



# EMS Program

## EMT-Basic Course Application



## Instructions for the EMT-Basic Course Application

**PLEASE READ THESE INSTRUCTIONS IN THEIR ENTIRETY. IF ALL OF THE INSTRUCTIONS ARE NOT FOLLOWED, YOUR APPLICATION WILL NOT BE CONSIDERED.**

*Applications will not be accepted unless they are complete.* As per state mandate, all EMT applicants are required to complete a placement test prior to application process or provide proof of previous college attendance. (Transcripts or college degree) Information about these placement tests can be found at RCC web site at [www.roguecc.edu/PlacementTest](http://www.roguecc.edu/PlacementTest).

Make sure all blanks are filled in **and** all required documentation is attached. **If you submit an incomplete application, we will not consider you for selection and your application will be returned to you.** Application deadline for the fall class is September 22; deadline for the winter class is December 8. Remember, applications will not be accepted after the deadlines.

---

### First page—General Information

1. Fill in personal information at the top of page.
2. In the box that asks you to indicate the course for which you are applying—please make sure you select one from each of the categories.

---

### Second page—Required Documentation

*The following shots/tests are available through the county Health and Human Services offices.*

1. **Proof of Hepatitis B Immunization Series**—Proof of the three shot series or the titer showing immunity will be required for each class. If you are just starting the series of shots, you must have the minimum of your first shot attached to your application. Along with proof of your first shot, you must submit a schedule of dates for the subsequent shots.
2. **Proof of Measles, Mumps and Rubella Immunization**—*If you were born before January 1, 1957, only one vaccination is required.* All other applicants will need proof of 2 vaccinations since birth or titer for rubella showing immunity antibody levels. Adult booster shots are available at your local Health Department.
3. **Proof of Tetanus Immunization (Within the Last 10 Years)**—This may be obtained at your local Health Department or at a physician's office.
4. **TB Test and Results (Within the Current Year)**—This may be obtained at your local Health department as well. Test must be taken within the past 3 months in order to be current during the second term clinical portion of the class.

*Required Documentation (cont.)*

5. **Proof of Oregon Residency**—Copy of current Oregon driver’s license or certification card with current address.
6. **CPR Card**—This **must** be an American Heart Association **HEALTH CARE PROVIDER** level card or an American Red Cross **PROFESSIONAL RESCUER CPR** card—Medic First Aid/CPR cards, or the American Red Cross Standard CPR card **will not be accepted**. The CPR card must remain current throughout the course and include adult, child, and infant CPR. The card must not expire before the state and national certification exams.
7. **Placement Test**—If you have taken a placement test at RCC, please provide your Student ID#. (Contact Rogue Central if you have forgotten your number.) If you have not previously attended RCC, nor taken a placement test, you must submit transcripts or proof of a degree from the college or university.

---

The bottom half of page 2 consists of statements for you to read and initial. These statements indicate that you have read the documents included in this packet and are aware of the risks addressed in those documents. The documents are: *Personal History Questions, Bloodborne Pathogen Exposure, Tuberculosis Fact Sheet, Hiv Fact Sheet, and Hepatitis Fact Sheet*. **AFTER READING ALL OF THESE DOCUMENTS**, please **initial** all places indicated, print your name, date the application, and sign it.

**After you have completed the application, go through it again!**

1. Make sure you have answered all questions and initialed all lines as indicated.
2. Go through the list of required documents, and make sure you have made copies of the correct documents.
3. Remove the two instruction pages, the cover sheet, the 5 documents listed above—*Personal History Questions, Bloodborne Pathogen Exposure, Tuberculosis Fact Sheet, Hiv Fact Sheet, Hepatitis Fact Sheet*—and the *EMT Contact Information* sheet. Do not submit these with your application!
4. **Make a copy** of everything for your records.
5. Bring—or mail—the completed paperwork to the EMT offices located at the address found on the first page of the application.

**REMEMBER—FOR YOUR APPLICATION TO BE CONSIDERED, YOU MUST FOLLOW ALL INSTRUCTIONS. PLEASE DO NOT WASTE OUR TIME—OR YOURS—BY SUBMITTING AN INCOMPLETE APPLICATION.**

Thank you!

EMT Program Faculty  
Rogue Community College

# Rogue Community College

## EMT-Basic Course Application

Incomplete applications will not be accepted. Enter all information and attach required documentation. Application deadline for Fall EMT class is September 22—deadline for winter class is December 8. Mail or bring your completed application to the EMT office @ 7800 Pacific Avenue, White City, 97503.

