



**Emergency Medical Sciences
Clinical Course
Student Handbook**

2026

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**EMS PROGRAMS
FIELD INTERNSHIP PRECEPTOR HANDBOOK**

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WELCOME TO CLINICAL ROTATIONS

Welcome to clinical/field/capstone rotations. This is a very important aspect of your EMS education. This manual will walk you through the process for signing up, what is required, and a great deal of important information. You will attest to receiving, reading, AND understanding the information in this manual prior to signing up for clinical/field/capstone rotations. If at any time, you have questions regarding your rotations, please ask your Clinical Coordinator or your Program Director, NOT the clinical facilities. Program contact information is on the previous page of this manual.

DEFINITIONS

Clinical: In this document, clinical means hospital-based rotation (ER, ICU, CCU, etc).

Clinical course: In this document, clinical course means the Clinical Course you are enrolled in at the college (EMSP 1361, EMSP 2260, EMSP 2261, EMSP 2262)

Field: In this document, field means an EMS based rotation on the ambulance.

Capstone: In this document, capstone is the last clinical portion (EMSP 2262) of the paramedic program.

Rotations: In this document, rotations include all clinical/field/capstone shifts.

CLINICAL CLEARANCE PROCEDURE

To enter the clinical/field portion of your course the following conditions must be met:

- You must have completed all required immunizations and provided all proof to the Clinical Coordinator who will track this process. These are due by week 2 of class. Failure to meet this deadline will delay the start of your rotations.
- You must have completed and turned in your physical clearance form to the Clinical Coordinator. This is due by week 2 of class. Failure to meet this deadline will delay the start of your rotations.
- You must have completed the Background Check and received a clear result. If there is a question about a background check result, it will be up to the facility (EMS and Hospital) whether you are allowed to do rotations at their site. If you have a conviction on your record or pending, it is highly advised that you complete a pre-screening with Texas DSHS before completing this program. This process is located in your EMS student handbook or ask your Program Director for assistance.
- You must have passed a urine drug screen (ordered by the college). If you fail to pass the drug screen, you will be suspended from rotations. To see the full policy, see your EMS student handbook.
- You must complete the orientation for each location you wish to attend rotations during the semester (EMT) or year (Paramedic) within the first 2 weeks of class. This is a process. Once you have completed the request/orientation on Canvas for a location, you may be expected to complete further requirements by the rotation site prior to approval. Failure to meet this deadline will delay the start of your rotations.
- You must have a current AHA BLS provider card (Paramedic), obtained during your course (EMT) and have passed the BLS competency skills check off in class (both). If your BLS card lapses anytime during rotations, you will be immediately suspended

until you can provide an updated AHA BLS provider card.

- You must have and maintain an 80% average in the classroom course. If your class course grade falls below an 80%, you will be suspended from all rotations immediately and not allowed to return until remediation is completed and your grade remains above 80%.
- You must remain in good standing to complete the classroom course and be eligible for NREMT testing in order to attend clinical rotations. If at any point a student becomes ineligible for completion and NREMT testing, the student will be removed from clinical rotations.
- **PARAMEDIC STUDENTS ONLY:** You must have at least a current NREMT EMT certification or current Texas DSHS EMT certification. If your certification lapses at any time during rotations, you will be immediately suspended until you can provide an updated certification.
- Upon completion of all of the above requirements, you will receive a clinical clearance email from the clinical coordinator stating you are cleared to start signing up for each specific location. If you have not received an email stating you are cleared for a location, **DO NOT** sign up for shifts at that location.
- It is up to you, the student, to provide everything for clearance in a timely manner. Failure to do so will delay the beginning of your rotations. **ALL** rotations and requirements must be completed by the deadline to pass the clinical course and be cleared for NREMT testing. The deadline is listed on your course schedule in Canvas.

ROTATION SCHEDULING PROCEDURE

Once you have been cleared to begin rotations, then you may start requesting shifts for your schedule. During orientation, you were taught how to log into your Platinum Planner and sign up for shifts. Note: you can only see shifts starting from 2 weeks from today's date. You must schedule shifts 2 weeks in advance.

If you forget how to sign up for a shift or need help, please reach out to the Clinical Coordinator or the Program Director.

You may not sign up for clinical rotations at any location that you have not been cleared for.

CLINICAL/FIELD/CAPSTONE PHILOSOPHY

The clinical and field internship phase (EMSP 1361, EMSP 2260 and 2261) of the EMS Program is **OPEN-ENDED** and **COMPETENCY BASED**. Students must not only complete the required hours in each specialty, they must also meet specific objectives including a number of specific age populations, patient complaints, skills performed, and other criteria before completing the clinical/field portion of the course. The student minimum requirements for EMT and Paramedic are included in this manual as well as the clinical objectives for each rotation. All clinical and field requirements must be met before the course is considered complete. If a student fails to complete a clinical course, they will not be cleared to test for NREMT certification or licensure. Paramedic students: as you are doing field rotations at local ambulance services and work with someone that was a really great teacher and you learned a lot from, ask them if they have completed the Capstone Preceptor course or if they are

interested in becoming a Capstone Preceptor. They can contact Miranda Hagans (mhagans@panola.edu), Kimberly Fountain (kfountain@panola.edu), or Priscilla Baugh (priscilla.baugh@panola.edu) for more information.

