

RESOLUTION NO. _____

A resolution approving a clinical affiliation agreement between the State of Tennessee, by and through Motlow State Community College, and the Metropolitan Government of Nashville and Davidson County, by and through the Nashville Fire Department, for the participation and clinical training of students enrolled in the Emergency Medical Technician Programs of the institution.

WHEREAS, the Nashville Fire Department and Motlow State Community College have entered into a clinical affiliation agreement, attached hereto and incorporated herein, for the participation and clinical training of students enrolled in the Emergency Medical Services Program of the institution; and,

WHEREAS, Tennessee Code Annotated Section 12-9-104 provides for approval of intergovernmental agreements by Resolution; and,

WHEREAS, approval of this intergovernmental agreement will benefit the citizens of the Metropolitan Government of Nashville and Davidson County.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY:

Section 1. That the clinical affiliation agreement between the State of Tennessee, by and through Motlow State Community College, and the Metropolitan Government of Nashville and Davidson County, by and through the Nashville Fire Department, attached hereto and incorporated herein, is hereby approved.

Section 2. That this Resolution shall take effect from and after its final passage, the welfare of the Metropolitan Government of Nashville and Davidson County requiring it.

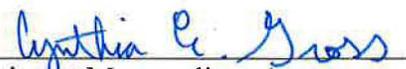
APPROVED AS TO AVAILABILITY
OF FUNDS:


Kevin Crumbo, Director
Department of Finance

INTRODUCED BY:



APPROVED AS TO FORM AND
LEGALITY:


Assistant Metropolitan Attorney

Member(s) of Council

CLINICAL AFFILIATION AGREEMENT
BETWEEN MOTLOW STATE COMMUNITY COLLEGE
AND NASHVILLE FIRE DEPARTMENT

This Agreement is made between Motlow State Community College, hereinafter referred to as "Institution" and Nashville Fire Department, hereinafter referred to as "Affiliate".

Whereas, it is to the mutual benefit of the parties to provide clinical experience for students enrolled in certain programs of the Institution, the parties have agreed to the terms and provisions set forth below:

- I. Purpose - the purpose of this Agreement shall be to provide clinical experience to students enrolled in the Emergency Medical Services Program.
 - A. Consideration for this Agreement shall consist of the mutual promises contained herein, the parties agreeing that monetary compensation shall neither be expected nor received by either party.
 - B. The clinical experience shall be provided at the Affiliate's Facility at address 63 Hermitage Avenue, Nashville, TN 37210, hereinafter referred to as "Facility".
 - C. The specific experience to be provided students is described as follows:

Clinical Learning Experience as determined by Clinical Handbook (copy attached).
- II. Terms and Conditions - pursuant to the above-stated purpose, the parties agree as follows:
 - A. Term - the term of this Agreement shall be five years commencing October 22, 2019, and ending October 21, 2024.

Either party may terminate this Agreement upon giving 60 days written notice to the other party. Such termination shall have no effect on students receiving clinical experience during the current academic term.
 - B. Placement of Students – As mutually agreed between the parties, the Institution will place an appropriate number of students at the Facility each academic term.
 - C. Discipline - While enrolled in clinical experience at the Facility, students (and faculty, if applicable), will be subject to applicable policies of the Institution and the Affiliate.

Students shall be dismissed from participation in the Institution's program only after the appropriate disciplinary or academic policies and procedures of the Institution have been followed. However, the Affiliate may immediately remove from the Facility any student who poses an immediate threat or danger.

- D. Specific Responsibilities - The following duties shall be the specific responsibility of the designated party (Institution and/or Facility):
1. The Institution shall be responsible for the selection of students to be placed at the Facility.
 2. The Facility shall provide orientation to the Facility for students beginning clinical experience.
 3. The institution, with consultation of the Affiliate staff, shall be responsible for scheduling training activities.
 4. The Institution and Affiliate shall evaluate the performance of individual students as appropriate.
 5. The Affiliate shall retain complete responsibility for patient care and providing reasonable supervision of students (and faculty, if applicable) at all times.
 6. The Affiliate shall maintain a sufficient level of staff employees to carry out regular duties. Students will not be expected nor allowed to perform services in lieu of staff employees.
 7. The Affiliate shall provide emergency medical treatment to students (and faculty, if applicable) if needed for illness or injuries suffered during clinical experience. Such treatment shall be at the expense of the individual treated.
 8. The Affiliate shall maintain all applicable accreditation requirements and certify such compliance to the Institution or other entity as requested by the Institution. The Affiliate shall also permit authorities responsible for accreditation of the Institution's curriculum to inspect the Affiliate's clinical facilities and services as necessary.
 9. The Institution shall provide health records of students (and faculty, if applicable) upon request by the Affiliate.
 10. The Institution shall establish a procedure for notifying the Affiliate if a student (or faculty, if applicable) is/are unable for any reason to report for clinical training.

11. The Affiliate requires written evidence of professional liability insurance coverage from individual students and faculty and staff (if applicable) participating in the experience. The minimum amount of coverage per individual shall be \$1,000,000.

