilitated by the use of a variety of teaching methods, incorporating multisensory approaches such as lecture/discussion, demonstration, role-playing, simulations, computerized technology and practical application in a variety of health care settings.

The scope of nursing and allied health includes practice, teaching, and managing. Within this context, effective interpersonal and communication skills are essential components of practice. Given current and emerging social, economical, and political trends, health teaching is essential to the health care provider's role in health promotion and maintenance. With the broadening scope and complexity of health care practice, practitioners must provide heightened leadership, management, and control of its own activities through a specified set of socially responsible standards of practice. The allied health practitioner must be accountable to itself as a profession and to its consumers.

Education. Allied health education is an organized process by which individuals are prepared to assume practice roles and provide competent care within the health care delivery system. Allied Health education should take place within institutions of higher education. Instruction in the humanities, natural and behavioral sciences, and theories provides a foundation for the development of the cognitive,

psychomotor, and affective skills necessary for practice. The goal is to educate students to deliver competent and compassionate care by incorporating the concepts of the roles of the practitioner, problem solving, growth and development, basic human needs, and the wellness-illness continuum as related to the profession into their practice and to ultimately become a contributing member of the health care team.

The program graduate or course completer is a person who provides safe and competent care to clients in primarily acute and extended care settings, according to agency protocol and the State Board of Nursing Statues, State Board of Pharmacy and regulations. The graduate is prepared to use problem solving in providing and managing the care of individuals with health care needs. The graduate expresses individual accountability and sensitivity in the practice setting through collaboration, consultation, and the utilization of ethical concepts, legal parameters, and client advocacy. Further, the graduate provides educative and supportive assistance to the client's significant others and family. Finally, the graduate has a beginning foundation to further his/her nursing education, and personal and professional development.

The primary role of the faculty is the preparation of students to care for individuals across the lifespan in a variety of settings within the framework of the interdisciplinary team. In addition, the faculty acts as resource persons who guide, direct, and facilitate the learning process. And in so doing adapt their involvement in the teaching-learning process to meet the needs of the individual learner. The individuals who have the primary responsibility for learning are the students. Students must be active participants in the learning process to achieve optimal learning.

Essential Functions and Standards for Successful Performance

To successfully complete the classroom and clinical components of the program, the student to the allied health programs must, either independently **or with reasonable accommodation**, be able to perform all of the following essential standards and functions.

Speech: Establish interpersonal rapport and communicate verbally and in writing with clients, physicians, peers, family members, and the health care team from a variety of social, emotional, cultural, and intellectual backgrounds in order to initiate problem-solving nursing activities such as data collection, procedure explanation, and communication of patient responses to others.

Hearing: Auditory ability sufficient for physical monitoring and assessment of client health care needs, which includes hearing faint body sounds, faint voices, hearing in situations when not able to see lips, and hearing auditory alarms.

Vision: Visual acuity sufficient to identify and distinguish colors, read handwritten orders and any other handwritten or printed data such as medication records or scales, chart data, and provide for the safety of clients' condition by clearly viewing monitors and other equipment in order to correctly interpret data.

Mobility: Stand and/or walk eight to twelve hours daily in the clinical setting. Bend, squat, or kneel. Assist in lifting or moving clients of all age groups and weights. Perform cardiopulmonary resuscitation (move around client to manually compress chest and ventilate). Work with arms fully extended overhead.

Manual Dexterity: Demonstrate eye/hand coordination sufficient to manipulate equipment (syringes, infusion pumps, life support systems, hand surgeon instruments without contaminating the instrument or the sterile field.)

Fine Motor Ability: Ability to use hands for grasping, pushing, pulling, and fine manipulation. Tactile ability sufficient for physical assessment.

Mentation: Maintain reality orientation for at least an eight-hour period of time. Assimilate and apply knowledge acquired through lectures, discussions, and readings. Comprehend and apply basic mathematical skills, i.e. dimensional analysis concepts, use of conversion factors and calculation of drug dosages and solutions. Comprehend and apply abstract concepts from biological, sociological, and psychosocial sciences.

Smell: Olfactory ability sufficient to monitor and assess health needs.

Tactile (touch): Sufficient enough ability to conduct physical assessment and/or basic functions related to therapeutic nursing interventions.

Writing: Ability to *communicate and* organize thoughts and present them clearly and logically in written documents that is correct in style, grammar, and mechanics.

Reading: Ability to read and understand written directions, instructions and comments in both classroom and clinical settings.

ESSENTIAL FUNCTIONS FOR THE MEDICAL LABORATORY TECHNICIAN

The following is a list of physical capabilities and behavioral skills that have been identified as being necessary for success in the field of laboratory medicine.

***Visual Observation:* Visual observation must be sufficient and adequate to allow the student to:**

1. Differentiate color changes during the performance of laboratory procedures.
2. Observe patient's condition during phlebotomy procedures.
3. Read lab instrument technical procedure manuals, standard operating procedures, and a patient's chart.

***Motor Function:* Motor functions must be sufficient for the student to be able to:**

1. Perform venipuncture at patient's bedside or at another designated location.
2. Lift and handle laboratory instruments and equipment.
3. Manipulate medical laboratory instruments and equipment in a manner consistent with standards of medical laboratory practice.

Communication Skills: Communication skills must be sufficient for the student to be able to:

1. Possess verbal and written skills adequate for transmitting information to co-workers and patients.
2. Possess hearing for satisfactory communication with co-workers and patients.

Behavior and Social Skills; The student's behavior and social skills must be acceptable to an academic and clinical setting.

Critical Thinking Skills: The student must possess critical thinking ability sufficient for clinical judgment.

*** Students must successfully complete each Phlebotomy (MDL) course with a grade of "C" or better before they are allowed to take the next Phlebotomy (MDL) course.*

****Note: Students must be available to train weekdays (8 hrs/day, 5 days/wk) during MDL 106.*

Despite the aforementioned, a qualified person with a disability who can perform these essential functions with *reasonable* accommodations will be considered for admission along with other qualified applicants.

All individuals admitted to the allied health programs will be required to submit documentation of a health assessment by his/her health care provider. This will include documentation that specific immunizations and tests have been completed. The student MUST submit copies of the laboratory results of blood titers that validate immunity. A list of these immunizations may be obtained from the Nursing and Allied Health office.

Guidelines and Responsibilities for Allied Health Programs

The faculty of Paul D. Camp Community College Nursing and Allied Health Programs support the following assumptions about adult learners:

- Learners have a right to know what is expected of them.
- Learners have a right to know how the expectations are to be accomplished.
- Learners have a right to know the extent to which they are achieving expectations and responsibility to help determine the extent of their accomplishments.
- Learners are self-directed, and motivated to learn.
- Learners assume responsibility for their own learning and value responsibility.
- Learners have a responsibility to achieve contracted expectations.
- Learners have a responsibility to achieve computer literacy.
- Learners and facilitators of learning will demonstrate mutual respect for different: talents and

capabilities; opinions and perceptions; learning styles and experiences.

- Learners must demonstrate soft skills.

The PDCCC, Allied Health Programs are committed to maintaining an effective learning environment that fosters civility in a climate of diverse opinions. It is expected that students will speak and act judiciously and with respect for others. Students demonstrating behaviors that challenge this expectation may be in violation of the Code of Student Rights, Responsibilities, and Conduct. Student, faculty, and staff have the responsibility for identifying potentially disruptive behaviors and to utilize the procedures outlined in the Code and other specific campus procedures.

For additional information regarding student and faculty rights and responsibilities, refer to the College Catalog/ Student Handbook.

Faculty Assistance and Communication

The faculty members maintain office hours which are posted outside their offices. Since most faculty have clinical responsibilities, the best way to communicate with faculty is through email or at the discretion of the faculty member. Students are NOT to call faculty at home unless an emergency arises.

If academic and/or personal problems jeopardize your success, you are advised to seek assistance immediately. The faculty is available to assist you with improving study habits, test taking skills, written assignment, skill mastery, or referral to the appropriate learning resource or personal counseling personnel. It is important that YOU initiate contact for assistance and follow through on recommendations and referrals. Any student having a problem of any kind sufficient to impact success or safety in the enrolled course is to contact faculty at once.

The Program Head may be available at times other posted office hours to assist students. Please make an appointment whenever possible by calling the secretary at 757-569-6731.

Electronic communication with the faculty must go through VCCS email address/accounts. Faculty will respond to students in a timely manner, within 48 hours. **Text messages via cellphone are not to be sent or expected.**

Students are required to have an active VCCS email account and are required to check this account on a regular basis. The VCCS email account will be the primary means of electronic communication between professor and student.

Faculty mailboxes are located across from the Business offices on the Franklin, and in cluster 112 on the Suffolk campuses.

Information regarding Service Learning is located in the Nursing and Allied Health office suite on each campus. Information pertinent to the allied health program courses is listed in each Blackboard course site.

General Policies and Requirements

The Allied Health Programs adhere to the College policies as stated in the catalog regarding class attendance, student conduct, change in registration and withdrawal (See most recent College catalog).

Professional Behavior

The PDCCC Allied Health Program is committed to maintaining an effective learning environment that civility in a climate of diverse opinions. It is expected that students will speak and act judiciously and with respect for others. Soft skills will be taught and expected to be demonstrated when in the classroom or clinical setting. Students not adhering to professional behavior will be placed on contract or dismissed from the program, depending on the ruling of the faculty and Dean.

Allied Health students are to adhere to the *Student Rights and Responsibilities Policy* as it appears in the College Catalog, the *PDCCC Allied Health student Expectation*, *PDCCC Allied Health student contact as they appear in the Allied Health Students Handbook*. Students, faculty, and staff have the responsibility for identifying potentially disruptive behaviors and unprofessional conduct utilizing the reporting procedures outlines in the College Catalog and other specific campus and Allied Health Program policies and procedures.

All matters relating to the patient, the patient's family, and clinical facilities are to remain confidential. Breach of confidentiality will be grounds for dismissal from the allied health programs as outlined in the Clinical Incompetence Policy. Any HIPAA violation will not be tolerated and you will be dismissed from the program and forfeit further admission in any Nursing and Allied Health programs.

For additional information regarding student and faculty rights and responsibilities, refer to the College Catalog/Student Handbook.

Allied Health Programs Code of Ethics

Preamble

Students of allied health have a responsibility to society in learning the academic theory and clinical skills needed to provide health care. The clinical setting presents unique challenges and responsibilities while caring for human beings in a variety of health care environments. The Code of Academic and Clinical Conduct is based on an understanding that to practice as a student is an agreement to uphold the trust with which society has placed in us. The statements of the Code provide guidance for the student in the personal development of an ethical foundation and need not be limited strictly to the academic or clinical environment but can assist in the holistic development of the individual.

A Code for Allied Health Students

As students are involved in the clinical and academic environments we believe that ethical principles are a necessary guide to professional development. Therefore within these environments we:

1. Advocate for the rights of all clients.

2. Maintain client confidentiality.
3. Take appropriate action to ensure the safety of clients, self, and others.
4. Provide care for the client in a timely, compassionate and professional manner.
5. Communicate client care in a truthful, timely and accurate manner.
6. Actively promote the highest level of moral and ethical principles and accept responsibility for our actions.
7. Promote excellence in practice by encouraging lifelong learning and professional development.
8. Treat others with respect and promote an environment that respects human rights, values and choice of cultural and spiritual beliefs.
9. Collaborate in every reasonable manner with the academic faculty and clinical staff to ensure the highest quality of client care
10. Use every opportunity to improve faculty and clinical staff understanding of the learning needs of allied health students.11. Encourage faculty, clinical staff, and peers to mentor allied health students.
12. Refrain from performing any technique or procedure for which the student has not been adequately trained.
13. Refrain from any deliberate action or omission of care in the academic or clinical setting that creates unnecessary risk of injury to the client, self, or others.
14. Assist the health care staff or preceptor in ensuring that there is full disclosure and that proper authorizations are obtained from clients regarding any form of treatment or research.
15. Abstain from the use of alcoholic beverages or any substances in the academic and clinical setting that impair judgment.
16. Strive to achieve and maintain an optimal level of personal health.
17. Support access to treatment and rehabilitation for students who are experiencing impairments related to substance abuse and mental or physical health issues.
18. Uphold school policies and regulations related to academic and clinical performance, reserving the right to challenge and critique rules and regulations as per school grievance policy.

Criminal History and Sex Offender Background Checks

Criminal History and Sex Offender Crimes against Minor Background Checks and drug screenings are required by the health care agencies used for clinical experiences. Therefore, all students are required to successfully complete these checks/screenings prior to admission to the first clinical course. Students who have positive results from checks are prohibited from clinical experience and are therefore unable to complete the program. The fee for these checks range are \$130.00 and may be more depending on how many last names or states you have lived in. The student will pay the fee directly to the agency conducting the background check/drug screening.

Process for Resolving Conflict

There may be times when students and/or faculty are in conflict or under stress. The nursing and allied health faculty feels it extremely important for individuals to learn and to use a process to resolve any conflicts in a constructive manner. The following are identified as constructive steps to be used in

resolving any conflicts which may arise:

- Identify the essence of the problem, clearly stating objective as well as subjective data.
- First, attempt to approach the person(s) who are directly involved in the conflict in a manner in which you would wish to be approached.
- Ask for a meeting to explore the issue and resolve the conflict with the person involved.
- If you are unable to resolve the issue at the most direct level, contact the course coordinator for an appointment to seek resolution.

****Know that ALL PERSONS INVOLVED will participate as the issue moves up chain of command. ****

- If you are unable to resolve the issue at the course level, you will be referred to the Program Dean. If the situation warrants movement beyond this level, you will be counseled and guided by someone outside the immediate course area. Most issues are relatively easily resolved at the most local level when two individuals of good will sit down to discuss the issue(s). Objective information, a constructive approach, and seeking appropriate resources are likely to result in constructive conflict resolution.
- Refer to the Student Grievance Policy in PDCCC College Catalog.