Paramedic students: You may only complete 30% of your field rotations (EMSP 2260 and EMSP 2261) at an ambulance service where you are employed. This helps prevent subjective opinions interfering with objective student progress documentation.

The Capstone internship phase (EMSP 2262) cannot be started until all requirements of clinical/field phase (EMSP 2260 and 2261) and EMS Operations (EMSP 2305) are completed. The student must work with the Clinical Coordinator to choose a minimum of 2 and a maximum of 3 approved Capstone preceptors and be cleared by the Clinical Coordinator before starting the Capstone rotations. To obtain a list of cleared Capstone Preceptors please ask the Clinical Coordinator. No Capstone rotations can be completed at an ambulance service where you are employed or with a Capstone preceptor that works at the ambulance service where you are employed.

Capstone internship rotations may begin any time after the beginning of the Assessment Based Management course (EMSP 2143) AND you have been cleared to begin by the Clinical Coordinator.

The Capstone internship phase of the Paramedic Program is OPEN-ENDED and COMPETENCY BASED. Although there are minimum requirements for team lead patient contacts, students have successfully completed the internship when they have demonstrated consistently that they possess the knowledge, skills, and personal attitudes necessary to perform the duties of an entry-level paramedic practitioner and be signed off by their Capstone Preceptor who attests to this fact. **COMPLETION OF THE COURSE IS NOT DETERMINED BY COMPLETION OF A FIXED NUMBER OF HOURS, AMBULANCE RUNS, OR PROCEDURES. IT IS DETERMINED BY THE STUDENT'S DEMONSTRATION THAT HE OR SHE CAN FUNCTION AS AN ENTRY LEVEL PRACTITIONER.** CoAEMSP defines the capstone experience as “Activities occurring toward the end of the educational process to allow students to develop and practice high-level decision making by integrating and applying their Paramedic learning.”

A team lead is defined as:

The student has successfully led the team if he or she has conducted a comprehensive assessment (not necessarily performed the entire interview or physical exam, but rather been in charge of the assessment), as well as formulated and implemented a treatment plan for the patient. This means that most (if not all) of the decisions have been made by the student, especially formulating a field impression, directing the treatment, determining patient acuity, disposition and packaging and moving the patient (if applicable) Minimal to no prompting was needed by the preceptor. No action was initiated/performed that endangered the physical or psychological safety of the patient, bystanders, first responders or crew.

The call can be an ALS or BLS call, but should be mostly ALS level calls overall during the capstone experience. Transfers from nursing home to hospital, doctor’s office, hospital to home, interfacility, ect do not count. They should be 911 calls. Calls that do not end in transport of the patient do not count (lift assist, DOA, patient refusal).



**Panola College EMT Student
Minimum Requirements:
Clinical/Field**

Hours:

72 ER clinical hours

72 EMS clinical hours

Patient Types:

4- Adult

3- Geriatric

3- Pediatric

Total: 10 patient contacts minimum

4- EMS patient contact minimum



Panola College Paramedic Student Minimum Requirements

Clinical/Field/Capstone

Hour Minimum Requirements

Semester 1 (EMSP 2262)

ER- 100 hours
Surgery- 24 hours
Ambulance- 68 hours

Semester 2 (EMSP 2261)

L&D/Mother Baby- 12 hours
Pediatrics- 12 hours
Ambulance/ER- 68 hours
Cath Lab- 8 hours
Dr. McWilliams- 12 hours

Must have 30 ambulance patients (EMSP 2260-2261)

Patient Age Groups

Pediatrics:

15 Formative
15 Competency
30 TOTAL

This must include the following:

- 2 Neonate (birth-30 days)
- 2 Infant (1-12months)
- 2 Toddler (1-2 years)
- 2 Preschool (3-5 years)
- 2 School Age/Preadolescent (6-12yrs)
- 2 Adolescent (13-18 years)

Adult (19-65 years):

30 Formative
30 Competency
60 TOTAL

Geriatric (over 65 years):

9 Formative
9 Competency
18 TOTAL

Continued on next page.