The coverage shall extend through the term of the student's and faculty or staff's (if applicable) participation.

12. The State of Tennessee is self-insured and does not carry or maintain commercial general liability insurance or medical, professional or hospital liability insurance. Any and all claims against the State of Tennessee, including the Institution or its employees, shall be heard and determined by the Tennessee Claims Commission in the manner prescribed by law. Damages recoverable against the Institution shall be expressly limited to claims paid by the Claims Commission pursuant to T.C.A. Section 9-8-301 et seq.

E. Mutual responsibilities - the parties shall cooperate to fulfill the following mutual responsibilities:

1. Each party shall comply with all federal, state and municipal laws, advice, rules and regulations which are applicable to the performance of this Agreement, which shall include but not be limited to:

HIPAA Requirements: To the extent required by federal law, the parties agree to comply with the Health Insurance Portability and Accountability Act of 1996, as codified at 42 U.S.C. Section 1320d ("HIPAA") and any current and future regulations promulgated thereunder, including without limitation, the federal privacy regulations, the federal security standards, and the federal standards for electronic transactions, all collectively referred to herein as "HIPAA Requirements." The parties agree not to use or further disclose any Protected Health Information or Individually Identifiable Health Information, other than as permitted by HIPAA Requirements and the terms of this Agreement.

Each party will make its internal practices, books, and records relating to the use and disclosure of Protected Health Information available to the Secretary of Health and Human Services to the extent required for determining compliance with the Federal Privacy Regulations.

2. Background Checks: If criminal background checks of students are required by the Affiliate, the Institution shall notify students of this

requirement prior to enrollment in the program or as soon as the requirement is known. Students will be informed by the Institution that the check must be completed within the 90 day period immediately prior to the student's initial clinical placement. It shall be the student's responsibility to make timely arrangements for the background check and to pay all costs associated with such checks.

If criminal background checks are required for Institutional faculty or staff, it shall be the Institution's responsibility to arrange for the background check, to pay all costs associated with such checks and to provide the results to the Affiliate.

It shall be the responsibility of Affiliate to set the eligibility standards for participation and to evaluate the results of the background checks. If Affiliate determines that a student or faculty /staff member shall not participate at its facility, Affiliate shall so notify that individual and the Institution. Institution shall take steps to ensure that this individual does not participate in the clinical program at the Affiliate.

If an Institutional faculty/staff member is also an employee of Affiliate or is an employee at another hospital, health care facility or health care organization, Affiliate will allow the faculty/staff member to provide on-site supervision and instruction for its clinical program without the necessity of undergoing an additional background check.

Recognizing that students enrolled in the Emergency Medical Services Program at the Institution will potentially participate in multiple clinical placements at multiple facilities, Affiliate agrees to accept the results of the background check done prior to the student's initial clinical placement if the student maintains continuous enrollment in the health care program and if the results of the background check are archived by the background check agency.

Institution shall inform students or faculty/staff members excluded from clinical placement on the basis of a criminal background check of any review or appeal process available pursuant to the Fair Credit Reporting Act or any other law or policy, if any.

3. Students shall be treated as trainees who have no expectation of receiving compensation or future employment from the Affiliate or the Institution.
4. Any courtesy appointments to faculty or staff by either the Institution or the Affiliate shall be without entitlement of the individual to compensation or benefits from the appointing party.

5. The parties agree to comply with Titles VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, and Section 504 of the Rehabilitation Act of 1973, Executive Order 11,246, the Americans with Disabilities Act of 1990 and the related regulations to each. Each party assures that it will not discriminate against any individual including, but not limited to, employees or applicants for employment and/or students because of race, religion, creed, color, sex, age, disability, veteran status or national origin.

The parties also agree to ensure that applicants and employees are treated during their employment without regard to their race, religion, creed, color, sex, age, disability, veteran status, or national origin.

6. The confidentiality of patient records and student records shall be maintained at all times.

F. Miscellaneous Terms - The following terms shall apply in the interpretation and performance of this Agreement:

1. Each party shall be responsible for any personal injury or property damage or loss resulting from its own negligence.
2. The delay or failure of performance by either party shall not constitute default under the terms of this Agreement, nor shall it give rise to any claims against either party for damages. The sole remedy for breach of this Agreement shall be immediate termination.
3. This Agreement shall in no way be interpreted as creating an agency or employment relationship between the parties.

In witness whereof, the parties, through their authorized representatives, have affixed their signatures below.

