

Minarets Adult Education

EMT B Initial Course Standards Agreement

August 13, 2018
updated

As you know, the EMT B course will teach you to assess, treat, and transport patients that are sick or injured. You may be placed into a position where YOU will need to make a decision that changes the patient's life, or even cost them their life. I, as you should, take this material seriously. Your attitude is very important. Your attitude towards the material, your co-workers, the patient's family/friends as well as the patient will affect every aspect of your life and work. If you look at this as "just another class" you will lose out on a great deal of information. The information that you miss might be the information that can help one of your friends or loved ones.

The emergency service field requires a great deal of maturity, responsibility, and dedication. I expect you to conduct yourself in a mature manner throughout the class.

With the above in mind, we need to set some basic ground rules. These rules are common sense, or so it appears, they are to allow all of us to learn the material, learn the right decisions, and enjoy our time together in class.

1. Please silence your phone. Do not be texting while the lecture is in session. Do this on your break.
2. I value everyone's opinion/concerns, as you should. Please allow everyone his or her "turn" in expressing it.
3. There will be time in class that you are allowed to talk and work with other students. Please do so when you are supposed to, not when someone else is talking. It is VERY difficult to talk in this room under normal conditions. It's almost impossible if I must talk over "visiting neighbors".
4. Please respect the property of others and the school. If something is broken, dirty or worn, please let me know. Help me to assure that we have things in working order.
5. This is a School Campus. There is to be NO TOBACCO OR ALCOHOL on the school grounds. A designated smoking area has been set up across the street.
6. I allow food and drinks in class as long as it does not create a problem. Please clean up after yourself.
7. The EMT student will need to complete 146 didactic hours and 24 clinical hours for a total of 170 hours. Any shortage of required hours will need to be rescheduled with the instructor or a course completion will not be given.
8. The EMT student will maintain at least a "B" average (80%) throughout the course or the student may be dropped from the course.

9. The student will obtain at least a "B" (80%) on the final written exam.
10. Any student caught cheating in any form may be dropped from the course.
11. The EMT student must successfully complete the 10 National Registry Skills Stations with 100% accuracy. Failure to complete any skills station must be remediated under the supervision of the instructor.
12. The EMT student must have their tuition paid in full prior to receiving a course completion certificate and all loaned equipment and/or textbooks must be returned in satisfactory condition. Failure to do so will result in a delay in course completion.
13. Any EMT student requiring disciplinary action by the instructor may result in suspension or expulsion from the course depending on the severity of the incident.
14. Students shall have their own medical insurance during the EMT program and during all ride a longs and clinical rotations,
15. I agree for myself, my heirs, assigns, children, next of kin, agents and representatives, to release Minarets Medical from any and all liability for damage to or loss of property, illness, injury, death, legal entanglements, imprisonment, or loss of money whether occurring on or off the premises. This release includes without limitation, any injury, death or loss of property caused by the active or passive negligence of any of the released parties. I TAKE SOLE RESPONSIBILITY FOR ANY LOSS.
16. I agree to indemnify, defend, and hold harmless Minarets Medical, its instructors, and guest speakers against all liability, demands, claims, costs, losses, damages, recoveries, settlements, and expenses incurred by me, known or unknown, directly or indirectly, related to claims, suits, or actions arising from my participation during the Emergency Medical Technician Program (Minarets Medical EMT) or during the ride a longs or clinical rotations with Johns C. Fremont.

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I, _____ understand, accept, and agree to abide by the rules, regulations, and requirements of Minarets EMT 1 Program, Sierra Ambulance, and John C. Fremont their employees, agents, trustees, and board of directors. I also understand, accept, and agree to abide the rules, regulations, and requirements of Fresno/Kings/Madera EMS and the State of California EMS Authority.

I understand:

1. I must complete a minimum of 24 hours of clinical observation with 10 patient contacts. This may be completed through approved ambulance and/or clinical observation.
2. I shall conduct myself in a professional manner at all times.
3. I must be dressed appropriately during my observation time. The dress code includes dark pants (blue/Black), light colored shirt (white/lt. blue) and black sturdy shoes/boots. I shall wear my name badge at all times during the observation. No jeans, torn clothing, halter tops, shorts; visible piercings or offensive tattoos, or excessive makeup will be allowed during the

observation. The staff of the ambulance and hospital may send me home for inappropriate dress.

4. I am allowed to complete my observations with the following organizations. These are the only providers that we have training agreements with, which my time counts with, and that I am legally protected with.

Sierra Ambulance	American Ambulance
John C. Fremont	Mercy Ambulance

5. I understand that under no circumstances am I allowed to do ANYTHING that is outside the EMT B scope of practice. I am NOT allowed to break the patient's confidentiality (Protected Health Information "PHI"). I may NOT mention the patients name and give people not involved in the patients care information in regards to the patient's medical/trauma complaint, medical history, medications, medical care, and financial status. Further, the confidential information may not be released to anyone, including a patient's family or relatives, without the consent of the patient or responsible party. Violations of the above may result in termination from this program, ineligibility to enter another program, civil and/or criminal charges.
6. If I have any questions or concerns with any of the above information I ask the instructors of the EMS program, paramedic (ambulance observation), or service coordinator (hospital observation).
7. \$200.00 deposit that reserves a seat in the class. (but goes towards the tuition) is non-refundable. The \$500.00 (or remaining balance) is due the first night of class. You may drop the class after January 18, 2018 and receive a \$500.00 refund, after that date it is non-refundable.
8. Students shall have their own medical insurance during the EMT program and during all ride alongs and clinical rotations

9. Immunizations must be up to date and a copy to be provided to the program . The list of immunization is provided on the first day of class.

10. I agree for myself, my heirs, assigns, children, next of kin, agents and representatives, to release Minarets Medical from any and all liability for damage to or loss of property, illness, injury, death, legal entanglements, imprisonment, or loss of money whether occurring on or off the premises. This release includes without limitation, any injury, death or loss of property caused by the active or passive negligence of any of the released parties. I TAKE SOLE RESPONSIBILITY FOR ANY LOSS.

11. I agree to indemnify, defend, and hold harmless Minarets Medical, its instructors, and guest speakers against all liability, demands, claims, costs, losses, damages, recoveries, settlements, and expenses incurred by me, known or unknown, directly or indirectly, related to claims, suits, or actions arising from my participation during the Emergency Medical Technician Program (Minarets Medical EMT) or during the ride a longs or clinical rotations with Johns C. Fremont.

Signed this day _____ of _____ .In the County

of _____ California

Signature

Print Name

Parent Signature (if under 18)

Print Name

Witness

Print Name