**Please print or type:**

Last Name	First Name	MI	Home Phone	Work Phone	
Mailing Address		City	State	Zip	Cell Phone
- -	/ /	Site of High School Graduation/GED		Year of grad.	
Social Security No.	Birth date	Site of High School Graduation/GED		Year of grad.	
Email address: _____			T-Shirt Size: _____		

*Please indicate the course for which you are applying: (select one ( ✓) from each category)*

<input type="checkbox"/> Fall <input type="checkbox"/> Winter	<input type="checkbox"/> Jackson County <input type="checkbox"/> Josephine County
---	---

Current EMS Agency ( <i>paid or volunteer</i> )	Position	Start Date	Hrs per Mo.
---	----------	------------	-------------

List other employment history in the field of medicine: \_\_\_\_\_

-----

**Office Use Only:** Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_                      Notes: \_\_\_\_\_

---



---



---

Hep 1     Hep 2  \_\_\_\_/\_\_\_\_/\_\_\_\_    Hep 3  \_\_\_\_/\_\_\_\_/\_\_\_\_    Hep antibody  \_\_\_\_/\_\_\_\_/\_\_\_\_

MMR     DT  \_\_\_\_/\_\_\_\_/\_\_\_\_    TB exp \_\_\_\_/\_\_\_\_/\_\_\_\_    ODL     CPR  exp \_\_\_\_/\_\_\_\_/\_\_\_\_

[ Transcript     Degree     RCC ID # \_\_\_\_\_ ]

**REQUIRED DOCUMENTATION:** Please attach copies of the following items. Your application will not be considered unless all items are attached. (For further information about these requirements, please refer to the document *Instructions for the EMT-Basic Course Application* which is included in this packet.) Please put your initials on each of the lines below to indicate you have attached the document(s) requested.

1. \_\_\_\_\_ Proof of hepatitis B immunization series.
2. \_\_\_\_\_ Proof of 2 MMR immunizations, recent adult booster, or titer showing immunity to MMR.
3. \_\_\_\_\_ Proof of tetanus immunization (DT) within the last 10 years.
4. \_\_\_\_\_ Proof of TB test (with results) within the last year.
5. \_\_\_\_\_ Photocopy of current Oregon driver's license (picture side.)
6. \_\_\_\_\_ Photocopy of current certification for AHA Health Care Providers level or ARC Professional Rescuer CPR card.
7. \_\_\_\_\_ Proof of meeting the minimum scores required for: Reading (69), Writing (46), and Math (25). If you have not previously attended RCC or taken a placement test, you must submit transcripts or degree from the college or university attended. If you **have** taken a placement test at RCC, please enter your Student ID# \_\_\_\_\_.

***Initial after each of the three paragraphs below.***

I have read the "Personal History" questions that the State of Oregon asks upon application for EMT certification, including certain medical status and chemical substance use questions. I understand that I will have to answer all of these truthfully. \_\_\_\_\_

I have also read the EMT Position Description, including qualifications, competency areas, and description of tasks, published by the Oregon Department of Health Services-EMS Division. I understand that I may not be able to test and certify with the state, if I have any conditions which would prevent me from safely and effectively performing the duties and functions of an EMT at the level for which I am trained. \_\_\_\_\_

I have reviewed the information contained in this packet regarding bloodborne pathogen exposure and understand there is a potential risk of exposure during lab, clinical, and internship time. \_\_\_\_\_

Name of Applicant (printed): \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

[The following *Personal History Questions* are **for your review only**—they do not need to be answered here. After you have successfully completed the EMT class, you will be required to apply and test with the State of Oregon for certification; at that time, you will need to answer these questions on the OHD-EMS application.]

1. Do you or have you had within the last 10 years, any physical or mental condition that impairs, could impair, or has impaired your ability to perform the duties of an EMT? If you answer yes, explain whether your condition is controlled by medication or other treatment and how your condition treated or untreated, affects your ability to perform the duties of an EMT.
2. Do you or have you used in the last 10 years, any drug or chemical substance for other than legitimate medical purposes that impairs or has impaired your ability to perform the duties of an EMT?
3. Have you been counseled about, diagnosed with, or treated for a dependency on alcohol or drugs within the last 10 years?
4. Have you ever been arrested, charged with, or convicted of any misdemeanor or felony? (Minor traffic violations need not be reported.)
5. Has an employer or supervising physician taken disciplinary action against you related to your duties as an EMT? (Discipline includes suspension, letter of reprimand, resignation in lieu of termination, a limitation or restriction of scope of practice, or dismissal for cause.)
6. Have you been named in a lawsuit alleging medical malpractice or misconduct related to providing medical care?
7. Have you ever been disciplined, denied, or revoked by the National Registry of EMT's, or any health care certifying/licensing agency?
8. Have you ever surrendered or resigned a health care license or certificate?
9. Have you lived, worked, or attended school outside of Oregon for 60 or more consecutive days in the last 5 years?