MOTLOW STATE COMMUNITY COLLEGE

NASHVILLE FIRE DEPARTMENT

BY: _____

Jays [Signature]

BY: _____

[Signature]

TITLE: Contracts Officer

TITLE: Director Chief

DATE: _____

2/5/20

DATE: _____

1/30/20

THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY
SIGNATURE PAGE

APPROVED AS TO AVAILABILITY OF FUNDS:



Kevin Crumbo, Director
Department of Finance

3-11-2020
Date

APPROVED AS TO INSURANCE
REQUIREMENTS:



Director of Insurance
Metropolitan Government

2/27/20
Date

APPROVED AS TO FORM AND LEGALITY:



Assistant Metropolitan Attorney

2/27/20
Date

FILED IN THE OFFICE OF THE
METROPOLITAN CLERK:

Metropolitan Clerk

Date



Clinical Handbook

Motlow State Community College

EMS Education



MOTLOW COLLEGE EMS EDUCATION

I want to start off by saying thank you for accepting the responsibility to help educate the next generation of EMS professionals. The knowledge and experience that you offer our students will be influential in their career for years to come. Having your organization as a clinical site is vital to the education we provide to our students here at Motlow. We expect our students to be career ready when they leave our program and having clinical sites to assist in that process is very important.

Motlow EMS Education holds its students to the highest standards and expects its students to exhibit professionalism, courtesy, compassion, and respect at all times. Within this notebook is a thorough explanation of the expectations of our students as well as a comprehensive description of their clinical necessities and limitations.

We have great expectations for our program as well as the continued success of our students. I have included contact information for the EMS program's administrative staff. Please contact us without hesitation should you have any questions, concerns, or comments.

Thanks!

Drew Hooker MPA, CCPM, I/C
EMS Director
Motlow State Community College
2161 Unionville-Deason Rd.
Bell Buckle, TN 37020

Office: 931-294-4117
Fax: 931-393-1879
Email: dhooker@mscc.edu

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Preparatory

Hospital Departments

In order to complete the skills and objectives, the student will:

1. Report to the specialty unit on your scheduled rotation date and "check in" with the supervisor.
2. Review the rules and operating procedures within the unit with the preceptor, making certain that the student's role in the unit is well defined.
3. Review the objectives with the preceptor in the instructional unit. Discuss which activities will be included and/or excluded in the experience.
4. Review the history, diagnosis, complications and treatment of each patient in the unit.
5. Observe and participate in unit activities as directed by the preceptor. Should the student observe a technique or procedure performed differently from its presentation during the classroom activities, they may question the preceptor about differences observed, but remember that the techniques presented during the lecture may not be the only correct method.
6. Perform patient care skills (where appropriate) under direct supervision of the preceptor. If the student is unsure of the activity, the preceptor will demonstrate the skill.
7. Review each activity performed with the preceptor, critiquing the student's performance.
8. Be sure the preceptor signs the Daily Evaluation Form for the student, and the TN State EMS CLINICAL ASSESSMENT FOR EMT/AEMT TRAINEES form for EMT/AEMT Students

Pre-hospital Units

Complete steps 1-8 as well as additional steps as follows:

9. Complete the Daily Evaluation Form for each patient contact with the following information:
 - a. Patient's ID# - do not use patient's name due to HIPPA privacy laws
 - b. Major problem - i.e., appendectomy, trauma
 - c. Complications
 - d. Skills and activities observed
 - e. Skills performed - i.e., initiated I.V., monitored cardiac activity
 - f. Arrhythmias observed (if applicable)
 - g. Drugs administered (as well as Drug Administration form)
10. Complete any assignments given in-class for "down time" and turn in to Clinical Coordinator.

Incomplete forms will not be acceptable and may result in student not getting credit for ALS contacts.

Learning Objectives

Through clinical experience in the hospital, the EMS student will develop a more comprehensive understanding of the pathophysiology of disease and trauma, rationale for treatment and how specific treatment alters disease or injury. Students will also enhance their prehospital skills.

Skills:

EMT:

- Medical assessment
- Trauma assessment
- NPA
- OPA
- BVM
- All oxygen masks and cannulas
- Upper airway suctioning
- AED
- Extremity stabilization and splinting
- Traction splint
- Eye irrigation

AEMT: All EMT skills plus the following:

- Esophageal airways
 - Nebulizer treatments
 - Glucometer
 - IM injections
 - Subcutaneous injections
 - Intranasal med administration
 - IV initiation
 - Pediatric IO
- The following medications are in the AEMT scope of practice:
- Glucagon
 - Oral glucose
 - D50/D25
 - NTG
 - ASA
 - Narcan
 - Epinephrine 1:1,000

Paramedic: All EMT and AEMT plus the following:

- Oral route
 - Topical route
 - G-tube route
 - Rectal route
 - IO/IV route
 - External Jugular IV
 - Piggy back IV
 - All CPR and ACLS skills to include endotracheal intubation (all age groups)
 - Naso/orotracheal intubation
 - LMA
 - Tracheal suction
 - Nasogastric decompression
 - RSI
 - Needle chest decompression
 - Vagal maneuvers
 - 12 lead recognition
 - Defibrillation
 - Synchronized cardioversion
 - Transcutaneous pacing
 - Cardiac rhythm interpretation
 - Acute ischemic stroke assessment
 - Normal vaginal delivery
 - Multiple births
 - Umbilical vein cannulation
 - Male/female catheterization
 - NG tube
-
- ❖ Facility staff are encouraged to allow students to perform these skills. However, it is the staff's discretion as to which skills and procedures the students are allowed to perform.
 - ❖ Students are expected to comply with all lawful instructions, orders, or directions given to them by facility staff.