Conditions:

- 27 Trauma (18 Formative, 9 Competency)
- 18 Psychiatric/Behavioral (12 Formative, 6 Competency)
- 6 Obstetric Deliveries (2 with normal newborn care, 2 complicated deliveries, 2 Competency)
- 4 Distressed Neonates (birth to 30 days) (2 Formative, 2 Competency)
- 18 Cardiac Pathology/ Complaint (12 Formative, 6 Competency)
- 3 Cardiac Arrest (2 Formative, 1 Competency)
- 16 Cardiac Dysrhythmias (10 Formative, 6 Competency)
- 12 Medical Neurologic Pathology/Complaint (8 Formative, 4 Competency)
- 12 Respiratory Pathology/Complaint (8 Formative, 4 Competency)
- 18 Other medical conditions/complaint (12 Formative, 6 Competency)

Skills:

- 25 IV
- 2 IV infusion medications
- 10 IV bolus medications
- 2 IM injections
- 2 IO access
- 10 PPV with BVM
- 10 oral endotracheal intubations
- 2 endotracheal suctioning*
- 2 FBAO removal using Magill Forceps*
- 2 cricothyrotomy*
- 10 supraglottic airway insertions
- 2 Needle decompressions*
- 2 synchronized cardioversions*
- 2 defibrillations*
- 2 transcutaneous pacing*
- 2 chest compression*

* skills can be simulated in the classroom if not obtained in the field

Capstone (EMSP 2262)

Ambulance 96 hours

Must have a MINIMUM of 20 ambulance Team Leads in this section and be signed off by capstone preceptor.



Panola College Paramedic Program Capstone Field Internship Preceptor Clearance

Student Name	DSHS #	Date
Preceptor Name	Preceptor Email	Preceptor Phone Number

Overall Evaluation

Instructions

Read each statement and mark "Yes" if you agree with the statement and "No" if you do not. If you mark "No" on any statement, please explain in the comment section.

I have precepted this student for at least 5 shifts during their capstone field internship. Yes No

This student has demonstrated entry level competence when treating patients. Yes No

The student led the team with little or no prompting for at least 20 patient contacts. Yes No

The student is ready to graduate from the capstone field internship. Yes No

General Comments About the Student

Large empty box for general comments about the student.

By marking "Yes" to each evaluation statement and by signing this form, I am verifying that this student has completed the field internship and is ready to function as an entry-level paramedic.

Preceptor Signature

CLINICAL DRESS CODE

Clinical dress code consists of the following:

1. Panola College EMS Training Program POLO shirt. STUDENTS MAY NOT WEAR THEIR SERVICE AFFILIATION UNIFORM OR T-SHIRT.
2. Black uniform pants.
3. Black belt.
4. Black shoes or boots. (NO OPEN TOED, CANVAS, OR CLOTH SHOES)
5. Name Tag supplied by the EMS Programs. NAMETAGS MUST BE WORN AT ALL TIMES. Name tag to be on the right side collar of the shirt.
6. Watch with a second hand for taking vital signs.
7. Long hair must be pulled back at all times in a conservative manner.
8. Men should be clean shaven or have a groomed mustache and beard.
9. Fingernail polish shall be clear or light colored. Nails must be kept short and neat.
10. Jewelry
 - a. Only modest jewelry may be worn. Earrings can be studs or close to the ear and a necklace must be worn under the shirt. Piercings other than earrings must be taken out or have a clear placement holder in. (i.e., tongue rings, nose rings, etc)
 - b. Students, who have other body parts pierced, should ensure that the piercing is covered and not visible to clinical staff and patients.
11. Students will not wear **heavy** perfumes, colognes or makeup.
12. Students must bring their clinical equipment to each clinical rotation for use (safety vest, eye protection, stethoscope, pen light, scissors, pens, clinical paperwork, and laptop or tablet for documentation). This equipment is provided to the EMT class prior to clinical rotations in their clinical kit.

The clinical dress code is designed to make students readily visible, safe, and reduce the student's chances for communicable disease exposure, as well as to present a professional appearance.

ALL CLINICAL SITES WILL SEND THE STUDENT HOME IF THE REQUIRED DRESS CODE IS VIOLATED. Students may need to change clothes for L&D rotations, follow hospital guidelines for this clinical location. All students MUST arrive at clinicals in full clinical uniform.

Clothing must be clean and neat. Students are expected to practice good personal hygiene. Failure to meet these requirements is a dress code violation.

The rotation uniform will be worn ONLY during official activities related to the EMS program or while traveling to and from these activities. Wearing the uniform in other settings will be considered a dress code violation.

Students who commit dress code violations will be asked to leave the rotation site which will result in an absence. Repeated violations can result in dismissal from the program. If a student is dismissed or asked to leave the rotation, no time from that rotation will count and the entire shift must be repeated.