This information is used to determine eligibility for certification as an EMT. **IMPORTANT:** If you answer “yes” to any of the questions, you **MUST** attach a complete explanation to this application, in a sealed envelope marked “CONFIDENTIAL.” If you fail to attach appropriate explanatory material or additional information is required, you will receive a request for additional information from the Section. Failure to provide full and complete explanatory material **WILL** result in a delay of certification. Answering “YES” will **NOT** necessarily result in denial of your application for certification. (Supporting documents may include but are not limited to medical records, police records, certified judgment orders, disciplinary action reports from previous employers and/or other certifying agencies.)

*[Again, no answers are expected of the previous 9 questions; however, keep in mind that you will need to answer them on the DHS application for certification.]*

# Job Description: Emergency Medical Technician - Basic

## ***Career Requirements:***

Responds to emergency calls to provide efficient and immediate care to the critically ill and injured, and transports the patient to a medical facility.

After receiving the call from the dispatcher, drives the ambulance to address or location given, using the most expeditious route, depending on traffic and weather conditions. Observes traffic ordinances and regulations concerning emergency vehicle operation.

Upon arrival at the scene of crash or illness, parks the ambulance in a safe location to avoid additional injury. Prior to initiating patient care, the EMT-Basic will also "size-up" the scene to determine that the scene is safe, the mechanism of injury or nature of illness, total number of patients and to request additional help if necessary. In the absence of law enforcement, creates a safe traffic environment, such as the placement of road flares, removal of debris, and re-direction of traffic for the protection of the injured and those assisting in the care of injured patients.

Determines the nature and extent of illness or injury and establishes priority for required emergency care. Based on assessment findings, renders emergency medical care to adult, infant and child, medical and trauma patients. Duties include but are not limited to, opening and maintaining an airway, ventilating patients, and cardiopulmonary resuscitation, including use of automated external defibrillators. Provide prehospital emergency medical care of simple and multiple system trauma such as controlling hemorrhage, treatment of shock (hypoperfusion), bandaging wounds, and immobilization of painful, swollen, deformed extremities. Medical patients include: Assisting in childbirth, management of respiratory, cardiac, diabetic, allergic, behavioral, and environmental emergencies, and suspected poisonings. Searches for medical identification emblem as a clue in providing emergency care. Additional care is provided based upon assessment of the patient and obtaining historical information. These interventions include assisting patients with prescribed medications, including sublingual nitroglycerin, epinephrine auto-injectors and hand-held aerosol inhalers. The EMT-Basic will also be responsible for administration of oxygen, oral glucose and activated charcoal.

Reassures patients and bystanders by working in a confident, efficient manner. Avoids mishandling and undue haste while working expeditiously to accomplish the task.

Where a patient must be extricated from entrapment, assesses the extent of injury and gives all possible emergency care and protection to the entrapped patient and uses the prescribed techniques and appliances for safely removing the patient. If needed, radios the dispatcher for additional help or special rescue and/or utility services. Provides simple rescue service if the ambulance has not been accompanied by a specialized unit. After extrication, provides additional care in triaging the injured in accordance with standard emergency procedures.

Complies with regulations on the handling of the deceased, notifies authorities, and arranges for protection of property and evidence at scene.

Lifts stretcher, placing in ambulance and seeing that the patient and stretcher are secured, continues emergency medical care.

*Job Description: EMT – B*

*Page 2*

From the knowledge of the condition of the patient and the extent of injuries and the relative locations and staffing of emergency hospital facilities, determines the most appropriate facility to which the patient will be transported, unless otherwise directed by medical direction. Reports directly to the emergency department or communications center the nature and extent of injuries, the number being transported, and the destination to assure prompt medical care on arrival. Identifies assessment findings which may require communications with medical direction for advice and for notification that special professional services and assistance be immediately available upon arrival at the medical facility.

Constantly assesses patient en route to emergency facility, administers additional care as indicated or directed by medical direction.

Assists in lifting and carrying the patient out of the ambulance and into the receiving facility.

Reports verbally and in writing their observation and emergency medical care of the patient at the emergency scene and in transit to the receiving facility staff for purposes of records and diagnostics. Upon request, provides assistance to the receiving facility staff.

After each call, restocks and replaces used linens, blankets and other supplies, cleans all equipment following appropriate disinfecting procedures, makes careful check of all equipment so that the ambulance is ready for the next run. Maintains ambulance in efficient operating condition. Ensures that the ambulance is clean and washed and kept in a neat orderly condition. In accordance with local, state or federal regulations, decontaminates the interior of the vehicle after transport of patient with contagious infection or hazardous materials exposure.