CLINICAL SKILLS LIST PARAMEDIC

PRECEPTOR: The following is a list of skills that the students have performed under classroom conditions. At your convenience, please allow the students to practice these skills under your direct supervision whenever possible.

Patient Assessment: To include an assessment of the patient utilizing a systematic approach to learn all relevant medical history, making pertinent observations, reviewing the patient's chart and do a pertinent physical examination. The paramedic should show proficiency in obtaining vital signs, verbal history, primary and secondary survey (head to toe assessment). The paramedic should demonstrate good communication skills with patient and other health care providers.

Airway Management: To include oxygen administration, oropharyngeal airways, nasopharyngeal airways, laryngeal mask airway (LMA), supraglottic airways (King, PTL, or Combitube), bag-valve-mask (BVM), CPAP, ventilator, suctioning techniques, nasogastric tube, oral intubation, nasal intubation, cricothyrotomy and rapid sequence induction (RSI). Student should be able to confirm tube placement by auscultating breath sounds, absence of epigastric sounds and end-tidal CO₂ detector or capnography.

Medication Administration: To administer medications via intravenous, oral, sublingual, intramuscular, subcutaneous injection, intranasal, and endotracheal routes using aseptic technique. Calculate proper drug dosage using correct formulas and correct concentration. Student should be able to verbalize indications and contraindications of medications administered by them.

Cardiac Management: including CPR, basic airway management, advanced airway management, EKG interpretation (3 lead and 12 lead), cardioversion, defibrillation, transcutaneous pacing, medication administration, and IV therapy.

Trauma: To include use of short and long spine immobilization devices, XP1, KED, cervical collars, and CID. Control bleeding, bandage, splint fractures using boards and traction splints, chest decompression and fluid resuscitation. Proper management of a burn patient. Use destination guidelines to reach a conclusion on patient transport priorities.

Respiratory Emergencies: Administer Medication via hand held nebulizer or metered dose inhaler and other medications as patient condition indicates. Use of pulse oximetry as an assessment tool for a respiratory compromised patient. Use of CPAP machine for respiratory compromised patient.

I.V. Therapy: To include selecting, inspecting, set up, and initiation of Intravenous Infusions including venipuncture, using aseptic technique. Discontinuing IV lines, maintenance of proper rate of infusion, calculate proper drip rate, peripheral IV insertion, external jugular IV insertion, intraosseous cannulation, drug administration bolus via IV, drug administration drip via IV, and IV fluid resuscitation.

OB Care: Skill proficiency sufficient to provide care during complicated deliveries or normal vaginal delivery. Provide care for mother and/or neonate.

Environmental Emergencies: Provide care of heat and cold illnesses and hazardous materials exposures.

Communication: Give oral & written report to medical staff or other health care providers.

CLINICAL SKILLS LIST EMT BASIC

PRECEPTOR: The following is a list of skills that the students have performed under classroom conditions. At your convenience, please allow the students to practice these skills under your direct supervision whenever possible.

Patient Assessment: To include an assessment of the patient utilizing a systematic approach to learn all relevant medical history, making pertinent observations, reviewing the patient's chart and do a pertinent physical examination. The EMT-B should show proficiency in obtaining vital signs, verbal history, primary and secondary survey (head to toe assessment). The EMT-B should demonstrate good communication skills with patient and other health care providers.

Airway Management: To include oxygen administration, oropharyngeal airways, nasopharyngeal airways, BVM, pulse oximetry.

Medication Administration: The EMT basic is not authorized to administer medications.

Cardiac Management: To include CPR, basic airway management, AED.

Trauma: To include use of short and long spine immobilization devices, XP1, KED, cervical collars, and CID. Control bleeding, bandage, splint fractures using boards and traction splints.

Respiratory Emergencies: To include use of pulse oximetry as an assessment tool for a respiratory compromised patient.

Communication: Give oral & written report to medical staff or other health care providers.

CLINICAL SKILLS LIST AEMT

PRECEPTOR: The following is a list of skills that the students have performed under classroom conditions. At your convenience, please allow the students to practice these skills under your direct supervision whenever possible.

Patient Assessment: To include an assessment of the patient utilizing a systematic approach to learn all relevant medical history, making pertinent observations, reviewing the patient's chart and do a pertinent physical examination. The AEMT should show proficiency in obtaining vital signs, verbal history, primary and secondary survey (head to toe assessment). The AEMT should demonstrate good communication skills with patient and other health care providers.

Airway Management: To include oxygen administration, oropharyngeal airways, nasopharyngeal airways, BVM, pulse oximetry, airways not intended for trachea.

Medication Administration: To include Glucagon, Oral Glucose, D50/D25, NTG, ASA, Nitrous Oxide, Narcan, Epinephrine 1:1,000. Routes: IM, IN, SC, IV, IO.

Cardiac Management: To include CPR, basic airway management, AED.

Respiratory Emergencies: To include assist with MDI, Pulse oximetry.