Student Classroom Responsibilities Policies

Attendance

Students are expected to attend *all* class sessions. *Punctuality* is required. Notify the course instructor or the nursing secretary if absence is *absolutely* necessary by calling 569-6731. Class roll will be checked daily. Failure to sign the roll within the first 30 minutes of class will be considered a class absence. *The student must* sign his or her own name. *Students who are absent from class 10% or more, are at serious risk of failing the course.* It is the students' responsibility to obtain the missed lecture content from their classmates if absent

Students who exceed one clinical absence may be administratively withdrawn from the course. On-campus skills laboratories and alternative learning experiences are considered clinical time. Attendance will be checked at all assigned alternative learning experiences. In case of an emergency, tardiness, or intended absence, the student is required to notify the assigned clinical instructor prior to the clinical experience or at the first opportunity during an emergency. Otherwise this is an unexcused absence and may result in dismissal from the nursing program. A “**no call no show absence**” is also grounds for clinical failure and immediate dismissal from the program.

Students who come to clinical unprepared may be sent home. Dismissal for lack of clinical preparation is an unexcused absence. Two unexcused absences will result in dismissal from the program. Students who arrive tardy to clinical experience or display inappropriate behavior may be sent off-duty at the discretion of the clinical instructor. Two clinical tardies will be counted as one (1) unexcused clinical absence.

Classroom Expectations

Students who are absent are responsible for all materials discussed in the classroom. Students are responsible for their own learning as demonstrated by preparation for class, submitting written assignments on time, and meeting all course requirements. Check the course syllabi and lesson plan for specifics.

Children in Classrooms

Family members, especially children, are not allowed to attend nursing classes. Faculty believe that some course content might be inappropriate for persons other than adult students. Further, children in the classroom are distracting to classmates and to the instructor. Therefore, no children are allowed in the classroom, lab, or clinical setting.

Cell Phones

Since cell phones can be distracting in the classroom, all student cell phones **must be turned off** during class. On occasion the faculty member may give permission to utilize a cell phone or other electronic device for academic purposes during class.

Cell phone are **not allowed** in the clinical.

Computer Ethics

Students are expected to demonstrate ethical behavior and decision making in the use of the college and nursing program computer system. Profanity, harassment, and other inappropriate communication or use of the computer system is prohibited. Students are expected to conduct themselves in a professional and ethical manner at all times.

Academic Misconduct Policy

Because the nature and function of nursing impinges upon the safety and well-being of others, primarily the client, academic integrity is a responsibility of each person. The Allied Health Program, all education experiences fall within an honor code.

Cheating is the actual or attempted practice of fraudulent or deceptive acts for the purpose of improving one's grade or obtaining course credit; such acts occur in relation to examinations, projects, labs, or homework. However, it is the intent of this definition that the term 'cheating' not be limited to above situations only, but that it included any and all actions by a student that are intended to gain an unearned academic advantage by fraudulent or deceptive means.

Plagiarism is a specific form of cheating which consists of the misuse of the published and/or unpublished works of others by misrepresenting the material so used as one's own work. Penalties for plagiarism range from a zero (0) or "F" on a particular assignment, cheating to expulsion from the allied health programs.

Plagiarism, cheating, falsifying records (self or patient; college or clinical agency), lying and other form of academic dishonesty is immediately reported to the teacher of the class or clinical experience. In addition to other possible disciplinary sanctions. Which may be imposed through regular institutional procedures as a result of the misconduct, the instructor has the authority to assign an ‘F’ or a zero for the exercise or examination assignment, or to assign an ‘F’ in the course. If the dishonesty involves client care, the instructor has authority to refuse to assign the student to client care, and/or change the student’s clinical assignment.

Academic dishonesty/misconduct includes, but is not limited to, the following:

1. Plagiarism
2. Cheating
3. Having access to test information during testing periods
4. Conveying test information to others students
5. Reproducing information in duplicate for assignments
6. Destruction or confiscation of school resource material or equipment
7. Failure to report errors in the clinical area
8. Falsifying client records by charting incorrect data or removing data
9. Releasing confidential information about clients to persons who do not have the right to such information
10. Jeopardizing a patient’s safety or welfare due to deleting or providing untruths in regard to care
11. Submitting a paper written by someone else as your own
12. Submitting a paper written by means of inappropriate collaboration
13. Submitting a paper written by you for another course, submitted without permission of both instructors
14. Purchased, downloaded, or cut and pasted from the internet
15. Or that fails to properly acknowledge its sources through standard citations
16. No printing or copying of any exams or quizzes

Students may be guilty of academic misconduct directly or indirectly through participation or assistance.

Use of Social Media Policy

The use of social media such as Facebook, YouTube, My Space, Twitter, Allnurses.com, blogs and so forth, provide the ability for students to communicate with and receive support from their peers.

However, students need to be aware that publishing information on these sites may be public for anyone to see and could be traced back to them as individuals. Allied Health students are preparing for a profession which provides services to the public and expects high standards of behavior. Therefore, the student should remember that confidential information related to individuals or agencies must not be disclosed.

HIPAA guidelines must be followed at all times. No pictures can be taken in the clinical setting. Information concerning clients/clinical rotations must not be posted in any online forum or webpage. Students are legally responsible for anything that may be posted in social media forums.

Social Media Content Guidelines

The Allied Health Programs support the use of social media in personal/non-school or non-work contexts. As an Allied Health student at Paul D. Camp Community College (PDCCC), you may encounter confidential information within the College or within the patient care environment during clinical experiences. Consistent with the healthcare agencies Confidentiality Statements that you sign at the beginning and during the Allied Health Programs, it is your responsibility to refrain from any of the following:

- Using of patients' name (any identifier including initials, hospital name, etc.) and personal health information in any way
- Disclosing confidential information about the College, Its employees, or its students
- Stating personal opinions as being endorsed by the College
- Using information and conduction activities that may violate PDCCC academic policies, or may violate local, state or federal laws, and regulations

If you identify yourself as a PDCCC student online, it should be clear that any views you express are not necessarily those of the institution. In the event that opposing views arise on a social media feed, exercise professional judgment. PDCCC does not tolerate content from students that is defamatory,, harassing, libelous or inhospitable to a reasonable academic/work environment.

As Allied Health students and professionals you are expected to display cultural and religious sensitivity in all communications especially when using the social media.

Social Networking: Some Do's and Don'ts By Anita Printz

Do's

- Do use social networking sites as tools to broaden your educational and professional horizons
- Do stay abreast of your employer's policy on social networking and internet use
- Do educate yourself about the privacy settings on websites you use
- Do be aware that current and future employers may see what you post
- Do know that your employer has the right to monitor your online activity on work computers

Don'ts

- Don't use social networking sites at work
- Don't reveal personal details, such as your employer, your address, or your date of birth
- Don't use your employer's email address or "handle"

- Don't upload images or videos of yourself in a clinical environment or uniform
- Don't discuss patients, visitors, vendors, or organizational partners
- Don't talk about coworkers, physicians, your supervisor, or your employer
- Don't discuss clinical events or new stories about your employer
- Don't "friend" patients, even after they are no longer patients
- Don't give medical advice online

(Source: Prinz, A. (July 2011) Professional social networking for nurses: Social Networking: Some Do's and Don'ts. American Nurse Today, Vol. 6 No 7., pp.30-32)

Grading and Progression Policies

Systems for Grading Allied Health Students

At the beginning of each allied health course, students will receive a detailed course syllabus. **The course syllabus will state the manner in which the course grade will be determined.**

The student must complete all general education and related courses either before or concurrent with course and program requirements. A grade of "C" or above is required in all semesters of allied health and all other core course the selected program. Pre- and Co-requisite courses for the programs are listed in the college catalog and allied health handbook.

In determining allied health course grades, the following guidelines will be adhered to:

- 1) If a student receives a theory grade of "C" or above, plus a "satisfactory" in clinical, the student will receive the theory grade as a final grade.
- 2) A "C" or above plus a concurrent clinical "satisfactory" must be obtained in the same semester to continue in the program.
- 3) If a student receives a theory grade of "D" or "F" and an "unsatisfactory" in clinical, the student will receive a final grade of "D or F."
- 4) If a student receives a theory grade of "C" or above and an "unsatisfactory" in clinical, the student will receive a final grade of "D."
- 5) If a student receives a theory grade of "D" or "F" and a "satisfactory" in clinical, the student will receive the theory grade as a final grade.

The didactic course grade is based on points from the examinations, quizzes, and other graded projects

(presentations, portfolio, resumes, case studies, etc.) determined by faculty. In order to successfully complete the course an 80 percent of the total possible points (minimum) must be attained. The final grade is calculated on a percentage basis (total points earned divided by total points possible). **There will be no rounding of test grades.** For instance, 79.99 will remain at 79 (not a passing grade). You must have an 80 to pass, which is different than the normal 10 point scale used by the college.

Grading on all quizzes, examinations and written work will be as follows:

A	94 - 100%
B	87 - 93
C	80 - 86
D	70 - 79
F	≤ 69
I	Incomplete, must be removed by end of subsequent semester and no later than 3 weeks into the next clinical course. If not removed the student cannot stay in the course.
S	Satisfactory
U	Unsatisfactory

An overall "C" (2.0) curricular average is required to graduate from any of the allied health programs or courses.

Evaluation of Written Assignments

The faculty believes that written communication skills are essential. Therefore, written work is required in most courses. Written work will be considered to be a component of the overall clinical grade. Failure to submit work will be counted as an unexcused clinical absence resulting in 4 unsatisfactory clinical grades.

The grade earned on the first attempt of an assignment that receives a percentage grade below 80% may NOT be redone. Students *must* submit two (2) typed copies of all graded written work. An unsatisfactory in areas of other written assignments means that the student will have to revise and resubmit the assignment before going on to the next course.

Students are expected to utilize the APA format to prepare their papers. This format is explained in the APA Manual, which is one of the required textbooks for the program and is available for purchase in the PDCCC bookstore.

Evaluation of Clinical Skills

Clinical performance will be evaluated as Satisfactory, Unsatisfactory, or Insufficient Data. An overall satisfactory clinical evaluation is required to pass the course. Numerical grades will not be used except to determine whether based on assigned criteria the grade is satisfactory (80% or above) or unsatisfactory (below 80%).

Evaluation of Clinical Behavioral Objectives

Satisfactory performance in the clinical area will be evaluated by:

1. **Professional Characteristics:** The student maintains standards of appearance, professionalism, attitude, and dependability.
2. **Use of Problem-solving Skills in Providing Patient Care:** The student demonstrates skills in assessment, planning, implementing, and evaluating care provided.
3. **Organization and Skill in Performing Activities:** The student utilizes time management and efficiency skills in completing assignments.
4. **Ability to Provide Safe and Competent Care:** The student provides adequate physical and emotional support and makes appropriate and accurate observations.
5. **Understands Select Scientific Principles and Rationale Based on Theory:** The student utilizes scientific principles and rationale when planning health care.
6. **Ability to Communicate Effectively with Patients, Families, and the Health Care Team:** The student communicates and cooperates with clients, peers, staff, and instructors.

The student will receive a satisfactory (S) or unsatisfactory (U) mark for each of these behavioral objectives every clinical day. Students who earn more than two (2) unsatisfactory marks on any one behavioral objective or more than six (6) unsatisfactory marks overall will fail regardless of their grade in the theory section of the course.

Program & Faculty Evaluations

The faculty views evaluations as an integral part of the teaching/learning process. Faculty request and value the students' written evaluation of the faculty, clinical facilities and of the courses in the allied health curriculum. Evaluations are anonymous and are treated with strict confidentiality. Evaluations are placed within each allied health course on Blackboard. The program head will print off all evaluations at the completion of the course for review with faculty. The faculty uses your constructive comments and trend/pattern data from the tabulations for personal growth and course/curricular improvement activities.

Progression in the Program Policies

To successfully pass the allied health program course the student must obtain an “80%” (C) in a course.

An overall “C” (2.0) curricular average is required to graduate.

The successful completion of each allied health course is a **prerequisite** for admission to the next allied health course. Since content is built upon previous and concurrent learning from the sciences and liberal art area, **the course sequence indicated in the curriculum is required.**

The grade for most allied health courses is comprised of four components: theory, written work, clinical skills, and clinical behavioral objectives. The only numerical grade received is for the theory portion; other components are graded Satisfactory or Unsatisfactory. All four components must be satisfactory in

order to pass the course.

Allied Health Programs Retention Policies

1. A student must maintain a cumulative grade point average of at least 2.0 for retention in the allied health programs.
2. A student must earn a grade of “C” or above in all required courses in the allied health curriculum, both allied health and general education, in order to progress to the next semester.
3. Clinical laboratory experience throughout the program is rated Satisfactory or Unsatisfactory.
4. A student must maintain a rating of “Satisfactory” in the clinical laboratory experience and a grade of “C” in the theory aspect for each allied health course. A rating of “Unsatisfactory” in clinical lab or below 80 in theory necessitates repeating the course. Failure of either aspect of the course will result in a failing grade. The course grade for a student with an “unsatisfactory” clinical lab rating is recorded as a “D”.
5. A student who receives a grade of “D” or “F” in an allied health course must repeat that course before attempting another allied health course. A student is only allowed to repeat an allied health course once.
6. A student must follow the curriculum sequence in allied health courses and receive at least a grade of “C” in required courses.
7. Withdrawing and/or failing two courses results in dismissal from the program and ineligibility for readmission into the allied health program. (NOTE: Such ineligibility does not affect eligibility for acceptance into other programs offered by the College.)
8. Prerequisite or co-requisite course designations must be followed throughout the program.
9. Should it become necessary for the student to withdraw from the allied health program, your advisor and the Program Head must be notified immediately.
- 10. Students who withdraw and/or dismisses from the program due to academic dishonesty are ineligible for readmission to the program regardless of track, i.e., generic or bridge, requested.**

Withdrawal, Readmission, and Transfer Policies

Withdrawal

Students who withdraw failing (WF) an allied health course will have that withdrawal treated as a nursing course failure and will have only one further attempt at the course. Students who consider withdrawal from the program must have an exit interview (see appendix) with the allied health program dean.

Students who fail to have an exit interview with the program dean will not be considered for readmissions. Students must go to Admissions to withdraw from courses. Students wishing to withdraw from a course must meet with financial aid, if receiving services before withdrawal.

A student who withdraws failing or is administratively withdrawn for an allied health course will be readmitted based on space availability. Students who exceed two clinical day's absence or its equivalent may be administratively withdrawn. Students who withdraw after the withdrawal date will be issued a failing grade for the course unless mitigating circumstances can be proven.