STUDENT CONDUCT

1. At all times during clinical rotations, professional conduct and attitudes will be expected of all students. Unprofessional conduct or attitudes toward program faculty or staff, clinical or field facility staff, patients, or the public in general the student will be sent home and may constitute grounds for dismissal from the Program.
2. Park in the visitor or student designated parking areas at each of the clinical rotations. Information for locations with specific student parking requirements can be found on the clinical course Canvas page under the specific location's orientation tab.
3. When you arrive at the clinical/field site. Be sure to clock in on the Platinum Planner app and then check in with the person in charge for directions.
4. Report to the clinical site 15 minutes before the beginning of your shift. Ask who will be supervising you. Be on time. Since the beginning of a shift is a busy time for the personnel on duty, do not expect to receive much of an orientation to the department until shift change responsibilities have been completed. You are expected to assist with chores at the ambulance station such as sweeping, mopping, cleaning, washing the ambulance and checking and restocking supplies on the ambulance. During hospital rotations, you are expected to assist in preparing rooms for patients when asked, however, this is not your main goal during clinical.
5. If you are going to be absent for a clinical. If it is at least 3 weeks prior to the clinical date, you may contact your Clinical Coordinator to cancel a shift. **This is allowed 3 times.** If it is less than 3 weeks prior to the clinical date and someone else wants the shift you are planning to give up, you and the person that wants the shift can contact the Clinical Coordinator and ask for them to be put on the shift. If it is less than 3 weeks prior to the clinical date and you will be absent, no one else wants the shift, then once the shift date arrives, you must log into the shift and mark yourself absent. This will count as an absence in the course. Absences in clinical courses are counted the same as in the academic courses in this program.
6. Make yourself available to perform any duties within the scope of your training. Try to stay busy at all times. When a clinical area is quiet and there are no patients to observe or help with, you may study. **PATIENT CARE ALWAYS TAKES PRIORITY OVER STUDYING DURING CLINICAL ROTATIONS.**
7. If you are asked to perform a duty for which you have not been trained, respectfully advise the clinical staff that the duty is beyond your scope of training. **IT IS YOUR RESPONSIBILITY TO REVIEW THE CLINICAL OBJECTIVES AND THE SKILLS THAT YOU ARE APPROVED TO PERFORM WITH YOUR PRECEPTOR AT THE BEGINNING OF EACH SHIFT.** There is a Panola College EMS Program clinical internship binder at every clinical site (Nurses station in each department at each hospital and given to each EMS site), this includes all preceptor information in this document, all skills in your scope of practice, and contact information for your program.
8. You may perform skills that you have been cleared to perform **ONLY** under the supervision of

hospital personnel on scheduled rotations or under the supervision of your assigned preceptor.

9. You should actively participate in the care of each patient to whom you are assigned. Avoid limiting your attention to "interesting" patients.
10. Observe the accepted rules of confidentiality while doing clinical rotations. Discuss a patient's condition or treatment only with the clinical personnel responsible for the patient's care. Any such discussions should be private, out of hearing range of the patient and their family, and limited to the medical aspects of the case. Classroom discussion of patient cases may be appropriate under some circumstances, however, the patient's name, the clinical site, or the names of other personnel caring for the patient will NOT be mentioned under any circumstances. VIOLATION OF PATIENT CONFIDENTIALITY IS GROUNDS FOR DISMISSAL FROM THE PROGRAM AND WILL BE REPORTED TO APPROPRIATE ENFORCEMENT AGENCIES.
11. All questions from the patient, his family and friends or others regarding the patient's condition or treatment will be referred to the appropriate clinical staff member.
12. Do not question the care of a patient in the presence of a patient or his family. Questions should be directed to the clinical staff at an appropriate time or place or to the lead instructor. Methods of treatment may vary depending on the patient's condition, the setting, and the preference of the personnel in charge. Accordingly, any questions must be asked with due respect.
13. Do not discuss or criticize the actions of physicians, nurses, technicians, support staff, field EMS personnel, or program faculty and staff. If you have problems or concerns, take them up privately with the lead instructor or the program director.
14. Do not seek free medical advice for yourself, your family, or your friends while on clinical rotations.
15. Do not bring friends or relatives to clinical rotations under any circumstances.
16. Do not eat, drink, chew gum, or use tobacco in any form where patients can see you. Break areas should be used for these activities. Tobacco use policies established by the clinical facilities must be observed, this includes smokeless tobacco (dipping), and vaping.
17. If the ambulance and crew are not at the station when you arrive, they may be on a call. Check in with the station commander if available and follow their directions or notify your clinical coordinator and wait in your vehicle for them to return.
18. Do not enter EMS vehicles without the permission of one of the crew members.
19. Do not shut off, drive, or take keys from the EMS vehicle at any time.
20. Do not give out telephone numbers of EMS stations or hospital clinical areas. Do not use these telephones for personal calls.