I.V. Therapy: To include selecting, inspecting, set up, and initiation of intravenous infusions including venipuncture, using aseptic technique. Discontinuing IV lines, maintenance of proper rate of infusion, calculate proper drip rate, peripheral IV insertion, intraosseous cannulation, drug administration bolus via IV.

Communication: Give oral & written report to medical staff or other health care providers.

Affective Objectives:

- Uniform is neat, clean, and conforms to program policy.
- Arrives on time
- Actively seeks out learning opportunities
- Establishes and maintains rapport with patients
- Maintains a positive, helpful demeanor towards others and works well as a team member
- Maintains patient confidentiality
- Follows directions from staff
- Utilizes time wisely and stays motivated
- Accepts constructive criticism and seeks advice when appropriate

Student Responsibilities and Expectations:

- No cell phones in patient care areas
- Students will supply their own meals
- Students will take breaks only at staff discretion
- Students should not leave early unless approved by the clinical staff or program staff
- Students shall not perform any skills that are not within their respective scope of practice
- Students shall treat patients with communicable diseases using appropriate precautions and will not be allowed to refuse treatment for fear of infection

Dress Code Policy

Students should remember that they are representing Motlow State Community College EMS Education Program and the entire EMS profession. Students shall wear a uniform in any class related event. An integral part of how others perceive us is through our appearance. Therefore, students must adhere to the following dress code.

1. Pants will be black EMS style. Jeans are not permitted. EMS style uniform pants that have a side pocket are required for Paramedic students. If BDU style pants are worn, the pant leg must be hemmed and may not have drawstring style closures. The pants must be kept neat, clean, and ironed. Black belts shall be worn and pants will rest on the waist.
2. The uniform shirt must be purchased as prescribed by the Program. The shirt should be kept clean, neat, and ironed. A clean, white or black long-sleeved undershirt may be worn under the uniform shirt.
3. In the event of inclement weather, the student may wear a Motlow EMS approved pullover or jacket.
4. Shoes or boots must be low-heeled, closed toe, black, and have rubber soles. Shoes should be kept in a neat and clean condition. Dark socks only.
5. Students should wear a watch with a second hand (or digital), and bring a stethoscope, pen light, small note pad, black ink pen, and all required clinical forms to each clinical rotation.
6. MSCC EMS Student badges must be worn at all times. The badges shall be issued to each student by the EMS Education Program unless otherwise specified by individual institutions.
7. Hands must be clean and nails trimmed neatly. Acrylic or other artificial nails are prohibited. Only clear nail polish is allowed. Nails cannot extend more than $\frac{1}{4}$ " beyond the fingertips. One ring will be allowed on each hand.
8. Hair must be clean and neat and of a natural color. Hair must be kept off the shoulders at all times. No flamboyant or distracting hair styles such as Mohawks, dreadlocks, fad hairstyles, or unconventional haircuts, as determined by faculty. Facial hair must be neat, clean, and well-trimmed; however, students must abide by the facial hair policy of the clinical site. Unless approved by the Program Director, hats are not permitted in the classroom or on clinical sites.
9. **All visible tattoos must be covered.**
10. No perfume or aftershave is permitted.
11. You are expected to bathe regularly and wear an effective deodorant.
12. No excessive jewelry should be worn. No body piercing/jewelry allowed. Females are allowed only one single stud earring in one hole only. Necklaces should be tucked into the shirt. Students must understand that jewelry can be a significant safety and infection control hazard in the clinical setting and with that in mind will not be allowed.

Please note that any violations in the above dress code may result in the student being sent home. This would constitute a clinical absence that would need to be rescheduled according to the clinical absence policy. Violations of the Clinical Dress Code may result in disciplinary action up to and including failure of the course.

Healthcare Services

Motlow State Community College and affiliated clinical sites are not financially responsible for providing healthcare services in the event of illness and/or injury during classroom or clinical rotation. Students are required to carry health insurance for these occasions.

Infection Control

Students are required to comply with the infection control policies at each clinical site. As a minimum, students should:

1. Wash their hands before and after contact with patients and/or patient care equipment.
2. Wear gloves when patient contact is expected.
3. Wear gowns, masks, and eye protection when spattering of body fluids may be likely.
4. Clean all body fluid spills promptly with the appropriate agent and technique.
5. Consider all body fluids as infectious.
6. Promptly and properly dispose of all sharps in appropriate containers.

Exposure to Potentially Infectious Substances

Any student who has a known or suspected exposure to potentially infectious fluid during the performance of their academic or clinical responsibilities will follow the "Employee Exposure Policy" for the facility at which the exposure occurred. In addition to following this policy, the student should notify the EMS Education Faculty member on-call immediately. The student will also be referred to their private physician or the appropriate public health facility. **Motlow State Community College and the EMS Education Program assume no financial responsibility for the treatment of a potential infection.** This is the reason that students are required to carry their own health insurance.

EMS Clinical Rotation Skills and Objectives

The following objectives are proposed for the Mobile Intensive Care Unit - Ambulance Service. Because of patient availability, it is possible that all skills listed below may not be performed by the student, but as many skills as possible should be observed and practiced by the student under the supervision of the preceptor.