Readmission

A student who withdraws failing or is administratively withdrawn for an allied health course may re-enroll in the allied health curriculum one time. The student may not be readmitted if the student is on academic warning or if the curricular or cumulative grade point average is less than 2.5. Re-enrollment must occur no later than one year after withdrawal or the student will have to repeat all allied health courses.

Students who withdraw from a course or the allied health program with a passing grade or for non-academic reasons will be considered for readmission on an individual basis. These students are to meet with the allied health program head. Re-admission after withdrawal for non-academic reasons is considered on a first come served basis as spaces are available and at the discretion of the allied health faculty.

Students must submit an application to be considered for readmission by the program deadline.

Students must have updated health requirements and Healthcare provider CPR or may have a complete repeat physical exam if out of the program two years or more.

Students who withdraw and/or dismissed from the program due to academic dishonesty are ineligible for readmission to the program.

Transfer

Previous allied health courses taken at other colleges are evaluated by the allied health program. Outlines of course completed are requested to determine placement in proper course sequence.

Three letters of reference must be sent from allied health faculty of the previous program (one letter from the program director and two from faculty; must be on letterhead paper, and signed).

An application for admission must be completed and turned in by the specified due date.

An official transcript must be submitted.

Testing Policies and Procedures

The number of quizzes and/or tests may vary from course to course. The most current course syllabus will include *Methods of Evaluation* showing how the exams and quizzes are calculated in the final course grade. The syllabus for the current semester overrides any previous course syllabus content/criteria and is the **only** one that will be followed regarding the course content and policies for that semester.

Faculty will have the option of writing the final exams so that the entire final exam is cumulative or so that up to 50% of the exam is on the last “untested” content of the course and the remainder is cumulative. Either way, the student is responsible for all material given in class from the first day until the final exam date. The instructor or course coordinator will determine the weight of the final exam. The coordinator of the course will determine the weight of the final exam. Specific information about each course can be found in the syllabus for that course.

Tests will be reviewed **in class once** all members of the class have completed them. The tests will **then** be available **by appointment** with the course coordinator.

Students must submit any questions concerning test answers or grades *in writing* within one week of the date the test is reviewed in class. In order for the faculty to consider questions about test answers, the student must provide annotated documentation supporting his or her argument.

All students will take tests as scheduled unless excused. The faculty understand that life happens however reasons for an excused absence may be limited to:

1. Illness (for self or child) with a physician’s written verification unless waived by instructor. More than one excuse per semester may require counseling.
2. Death in the student’s immediate family.

If the student misses a quiz in class or during a designated time frame on Blackboard, a zero grade is assigned. If the student misses a test, exam or skill evaluation, the student will be allowed an opportunity to make up the test or exam within 5 days. Students will need to arrange for the missed test, exam or evaluation with their instructor within 24 hours of missing the scheduled test, exam or skills evaluation.

If the student misses a second test, in that course, the student will automatically have 10 points deducted from their earned grade. If a third test is missed, in that course, the student automatically have 20 points deducted from the earned grade and be brought before the faculty for disciplinary action.

An alternate test ***may be*** administered in any form deemed appropriate by the nursing instructor. Students will not be allowed to repeat test, exams, or quizzes. Quizzes are not made up.

If the student is absent from a course exam and does not notify the instructor prior to or within the working hours on the day of the exam, the instructor may award a grade of “0”.

Special accommodations may be set up for students with documented learning disabilities.

The faculty will disseminate grades by posting them on-line in Blackboard. The administrative assistant will not give grades out over the phone therefore please do not call her to request your grades.

References for Employment/Transfer

Faculty who give recommendations will utilize clinical records, academic grades, and anecdotal notes from the student's file. Students requesting a faculty recommendation must ask the faculty member's permission.

Policies Related to Clinical Experiences

Medical Health Insurance

Each student is responsible for their medical care should an illness or accident occurs while enrolled in the allied health programs. Neither the college nor the affiliating agencies will be liable for accidents (including needle-sticks) or the lab work/X-rays as a result of the accident. The student will assume financial responsibility for any illness or injury incurred. No accident or hospitalization insurance is provided by either the college or the health care agency. The student must provide documentation of medical insurance or sign a declination form that states you are aware of the need for such insurance but decline to obtain it at this time.

Health Requirements

For patient safety, clinical facilities utilized by the Allied Health Programs require proof of satisfactory physical and mental condition and current immunizations.

The Allied Health students are **required** to have a complete physical examination at their own expense prior to entering their program. In addition to the required examinations, students must receive the following immunization: Hepatitis B vaccine series, tetanus, (Td,Tdap), Varicella, mumps, measles and rubella (MMR). An annual flu vaccine and PPD is also required. If the student has tested positive on prior PPDs, a chest x-ray is required every 5 years. If these vaccinations have not been completed because the student has had the illness the student must obtain titers for these immunizations and must show positive conversion. If the students' lab results do not show immunity the student must receive the immunization. All health requirements with requested documentation including all pertinent laboratory reports must be turned into the course coordinator by the specified deadline. Students will not be allowed to enter the clinical facility therefore the program, until this information is on file in the nursing office.

During the educational experience in the Allied Health Programs at PDCCC the student may have exposure to blood or other potentially infectious materials and may be at risk of acquiring blood borne pathogen (i.e., hepatitis B virus, HIV infections). An alcohol/drug screen may be required by some affiliated agencies at the student's expense.

Should a student be injured while at a clinical facility, the following procedure must be followed:

- a. Notify instructor
- b. Report injury to nurse in charge of unit
- c. Fill out "Incident Report"

- d. Policies of the institution regarding such incidents will be followed

Prescription Narcotic Use in Clinical Setting

Students are accountable for assuring that their actions and behaviors meet all applicable standards for safe and competent practice at all times. This requires constant awareness of the demands of the student to practice safely and competently.

Adequate pain control is a fundamental right of every person. However, there are circumstances in which students may need to take over the counter or prescribed medication that have the potential to impair their performance or personal behavior. As such, all students are responsible for being aware of the effect these medications may have on performance and must notify the Dean and/or Course Coordinator within 72 hours prior to clinical attendance or drug testing about the use of any medication that could impair performance or has the potential to influence a drug screen.

Abuse or illegal use of drugs or alcohol jeopardizes patient safety, violates practice law, prohibits participation in classroom, laboratory, and/or clinical experiences; and may prevent licensure or program completion. Furthermore, students who are taking any prescribed narcotic analgesic prior to or during patient care may experience actual/potential alteration in cognitive and/or psychomotor function, placing the patient at risk. Therefore, students may not attend clinical experience until the prescribed analgesic is discontinued for at least 24 hours. In addition the student must provide medical clearance that they can safely take the medication and it does not impair function in clinical setting. Students who are impaired in the clinical setting will be dismissed from the program.

If the student is suspected of alcohol consumption, drug abuse, or use of prescribed narcotic analgesics prior to or during the clinical experience, the clinical instructor will immediately:

- Remove the student from clinical practice.
- Discuss with the student the suspicion of substance abuse or prescribed use of narcotic analgesics.
- Document the incident, providing a copy to the student.
- Arrange for student transportation from the clinical site to the College.
- Refer the student to the College Counselor.
- Notify the Course Coordinator and Dean.

CPR Requirements for Students

Students are required to have completed CPR certification/recertification (American Heart Association BCLS Healthcare Provider CPR with the Automatic External Defibrillator) before admission to the first semester clinical courses. Certification must remain current throughout enrollment as an allied health student and it is the student's responsibility to meet this requirement. If certification expires during a semester, it must be renewed prior to the expiration date. **This certification must be updated biannually.**

PDCCC procedures:

The student is required to submit a photocopy of his/her current CPR card to the Allied Health

office before the first day of clinical classes and yearly during program enrollment.

Standard Precautions (College Precautions)

Allied Health students who might be exposed to blood or other potentially infectious material while enrolled in the Allied Health Programs must complete a self-study program in Standard Precautions at the time they begin practicum or skills laboratory study, whichever is first, and at least annually thereafter.

This training must be in compliance with the OSHA Standards and the Center for Disease Control's Guidelines for Isolation Precautions in Hospitals.

Students are to review the Student Responsibility Statement Regarding *Practice with Needles and Sharp Objects* in the learning laboratory and the student responsibility statement for needles, sharp or contaminated objects (see appendix). This will be completed during the first clinical course and yearly thereafter.

Policies for Persons Infected with HIV

Allied Health Program Guidelines

In accordance with Center for Disease Control guidelines, the PDCCC Allied Health Programs will not discriminate against any individual based on the actual or perceived HIV status of the individual.

Admissions

Persons with HIV infection will not be discriminated against in the admission process.

Access

Students, faculty, and staff with HIV will be allowed equal access, as long as their medical condition permits, to College facilities and campus activities, including clinical experiences.

Confidentiality

All information regarding the health status of a student or faculty member will be held confidential. No information will be released to any other person, agency, insurer, employer or institution, including physicians, health care facilities or family members without the prior **written** consent of the individual involved. Unauthorized disclosure of medical information by a student or other representative of the College will result in disciplinary and/or legal action.

Laboratory Testing

Screening of health care providers is not recommended by the Center for Disease Control and will not be performed by this facility. Students, faculty, or staffs who wish to have HIV testing voluntarily performed may be referred to the Public Health Department.

Occupational Exposure Guidelines

According to the Center for Disease Control, the primary means of preventing occupational exposure to HIV and other blood borne pathogens is the strict adherence to infection control standards, with the assumption that the blood and other body fluids of all individuals is potentially infectious. The routine utilization of barrier precautions when anticipated contact with blood or body fluids, immediate washing of hands or other skin surfaces after contact with blood or body fluids, and careful handling/disposing of contaminated sharp instruments or other equipment during and after use is recommended.

Faculty/Student Responsibilities

1. Receive agency/unit orientation regarding infection control policy and post exposure management procedures.
2. Utilize appropriate barrier precautions during the administration of care to all individuals.
3. Utilize appropriate safety devices for the handling/disposing of contaminated sharp instruments or other equipment.
4. Immediately report accidental exposure to blood or body fluids.
5. Initiate immediate intervention for the management of accidental exposure to blood or body fluids.
6. Provide health education to individuals and groups regarding the prevention, transmission, and treatment of HIV.

Accidental/Occupational Exposure Procedure

In the event of an accidental/occupation exposure to blood or body fluids students and faculty should:

1. **Immediately** report the incident to instructor or supervisory personnel.
2. **Immediately** wash the area of exposure with soap and water.
3. **Initiate** referral to the nearest Emergency Department for post exposure management.
4. Decisions regarding post exposure management, prophylaxis, and follow-up will be at the discretion of the individual and his/her care provider.
5. Students/faculty will be financially responsible for emergency treatment, prophylaxis, and follow-up care resulting from the incident.
6. Appropriate documentation of the incident will be completed according to agency standards, with a copy of the report forwarded to the Program Head.

Uniform & Clinical Dress Code Policies

The uniform for students in the Programs includes:

1. Assigned uniform:
 - Phlebotomy student- Assigned White polo shirt and blue pants/skirt
 - Pharmacy Technician student- Assigned Blue shirt and blue pants
 - EMT students-Assigned dark cargo pants and royal blue polo
 - EMT Intermediate students- Assigned dark cargo pants and royal blue polo
2. PDCCC program emblem on upper left sleeve of the uniform and lab coat, 2 inches from the shoulder seam.

3. PDCCC name badge with first name, last name, and program Student (i.e., Phlebotomy Student, Emergency Medical Technician student, Pharmacy Technician Student, etc.).
4. Watch with second hand (not digital)
5. White stockings or socks (no ankle socks)
6. All white shoes (no cloth shoes [canvas tennis], open toe shoes, or clogs). All white leather tennis-like shoes are acceptable. (EMT black shoes)
7. Black ink pin (no felt tip or erasable are allowed)
8. Paul D. Camp Community College Student ID badge worn on the student uniform in all clinical and observational settings.

Dress Code Statement:

NOTE: Agency policy supersedes school policy *if* the requirements are more stringent.

The appearance of all students must obviously conform to the highest standards of cleanliness, neatness, good taste, and safety. Adherence to these standards is essential. Students must look professional at all times. Modifications to the uniform are acceptable to adapt to pregnancy or religious obligations in relation to dress however must first be approved by faculty. Other modification are not acceptable unless preciously cleared with by the program dean.

Students are expected to maintain good hygiene habits with no offensive body odors or perfumes. If this becomes a problem, the student may be asked to withdraw from the program.

Inappropriate attire will result in an Unsatisfactory in “Professional Behaviors” on the Clinical Evaluation Tool.

When having class or individual pictures taken in uniform, the student must be in complete uniform.

Dress Code for the Clinical Experiences

The assigned student uniform must be worn in clinical, unless otherwise designated, at all times. The student uniform must be worn to Clinical, even when changing into hospital issued scrubs upon arrival to the clinical setting.

White Warm-up Jacket Guidelines

The warm-up jacket should be plain white. The program specific Paul D. Camp Insignia Patch must be applied to the left sleeve (please be certain that the top of the patch is approximately 2” from the shoulder seam). The warm-up jacket may be worn over the clinical uniform. The white warm-up jacket is not to be worn for unofficial business at the clinical agency or for work.

Specific Regulations While In Uniform

All uniforms and warm-up jacket should be clean and wrinkle free.

Hair must be clean, appropriately and neatly arranged, and pulled back away from the face or off the collar in such a way that it cannot fall forward into the work area or brush across clients. Pony tails are permitted. Large ornaments, ornate clasps and ribbons are not to be worn while in uniform. No fancy bows or barrettes, hanging curls, “punk” cuts, or unnatural colors. Males are to be clean shaven or, if facial hair is visible, must be neatly trimmed and clean. A face mask will be worn over beards and mustaches when leaning over fields that require medical and surgical asepsis. Hospital policy is to be followed concerning hair.

Jewelry is limited to wedding band (with no diamonds or stones) and a watch. No more than one pair of earrings, no necklaces, no bracelets, anklets, or rings with raised stones. Small, plain post-earrings may be worn in the earlobes by those with pierced ears. Visible piercing on other parts of the body, including tongue piercings, should be removed during the clinical experience. While in clinical areas, tattoos and body piercing must be covered. Allergy identifiers are allowed.

Excessive **makeup** should be avoided.

Nails must be kept short (to the end of the finger) and clean to protect the client from scratches and gloves from tearing, etc. Wearing nail polish, gel nails, and acrylic nails are prohibited because of infection control issues.