21. When you meet the EMS crew you will be working with, be sure they know you are willing to learn and actively participate in the patient's care. Discuss the internship objectives and their plans for helping you satisfy the internship objectives with them.
22. Ask to look through the ambulance to get an idea of where everything is. You may be asked to get things for the crew, and you need to know where items are located before you are out on a call.
23. If you happen to pick a slow day, be sure to bring something along to do while waiting for calls. Do not expect the crew to sit and entertain you while you are at the station. EMS personnel are often full-time students, and they may go to their rooms to study, to sleep, or just to be alone. Do NOT sleep on clinicals, this will result in a write up and disciplinary action.
24. Do not eat food found at EMS stations and do not expect EMS crews to take you somewhere to get food.
25. If the EMS crew goes to bed before it is time for you to leave, turn off the TV and keep any other noise to a minimum until it is time for you to leave. DO NOT WAKE THE CREW TO SIGN FORMS. This should be done before they go to bed.
26. Do not stay beyond the end of your assigned shift, unless approved by shift supervisor and the Clinical Coordinator or Program Director. But be sure all work begun by you is finished before you leave. No student should be at the ambulance station after 10:00pm.
27. Blood, urine, serum, plasma, spinal fluid, feces, and other human biological materials are all capable of transmitting disease. Proper precautions should be taken at all times to avoid potential infection. WEAR YOUR PPE.
28. If you are injured on duty or have close contact with a patient who may be suffering from a communicable disease, advise the supervisor of the clinical area through which you are rotating AND the EMS Program Director immediately. You will need to file a written report that includes the date and time of the incident and a detailed description of what happened. Treatment and documentation will be approved by the Infection Control Officer/Program Director (Miranda Hagans- (479)629-6698).
29. If problems of ANY kind arise during clinical rotations, please discuss them with the clinical coordinator or program director. DO NOT ATTEMPT TO SOLVE PROBLEMS OR RESOLVE DIFFERENCES ON YOUR OWN.
30. YOU WILL BE EXPECTED TO COMPLY WITH ALL LAWFUL INSTRUCTIONS, ORDERS, OR DIRECTIONS GIVEN TO YOU BY PROGRAM FACULTY, STAFF, OR INSTRUCTORS; PERSONNEL OF THE HOSPITALS THROUGH WHICH YOU ROTATE; OR EMS PRECEPTORS OR SUPERVISORY PERSONNEL. FAILURE TO COMPLY WITH LAWFUL INSTRUCTIONS, ORDERS, OR DIRECTIONS MAY RESULT IN DISMISSAL FROM THE PROGRAM.
31. This is only a partial set of standards of conduct and is not intended to be all-inclusive. You are

expected to exercise discretion and common sense, behave as a guest of the clinical facility, and represent the Program in a professional manner. Remember, this can serve as an interview with a future employer. Be respectful and courteous always. .

32. At NO time can a student be on-duty or a part of the staff while completing clinical time for class. Students must ALWAYS be a third rider on an ambulance crew.
33. All ORIGINAL paperwork with signatures must be uploaded into Platinum Planner on each shift AND turned in to be counted. If a student fails to turn in the ORIGINAL signed paperwork from the preceptor, the shift and patient contacts will not count for the student.
34. Students are **REQUIRED** to clock in and out of rotations. If a student does not clock in and/or out or does so from a location other than the rotation site, the time may not count.
35. ALL documentation is due within **24 hours** of the completion of the rotation. Grade points will be deducted for late documentation. (see rubrics)

CAPSTONE INTERNSHIP GUIDELINES

Once capstone field rotations have begun and the Assessment Based Management (EMSP 2143) has been completed, students are no longer in the classroom during the week. This allows time for the student to follow their capstone preceptor's work schedule.

- You must be in clinical at least 3 shifts per week during capstone internship after EMSP 2143 has completed.
- You may only ride with your approved Capstone preceptors during this time.
- During this time, you should be working with your capstone preceptors to build confidence in your craft as well as working on any weaker elements.
- At the completion of the required minimums, you should know whether you require extra time or if you are ready for clearance.
- To be cleared from capstone internship, your capstone preceptor must request a clearance form and affective behavior form from either the program director or the clinical coordinator to complete and turn back in to them. A sample of this form is on page 9. This "SAMPLE" form is not acceptable for the clearance form.
- The preceptor **MUST** request the form from the PD or CC and return it directly to the PD or CC. This is a requirement for your completion of the course. These completion forms will not be accepted from a student.
- The capstone course **MUST** be completed by the deadline listed on your course schedule in Canvas. If the capstone course is not completed, the student will not be cleared to test NREMT for certification and licensure.
- ALL documentation is due within 24 hours of the end of the shift, this is Texas state law. Any late documentation will result in a loss of points.
- All documentation will be done in Platinum Planner. An EMS Run report is required for every patient that the student comes into contact with.
- ALL original documentation must be turned in to the Clinical Coordinator before a student can be cleared to test.