During the EMS experience, the student will have the opportunity to practice on actual patients under direct supervision of their preceptor and demonstrate entry-level competency in each of the following areas:

Patient assessment, to include an assessment of the patient utilizing a systematic approach to learn all relevant medical history, making pertinent observations of the environment and doing a pertinent physical examination;

Airway management, to include oxygen administration, ET/NT intubation, Non-tracheal airway, suctioning, CPAP, and Needle/surgical Cricothyrotomy;

Assist in cardiac arrest, including CPR, airway management, intubation and defibrillation or cardioversion;

Endotracheal intubation, selection of equipment needed, including typical laryngoscope blade sizes and endotracheal tube sizes, examination of technique used;

Medication administration, preparation and administration of intramuscular, subcutaneous, and intravenous medications; also observe the actions of these pharmacological agents;

IV insertion, peripheral IV administration including the various sites and administration devices preferred by the preceptor, draw blood samples, perform intraosseous infusion;

EKG recognition and management, to include drug administration and defibrillation;

All basic EMT skills, medical, trauma and cardiac;

Formulate a plan of treatment, to include scene survey, determining mechanism of injury, triage of patients, patient assessment and treatment, radio reports and correct usage, run sheet documentation and transportation of the patient.

**EMTS MAY ONLY PERFORM SKILLS LISTED IN EMT SECTION OF LEARNING OBJECTIVES
AEMTS MAY ONLY PERFORM SKILLS LISTED IN AEMT SECTION OF LEARNING OBJECTIVES
PARAMEDICS MAY PERFORM SKILLS LISTED IN CLINICAL SKILLS LIST PARAMEDIC**

Clinical Rotation Skills and Objectives

Emergency Department

The following objectives are proposed for the Emergency Department. Because of patient availability, it is possible that all skills listed below may not be performed by the student, but as many skills as possible should be observed and practiced by the student under the supervision of the preceptor.

During the experience in the Emergency Department, the student will have the opportunity to practice on actual patients under direct supervision of their preceptor and demonstrate entry level competency in each of the following areas:

Patient assessment, to include an assessment of the patient utilizing a systematic approach to learn all relevant medical history, making pertinent observations, reviewing the patient's chart and doing a pertinent physical examination;

Review, all cases including the patient's chart, vital signs, diagnosis and treatment;

Airway management, to include oxygen administration, ET/NT intubation, Non-tracheal airway, CPAP and suctioning;

Assist in cardiac arrest, including CPR, airway management, intubation and defibrillation or cardioversion;

Endotracheal intubation, selection of equipment needed, including typical laryngoscope blade sizes and endotracheal tube sizes, examination of technique used;

Medication administration, preparation and administration of intramuscular, subcutaneous, and intravenous medications; also observe the actions of these pharmacological agents;

IV insertion, peripheral IV administration including the various sites and administration devices preferred by the preceptor, draw blood samples, perform intraosseous infusion;

EKG recognition and management, to include drug administration and defibrillation;

Formulate a plan of treatment, determining mechanism of injury, triage of patients, patient assessment and treatment, radio usage and daily operations in the emergency department.

EMTS MAY ONLY PERFORM SKILLS LISTED IN EMT SECTION OF LEARNING OBJECTIVES
AEMTS MAY ONLY PERFORM SKILLS LISTED IN AEMT SECTION OF LEARNING OBJECTIVES
PARAMEDICS MAY PERFORM SKILLS LISTED IN CLINICAL SKILLS LIST PARAMEDIC

Clinical Rotation Skills and Objectives

Intensive Care Unit/Coronary Care Unit

The following objectives are proposed for the Intensive Care Unit/Coronary Care Unit. Because of patient availability, it is possible that all skills listed below may not be performed by the student, but as many skills as possible should be observed and practiced by the student under the supervision of the preceptor.

During the experience in the Intensive Care Unit/Coronary Care Unit, the student will have the opportunity to practice on actual patients under direct supervision of their preceptor and demonstrate entry level competency in each of the following areas:

Patient assessment, to include an assessment of the patient utilizing a systematic approach to learn all relevant medical history, making pertinent observations of the environment and doing a pertinent physical examination;

Review, all cases including the patient's chart, vital signs, diagnosis and treatment;

Endotracheal intubation, selection of equipment needed, including typical laryngoscope blade sizes and endotracheal tube sizes; examination of technique used, care of those patients with endotracheal or tracheostomy tubes and those patients on ventilators;

Assist in cardiac arrest, including CPR, airway management, intubation and defibrillation or cardioversion;

Medication administration, preparation and administration of intramuscular, subcutaneous and intravenous medications; also observe the actions of these pharmacological agents, with emphasis on drug calculations;

IV insertion, peripheral IV administration including the various sites and administration devices preferred by the Coronary/Intensive Care Unit, with emphasis on drip rates;

EKG recognition and management, to include drug administration and defibrillation;

Formulation of plan of treatment; determining mechanism of injury, triage of patients, patient assessment and treatment, and patient care report documentation.