Perfume, after-shave, hairspray, or other scented products must not be worn in the clinical or the classroom area as it is not tolerated well by fellow students and patients with respiratory disorders.

Name pins and picture identification tags (picture IDs obtained in the campus library) are to be worn whenever the student is in a clinical experience. Name pins are worn on the left side of the student uniform. The picture identification tag is to be worn in a visible location at the collar or attached to name pin on the left side of the uniform. ***If a student fails to wear the picture ID, the student will be instructed to leave the clinical agency and an unexcused absence will result.***

Plain white T-shirts or camisoles may be worn under the uniform top. No sweaters or jacket are to be worn over the uniform while providing patient care; warm-up jacket may be utilized.

While in clinical facilities eating and gum chewing will be permitted only in non-patient areas such as designated staff areas. **Smoking is prohibited while in clinical and while on the clinical agency property. Students cannot smell of cigarette smoke while in uniform. Smoking is not permitted while in uniform on the campus or clinical.**

Dress Code for the Skills Laboratory Experiences

For the skills laboratory, students will be required to be in full clinical uniform, with all of the uniform regulations, unless specifically directed by the course instructor.

Dress for Class

Avoid tight, low cut, short (no short shorts) or baggy clothing.

“If you can see up it, down it, or through it, don’t wear it”

SKILLS LABORATORY POLICIES

Students are encouraged to use the skills laboratory for practice. Students are encouraged to use the equipment and materials. **Students are to leave the lab orderly and return equipment and materials to its designated place.** The secretary or an instructor should be informed of any broken or nonfunctioning equipment or materials. Books, magazines, materials, and equipment are not to be removed from the lab, unless the instructor gives permission. Any materials or equipment must be signed out on the appropriate form. Grades will be withheld for any equipment or materials not returned. Removal of equipment or material from the lab without proper signing out is a dismissal offense. Equipment and materials may be checked out overnight with the permission of the instructor. All material must be returned at 9:00 a.m. the next day. A key to the nursing lab is kept with the secretary in the Nursing and Allied Health Office.

The skills lab will be utilized by students to enhance the student's confidence and competence regarding various skills. The following general guidelines will be utilized in the laboratory setting:

1. Skills Lab Appearance

As a courtesy to all who use the lab, this academic learning center will need to be maintained and returned to an orderly fashion when not in use. When the day or practice time is complete, please ensure that the lab is left in the following manner:

- a. Beds in the lowest position
- b. A fitted sheet, with one pillow, on each of the beds
- c. Privacy curtains drawn back against the walls
- d. Bedside tables placed at the foot of each bed
- e. One chair placed underneath each overhead table
- f. Chairs pushed underneath the table/computer desk
- g. Storage bins returned to the storage room
- h. Equipment placed along the side of the lab walls

2. Children On Campus

- a. No children should be in the lab setting at any time, unless it is a scheduled and/or approved nursing academic event.
- b. When children are scheduled to be in the lab setting, they must be under direct supervision at all times to prevent accidents

- c. The Nursing and Allied Health faculty must be made aware prior to the child(ren) arrival on the college campus skills labs.
- d. A Nursing and Allied Health faculty must be in attendance at all times when child(ren) are present the college campus skills labs.

3. Food and Drinks

Eating and/or drinking is not allowed in the skills lab.

4. Skills Lab Equipment

- a. No equipment (i.e. manikins, blood pressure cuffs and etc.) shall be removed from the campus lab settings without the pre-approval of the lab coordinator or faculty and must be signed out.
- b. Overhead tables are not to be removed from the lab setting
- c. The journals are free and can be removed from the magazine rack for academic enhancement
- d. The wall laminated posters can be removed and used for academic purposes; upon completion please return them to the designated area
- e. All equipment removed from the campus skills lab (i.e. models, posters and etc.) must be signed out beforehand, by using the equipment sign-out sheets. These forms will be located in the lab setting and the in lab coordinator's mailbox.

DUE TO LAB EXPENSE, CERTAIN EQUIPMENT WILL NOT BE CHECKED OUT OF THE LAB SETTING:

- 1. Camcorders
 - 2. Manikins
 - 3. Ophthalmoscopes
 - 4. Otoscopes
 - 5. Dopplers
 - 6. Others as designated by the lab coordinator
- f. The lab computer is available for academic purposes
 - g. Do not remove the reference books from the lab setting

5. Skills Lab Storage Room

- a. The lab storage area will remained locked and/or closed when not in use
- b. The storage bins are labeled with numbers and content names
- c. The storage bins should be returned to the designated area
- d. The storage room supplies are for faculty instructional demonstration purposes. These supplies are not to be used to routinely supplement the students' skills bags
- e. This area is off limits to students, unless indicated by the faculty

6. Skills Lab Linens

- a. The linen in the lab will be used for practice purposes. Please do not remove the linen from the lab setting for personal use
- b. Personal care items, for demonstration and lab use, are located within the bedside stand

7. Videotaping

The purpose of the videotaping is for skills enhancement. This process encourages repetition of skills, which in term will promote retention of the skill on a short and a long-term base.

- a. Digital camcorders are used for videotaping
- b. Personal digital camcorders can be utilized for taping skills. Please keep these cameras in your possession at all times
- c. Videotaping is completed according to the designated faculty instructions

8. Student's Open Skills Labs

- a. The scheduled open lab days will be as designated by the faculty
- b. Students must sign up to attend open labs on the designated form and/or computer
- c. The maximum number of students in the open lab at any given time will be limited to ten students per time period, exception as per lab coordinator/faculty
- d. Please, adhere to the time-scheduled period allotted to allow times for all students to use the lab effectively

9. Skills Lab Supervision

- a. The skills lab will be supervised by designated faculty
- b. The skills lab doors will remain closed and locked when not in use
- c. No student can be in the skills lab setting before opening or after closing hours

10. Lab Evaluation: Students utilization of the lab will be continuously evaluated; student input is vital to the faculty in planning the best laboratory learning experience.

Injections (Phlebotomy Students only)

Syringes/needles will be assigned to students and packaged with students' names on the packets as appropriate. Students are to practice parenteral/injectable routes of venipuncture (phlebotomy students) in the College's skills laboratory ONLY under the supervision of faculty on designated instructional models. Faculty will distribute syringes/needles to students for practice and collect syringes/needles following completion of each laboratory session. After practicing the parenteral/injectable route of venipuncture and demonstrating skill competency to the faculty in the College's skills laboratory, ALL syringes/needles are to be disposed in designated red "sharps" containers in the skills laboratory. When "sharp" containers are filled, the College will dispose of the containers according to the College's hazardous materials procedure.

Clinical Experiences Policies

Clinical Expectations

The faculty believes that the habits and work patterns that are established when an individual is a student will be carried over into the work setting when transition to graduate practitioner is made. Every effort should be made to establish positive patterns of professional behavior, including reporting for duty on time, notifying the instructor if you will be late or absent, and when indicated, contacting the appropriate instructor concerning makeup of work missed during absence (i.e., lecture and assignments). Refer to course syllabi for specifics.

Both day and evening clinical experiences may be assigned to each student. Check the class schedule each semester for clinical laboratory times.

Students will be assigned to clinical agencies on a rotating basis. It is to be understood that during some semesters you will be assigned clinical duty in out-of-town facilities. The student should be aware that he or she might be held legally liable for prior learning in other clinical settings.

The clinical instructor will be responsible for providing students with their clinical assignments. In addition, the clinical instructor will provide information on clinical expectations at the beginning of each semester. Tardiness for clinical (either in the hospital or the campus lab) is not acceptable. The student is expected to be on the clinical unit prepared to begin (i.e., purses and coats up, uniforms on) at the specified time.

Client care is to be given under the supervision of the instructor or preceptor at all times. Students are not to perform any client care when picking up client assignments or practice invasive procedures on each other or any other human.

The student must recognize his/her sphere of responsibility and function only in the student role.

The student must be in complete uniform while in the clinical setting.

The student may **NOT** at any time:

- Administer any medication without utilizing the five rights of medication administration
- Take verbal or telephone orders
- Administer parenteral medications except subcutaneous insulin
- The student may **not** serve as a witness for any document.

Confidentiality

Students are to protect their client's right to confidentiality. Discussing client information, photo-copying records, or removing computer records with identifying information from the site are strictly prohibited. Failure to protect client confidentiality will result in clinical failure.

Clinical Absences

Program objectives and the difficulties inherent in “making up” laboratory experiences that have been missed make 100% attendance **mandatory**. Clinical absences may constitute failing the course since the student may be unable to meet the course/clinical objectives.

Absences or tardiness will be excused at the discretion of the instructor based only on illness, death in immediate family, or hazardous weather conditions. Arrangements for make-up must be scheduled within 48 hours. It is the responsibility of the student to arrange make-up with the appropriate faculty.

Procedure for Notifying Faculty & Clinical Site of Absence

In the event of an absence from a laboratory experience, both the clinical agency and the clinical instructor must be notified. To notify the clinical agency, call the floor/unit/department at least one hour prior to the time the clinical is scheduled to begin. The instructor should be called at home either the evening before or early in the morning prior to the experience. If the missed clinical is scheduled for the campus skills lab, it is appropriate to notify the instructor at the college rather than at home.

Excused absences from clinical will be made up as they are missed each semester at the instructor’s discretion. Arrangements must be made with the clinical instructor. Students who do not follow the appropriate procedure in notifying both the instructor and the clinical agency of their absence will receive unsatisfactory marks on the clinical evaluation sheet. Students who have an unexcused absence from clinical will also receive unsatisfactory in clinical for the missed day.

Absences greater than ten (10) percent, even though made up, will follow one of the three following options: the student will receive a failing grade, or be allowed to withdraw, or take an “Incomplete” according to college policy dictated by the timing of and the circumstances surrounding the absences.

Lateness

A student will be considered late if he/she arrives after the scheduled start of the skills laboratory or clinical experience. In addition to completion of the lateness/absence form by the student, the faculty will review the student’s record on lateness to determine if lateness has been a problem in previous courses.

If the student has no previous problems with lateness in other semesters:

- A first lateness will be discussed with the student by the faculty member involved.
- A second lateness will precipitate a conference between the student and the appropriate course faculty. A learning agreement will be made with the student at this time.
- A third lateness will be evaluated by faculty within the course and the Program Head. A third lateness may result in clinical failure.

If lateness has been determined to have been a problem in previous semesters after a review of the

student's record, then the following will occur:

- With the first lateness, the student will receive a learning agreement after meeting with the clinical faculty.
- A second tardy could constitute a failure in the clinical/course.

Personal Visits to a Clinical Agency/Hospital

Students **must observe regular visiting procedures and hours** for personal visits at the hospitals. Students are not allowed to visit patients or preceptors, at clinical facilities, without prior knowledge from the instructor.

Medical Records Access

Students may be allowed to review patient record in the Medical Records Department of clinical agencies for the purpose of gathering information for research papers. It may be required to give 24 hours' notice to the Records Department and to present a written permit signed by an instructor when you arrive. See dress code for non-clinical experiences.

Policies for Inclement Weather

All clinical classes will be held as usual if PDCCC classes are in session. If the College is closed, there will be no clinical activities. If the weather is too bad and clinical is cancelled for that day, you will be notified by your clinical instructor or designee. If you do not hear from your clinical instructor and the College is not closed, the clinical session will meet as scheduled. If you have any questions, call your clinical instructor before you leave home. If you are unable to attend clinical, be sure to follow the appropriate notification procedure (described above).

Clinical Scheduling Conflicts

Clinical sites are in demand for student experiences from multiple schools of nursing and allied health. At times, negotiations with these schools lead to alternate practicum scheduling that may conflict with required general education course meeting times. The following guidelines will be used to rectify any such conflicts which may occur.

- No student will be required to miss classes in another program required course to satisfy objectives in an allied health course.
- If a onetime only critical experience (absolutely rare) cannot be arranged another way, it is the faculty member's responsibility to contact the general education faculty member to be sure the student is not compromised in any way.
- If the student discovers a conflict with required general education because of clinical schedule modifications in allied health course, it is the student's responsibility to alert the allied health faculty member in sufficient time for the faculty member to resolve the conflict.
- When alternative choices of experiences are provided, it is the student's responsibility to select

options that avoid conflict with other classes. If no such choice exists, it is the student's responsibility to notify the allied health faculty to seek additional alternatives.

Clinical Grade

A satisfactory /fail grading system will be used for the clinical component of allied health courses. Clinical requirements are stipulated on the Clinical Evaluation Tool for each course. Satisfactory performance in the clinical area indicates the student has met all summative objectives for the course. Satisfactory achievement of the clinical course objectives is necessary to advance in the program.

Clinical evaluation conferences may be scheduled as deemed necessary by the faculty and/or student. Written mid-course and/or final summative evaluations will be given by the faculty and will be read and signed by the student and the faculty. Comments may be written on this evaluation by the student.

A student who appears to be practicing in an unsafe manner in the clinical area, upon request of a clinical instructor, will be subject to faculty review (see Clinical Incompetence Policy). If upon faculty review, the student is deemed to be practicing in an unsafe manner, the student may receive an unsatisfactory in the expected outcomes and thus fail the semester.

Evaluation Folders

As each student progresses through their program, the clinical evaluation tools for measuring his/her accomplishments will be collected in a folder. These folders will include the following:

- Formative and/or summative evaluation tools from each course.
- Lateness/absence records with validation of make-up.
- Learning/remediation agreements.
- Skills check off list/Competency forms

The evaluation folders are filed in a central, locked location in the nursing and allied health office. They are available to faculty for writing references and for implementing policies. Each student may copy the contents of his/her folder at their own expense.

Psychomotor Skills Competency

Student competency in the performance of skills must be demonstrated in the skills learning lab according to the performance criteria. Each student is allowed two attempts to master the skill. If, after two attempts, the student has not performed the skill satisfactorily, a grade of "D" will be assigned in the practicum course.

Attendance at skill competency evaluations is a mandatory component of the clinical course. Students must contact designated course faculty prior to an absence. Failure to notify faculty of absence from two (2) skill competency evaluations will result in a learning agreement and/or course failure.

