



OREGON COAST  
COMMUNITY COLLEGE

**Oregon Coast Community College**

**Application for  
EMS BASIC**

**Fall 2018**

**DEADLINE:**

**November 5, 2018**



## EMS 105: Term One Course Description, Fall Term

Develops skills for the recognition of symptoms of illness and injuries and proper procedures of emergency care. Requires passing criminal background check and drug screen before placement into mandatory clinical observation in hospital emergency department and ambulance ride-along experience. Part 1 of the 2-part Oregon EMT course. Department permission required. Prerequisite: WR 115; MTH 20; RD 90; current BLS CPR card.

### Course Objectives

Upon successful completion students should be able to:

1. Perform basic elements of patient assessment, in order to progress to EMS 106
2. Form a general field impression of patient condition based on basic patient assessment tools
3. Integrate knowledge and observations in the clinical setting to delineate the EMT-Basic roles and responsibilities
4. Assess, treat, transport, document, and verbally report for a variety of medical emergencies.

## EMS 106: Term Two Course Description, Winter Term

Continues EMS 105, Oregon EMT preparation, includes preparation for state and national certification exams. Department permission required. Prerequisite: Successful completion of EMS 105 within the last year; current Healthcare Provider through the American Heart Association CPR card.

### Course Objectives

Upon successful completion students should be able to:

1. Integrate knowledge and observations in the clinical setting to delineate the EMT roles and responsibilities
2. Assess, treat, transport, document, and verbally report for a variety of medical emergencies.

### General Information

Only complete applications will be accepted.

**Fall Term Dates:** September 24, 2018 - December 15, 2018

**Winter Term Dates:** January 7, 2019 – March 23, 2019

Classes will be at the OCCC Newport Campus on Tuesdays and the OCCC Waldport Center on Thursdays from 6-9:20pm. There will be some Saturday classes each term; these will be announced the first week of class. The State Psychomotor Exam will be held in the Spring 2019, exact date TBA at the OCCC Central Campus (Newport).

This course may be eligible for financial aid. Please meet with an academic advisor to discuss your options.

## General and Specific Expectations

- Technical Standards:** Please review the technical standards and sign as indicated on the application attesting to your ability to function according to the Technical Standards as written by the program.
  
- Attendance:** The Oregon Health Division requires a specific number of hours to be eligible to apply for certification and thus if you do not attend classes as required you will not be eligible to take the final exam or the State exam. Hours required: as laid out in the course syllabus that you will receive the first day of class.
  
- GED/High School Diploma:** You must have a high school diploma or GED to apply for National Registry of Emergency Medical Technicians (NREMT) and the Oregon EMS license/certification.
  
- Age Requirement:** You must be 18 years or older at the time of application to apply for the National Registry of Emergency Medical Technicians (NREMT) and Oregon EMS license/certification as an EMT.

## Application Checklist

### **Prerequisites: Meet with an Academic Advisor to discuss the following;**

- Complete an OCCC application
- Make an advising appointment with an academic advisor to discuss course pre-requisites
  - Writing Proficiency: Completion of WR 115 or higher or Placement into WR 121
  - Reading Proficiency: Completion of RD 90 or higher or Placement into Reading 115
  - Math Proficiency: Completion of Math 20 or higher or Placement into Math 60

### **Admission Requirements: The following items must be submitted with your application:**

- Review the application and requirements.
- Read the Disqualifying and Potentially Disqualifying crimes on the OCCC College Website: EMT.
- Read the EMS Program Policy Manual on the OCCC College Website: EMT
- Visit the Oregon Health Authority Website: EMS Provider Licensure and Training and review the various web pages including Frequently Asked Questions under Professional Standards at:  
<http://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EMSTRAUMASYSTEMS/EMSTRAININGCERTIFICATION/Pages/index.aspx>
- Visit the National Registry of Emergency Medical Technicians website at  
<https://www.nremt.org/rwd/public> and create an account
- Review the EMT Candidate Handbook at:  
[https://content.nremt.org/static/documents/NREMT\\_EMTHandbook.pdf](https://content.nremt.org/static/documents/NREMT_EMTHandbook.pdf)
- Review the National Emergency Medical Services Educational Standards on the OCCC College Website: EMT
- Students are also required to have current CPR certification through the American Heart Association “Health Care Provider: BLS: Basic Life Support”.  
You may check the Samaritan website (<https://www.samhealth.org/health-services/classes-and-events>) for dates/times or call the Yachats Fire Department for class information @ 541.547.3266
- Create an account with American DataBank to complete the mandatory Criminal Background Check and drug screening by November 5, 2018. This is located on the OCCC College Website, EMT, Complio. Results will be communicated directly to us. Complete Drug Screening at Samaritan Health Services, Occupational Medicine, located at 775 SW 9<sup>th</sup> Street, Newport. They are housed in a temporary trailer shared with Urgent Care. No appointment is necessary. The phone number to Samaritan Health Services, Occupational Medicine is 541-574-4675. Their hours are 8:00 am - 11:30 am and 1:00 pm - 4:30 pm. Results will be communicated directly to OCCC.