**EMTS MAY ONLY PERFORM SKILLS LISTED IN EMT SECTION OF LEARNING OBJECTIVES
AEMTS MAY ONLY PERFORM SKILLS LISTED IN AEMT SECTION OF LEARNING OBJECTIVES
PARAMEDICS MAY PERFORM SKILLS LISTED IN CLINICAL SKILLS LIST PARAMEDIC**

Clinical Rotation Skills and Objectives

Operating/Recovery Room

The following objectives are proposed for the Operating/Recovery Room. Because of patient availability, it is possible that all skills listed below may not be performed by the student, but as many skills as possible should be observed and practiced by the student under the supervision of the preceptor.

During the experience in the Operating/Recovery Room, the student will have the opportunity to practice on actual patients under direct supervision of their preceptor and demonstrate entry level competency in each of the following areas:

Patient assessment, to include an assessment of the patient utilizing a systematic approach to learn all relevant medical history, making pertinent observations of the environment and doing a pertinent physical examination;

Review, all cases including the patient's chart, vital signs, diagnosis and treatment;

Placement of an oral airway, to include suctioning;

Endotracheal intubation, selection of equipment needed, including typical laryngoscope blade sizes and endotracheal tube sizes; examination of technique used, student continuously monitored by physician or CRNA;

Assist in cardiac arrest, including CPR, airway management, intubation and defibrillation or cardioversion;

Medication administration, preparation and administration of intramuscular, subcutaneous, and intravenous medications; also observe the actions of these pharmacological agents;

IV insertion, peripheral IV administration including the various sites and administration devices preferred by the Operating Room, draw blood samples;

EKG recognition and management, to include drug administration and defibrillation;

Assist, in the operation of the Bag-Valve-Mask, operate oxygen equipment and administer oxygen using various masks and cannulas, monitor vital signs including blood pressure, pulse, respirations;

Observe, the effects of pharmacological agents administered

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Clinical Rotation Skills and Objectives

Pediatric Emergency Room/Intensive Care Unit

The following objectives are proposed for the Pediatric Emergency Room/Intensive Care Unit. Because of patient availability, it is possible that all skills listed below may not be performed by the student, but as many skills as possible should be observed and practiced by the student under the supervision of the preceptor.

During the experience in the Pediatric Emergency Room/Intensive Care Unit, the student will have the opportunity to practice on actual pediatric patients under direct supervision of their preceptor and demonstrate entry-level competency in each of the following areas:

Patient assessment, to include an assessment of the patient utilizing a systematic approach to learn all relevant medical history, making pertinent observations of the environment and doing a pertinent physical examination, and assessment of the chest and abdomen as a minimum;

Review, all cases including the patient's chart, vital signs, diagnosis and treatment;

Endotracheal intubation, selection of equipment needed, including typical laryngoscope blade and sizes and endotracheal tube sizes; examination of technique used;

Assist in cardiac arrest, including CPR, airway management, intubation and defibrillation/cardioversion;

Medication administration, preparation and administration of intramuscular, subcutaneous, and intravenous medications; also observe the actions of these pharmacological agents, with emphasis on drug calculations;

IV insertion, peripheral IV administration including the various sites and administration devices preferred by the Pediatric Emergency Room/Intensive Care Unit, with emphasis on drip rates;

EKG recognition and management, to include drug administration and defibrillation;

Febrile and seizure patients, observe and assist in the management of these patients, the most common pediatric patient seen in the prehospital environment;

Perform Intraosseous infusion, assist and review the treatment of trauma cases and medical emergencies

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Clinical Rotation Skills and Objectives

Nursery Unit Rotations

The following objectives are proposed for the Nursery Unit. Because of patient availability, it is possible that all skills listed below may not be performed by the student, but as many skills as possible should be observed and practiced by the student under the supervision of the preceptor.

During the experience in the Nursery Unit, the student will have the opportunity to practice on actual neonatal patients under direct supervision of their preceptor and demonstrate entry-level competency in each of the following areas:

Patient assessment, to include an assessment of the patient utilizing a systematic approach to learn all relevant medical history, making pertinent observations of the environment and doing a pertinent physical examination;

Review, all cases including the patient's chart, vital signs, diagnosis and treatment;

Endotracheal intubation, selection of equipment needed, including typical laryngoscope blade sizes and endotracheal tube sizes; examination of technique used;

Assist in cardiac arrest, including CPR, airway management, intubation and defibrillation/cardioversion;

IV insertion, peripheral IV administration including the various sites and administration devices preferred by the Nursery Unit, with emphasis on drip rates;

EKG recognition and management, to include drug administration and defibrillation;

Demonstrate the ability to calculate an accurate APGAR score;

Identify the significance of meconium staining;

Formulation of plan of treatment; determining nature of illness, triage of patients, patient assessment and treatment, and patient care report documentation.

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Clinical Rotation Skills and Objectives

Labor and Delivery Department - Labor Suite

The following objectives are proposed for the Labor and Delivery Department. Because of patient availability, it is possible that all skills listed below may not be performed by the student, but as many skills as possible should be observed and practiced by the student under the supervision of the preceptor.