Transportation

Each person is individually responsible for his or her own transportation. If the student is carpooling and one person in the car pool needs to go to clinical early, or is dismissed from clinical early, all others in the car pool will be expected to complete the full requirements of the day. The nursing van may be utilized for official PDCCC allied health program activities (transportation to clinical agencies, field trips, etc.)

Process for Nursing Van Driver

In order for a student to be able to drive the nursing van the student must:

1. Have a valid Virginia driver's license.
2. Complete a background authorization which Human Resources Office will process for driving record only.

The background authorization can be found in the common drives, under Forms, Human Resources, New Hire Forms.

Program Ceremonies, Awards, and Completion Information

Course/Program Completion Ceremony

A course/program completion ceremony honoring graduating allied health students is held, as needed, each semester. At this occasion, each student is presented their certificate for course/program completion. This ceremony is planned and funded by the students. The course instructor will assist students with planning this ceremony.

Graduation Requirements

Allied Health students must fulfill college general education requirements for graduation as listed in the college catalog, in addition to the program requirements during the year they were admitted/readmitted. Students are encouraged to file applications at the end of the summer session preceding graduation. Applications for graduation may be obtained from the Admissions Office.

Graduation (Refer to the *College Catalog/Handbook*)

To be awarded a Career Studies Certificate from the College in any Allied Health *Program*, the student must have:

1. Fulfilled all of the course requirements of the degree curriculum, encompassing 24-28 (depending on program) credit hours, with a minimum of 25 percent of the credit acquired at Paul D. Camp Community College.
2. Earned a grade point average of at least a 2.0 in all courses required in the allied health program curriculum and courses completed which are applicable toward graduation in his/her curriculum;
3. Filed an Application for Graduation in the Admission and Records Office (should be done at the end of the Summer Session.)
4. Satisfy computer competency requirements.
5. Been certified by appropriate College officials for graduation;
6. Resolved all financial obligations to the College and returned all learning resources and other college materials

STUDENTS PREPARING FOR THE PHLEBOTOMY CERTIFICATION ARE REQUIRED TO:

1. The opportunity to achieve the benchmark in healthcare certification is the National Certification Examination to become certified as a Phlebotomy Technician (CPT).
2. To register for the examination a from the National Healthcare Association (NHA):
 - a. Online, for instant access register at: www.NHANOW.com (with credit card only).
 - b. Phone: using a credit card, just call 1-800-499-9092
 - c. FAX: fill out the registration form (you must have all credit card information filled in on the application and FAX to 1-973-678-7305
 - d. Mail order: by filling out registration form (available from instructor or online). Submit a check, money order or credit card information for \$105.00 with application.
3. Paul D. Camp Community College is an approved NHA testing site and usually schedules the examination to be taken at the successful completion of MDL 106.
4. The Program Head or designee will meet with students to complete the application for Certification or Licensure forms as requested by the student.

Miscellaneous Information

Information concerning uniforms, name pins, emblems, and other requirements will be given to the student the first day of class. There are some additional costs at the conclusion of requirements for certification/licensure. These include certification application fee, composite picture of class, graduation fee, completion ceremony to name a few. Students should be prepared to pay these expenses prior to graduation.

Financial Aid & Short Term Session

It is recommended that students on Financial Aid register for the first 8-week class only and register separately for the second 8 week class after their grade has been determined in the first class. If Financial Aid students choose to register for both 8-week sessions at the beginning of the term and do not pass the first 8-week session, the result may be a financial aid over award that must be repaid immediately by the student. Please note that most financial aid only covers the cost of tuition and books.

Employment Policy

If the student is employed, work schedules should not interfere with class, clinical, or laboratory schedules/experiences. The student is not to function in the capacity of a PDCCC allied health student and is not to wear the PDCCC uniform or lab coat while working. The student liability insurance does not cover the student during employment. It is **highly recommended** that the student refrain from working full-time while enrolled in the Allied Health Programs.

Record Review Policy

Students may review their personal files in the nursing and allied health office during pre-scheduled appointments with their faculty advisor or Program Head. No part of the file may be removed from the nursing and allied health offices.

PDCCC Policies

1. **Student Collegiate Honesty Policy:** Paul D. Camp Community College will not tolerate any form of dishonesty including cheating, plagiarism, knowingly furnishing false information to the college, forgery, or alteration or use of college documents or instruments of identification with intent to defraud. All students are expected to abide by the honor code and may be required to sign a pledge on their work such as: *"On my honor, I have neither given nor received aid on this assignment/test/exam."*
2. **Student Disability Policy:** If you need reasonable accommodation in order to successfully complete the requirements of this course, please identify yourself to the instructor and Student Support Services to discuss this matter confidentially.
3. **Inclement Weather Policy:**
Occasionally, it is necessary to cancel classes because of inclement weather. The delayed schedule is used when necessary to allow road conditions to improve. Each student is expected, in the final analysis, to decide whether it is possible or safe to come to the college. This delayed schedule will be in effect upon authorized release to local radio and television stations. Evening classes will generally remain on the regular schedule, unless otherwise announced (see College Catalog).
4. **Student Responsibility Statement:**
Students are responsible for being aware of the policies, procedures, and student responsibilities contained within the current edition of the Paul D. Camp Community College Catalog and Student Handbook. Students should be familiar with College policy regarding academic misconduct and inclement weather.
5. **ADA Compliance Statement:**
Students with documented disabilities may be eligible for accommodations in their classes. If you require such modifications, contact either Gail Vaughan on the Franklin Campus at 569-6725

(Room 120D) or Hyler Scott on the Hobbs Campus at 925-6308 (Room 100G). Please provide your instructor with proper documentation from the Student Support Services Office before the end of the second week of classes so that appropriate adjustments can be arranged. All discussions are confidential.

Student Disability Information/Statement (ADA Compliance Statement)

Students with documented disabilities may be eligible for accommodation in their classes. If you require such accommodations. Contact Mrs. Gail Vaughan 569-6725 (Room 120B). Ms. Hyler Scott on the Hobbs Campus at 925-6308 (Room 100G) or Mrs. Trina Jones on the Franklin Campus at 569-6720 (Room 126F). Please provide your instructor with proper documentation from the Student Support Services before the end of the second week of classes so that appropriate adjustments can be arranged. All discussions are confidential.

Guidelines:

- It is the intent of Paul D. Camp Community College to be in compliance with the requirements of the Americans with Disabilities Act (ADA) and to provide reasonable accommodations for all of its students.
- The student is responsible for communicating any documented disability that may require college action of reasonable accommodations within its facilities for its students who have made known their physical or mental disability.
- Student Development Services administers services for students with disabilities through the college's Student Support Services (SSS) Program, which has offices on the Hobbs Suffolk and Franklin Campuses.
- The Director and Counselor of the SSS Program assess student requests for accommodation and coordinate the program within the college.
- It is the College's and the instructor's policy to accommodate all special needs when possible. Please feel free to contact the instructor at any time about such needs, realizing that certain accommodations are best made with ample advance notice.
- In addition, students **MUST** provide 48 hour written notification of needing an accommodation for a test or any written work.

Therefore, if you need or think you need reasonable accommodation in order to successfully complete requirements of this course please identify yourself to the instructor and/or SSS no later than the end of the first week of classes or as soon as you become aware. Please note that **NO RETROACTIVE ACCOMMODATION WILL BE PROVIDED IN THIS CLASS.**

ADA Compliance Statement: In compliance with the Americans with Disabilities Act (ADA) regulations, adjustments to courses have been addressed and are on file in the Dean of Financial and Administrative Services Office.

Source: Information for Students with Disabilities Handbook: Paul D. Camp Community College

Emergency Statement

In the event of a College-wide emergency: course requirement, classes, deadlines and grading schemes are subject to changes that may include alternative delivery methods, alternative methods of interaction with the instructor, class materials, and or classmates, a revised attendance policy and a revises semester calendar and or grading schema. In the case of a College-wide emergency, please refer to the following about changes in this course: Blackboard announcements for this course and the Instructor's email at (instructors info can be found on the PDCCC website) _____@pdc.edu For more general information about the emergency situation, please refer to: College Web Site (www.pdc.edu), or PDC Alert (the college's Emergency Text Messaging or Phone System-you can sign up for this service on the BlackBoard/SIS login page of the PDCCC Home Page.)

Clinical Incompetency Policy

The PDCCC faculty supports the Board of Nursing and therefore, uses these regulations as standards of conduct in the Allied Health Programs and consequently is included in the Clinical Incompetence Policy. Any unsafe clinical performance will be handled according to this clinical incompetence policy and may be grounds for failure of a course and/or dismissal from the program. You may view these regulations at www.dhp.state.va.us

FAILURE TO PRACTICE IN A SAFE MANNER INCLUDES THE FOLLOWING:

1. Regulatory Deficiencies:
 - A. Exceeding the bounds of the Nurse Practice Act. * A copy of the Virginia Nurse Practice Act is available for review in the Nursing Office or online at the State Board of Nursing web-site.
 - B. Failing to safely perform procedures or follow policies as specified in the Policies & Procedures Manuals of the affiliated institution or health care agency.
 - C. Failure to correctly administer a medication according to accepted standards.
2. Ethical Deficiencies:
 - A. Failing to follow the Allied Health Code of Ethics identified in this handbook.
 - B. Failure to report errors of commission or omission by self or other health care personnel.
 - C. Failure to report any biological, psychological, social or cultural problem related to the student's emotional and physical stability which might compromise the student's ability to perform in a satisfactory manner in the clinical setting and/or failure to institute means to correct these problems.
 - D. Breach of client confidentiality.
3. Deficiencies in Accountability:
 - A. Failure to use the problem-solving process (assess, identify problem, plan, implement, and evaluate) in the preparation, documentation, and care of patients to ensure appropriate, safe

care, as well as continuity of care and documentation. Accountability for use of the problem-solving process shall include written, verbal, and non-verbal communication.

- B. Failure to notify either staff or clinical instructor or both of any circumstances which would require the student to practice beyond the scope of his/her preparation.
4. Fraud or deceit shall mean, but shall not be limited to:
 - A. Filing false credentials;
 - B. Falsely representing facts on an application
 - C. Giving or receiving assistance in writing assignments and examinations. (i.e., failure to follow PDCCC's honor code.)
 5. Unprofessional conduct shall mean, but shall not be limited to:
 - A. Performing acts beyond the limits of the practice of the professional.
 - B. Assuming duties and responsibilities within the practice of the profession without adequate training or when competency has not been maintained.
 - C. Obtaining supplies, equipment, or drugs for personal use or other unauthorized use.
 - D. Employing or assigning unqualified persons to perform functions that require a licensed practitioner of nursing.
 - E. Falsifying or otherwise altering patient or employer records.
 - F. Abusing, neglecting, or abandoning patients or clients.
 6. Conviction of any felony or any misdemeanor involving moral turpitude.
 7. Practicing in a manner contrary to the standards of ethics or in such a manner as to make his/her practice a danger to the health and welfare of patients or to the public.
 8. Use of alcohol or drugs to the extent that such use renders him/her unsafe to practice, or any mental or physical illness rendering him/her unsafe to practice.
 9. Abuse, negligent practice, or misappropriation of a patient's or resident's property.

The faculty believes that a student demonstrating any of the above characteristics should not be allowed to continue in the Allied Health Programs.

Procedure for Implementing the Clinical Incompetence Policy

If a serious problem arises with regard to a student's unsafe practice, the faculty member identifying such unsafe practice will have a conference with the student within three (3) class/clinical days to allow opportunity for the student to explain the situation. Continued participation in clinical laboratory will be at the discretion of the appropriate course coordinator. In addition, the faculty member will:

1. Document the incident as observed and review it with the student.

2. Within 24 hours of the conference, both the faculty member and the student will write an account of the incident and will meet again in an attempt to resolve the incident.
3. If there is no resolution, the Program Head will be informed, and both the Program Head and the faculty member will meet with the student within three (3) class/clinical days to discuss the occurrence. Notification of their decision will be made in writing by the next class/clinical day. The notification may include dismissal from the program, or may include a probationary period which will be determined by nursing and allied health faculty.
4. If the student does not agree with the decision of the faculty member the student will discuss the issue with the program head within the next three (3) class/clinical days.
5. If the student does not agree with the decision of the program head, such dissatisfaction may be resolved through the existing college grievance procedure.

Clinical Incompetence Report

I. Definition:

A clinical misjudgment is an action, behavior, or attitude that compromises the integrity of professional care to a client, family, and/or community. Furthermore, a clinical misjudgment is conduct that compromises the core performance standards of the allied health program's clinical evaluation tools.

The Clinical Misjudgment Report is a tool for faculty and students to identify, clarify, and prevent future errors in clinical decision making. A student who commits a clinical misjudgment and is aware of such is expected to report it to the unit/department charge person and supervising clinical faculty immediately. Students who make an error and do not report it immediately will be considered unprofessional and unsatisfactory, thus resulting in a second clinical misjudgment. This student will also follow agency policy regarding client-related errors. Certain clinical misjudgments may also subject to other actions of the Allied Health Program and the College.

II. Process:

1. Faculty or student identifies the clinical misjudgment and takes appropriate immediate actions.
2. Faculty will counsel the student regarding the clinical misjudgment and necessary documentation. The Clinical Misjudgment Report should be completed and returned to the clinical faculty within five school days. The faculty may choose to document the misjudgment on the clinical evaluation tool and/or the rear of this document.
3. The faculty and student will discuss the clinical misjudgment and the completed report in a conference where additional faculty and/or program head may be present.
4. The completed report will be attached to the student's clinical evaluation tool and retained in the student's cumulative clinical evaluation folder.

III. Resulting Actions (depending on the severity of the consequence) :

1. 1st occurrence – A conference between student and faculty will be held
2. 2nd occurrence -- A conference discussing the clinical misjudgment will be held. Members attending the conference can include the student, the supervising clinical faculty member, the course instructor, and/or the program head. A recommendation regarding progression in the clinical course will then be determined.
3. Failure to complete the Clinical Misjudgment Report constitutes a second offense.
4. The 3rd offense and subsequent clinical misjudgments will be reviewed by the supervising clinical faculty, course instructor, and/or program head to determine if further progression in the clinical course will be allowed.