Show proof of all required immunizations on the OCCC Health Form by November 5, 2018.

\*Steps to providing current Immunization documentation:

- Your parent or guardian may have a copy of your childhood record
- Contact the most recent school you have attended
- Contact your medical provider

***If none of these suggestions provide the information you need, schedule an appointment at:***

**Lincoln Community Health Center FQHC**

**1010 Coast Highway 101, Newport OR 97365      Office: 541-265-4947**

They will be able to access the ALERT IIS system and provide required immunizations at a reduced cost.

Complete the Application.

Sign the Acknowledgement and Agreement Form.



## **Emergency Medical Technician (EMT/EMS) Program Acknowledgement and Agreement Form**

### **Please Read the Following Carefully Before Signing**

I certify that the information set forth by my signature in this Application is true, complete, and accurate to the best of my knowledge. I understand that falsified statements on this application shall be considered sufficient cause for refusal of admission to the Oregon Coast Community College Emergency Medical Technician (EMT) Program. I understand that acceptance into the program is dependent on successful completion of all application requirements.

I hereby release all parties and persons connected with any request for information from all claims, liabilities, and damages for whatever reasons arising out of furnishing such information. If these requirements are not met by the deadline given, I understand that OCCC has the right to drop me from the program and I am not eligible for a refund for any fees related to the class.

### **Criminal History Requirements and Policies**

Participation in the EMS Program requires passing a criminal background check. My signature below indicates that I have read and understand the Oregon Department of Human Resources and Lists of Potentially Disqualifying Crimes and Disqualifying Crimes (available on the OCCC college website, EMT section).

### **EMT Training Program Policy Manual**

My signature below indicates that I have

1. Read the EMS Policy Manual and I agree to comply with the stated policies and procedures and I have asked for clarification if I had any questions on the material.
2. Visited the Oregon health Authority Website: EMS Provider Licensure and Training and review the various web pages including Frequently Asked Questions under Professional Standards
3. Reviewed the National Emergency Medical Services Educational Standards

### **Confidentiality Agreement**

Medical records and hospital information are confidential for the protection of patients, families, employees, medical staff, students/interns, and the hospital. Confidential information includes any information that a student hears or sees while conducting evaluation, research, or educational activities at any health care facility. Patient privacy is to be respected at all times. Breach of confidence is cause for immediate termination of the individual from the EMS Program.



**My signature below indicates the following:**

1. I agree not to repeat or discuss, with any unauthorized individuals, confidential information, which I may see or hear in conducting evaluation, research, or educational activities while at any healthcare facility.
2. I agree not to obtain or distribute any originals or copies of any health care facilities' documents that are considered confidential or part of a patient's medical record.
3. I understand that breach of confidence is cause for immediate termination of my enrollment in the OCCC EMT-Basic program.
4. I understand that unauthorized release of confidential information may subject me to civil liability under the provisions of state and federal laws.

My signature below further indicates that I have received, read, and understand the disclosure statement, enrollment agreement, and program policies available in this document and on the college website.

**I certify that the above information is thorough and accurate to the best of my knowledge and that I understand and agree to comply with the disclosure statement.**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Non-Discrimination**

The College prohibits unlawful discrimination based on race, color, religion, national origin, sex, marital status, disability, veteran status, age, sexual orientation, or any other status protected by federal, state, or local law in any area, activity or operation of the College. The College also prohibits retaliation against an individual for engaging in activity protected under this policy, and interfering with rights or privileges granted under anti-discrimination laws. In addition, the College complies with applicable provisions of the Civil Rights Act of 1964 (as amended), related Executive Orders 11246 and 11375, Title IX of the Education Amendments Act of 1972, Section 504 of the Rehabilitation Act of 1973, Americans with Disabilities Act of 1990 (as amended), Uniformed Services Employment and Reemployment Rights Act ("USERRA"), and all local and state civil rights laws. Under this policy, equal opportunity for employment, admission, and participation in the College's programs, services, and activities will be extended to all persons, and the College will promote equal opportunity and treatment through application of this policy and other College efforts designed for that purpose.

**Americans with Disabilities Act:** In compliance with the Americans with Disabilities Act (ADA), Oregon Coast Community College provides reasonable accommodation to students with disabilities. If you desire reasonable accommodation, please contact The Office of the Dean of Students (400 SE College Way. Newport, OR 97366) at 541-867- 8501. *Students are responsible for requesting accommodations in a timely manner and documenting the nature and extent of their disability.*

**Equal Opportunity:** It is the policy of Oregon Coast Community College to comply with all federal and state rules and regulations pertaining to the civil rights of both employees and students. Oregon Coast Community College does not discriminate on the basis of race, color, sex, sexual orientation, marital status, religion, national origin, age, disability, veteran status, or family relationship. Inquiries regarding compliance and or grievance procedures may be directed to the following college officials: Nondiscrimination in employment (Human Resources, 541-867-8515) Nondiscrimination in the provisions of educational and related services (Office of Dean of Students 541-867-8501).