During the experience in the Labor and Delivery Department, the student will have the opportunity to practice on actual obstetric patients under direct supervision of their preceptor and demonstrate entry-level competency in each of the following areas:

Patient assessment, to include an assessment of the patient utilizing a systematic approach to learn all relevant medical history, making pertinent observations of the environment and doing a pertinent physical examination;

Review, all cases including the patient's chart, vital signs, diagnosis and treatment;

Airway management, to include oxygen administration, ET/NT intubation, King, PTLA and suctioning;

Assist in cardiac arrest, including CPR, airway management, intubation and defibrillation/cardioversion;

Endotracheal intubation, selection of equipment needed, including typical laryngoscope blade sizes and endotracheal tube sizes, examination of technique used;

Medication administration, preparation and administration of intramuscular, subcutaneous, and intravenous medications; also observe the actions of these pharmacological agents;

IV insertion, peripheral IV administration including the various sites and administration devices preferred by the preceptor, draw blood samples, perform intraosseous infusion;

EKG recognition and management, to include drug administration and defibrillation;

Assist in normal cephalic deliveries;

Observe and Assist, where possible, in abnormal deliveries and complicated deliveries;

Control post-partum hemorrhage, by uterine massage and infusion of oxytocin;

Identify the three stages of labor, common complications, and abnormal deliveries;

Assist in the management of the newborn, including management of the cord,

suctioning, APGAR scoring, managing meconium staining, etc;

Assist in the resuscitation of the newborn or mother;

Formulate a plan of treatment.

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Clinical Rotation Skills and Objectives

Psychiatric Unit Rotation

The following objectives are proposed for the Psychiatric Unit. Because of patient availability, it is possible that all skills listed below may not be performed by the student, but as many skills as possible should be observed and practiced by the student under the supervision of the preceptor.

During the experience in the Psychiatric Unit, the student will have the opportunity to practice on actual patients under direct supervision of their preceptor and demonstrate entry level competency in each of the following areas:

Observe and assist in the management and interview of with the following disturbances:

- Suicidal feelings
- Hostility and violent behavior
- Acute grief and depression
- Paranoia
- Hysterical conversion
- Alcohol and drug addiction

Assist in the restraint of combative patients;

Record and evaluate the use of drugs for the treatment of the aforementioned problems;

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Paramedic

Clinical I Breakdown

All shifts 12 hours unless otherwise specified

<u>Unit</u>	<u>Number of rotations</u>
ER	4
OB	4
EMS	6
Respiratory	1
Trauma/Burn	1

Clinical II Breakdown

<u>Unit</u>	<u>Number of rotations</u>
CCL	1 (8 hours)
ER	4
OR	4
EMS	6
Peds	2

Field Internship

21 shifts (252 hours)

EMT BASIC

Emergency Department 1 shifts (12 hours)

EMS 5 shifts (12 hours)

AEMT

Emergency Department 2 shifts (12 hours)

- EMS 6 shifts (12 hours)

Motlow State Community College EMS Education Clinical Contract

I, _____, (Print Name) have received or acknowledge the following conditions for participating in the clinical experience of the EMS education program:

Please initial

_____ I have attended the required field internship orientation.

_____ I have received the MSCC Paramedic Clinical/Field Student Handbook and course syllabus and will read, understand, and abide by all the information contained in these documents.

_____ I understand the sick policy and will abide by it. If I am ill, I will call my preceptor, my liaison and the clinical coordinator no later than **1 hour prior** to the beginning of my shift.

_____ I understand that I will strictly comply with the Program dress code.

_____ I understand that I must attend and complete all scheduled field shifts.

_____ I understand that my attitude must be professional at all times. I must treat my fellow students, faculty, peers, preceptors and patients with the highest degree of courtesy and respect.

_____ I understand that only the Clinical Coordinator or the Director of the Program may excuse me from an assigned shift. No other faculty or non-faculty can excuse an absence.

_____ I understand that I must turn in all paperwork on time. To do otherwise, could lead to my dismissal from the program or lead to cancellation of field shifts and repeating of those shifts at the Clinical Coordinator's discretion.

_____ I understand that I may **NOT** leave a field assignment early, change field areas, schedule my own field rotations and I may **NOT** have my paperwork signed before the end of the shift.

_____ I agree to be assigned either 8 or 12 hour shift. These shifts will be assigned by the Clinical Coordinator in accordance with the preceptor assigned to me.

_____ Failure to comply with **ANY** of the above mentioned requirements will result in disciplinary action up to and including dismissal from the program.

Signature

Date

Name (Print)

(Return to the Clinical Program Coordinator)

ORIGINAL

METROPOLITAN COUNTY COUNCIL

Resolution No. _____

A resolution approving a clinical affiliation agreement between the State of Tennessee, by and through Motlow State Community College, and the Metropolitan Government of Nashville and Davidson County, by and through the Nashville Fire Department, for the participation and clinical training of students enrolled in the Emergency Medical Technician Programs of the institution.

Introduced _____

Amended _____

Adopted _____

Approved _____

By _____
Metropolitan Mayor