IV. Student Actions:

1. Describe the clinical misjudgment situation.
2. Discuss the clinical decisions that contributed to the misjudgment occurrence.
3. Identify the course/clinical objectives that relate to the situation.
4. Analyze both the legal and ethical implications of the clinical misjudgment situation from the following perspectives (include references)
 - a. Client
 - b. Agency
 - c. Physician
 - d. Staff Director/Charge Professional
 - e. Family
 - f. Student
 - g. Faculty
 - h. Allied Health Program
 - i. College
5. Propose strategies to prevent recurrences of the clinical misjudgment situation.
6. Project the effect of repeated clinical misjudgment experiences on your future health care practice.
7. The report should follow APA format including title and reference pages.

**PAUL D. CAMP COMMUNITY COLLEGE
ALLIED HEALTH PROGRAMS**

Information Release Form

I, the undersigned, authorize representatives of Paul D. Camp Community College to release written information pertaining to my attendance within the PDCCC Allied Health Programs for the purposes of reference for employment or for educational pursuits.

I will not hold the College responsible for the outcome of employment or educational opportunities based upon the information provided to potential employers or academic programs.

Upon written request, I will be granted access to the information provided to potential employers or academic programs.

I understand that this information release form will be maintained in my permanent record and will be in effect until withdrawn by me in writing.

Signature _____

Print Name: _____

Date

Allied Health Program Re-admission Procedure Form

A student who wishes to re-enter the allied health curriculum must complete this form indicating understanding of the steps to be taken to be considered for re-admission to the Allied Health Program. Specific steps for the student will be highlighted during the conference with the course faculty and/or assigned nursing advisor. The student, faculty and program head will receive a copy of this completed form.

1. Student must meet with the instructor of the allied health course that is to be repeated. During this meeting the faculty member will review the steps to be taken by the student so she/he may be considered for re-admission to the allied health program and the Program Re-admission Procedure Form completed. This completed form will be submitted to the Program Head.
2. Submit a letter requesting to be considered for readmission as soon as possible. Submit letter to the program head requesting readmission by: November 15th for readmission in spring semester, March 15th for summer semester, February 15 for readmission in fall semester.
3. The request for readmission letter should contain:
 - The student's self-evaluation of why they were previously unsuccessful in the program
 - Listing of student's strengths and weaknesses identified in conference with course faculty member
 - The student's plan for what they intend to do differently if readmitted.
 - Documentation of student's successful completion of the STD 108, Study Skills Class. This class may be waived by the course faculty at their discretion after review of readmission documentation.
4. Students will be notified of the faculty's decision on their request for readmission by:
 - December 15th for Spring semester re-admission
 - March 15th for Summer readmission
 - June 15th for Fall re-admission

Each student's application for re-admission will be considered by the nursing and allied health faculty and the decision to readmit is at the discretion of the faculty. Decision to readmit a student will be based on evaluation of GPA, repeat of courses, standardized test scores, professional conduct, clinical performance and/or additional data that the faculty may feel necessary to consider. Clinical students who are unsuccessful (receive a D or F grade) in a required course may be readmitted to the program only once. A withdrawal with an unsatisfactory grade (D or F) is considered a withdrawal from the program; therefore, the student must apply for readmission using the criteria listed above, and may only be readmitted once.

I have reviewed and understand the steps that must be taken to for my request for re-admission to the _____ Program to be considered.

Signature of Student

Date

Signature of Course Faculty
or Advisor

Date

The original form will be retained in the Nursing and Allied Health Office. The student and faculty member will be given a copy to retain for their records.

Allied Health Course Descriptions

Emergency Medical Technician Generic Curriculum Career Studies Certificate

The EMS Emergency Medical Technician CSC Courses

1st Semester (Summer)

Course Number	Course Title	Credits
EMT 109 ¹	CPR for Healthcare Providers	1
EMS 111 ²	Emergency Medical Technician-Basic	7
EMS 120 ³	EMT- Basic Clinical	1
	Total	9

Notes:

1. HLT 110 (2 credits) can substitute for EMT 109 (1 credit).
2. Completion of both EMS 112 (4 credits) and EMS 113 (3 credits) can be substituted for EMS 111 (7 credits).
3. EMS 120 must be taken with EMS 111 or EMS 113.

1st Semester Total Credit Hours: 9

EMT 109- CPR for Healthcare Providers

Provides training in all phases of adult, pediatric, and infant resuscitation procedures. Includes introduction to cardiac pathophysiology and preventive measures. Prepares students for certification by the American Heart Association at the Healthcare Provider Level.

Lecture 1 hour per week.

1 credits

EMS 111-Emergency Medical Technician-Basic

Prepares students for certification as a Virginia and/or National Registry EMT-Basic. Focuses on all aspects of pre-hospital basic life support as defined by the Virginia office of Emergency Medical Services curriculum for Emergency Medicine Technician.

Lecture 5 hours per week

Laboratory 4 hours 7 credits

EMS 120- Emergency Medical Technician Basic Clinical

Observes in a program approved clinical/field setting. Includes topics for both [EMS 111](#) and [EMS 113](#), dependent upon the program in which the student is participating and is a co-requisite to both [EMS 111](#) and [EMS 113](#).

Lab 2 hours; 2 hours per week

1 credits

Emergency Medical Service-Advanced Generic Curriculum Career Studies Certificate

1st Semester (Summer)

Course Number	Course Title	Credits
EMT 109 ¹	CPR for Healthcare Providers	1
EMS 111 ²	Emergency Medical Technician-Basic	7
EMS 120 ³	EMT- Basic Clinical	1
	Total	9

Notes:

1. HLT 110 (2 credits) can substitute for EMT 109 (1 credit).
2. Completion of both EMS 112 (4 credits) and EMS 113 (3 credits) can be substituted for EMS 111 (7 credits).
3. EMS 120 must be taken with EMS 111 or EMS 113.

1st Semester Total Credit Hours: 9

Second Semester (Fall)

Course Number	Course Title	Credits
EMS 151	Introduction to Advanced Life Support	4
EMS 152	Advanced EMT	2

EMS 170 ALS Internship 1

Total 7 Credits

Total Program Credits **16**

EMT 109- CPR for Healthcare Providers

Provides training in all phases of adult, pediatric, and infant resuscitation procedures. Includes introduction to cardiac pathophysiology and preventive measures. Prepares students for certification by the American Heart Association at the Healthcare Provider Level.

Lecture 1 hour per week.
1 credits

EMS 111-Emergency Medical Technician-Basic

Prepares students for certification as a Virginia and/or National Registry EMT-Basic. Focuses on all aspects of pre-hospital basic life support as defined by the Virginia office of Emergency Medical Services curriculum for Emergency Medicine Technician.

Lecture 5 hours per week
Laboratory 4 hours 7 credits

EMS 120- Emergency Medical Technician Basic Clinical

Observes in a program approved clinical/field setting. Includes topics for both [EMS 111](#) and [EMS 113](#), dependent upon the program in which the student is participating and is a co-requisite to both [EMS 111](#) and [EMS 113](#).

Lab 2 hours; 2 hours per week
1 credits

EMS 151 - Introduction to Advanced Life Support

Prepares the student for Virginia Enhanced certification eligibility and begins the sequence for National Registry Intermediate and/or Paramedic certification. Includes the theory and application of the following: foundations, human systems, pharmacology, overview of shock, venous access, airway management, patient assessment, respiratory emergencies, allergic reaction, and assessment based management.

Conforms at a minimum to the Virginia Office of Emergency Medical Services curriculum. Co-requisite: [EMS 170](#). Lecture 3 hours. Laboratory 2 hours. Total 5 hours per week. 4 credits

[Advanced Search >>](#)

EMS 152 - Advanced EMT Completion

Continues the Virginia Office of Emergency Medical Services Advanced, Intermediate and/or Paramedic curricula. Includes patient assessment, differential diagnosis and management of multiple complaints. Includes, but are not limited to conditions relating to diabetic, neurological, abdominal pain, environmental, behavioral, gynecology, and toxicological disease conditions. Also includes Advanced EMT level cardiac, trauma and special population topics. Credits 2. Lecture 1 hour. Lab 2 hours. Total 3 hours per week.

Prerequisite - Current EMT Certification and EMS 151. Co-requisite - EMS 151
2 credits

EMS 170 - ALS Internship I

Begins the first in a series of clinical experiences providing supervised direct patient contact in appropriate patient care facilities in and out of hospitals. Includes but not limited to patient care units such as the Emergency Department, Critical Care units, Pediatric, Labor and Delivery, Operating Room, Trauma centers and various advanced life support units. Laboratory 3 hours per week. 1 credits

Emergency Medical Service-Intermediate (221-146-03) Generic Curriculum Career Studies Certificate

EMS Intermediate CSC Course Curriculum

1st Semester (Summer)

Course Number	Course Title	Credits
EMT 109	CPR for the Healthcare Provider	1
EMS 111	Emergency Medical Technician- Basic	7
EMS 120	EMT- Basic Clinical	1
	Total	9

2nd Semester (Fall)

Course Number	Course Title	Credits
EMS 151	Intro to Advance Life Support	4
EMS 152	Advance Medical Care	2
EMS 153	Basic ECG Recognition	2
EMS 154	ALS-Cardiac Care	2
EMS 170	ALS Internship	1
	Total	11

3rd Semester (Spring)

Course Number	Course Title	Credits
EMS 157	ALS Trauma Care	3
EMS 159	EMS Special Populations	3
EMS 172	ALS Clinical Internship II	1
EMS 173	ALS Field Internship II	1
	Total	8

Total Minimum Credits Required: 28

EMS 111-Emergency Medical Technician-Basic

Prepares students for certification as a Virginia and/or National Registry EMT-Basic. Focuses on all aspects of pre-hospital basic life support as defined by the Virginia office of Emergency Medical Services curriculum for Emergency Medicine Technician.

Lecture 5 hours per week, Laboratory 4 hours

7 credits

EMS 120- Emergency Medical Technician Basic Clinical

Observes in a program approved clinical/field setting. Includes topics for both EMS 111 and EMS 113, dependent upon the program in which the student is participating and is a co-requisite to both EMS 111 and EMS 113.

Lab 2 hours; 2 hours per week. 1 credits

EMS 151-Introduction to Advanced Life Support

Prepares the student for Virginia Enhanced certification eligibility and begins the sequence for National Registry Intermediate and/or Paramedic certification. Include the theory and application of the following: foundation, human systems, pharmacology, overview of shock, venous access, airway management, patient assessment, respiratory emergencies, allergic management, patient assessment, respiratory emergencies, allergic reaction, and assessment based management. Conforms at a minimum to the Virginia Office of Emergency medical Service curriculum. Co-requisite: EMS 170.

Lecture 3 hours. Laboratory 2 hours.

EMS 153 Basic ECG Recognition

Focuses on the interpretation of basic electrocardiograms (ECG) and their significance. Include an overview of anatomy and physiology of the cardiovascular system including structure, function and electrical conduction in the heart. Covers advanced concepts that build on the knowledge and skills of basic dysrhythmia determination and introduction to 12 lead ECG.

Lecture 2 hours per week.

EMS 155 ALS-Medical Care

Continues the Virginia Office of Emergency Medical Services Intermediate and/or Paramedic curricula. Includes ALS pharmacology, drug and fluid administration with emphasis on patient assessment, differential diagnosis and management of multiple medical complaints. Includes, but are not limited to conditions relating to cardiac, diabetic, neurological, non-traumatic abdominal pain, environment, behavioral, gynecology, and toxicological disease conditions. Prerequisites: Current EMT-B certification, EMS 151 and EMS 153.

Lecture 3 hours. Laboratory 2 hours

EMS 170 ALS Internship I

Begins the first in a series of clinical experiences providing supervised direct patient contact in appropriate patient care facilities in and out of hospitals. Includes but not limited to patient care units such as the Emergency Department, Critical Care units, Pediatric, Labor and Delivery, Operating Room, Trauma centers and various advanced life support units.

Laboratory 3-6 hours per week. 1 credit

EMS 157 ALS-Trauma Care

Continues the Virginia Office of Emergency Medical Services Intermediate and/or Paramedic curricula. Utilizes techniques which will allow the students to utilize the assessment findings to formulate a field impression and implement the treatment plan for the trauma patient. Prerequisites: Current EMT-B certification and EMS 151.

Lecture 2 hours. Laboratory 2 hours. 3 credits

EMS 159 Special Populations

Continues the Virginia Office of Emergency Medical Services Intermediate and/or Paramedic curricula. Focuses on the assessment and management of specialty patients including obstetrical, neonates, pediatric, and geriatrics. Prerequisites: EMS 151 and EMS 153. Pre or co-requisite: EMS 155

Lecture 1 hour. Laboratory 2 hours. 2 credits

EMS 172 ALS Clinical Internship II

Continues with the second in a series of clinical experiences providing supervised direct contact in appropriate patient care facilities in and out of hospitals. Includes but not limited to patient care units such as the Emergency Department, Critical Care units, Pediatric, Labor and Delivery, Operating Room and Trauma Centers. Co-requisite: EMS 151.

Laboratory 3-6 hours per week. 1 credit.

EMS 173 ALS Field Internship II

Continues with the second in a series of field experiences providing supervised direct patient care in out-of-hospital advanced life support units.

Laboratory 3 hours per week. 1 credit.

Fire Science (221-427-53)
Generic Curriculum
Career Studied Certificate

Semester 1

Prerequisite	Course No.	Course Title	Credits
_____	ITE 115	Intro. Computer Application & Concepts	3
Pre-Test	ENG 111	College Composition	3
_____	STD 100	College Success Skills ³	1
_____	FST 100	Principles of Emergency Services	3
_____	FST 110	Fire Behavior and Combustion	3
_____	FST 220	Building Construction for Fire Protection	3
_____	EMT 109	CPR for Healthcare Providers ¹	1
Semester Total			17

Semester 2

Prerequisite	Course No.	Course Title	Credits
_____	FST 121	Prin. Fire & Emergency Safety/Surv.	3
_____	FST 115	Fire Prevention	3
_____	FST 235	Strategy and Tactics	3
_____	FST 135	Fire Instructor I ²	3
Semester Total			12

1. HLT 110 (2 credits) can substitute for EMT 109 (1 credit).
2. CST 100 (3credits) can substitute for FST 135 (3 credits)
3. SDV 108 (2 credits) can substitute for SDV 100 (1 credit)

FST 100 Principles of Emergency Service

Provides an overview to fire protection; career opportunities in fire protection and related fields; philosophy and history of fire protection/service; fire loss analysis; organization and function to public and private fire protection services; fire departments as part of local government; laws and regulations affecting the fire service; fire service nomenclature; specific fire protection functions; basic fire chemistry and physics; introduction to fire protections systems; introduction to fire strategy and tactics.