DISCIPLINARY COUNSELING AND PROBATION

A student may be counseled or dismissed from the Program for:

- Misrepresents a material fact on the application for admission or any other documentation required for admission.
- Absences or tardiness issues will result in counseling. Excessive absences and tardiness will result in the student's inability to complete clinicals and eligibility for completion and certification testing.
- Failure to complete all clinicals prior to the course deadline will result in the student not being released for NREMT testing for certification.
- Violates the standards for conduct during clinical rotations.
 - a. Violating the clinical dress code will result in the student being sent home and an absence.
 - b. Uses, is under the influence of, is in possession of, or distributes alcohol or illegal drugs while participating in any phase of instruction. Frequent drug testing is done. See the policy in the EMS Student Handbook.
- Represents himself to be qualified at any level other than his current level of certification by DSHS.
- Engages in professional misconduct, including but not limited to: Discriminating in the delivery of services based on national origin, race, color, creed, religion, sex, age, disability, or economic status.
- Abandonment of a patient
- Violating any rule or standard that would jeopardize the health or safety of a patient or that has a potential negative effect on the health or safety of a patient.
- Failing to follow the standard of care in patient management.
- Appropriating or possessing without authorization medications, supplies, equipment, or personal items from the EMS Program, any clinical/field site used by the EMS Program, or any patient or employee of the EMS Program.
- Materially altering any EMS-related certificate or license issued by DSHS or any other certificate or license issued or required as a condition for admission to or successful completion of any course offered by the EMS Program.
- Obtains or attempts to obtain any benefit to which he is not otherwise entitled by duress, coercion, fraud, or misrepresentation while engaging in activities related to the EMS program or under the guise of engaging in activities related to the program.
- Performs program skills at the level of your course in any setting other than under the direct supervision of personnel at one of the approved clinical sites or under the supervision of an assigned preceptor during an assigned rotation.
- Violates general rules, regulations, or policies established by the EMS Program
- Violates the laws of the State of Texas or its political subdivisions or rules pertaining to

EMS personnel established by the State Board of Health while engaging in activities related to the EMS program or under the guise of engaging in activities related to the program.

- Engages in academic misconduct, including misrepresentation of skills performed, patients treated or assessed or time documented for a rotation shift. Also including forgery of signatures on required rotation paperwork.
- Attempts to satisfy course requirements or otherwise obtain certification by fraud, forgery, deception, misrepresentation, or subterfuge.
- Fails to comply with all lawful instructions, orders, or directions given by Program faculty staff or instructors; personnel of the hospitals at which clinical rotations are performed; or EMS preceptors or supervisory personnel.
- Fails to cooperate with or attempts to obstruct any investigation by Program faculty or staff or other officials into any case of alleged misconduct, or violation of Program, Agency rules or policies.
- Fails to conduct himself in a professional, reasonable, prudent and courteous manner otherwise engages in activities which reflect poorly upon the EMS Program.
- Does not complete accurate documentation of each patient encountered during a rotation and submit documentation within the 24 hour time period following the rotation required by Texas DSHS, this will result in counseling and possible probation or suspension of clinical time.

Students subject to dismissal on disciplinary grounds will be counseled prior to any action being decided upon. In the event of a minor infraction, the student may receive a verbal or written warning.

A student may be placed on disciplinary probation for any conduct that may lead to dismissal. The decision to dismiss a student or to impose probation will be based on the seriousness of the violation and the nature of the student's previous conduct. The decision will be made by the Program Director and the Medical Director, with input from the instructor and clinical coordinator.

CLINICAL SUSPENSION

A student whose score in the classroom has fallen below 80% is automatically suspended from clinical/field rotations until their grade is back in good standing (above 80%).

A student who demonstrates significant disciplinary problems during clinical rotations or field internship may be suspended until the problems are resolved.

A student who is under investigation for dismissal from the program will be suspended from clinical rotations until a decision is made whether the student can continue in the program or is dismissed.

A student who engages in any conduct during or related to clinical rotations or field internship that could subject him to dismissal from the program may be suspended or dismissed from clinical rotations.

A student that is ineligible for completion of the program for any reason will not be allowed to attend clinical or field rotations. The student must be in good standing in the course and on track for successful completion and certification.

Any clinical rotations or field internship time missed due to academic or disciplinary suspension must be made up by the deadline for rotations listed on the course schedule in Canvas before the student completes the course.

INFECTIOUS DISEASE EXPOSURE AND INJURY POLICY

If an EMS student suffers a known or suspected exposure to an infectious disease or injury during clinical rotations he/she should advise the supervisor of the clinical area in which the rotation is being done immediately and then contact the EMS Program Director/Infection Control Officer at (479)629-6698. The Infection Control Officer will approve care and provide insurance coverage information for students infected/injured during class or rotations and incident form for student to fill out describing the information regarding the incident.

1. Risk and Obligation:

- a. The functions of Panola College EMS Training Program entail an unavoidable risk of exposure to infectious disease among everyone.
- b. No person may refuse to care for a patient infected with HIV, hepatitis B virus, or any other infectious disease solely because of fear of infection.

2. **General Policy:** Panola College EMS Training Program will follow the Bloodborne Pathogen Exposure Control Plan that can be found in full in your clinical course on the Canvas home page.

3. **Policy Education:** The program shall provide instruction to all students about personal safety and hygiene, bloodborne pathogens exposure control plan, and safety measures to reduce risk of infection either from or to other persons in the facility prior to their rotations.

4. **Pre-exposure immunization and monitoring:** *The EMS Training Program* shall require proof or certification of appropriate immunity from selected diseases for all students as listed on the next page of this manual.