# Oregon Coast Community College Health Form

:

These requirements are in place for the health and safety of students, faculty and their patients.

By contract with your academic institution, all students and faculty participating in patient care experiences must meet the following health and safety requirements. The academic institution is responsible for ensuring that requirements have been met **prior** to participation in patient care/clinical experience. Records will be kept at the academic institution and random review by the clinical affiliates will occur on a regular basis. *Documentation must meet requirements at all times.*

If you obtained your vaccine through an Oregon Public Health Department or through a school district in Oregon, after 1980 then you are probably in the ALERT system that is maintained by Public Health. Please call or visit your local Public Health Department as they may help you in obtaining the need documentation.

## SUBMITTED ONCE

### TUBERCULIN STATUS

- If no previous records or more than 12 months since last TST → **OR**
- QuantiFERON (QFT) TB Gold test within 12 months **OR**
- If newly positive TST → F/U by healthcare provider (chest X-ray, symptoms check and possible treatment documentation of absence of active M. TB disease) and need to complete health questionnaire
- If history of positive TST → provide documentation of TST reading, provide proof of chest X-ray documenting absence of M. TB, medical treatment and negative symptom check **OR**
- If history of BCG vaccine → QFT. If negative → OK; If positive → do Chest X-Ray, and symptom check by healthcare provider in 12 months

### HEPATITIS B

- Series of 3 vaccines completed at appropriate time intervals **OR**
- Provide documentation of positive titer (anti-HBs) **OR**
- If titer is **negative or equivocal** Proof of vaccinations (3 doses at appropriate intervals dated AFTER the titer)

### MEASLES, MUMPS, AND RUBELLA

- Proof of vaccination (2 doses at 28 days apart) **OR**
- Proof of immunity by titer or
- If titer is **negative or equivocal**, Proof of vaccinations (2 doses at appropriate intervals dated AFTER the titer)

### VARICELLA (Chicken Pox)

- Proof of vaccination (2 doses at appropriate intervals) **OR**
- Proof of immunity by titer or
- Physician documentation of proof of disease

### TETANUS, DIPHTHERIA, PERTUSSIS (Tdap)

- Tdap **required** every 10 years **OR**
- Td (dated within the last 24 months) and Pertussis.

### CPR

- American Heart Association BCLS Healthcare Provider Certificate

## SUBMITTED EVERY YEAR

### TUBERCULIN STATUS

- Previously documented +TST results and prior negative chest X-ray results: submit annual symptom check completed within one year from healthcare provider.

### INFLUENZA

- Proof of annual vaccination(s)

# Oregon Coast Community College Health Form

Student/Faculty Name:

Program:

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If you obtained your vaccine through an Oregon Public Health Department or through a school district in Oregon, after 1980 then you are probably in the ALERT system that is maintained by Public Health. Please call or visit your local Public Health Department as they may help you in obtaining the need documentation.

SUBMITTED ONCE Check the applicable letter in each box	SUBMITTED EVERY YEAR Check the applicable letter in each box
<p><b><u>TUBERCULIN STATUS</u></b>            A. One-step TST: Skin Test Date _____ Result: Neg ___ Pos ___ mm ___             B. QuantiFERON (QFT) Date _____ Result: _____   <b>OR</b>            C. If New Positive/Exam/X-ray Date: _____   <b>OR</b>            D. Positive TST/Negative X-ray Date: _____</p>	<p><b><u>INFLUENZA</u></b>            A. Proof of annual vaccination(s)            Date 1 _____ Date 2 _____ <b>OR</b></p>
<p><b><u>HEPATITIS B</u></b> (3 primary series shots: (at 0,1,6, mo) plus titer confirmation (6-8 weeks later)            A. Vaccination Dates            1) _____            2) _____            3) _____            B. Immunity confirmed by titer Date _____</p>	
<p><b><u>MMR (Measles, Mumps, Rubella)</u></b>            A. Vaccination Dates            1) _____ 2) _____ <b>OR</b>             B. Immunity by titers: Measles Date _____            Mumps Date _____ Rubella Date _____</p>	
<p><b><u>VARICELLA</u></b> (Chicken Pox)            A. Vaccination Dates            1) _____ 2) _____ <b>OR</b>             B. Immunity by titer Date _____</p>	
<p><b><u>TETANUS, DIPHTHERIA, PERTUSSIS (Tdap)</u></b>            A. Tdap Date _____            B. Td Date _____            C. Pertussis: Date: _____ (if you obtained a Td)</p>	
<p><b><u>CPR AHA BCLS Healthcare Provider Certificate</u></b>            Expiration Date _____</p>	