Lecture 3 hours per week. 3 credit.

FST 110 Fire Behavior and Combustion

Explores the theories and fundamentals of how and why fires start, spread, and how they are controlled.

Lecture 3 hours per week. 3 credit.

FST 220 Building Construction for Fire Protection

Provides the components of building construction that relate to fire and life safety. Focuses on firefighter safety. Covers the elements of construction and design of structures and how they are key factors when inspecting buildings, preplanning fire operations, and operating at emergencies.

Lecture 3 hours per week. 3 credit.

FST 121 Principles of Fire and Emergency Services Safety and Survival

Introduces basic principles and history related to the national firefighter life safety initiatives, focusing on the need for cultural and behavior change throughout the emergency services.

Lecture 3 hours

FST 115 Fire Prevention

Provides fundamental information regarding the history and philosophy of fire prevention, organization and operation of a fire prevention bureau, use of fire codes, identification and correction of fire hazards, and the relationships of fire preventions with built-in fire protection systems, fire investigation, and fire and life-safety education.

Lecture 3 hours per week. 3 credit.

FST 235 Strategy and Tactics

Provides an in-depth analysis of the principles of fire control through utilization of personnel, equipment, and extinguishing agents on the fire ground.

Lecture 3 hours per week. 3 credits.

FST 135 Fire Instructor

Emphasizes development of teaching methods and aids, including role-playing, small group discussion and development of individual learning methods and materials. Requires students to develop lesson plans and make presentations on appropriate topics. Based on current requirements of NFPA 1041, Standards for Fire Instructor Professional Qualifications, and prepares student for certification as Fire Instructor I.

Pharmacy Technician (221-190-08)
Generic Curriculum
Career Studied Certificate

Pharmacy Technician		
Fall Semester		
HLT 105/ EMS 109	Cardiopulmonary Resuscitation	1
HLT 143	Medical Terminology I	3
HLT 250	General Pharmacology	3
HLT 261	Basic Pharmacy I	3
MTH 126	Mathematics for Allied Health	3
SDV 100/108	College Success skills	1
	Total	14
Spring Semester		
CST 100	Public Speaking	3
ENG 111	College Composition	3
HLT 262	Basic Pharmacy II	3
HLT 264	Basic Pharmacy Lab II	1
HLT 290	Internship for Clinical Practice	3
	Total	13
	Program Total	27

HLT 105/EMS 109 Cardiopulmonary Resuscitation

Provides training in coordinated mouth-to-mouth artificial ventilation and chest compression, choking, life-threatening emergencies, and sudden illness. Lecture 1 hour per week. 1 credit.

HLT 143 - Medical Terminology I

Provides an understanding of medical abbreviations and terms. Includes the study of prefixes, suffixes, word stems, and technical terms with emphasis on proper spelling, pronunciation, and usage. Emphasizes more complex skills and techniques in understanding medical terminology. Specifically designed for Healthcare providers.

Lecture 3 hours per week. 3 credits

HLT 250 General Pharmacology

Emphasizes general pharmacology for the health related professions covering general principles of drug actions/reactions, major drug classes. Specific agent within each class, and routine mathematical calculations needed to determine desired dosages. Lecture 2-3 hours per week. 3 credit.

HLT 261 Basic Pharmacy I

Explores the basic of general pharmacy, reading prescriptions, symbols, packages, pharmacy calculations. Teaches measuring compounds of drugs, dosage forms, drug laws, and drug classifications. Part I of II.

Lecture 3 hours per week. 3 credit.

MTH 126 - Mathematics for Allied Health

Presents scientific notation, precision and accuracy, decimals and percents, ratio and proportion, variation, simple equations, techniques of graphing, use of charts and tables, logarithms, and the metric system. Lecture 3 hours per week. 3 credits Prerequisites: Competency in Math Essentials MTE 1-3 as demonstrated through the placement and diagnostic tests, or by satisfactorily completing the required MTE units or equivalent. 3 credits

HLT 262 Basic Pharmacy II

Explores the basic of general pharmacy, reading prescriptions, symbols, packages, pharmacy calculations. Teaches measuring compounds of drugs, dosage forms, drug laws, and drug classifications. Part II of II.

Lecture 3 hours per week. 3 credit.

HLT 264 Basic Pharmacy I Lab

Provides practical experience to supplement instruction in HLT 261-262. Should be taken concurrently with HLT 261-262, in appropriate curricula, as identified by the college.

Laboratory 3 hours per week. 1 credit.

HLT 290 Coordinated Internship

Supervises on-the-job training in selected business, industrial or service firms coordinated by the college. Credit/practice ratio not to exceed 1:5 hours. May be repeated for credit. Variable hours

**Phlebotomy Program
Career Studies Certificate
(221-151-02)**

Semester 1

Prerequisite	Course No.	Course Title	Credits
Letter of Admit	MDL 101	Introduction to Medical Laboratory	3
Pre-Test	ENG 111	English Composition I	3
_____	SDV 100	College Success Skills	1
_____	HLT 143	Medical Terminology I	3
MDL 101	MDL 105	Phlebotomy	4
Semester Total			14

Semester 2

Prerequisite	Course No.	Course Title	Credits
_____	ITE 115	Basic Computer Applications & Concepts	<u>3</u>
MDL 105	MDL 106	Clinical Phlebotomy	4
_____	SPD 100	Principles of Public Speaking	3
	BIO 142	Anatomy & Physiology II	4
Semester Total			14

Total Minimum Credits **28**

THE TWO CHOICES – Phlebotomy classes (3) *only* or Phlebotomy Career Studies Certificate

Phlebotomy Classes: You may just take MDL 101 and MDL 106, and MDL 106 plus a CPR class (EMT 109) to become eligible to take the National Healthcare Association examination to become board certified as a Phlebotomy Technician.

Phlebotomy Career Studies Certificate: You can take the curriculum outlined above to be eligible both to take the National Healthcare Association examination AND to receive a Career Studies Certificate as a Phlebotomy Technician from the College. Those who earn these certificates are recognized at the College's graduation.

1. All students must meet the computer competency requirements for all certificate/degrees. The computer literacy course, ITE 115, Basic Computer Literacy, meets all of those requirements. Students may also attempt to test out in the four competency areas: work processing, spreadsheet, database, and internet.
2. The student may substitute SDV 108 for SDV 100
3. CPR is a preadmission requirement for most allied health programs. Students must also maintain current CPR accreditation throughout the program and the certification is valid for every two year. Must be AHA Healthcare Provider CPR.

NOTES:

Program requirements may change in accordance with federal, state, or industry standards. Contact the program head for the most current information.

HLT 143 -144 Medical Terminology I-II

Provides a basic understanding of medical abbreviations and terms. Includes the study of prefixes, suffixes, word stems, and technical terms with emphasis on proper spelling, pronunciation, and usage. Emphasizes more complex skills and techniques in understanding medical terminology. Lecture 3 hours per week, 3 credits. 3 credits.

MDL 101 Introduction to Medical Laboratory Techniques

Introduces the basic techniques including design of the health care system, ethics, terminology, calculations, venipuncture and routine urinalysis. Lecture 3 hours. Laboratory 3 hours. 3 credit.

MDL 105 Phlebotomy

Introductions basic medical terminology, anatomy, physiology, components of health care delivery and clinical laboratory structure. Teaches techniques of specimen collection, specimen handling, and patient interactions. Lecture 2 hours. Laboratory 6 hours. 4 credits.

MDL 106 Clinical Phlebotomy

Focus on obtaining blood specimens, processing specimens, managing assignments, assisting with and/or performing specified test, performing clerical duties and maintaining professional communication. Provides supervised learning in college laboratory and/or cooperating agencies. Lectures 2 hours. Laboratory 6 hours. Total 8 hours per week.

Joint statement of the Department of Health and the Department of Health Professions on Impact of Criminal Convictions regarding employment in Virginia

Introduction to Barrier Crimes

Certain criminal convictions may prevent licensure as a nurse or certification as a nurse aide in Virginia. Criminal convictions may also prohibit employment in certain health care settings.

It clarifies how convictions and other past history may affect the application process and subsequent licensure or certification by the specific Board. It also clarifies the criminal convictions that prohibit employment and identifies what is commonly referred to as “barrier crimes.”

ADDITIONAL INFORMATION NEEDED REGARDING CRIMINAL CONVICTIONS, PAST ACTIONS, OR POSSIBLE IMPAIRMENTS

Applications for licensure and certification include questions about the applicant’s history, specifically:

1. Any and all criminal convictions ever received;
2. Any past action taken against the applicant in another state or jurisdiction, including denial of licensure or certification in another state or jurisdiction; and
3. Any mental or physical illness, or chemical dependency condition that could interfere with the applicant’s ability to practice.

Indicating “yes” to any questions about convictions, past actions, or possible impairment does not mean the application will be denied. It means more information must be gathered and considered before a decision can be made, which delays the usual application and testing process. Sometimes an administrative proceeding is required before a decision regarding the application can be made. The Board has the ultimate authority to approve an applicant for testing and subsequent licensure or certification, or to deny approval.

The following information will be requested from an applicant with a criminal conviction:

- A certified copy of all conviction orders (obtained from the courthouse of record);
- Evidence that all court ordered requirements were met (i.e., letter from the probation officer if on supervised probation, paid fines and restitution, etc.);

- A letter from the applicant explaining the factual circumstances leading to the criminal offense(s); and
- Letters from employers concerning work performance (specifically from nursing related employers, if possible).

The following information will be requested from the applicant with past disciplinary action or licensure/certification denial in another state:

- A certified copy of the Order for disciplinary action or denial from the other state licensing entity; and certified copy of any subsequent actions (i.e. reinstatement), if applicable;
- A letter from the applicant explaining the factual circumstances leading to the action or denial; and
- Letters from employers concerning work performance (nursing related preferred) since action.

The following information may be requested from applicants with a possible impairment:

- Evidence of any past treatment (i.e., discharge summary from outpatient treatment and inpatient hospitalizations);
- A letter from the applicant’s current treating healthcare provider(s) indicating diagnosis, treatment regimen, compliance with treatment, and ability to practice safely;
- A letter from the applicant explaining the factual circumstances of condition or impairment and addressing ongoing efforts to function safely (including efforts to remain compliant with treatment, maintain sobriety, attendance at AA/NA meetings, etc.); and
- Letters from employers concerning work performance (specifically from nursing related employers, if possible).

NOTE: Some applicants may be eligible for the Health Practitioner’s Intervention Program (HPIP), which is a monitoring program for persons with impairments due to chemical dependency, mental health or physical disabilities. Willingness to participate in the HPIP is information the Board of Nursing will consider during the review process for applicants with a criminal conviction history related to impairment, or a history of impairment alone. Information about the Virginia HPIP may be obtained directly from the DHP homepage at www.dhp.virginia.gov.

Once the Board of Nursing has received the necessary and relevant additional information, the application will be considered. Some applicants may be approved based on review of the documentation provided. Other applicants may be required to meet with Board of Nursing representative(s) for an informal fact finding conference to consider the application. After the informal fact-finding conference, the application may be: i) approved, ii) approved with conditions or terms, or iii) denied. The Board will notify the testing company directly of all applicants approved so that testing may be scheduled. Upon notification of successful completion of the licensure or certification exam, the Board of Nursing will license or certify the individual based on the Board’s Order, including any terms imposed for practice.

NOTE: Failure to reveal criminal convictions, past disciplinary actions, and/or possible impairment issues on any application for licensure or certification is grounds for disciplinary action by the Board of Nursing, even after the license or certificate has been issued. It is considered to be “fraud or deceit in procuring or attempting to procure a license,” and a basis for disciplinary action that is separate from the

underlying conviction, past action, or impairment issue once discovered. Possible disciplinary actions that may be taken range from reprimand to revocation of a license or certificate.

CONVICTIONS THAT DO NOT DISQUALIFY AN APPLICANT FROM EMPLOYMENT

Under Virginia law, criminal convictions for offenses unrelated to abuse or neglect would not disqualify an applicant for employment. For example, criminal convictions such as traffic violations, possession of marijuana, and prostitution, may not disqualify an applicant. However, these convictions *may* disqualify an applicant based on a particular employer's hiring or personnel policies, or based on other regulations or policies¹.

Even if the applicant has been convicted of a barrier crime, it may not always prevent employment. An applicant may be hired if:

- (i) The individual has only one misdemeanor conviction considered to be a barrier crime;***
- (i) The criminal offense did NOT involve abuse or neglect; AND***
- (ii) Five years have lapsed since the conviction occurred.***

Examples of such misdemeanor convictions that would not necessarily be a barrier to employment may include, but are not limited to:

- Hazing
- Reckless handling of a firearm
- Access to loaded firearm by children
- Assault and battery
- Assault and battery against law enforcement officers
- Burning or destroying any other building, or structure valued less than \$200
- Burning or destroying personal property, standing grain, etc., valued less than \$200
- Threats to bomb or damage buildings or means of transportation, false information as to danger to such buildings, etc. (if person is younger than 15 years of age)
- Setting woods, etc, on fire intentionally whereby another is damaged or jeopardized
- Setting off chemical bombs capable of producing smoke in certain public buildings
- Carelessly damaging property by fire

DISCLOSURE OF CRIMINAL CONVICTIONS

If an applicant is denied employment because of convictions appearing on his criminal history record, the employer is required to provide a copy of the information obtained from the Central Criminal Records Exchange to the applicant.

While further dissemination of the results of a criminal record check by an employer is prohibited, employers may provide criminal record information and reason for employment termination to state

¹ Such as federal Medicare or Medicaid certification regulations.

authorities to comply with legal reporting requirements.² Criminal conviction information reported to the Board upon initial application for licensure or certification may form the basis for disciplinary action to be taken by the Board. Disciplinary actions for such “fraud or deceit in procuring a license or certificate” or for falsifying an employment application may range from reprimand to revocation of the license or certification.

Note: The law specifies that incomplete or false statements in an applicant’s sworn statement or affirmation disclosing any criminal convictions or any pending criminal charges constitutes a misdemeanor offense. Subsequent disclosure or discovery of a relevant criminal conviction or convictions may also disqualify the person from being hired and from continuing on in the hired employment.