5. **Exposure Reporting:** Students who have a known or suspected exposure to an infectious disease or injury incurred during the performance of their academic responsibilities shall report the incident promptly to their immediate supervisor in the clinical area and to the EMS Program Director/Infection Control Officer. The student will provide a written statement of the date and circumstances of the exposure to the Infection Control Officer. The Infection Control Officer will work with the student to make sure care, testing, prophylaxis, and/or treatment when necessary is provided to the student and insurance is filed.

6. Isolation of Infected or At-Risk Students:

- Students of The EMS Training Program who are infected with a disease shall not perform any activities that involve a known, demonstrated risk of infection to a patient. In general, exclusion from specific activities because of infection with or exposure to any disease shall be made on a case-by-case basis by The EMS Training Program Medical Director. Persons who test positive for the HIV antibody or the hepatitis B antibody or antigen shall not perform an invasive procedure unless the person has sought counsel from the EMS Training Program Medical Director and has been advised under what circumstances (if any) the person may continue to perform the invasive procedure. If the person is allowed by the program Medical Director to perform invasive procedures, the student must notify a prospective patient of the person's positive status for the HIV antibody or the hepatitis antibody or antigen

and obtain the patient's consent.

- The EMS Training Program Medical Director and Infection Control Officer and any other consultants shall protect the confidentiality and privacy rights of the infected person. The decision about notification or follow-up studies of patients who may have been exposed to any infectious disease by personnel or students shall be made by The EMS Training Program Medical Director and Infection Control Officer on a case-by-case basis in consultation with state and local public health officials.

7. **Confidentiality:** All information acquired pursuant to this policy regarding any aspect of the infectious disease status of any person shall be confidential unless disclosure is authorized or required by law

REQUIRED STUDENT IMMUNIZATIONS

The following immunizations are required of all students participating in clinical rotations. Students may either provide their instructor or course coordinator with proof of these or document these on a separate form.

Tuberculosis (Tb)

Students must have a Tb (PPD) Test within the previous 1 year of beginning the course. Students who have a positive reaction or are allergic to the Tb Test will be required to have a Chest X-Ray to determine their current status. The Tb Test must be recertified annually.

Measles, Mumps, Rubella (MMR)

Students must document having received two (2) MMR vaccinations during their lifetime. Students must document proof of immunization, proof of disease or titer evaluation for serum antibody.

Tetanus, Diphtheria, Pertussis

Students must document Tetanus, Diphtheria, Pertussis (Tdap) shot within the past ten (10) years.

Varicella (Chicken Pox)

Students must document having received two (2) Varicella vaccinations during their lifetime. Students must document proof of immunization, proof of disease or titer evaluation for serum antibody.

Hepatitis B Vaccination (HBV)

Students must document proof of immunization and titer evaluation for serum antibodies. The HBV immunization consists of the following:

Have titer drawn to determine serum antibody status, if negative then do the following:

Month 1	1 st shot
Month 2	2 nd shot
Month 6	3 rd shot

Within 30 days you must have a 2nd titer drawn to determine the antibody status.

Panola College EMS Training Programs Clinical Objectives

Emergency Department

During *emergency room* experience, the student should practice under direct supervision of equal or higher certification/licensure and demonstrate proficiency for each of the following:

All Levels

Perform patient assessment including developing relevant medical history and conducting a physical examination. The assessment should include at a minimum:

- ✓ Vitals assessment
- ✓ *Auscultation* of breath sounds
- ✓ *Auscultation* of heart tones
- ✓ *assessment* of skin condition

Assist and review the treatment of trauma cases and medical emergencies.

Assist in triaging patients.

Assist in hemorrhage control, bandaging, and splinting, and lifting/moving patients

Assist in cases of cardiac arrest, including the performance of CPR and basic airway management.

Assist in administration of oxygen, nitroglycerine SL, Aspirin, inhaled bronchodilators

Paramedic

Perform IV/IO insertions

Draw blood samples

Perform airway maintenance including intubation and supraglottic device placement and suctioning

Prepare and administer medications via oral, IM, IO, SQ, SL, transdermal and IV routes.

Record and interpret of both 3 lead and 12 lead ECG's.

Perform Defibrillation and/or Cardioversion and/or transcutaneous pacing.

Assist in performing external jugular vein cannulation.

Assist in performing chest decompression.

Monitor ETCO₂

Observe cricothyrotomy procedure

Assist in the care of patients with ET and tracheostomy tubes and on ventilators (Sem 2 only)

Panola College
EMS Training Programs Clinical Objectives

Operating Room/Surgery

During the experience in the *Operating Suite*, the student should practice under direct supervision and demonstrate proficiency for each of the following.

Paramedic Only

- Perform Orotracheal and Tracheal Suctioning.
- Maintain patent airway in an unconscious patient using manipulations and head position, oropharyngeal airways, etc.
- Monitor vital signs of an unconscious patient.
- Administer oxygen and manual ventilation of the patient
- Perform IV insertions
- Perform Endotracheal intubation and endotracheal suctioning.
- Prepare and administer medications via oral, IM, IO, SQ, SL, transdermal and IV routes and record observed effects of pharmacologic agents.
- Monitor, record, and interpret ECG's and 12 leads.