III. GETTING A CRIMINAL RECORD EXPUNGED

Having been granted a pardon, clemency, or having civil rights restored following a felony conviction does not change the fact that a person has a criminal conviction. That conviction remains on the individual’s licensure/certification or employment record. Therefore, any criminal conviction *must* be revealed on any application for licensing or employment, unless it has been expunged.

Chapter 23.1 of Title 19.2 of the Code of Virginia describes the process for expunging criminal records. If a person wants a conviction to be removed from their record, the individual must seek expungment pursuant to §19.2-392.2 of the Code of Virginia. Individuals should seek legal counsel to pursue this course, which involves specific petitions to the court, State Police procedures, and hearings in court.

BARRIER CRIMES PROHIBITING EMPLOYMENT

NOTE: This list is not all-inclusive and should be used only as a guide. For further clarification regarding criminal offenses, refer to Title 18.2 Crimes and Offenses Generally of the *Code of Virginia*.

State Code	Offense
18.2 - 30	Murder and manslaughter declared felonies
18.2 – 31	Capital murder defined
18.2 – 32	First and second degree murder defined
18.2 – 32.1	Murder of a pregnant woman
18.2 – 33	Felony homicide
18.2 – 35	How voluntary manslaughter punished
18.2 – 36	How involuntary manslaughter punished
18.2 – 36.1	Certain conduct punishable as involuntary manslaughter
18.2 – 37	How and where homicide prosecuted and punished
18.2 – 41	Malicious wounding by a mob
18.2 – 47	Abduction
18.2 - 48	Abduction with intent to extort money or for immoral purposes

² See § 54.1-2400.6 of the Code of Virginia for mandatory reporting requirements.

State Code	Offense
18.2 - 51	Shooting, stabbing, etc. with intent to maim, kill, etc.
18.2 - 51.1	Malicious bodily injury to law enforcement officers or firefighters
18.2 - 51.2	Aggravated malicious wounding
18.2 - 51.3	Reckless endangerment/throwing objects from places higher than one story
18.2 - 51.4	Maiming, etc., of another resulting from driving while intoxicated
18.2 - 52	Malicious bodily injury by means of caustic substance
18.2 - 52.1	Possession of infectious biological substances
18.2 - 53	Shooting, etc., in committing or attempting a felony
18.2 - 53.1	Use or display of firearm in committing felony
18.2 - 54.1	Attempts to poison
18.2 - 54.2	Alteration of food, drink, drugs, cosmetics, etc.
18.2 - 55	Bodily injuries caused by prisoners, probationers, or parolees
18.2 - 56	Hazing
18.2 - 56.1	Reckless handling of firearms
18.2 - 56.2	Allowing access to firearms by children
18.2 - 57	Assault and battery
18.2 - 57.01	
18.2 - 57.2	<i>Pointing a laser at law-enforcement officer</i>
	Assault and battery against a family or household member
18.2 - 58	Robbery
18.2 - 58.1	Carjacking
18.2 - 60	Threats of death or bodily injury
18.2 - 60.3	Felony stalking
18.2 - 61	Rape
18.2 - 63	Carnal knowledge of child between 13 and 15 years of age
18.2 - 64.1	Carnal knowledge of certain minors
18.2 - 64.2	<i>Carnal knowledge of inmate, parolee, probationer, or pre-trial or post-trial offender</i>
18.2 - 67.1	Forcible sodomy
18.2 - 67.2	Object sexual penetration
18.2 - 67.2:1	Marital sexual assault
18.2 - 67.3	Aggravated sexual battery
18.2 - 67.4	Sexual battery
18.2 - 67.4:1	<i>Infected sexual battery</i>
18.2 - 67.5	Attempted rape, forcible sodomy, object sexual penetration, aggravated sexual battery, and sexual battery
18.2 - 77	Burning or destroying dwelling house, <u>etc.</u>
18.2 - 79	Burning or destroying meeting house, <u>etc.</u>
18.2 - 80	Burning or destroying any other building or structure (valued at \$200 or more)

State Code	Offense
18.2 - 81	Burning or destroying personal property, standing grain, etc. (valued at \$200 or more)
18.2 - 82	Burning building or structure while in such building or structure with intent to commit felony
18.2 - 83	Threats to bomb or damage buildings or means of transportation, false information as to danger to such buildings, etc. (if person is older than 15 years of age)
18.2 - 84	Causing, inciting, etc., commission or acts described in 18.2 - 83 (if person is older than 15 years of age)
18.2 - 85	Manufacture, possession, use, etc. of fire bombs or explosive material or devices
18.2 - 86	Setting fire to woods, fences, grass, etc.
18.2 - 87	Setting woods, etc. on fire intentionally, where another's property is damaged or jeopardized
18.2 - 87.1	Setting of chemical bombs capable of producing smoke in certain public buildings
18.2 - 88	Carelessly damaging property by fire
18.2 - 286.1	Drive by shooting
18.2 - 289	Use of a machine gun in a crime of violence
18.2 - 290	Aggressive use of a machine gun
18.2 - 300	Use of a sawed-off shotgun in a crime of violence
18.2 - 314	Failing to secure medical attention for injured child
18.2 - 355	Pandering, taking, detaining, etc., person for prostitution, etc., or consenting thereto
18.2 - 361	Crimes against nature involving children
18.2 - 366	Incest
18.2 - 369	Abuse and neglect of incapacitated adults
18.2 - 370	Taking indecent liberties with children
18.2 - 370.1	Taking indecent liberties with child by person in custodial or supervisory relationship
18.2 - 371.1	Abuse and neglect of children
18.2 - 373	Obscene items enumerated
18.2 - 374	Production, publication, sale, possession, etc., of obscene items
18.2 - 374.1	Production, publication, sale, possession with intent to distribute, financing, etc., of sexually explicit items involving children
18.2 - 374.1:1	Possession of child pornography
18.2 - 374.3	Electronic facilitation of pornography
18.2 - 375	Obscene exhibitions and performances
18.2 - 376	Advertising, etc., obscene items, exhibitions or performances
18.2 - 376.1	Enhanced penalties for using a computer in certain violations
18.2 - 377	Placards, posters, bills, etc.
18.2 - 378	Coercing acceptance of obscene articles or publications
18.2 - 379	Employing or permitting minor to assist in offense under article.
18.2 - 474.1	Delivery of drugs to prisoners
18.2 - 477	Escape from jail
53.1 - 203	Felonies by prisoners

State Code	Offense
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Equivalent offense in another state

**PAUL D. CAMP COMMUNITY COLLEGE
ALLIED HEALTH PROGRAMS/COURSES STUDENT HANDBOOK
STATEMENTS OF UNDERSTANDING**

As a student enrolled in an Allied Health Program or course, I hereby verify that I do understand the grading policy on the Program or course. The faculty has explained this grading policy to me and I have had the opportunity to discuss and/or question this policy. I do understand that in order to be successful and continue in the program, I have to maintain an average of 75 in the theoretical component and a **satisfactory** grade in the clinical component.

I understand that grade averages will not be rounded. For instance, 79.99 will remain at 79 (not a passing grade). I understand that I must have an 80 to pass, which is different than the normal 10 point scale used by the college.

I also understand that if I am unsuccessful in two allied health courses, either by withdrawal or failure, I will not be eligible to re-enter the allied health program at PDCCC. I have read and understand the Paul D. Camp Community College's Allied Health Student Handbook and agree to abide by the policies contained herein, and within the College catalog.

I have read and understand the requirements of the PDCCC Allied Health Program or courses as stated in this handbook and the College catalog. When I begin an allied health course, it is my responsibility to clarify what I do not understand regarding the requirements of the course with the instructor. I agree to abide by the policies contained herein, and within the College catalog.

Name: _____ Emp ID #: _____
(Please Print)

Signature: _____ Date: _____

Any student who believes he or she has a valid reason for an exception to a policy in this packet will have the recourse of an appeal to a Faculty Ad Hoc Committee. This Committee will be appointed by the Program Head upon receipt of a completed Ad Hoc Request Form (available from the nursing and allied health secretary). The student will also have the right too verbally present information that would assist the Committee in understanding his/her individual situation and why an exception should be made to an established policy.

Student Copy

**PAUL D. CAMP COMMUNITY COLLEGE
ALLIED HEALTH PROGRAMS/COURSES STUDENT HANDBOOK
STATEMENTS OF UNDERSTANDING**

As a student enrolled in the Allied Health Programs or course, I hereby verify that I do understand the grading policy in the Allied Health Programs or courses. The faculty has explained this grading policy to me and I have had the opportunity to discuss and/or question this policy. I do understand that in order to be successful and continue in the program, I have to maintain an average of 80 in the theoretical component and a **satisfactory** grade in the clinical component.

I understand that grade averages will not be rounded. For instance, 79.99 will remain at 79 (not a passing grade). I understand that I must have an 80 to pass, which is different than the normal 10 point scale used by the college.

I also understand that if I am unsuccessful in two allied health courses, either by withdrawal or failure, I will not be eligible to re-enter the allied health program at PDCCC. I have read and understand the Paul D. Camp Community College's Allied Health Student Handbook and agree to abide by the policies contained herein, and within the College catalog.

I have read and understand the requirements of the PDCCC Allied Health Programs as stated in this handbook and the College catalog. When I begin an allied health course, it is my responsibility to clarify what I do not understand regarding the requirements of the course with the instructor. I agree to abide by the policies contained herein, and within the College catalog.

Name: _____ Emp ID #: _____
(Please Print)

Signature: _____ Date: _____

Any student who believes he or she has a valid reason for an exception to a policy in this packet will have the recourse of an appeal to a Faculty Ad Hoc Committee. This Committee will be appointed by the Program Head upon receipt of a completed Ad Hoc Request Form (available from the nursing and allied health secretary). The student will also have the right too verbally present information that would assist the Committee in understanding his/her individual situation and why an exception should be made to an established policy.

Student Responsibility Statement for Practice with Needles and Sharp or Contaminated Objects

PDCCC's Allied Health Programs adhere to Blood Borne Pathogen Exposure Control Plan in accordance with the Occupational and Safety Health Administration Guidelines (OSHA).

As a student in the PDCCC Allied Health Programs, I affirm that:

1. I completed the OSHA Blood Borne Pathogen training program on _____
2. I understand that there is risk involved with the use of needles and that risk includes (but is not limited to) trauma, infection, tetanus, hepatitis and HIV.
3. To reduce my risk it is my responsibility to:
 - a. NOT re-cap needles.
 - b. DISPOSE of needles once contaminated UNLESS needle used on inanimate objects for practice only.
4. To reduce the risk to others it is my responsibility to:
 - a. DISCARD needles or sharp or contaminated objects in the appropriate RED BIOHAZARD WASTE SHARP CONTAINERS.
 - b. NOT put needles, ampules or other sharp objects in the trash.
 - c. NOT leave sharp or contaminated items lying loose and unattended in the lab or any other setting where people may come into contact with those items.
 - d. Discard needles or sharp objects used in practice settings outside of the learning lab, including areas external to the school such as students' residence, consistent with written guidelines.
5. If I am stuck with a needle or sharp object during my skills lab practice or in clinical, I will immediately wash the area for 5 minutes with soap and running water (or appropriate first aid). Then I will, within 30 minutes of the injury, contact the Infection Control Nurse in the clinical setting, the faculty member, and secretary in the Nursing and Allied Health Program at PDCCC. I have read and understand the above to be my responsibility. Further, I realize that violation of these requirements may result in serious injury to me or others.

Student Signature: _____

Date: _____

Virginia Office of Emergency
Medical Services

www.vdh.virginia.gov/oems

EMS 6038

Revised: May 2014

Criminal History Record Verification,
Disqualifying Factors

12VAC531910. Criminal or enforcement history.

Virginia Office of EMS
Division of Regulation and Compliance
1041 Technology Park Drive
Glen Allen, VA 23059
804-888-9100

A. General denial. Application for or certification of individuals convicted of certain crimes present an unreasonable risk to public health and safety. Thus, applications for certification by individuals convicted of the following crimes will be denied in all cases:

- 1. Felonies involving sexual misconduct where the victim's failure to affirmatively consent is an element of the crime, such as forcible rape.**
- 2. Felonies involving the sexual or physical abuse of children, the elderly or the infirm, such as sexual misconduct with a child, making or distributing child pornography or using a child in a sexual display, incest involving a child, or assault on an elderly or infirm person.**
- 3. Any crime in which the victim is an out-of-hospital patient or a patient or resident of a healthcare facility including abuse of, neglect of, theft from, or financial exploitation of a person entrusted to the care or protection of the applicant.**
- 4. Serious crimes of violence against persons such as assault or battery with a dangerous weapon, aggravated assault and battery, murder or attempted murder, manslaughter except involuntary manslaughter, kidnapping, robbery of any degree, or arson.**
- 5. Has been subject to a permanent revocation of license or certification by another state EMS office or other recognized state or national healthcare provider licensing or certifying body.**

B. Presumptive denial. Application for or current certification by individuals in the following categories will be denied except in extraordinary circumstances, and then will be granted only if the applicant or provider establishes by clear and convincing evidence that certification will not jeopardize public health and safety.

- 1. Application for certification by individuals who have been convicted of any crime and who are currently incarcerated, on work release, on probation, or on parole.**
- 2. Application for or certification by individuals convicted of crimes in the following categories unless at least five years have passed since the conviction or five years have passed since release**

from custodial confinement whichever occurs later:

a. Crimes involving controlled substances or synthetics, including unlawful possession or distribution or intent to distribute unlawfully Schedule I through V drugs as defined by the Virginia Drug Control Act (§54.1 3400 seq. of the Code of Virginia).

b. Serious crimes against property, such as grand larceny, burglary, embezzlement, or insurance fraud.

c. Any other crime involving sexual misconduct.

3. Is currently under any disciplinary or enforcement action from another state EMS office or other recognized state or national healthcare provider licensing or certifying body. Personnel subject to these disciplinary or enforcement actions may be eligible for certification provided there have been no further disciplinary or enforcement actions for five years prior to application for certification in Virginia.

<http://leg1.state.va.us/cgi-bin/legp504.exe?000+reg+12VAC531910>

Nothing in the above EMS Regulations precludes an EMS agency from imposing additional disqualifying factors as part of their acceptance process.