Panola College

EMS Training Programs Clinical Objectives

Labor & Delivery

During *labor and delivery*, the student should practice under direct supervision and demonstrate proficiency for each of the following:

Paramedic Only

- Identify and label the three stages of labor, common complications and procedures during abnormal deliveries
- Assist in normal cephalic deliveries.
- Observe and assist, if possible, in abnormal deliveries.
- Assist in management of the newborn, including cutting the cord and suctioning.

- Assist in the resuscitation of the newborn.

- Perform IV insertions
- Draw blood samples
- Perform Endotracheal intubation
- Prepare and administer medications via oral, IM, IO, SQ, SL, transdermal and IV routes and record observed effects of pharmacologic agents.
- Record and interpret ECG's and 12 leads
- Control postpartum hemorrhage by uterine massage and infusion of oxytocin.
- Perform Defibrillation and/or Cardioversion and/or transcutaneous pacing.

Panola College

EMS Training Programs Clinical Objectives

Cardiac Cath Lab

During the experience in the Cardiac Cath Lab, the student should practice under direct supervision and demonstrate proficiency for each of the following:

All Levels

- Observe the management and assist with pre/post op treatment as possible including:
 - Vital signs
 - Providing and recording of all assessment findings
- Answer the following questions about each patient in the CCL that you are able to observe/participate in their care.
 - What providers were a part of the cath team? What roles did each play?
 - For what reason did/may the MD order a Cardiac Catheterization?
 - What is the care of the patient Pre and Post Cath?
 - Why does everyone in the cath lab wear a radiation badge? What are the guidelines for self-protection against exposure to radiation?
 - What types of emergencies come up in the cath lab? How are they handled? What are some of the medications given in the cath lab and what are they given for?
 - What is the procedure for EMS bringing a patient that could be taken directly to the cath lab?

Panola College

EMS Training Programs Clinical Objectives

Pediatric Unit

During the experience in the pediatric unit, the student should practice under direct supervision and demonstrate proficiency for each of the following:

All Levels

- Do a full assessment on all patients and document.
- Observe and assist in the management of the following patients:
 - Newborn (0-1month)
 - Infant (1mo-1yr)
 - Toddler (1-2yrs)
 - Preschool (3-5yrs)
 - School-Aged/Preadolescent (6-12yrs)
 - Adolescent (13-18yrs)
- Record the medications used for the treatment of the above patients and each medication's contraindications, indications, and dosages.
- Record the past medical history for the above patients, including current medications and allergies.

Panola College

EMS Training Programs Clinical Objectives

Field Internship Objectives

During field internship experience, the student should practice under direct supervision and demonstrate proficiency for each of the following:

All Levels

- Complete an orientation of expected behavior before, during and after a response with the ambulance crew.
- Locate, inspect, and prepare to use each piece of equipment on the ambulance.
- Be familiar with the service's protocols or practice guidelines.
- Locate and operate radio equipment and briefed over field-to-hospital patient reports.
- Practice loading and unloading the ambulance stretcher with and without a load.
- Perform patient assessment including developing relevant medical history and conducting a physical examination on the medical, trauma, unconscious, and pediatric patients. The assessment should include at a minimum:
 - ✓ Vitals assessment
 - ✓ Auscultation of breath sounds
 - ✓ Auscultation of heart tones
 - ✓ Assessment of skin condition
 - ✓ Complete Head-to-toe survey
- Assist and review the treatment of trauma medical emergencies.
- Assist in triaging patients.
- Assist in hemorrhage control, bandaging, and splinting.
- Assist in cases of cardiac arrest, including the performance of CPR and basic airway management including OPA, NPA, supraglottic airway device insertion and provide manual ventilations.
- Assist in administration of oxygen, Aspirin, Nitroglycerine SL, inhaled bronchodilators
- Document all components of DCHART

Paramedic Level Only

- Perform IV/IO insertions
- Draw blood samples
- Perform Endotracheal intubation and supraglottic airway devices
- Prepare and administer medications via IM, SQ, IVP, Piggyback, and ET routes.
- Record and interpret ECG's and 12 leads
- Perform Defibrillation and/or Cardioversion and/or transcutaneous pacing.
- Assist in performing external jugular vein cannulation.
- Assist in performing chest decompression.
- Observe surgical cricothyrotomies
- Assist in the care of patients with ET and tracheostomy tubes and on ventilators (Semester 2 only)

Miranda Hagans



Jeffrey McWilliams (Jan 8, 2026 13:52:07 CST)

Jerry Driskill

Natalie Oswalt

Jessica Pace

Jessica Pace (Jan 9, 2026 11:29:28 CST)












Clinical Course Student Handbook 2026


Final Audit Report

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