Determines that vehicle is in proper mechanical condition by checking items required by service management. Maintains familiarity with specialized equipment used by the service.

Attends continuing education and refresher training programs as required by employers, medical direction, licensing or certifying agencies.

Meets qualifications within the functional job analysis.

## Bloodborne and Airborne Pathogens – Exposure Risk for EMT Students

The following grid describes each job classification, job tasks and relative risk of exposure:

Job Classification	Job Tasks	Relative Risk
EMT Program Coordinator	Instructional oversight	None-to-minimal
EMT-B Course Director and Lab Assistants	Supervision/instruction of SQ epinephrine and capillary blood glucose testing	Minimal-to-moderate
EMT-I Course Director and Lab Assistants	Supervision/instruction of live IV initiation	Moderate-to-high risk
EMT-P Course Director and Lab Assistants	Supervision/instruction of live IV initiation	Moderate-to-high risk
EMT-P Clinical Coordinator	Some observation of student performance in hospital and prehospital environments	Minimal
EMT-Basic Student  Hospital and Prehospital Experience	Administration of SQ injection and capillary blood glucose sample from other students Placement of OPAs, NPAs Oral suctioning Placement of oxygen delivery devices Use of BVM Assist with bleeding control Administration of oral glucose and activated charcoal Assist in childbirth	Moderate-to-high risk Moderate-to-high risk Moderate-to-high risk Moderate-to-high risk Minimal Moderate-to-high Moderate High risk Minimal-to-moderate risk Moderate-to-high risk
EMT-Intermediate Student	Initiation of an IV line in other students	High risk
EMT-Paramedic Student	Same skills as EMT-B and EMT-I students  Placement of advanced airway devices; tracheal and oral suction  OG/NG tube placement  IV initiation and parenteral medication administration  Administration of nebulized medications  Assist with chest decompression	See above  Moderate-to-high  Moderate-to-high  High risk  Moderate risk  Moderate risk

*Bloodborne and Airborne Pathogens – Disease Profiles and Exposure Risks*

## **TUBERCULOSIS FACT SHEET**

Tuberculosis is a very small bacteria (1-5 microns in size) that is able to spread through air molecules and respiratory secretions. Regular surgical masks are not able to filter particles that small. Factors that enhance the transmission of the disease include small or crowded spaces with little ventilation, patients showing active symptoms of the disease (cough, night sweats, blood in their sputum, weight loss and loss of appetite, fever) and extended contact with a person in the active stages of the disease.

When the bacteria are inhaled, it will deposit itself in the lungs. The body will surround the bacteria and attempt to neutralize it. If a patient has a lowered immune system, the bacteria are not neutralized as easily and begin to grow. TB grows very slowly and typically does not create major clinical signs or symptoms until several years later. Only 10% of those infected with TB will develop the clinical disease later in life. Individuals with positive PPD skin tests only show that they have been exposed to the bacterium and do not indicate that the TB disease is present.

Suspect TB in environments such as nursing homes, prisons, homeless shelters, or any other site with crowding and limited ventilation. Patients most likely to carry TB are AIDS patients, TB patients noncompliant with their therapy, cancer patients, the elderly, alcoholics, IV drug users, and malnourished patients. A particulate N95 respirator should be worn when TB is suspected. Masks should also be worn with any airway or respiratory procedures.

When a significant exposure to TB has occurred, an attempt should be made to determine whether the TB is in an active or inactive state. A PPD skin test should be administered to the exposed individual within one week of the exposure. If the test shows positive in an individual with a record of negative results, then a chest x-ray should be performed. Medical evaluation and counseling should be scheduled to discuss further evaluation and treatment. The exposure and follow-up evaluation should be documented.

## **HIV FACT SHEET**

Human Immunodeficiency Virus, or HIV, is found in high concentrations in blood, semen and vaginal secretions; normally HIV is not present in urine, feces, tears, sweat or vomit. HIV is able to live outside of the body for a short period of time but is fragile and easily destroyed with a 1:10 bleach solution.

When the virus enters the body, it enters into cells and uses their RNA to reproduce. The virus attaches to a specialized immune cell known as the T-lymphocyte and destroys it over time. Destruction of these cells will cause the person to develop AIDS – Acquired Immune Deficiency Syndrome. This deficiency will cause the person to become susceptible to opportunistic infections such as *Pneumocystis carinii* pneumonia, tuberculosis and other conditions that normally do not affect healthy people.

HIV is mainly transmitted through sexual contact, IV drug use, and blood transfusions. HIV may be transmitted through contact with infectious secretions to open cuts, mucous membranes, needle sticks, and bites. All body fluids must then be considered infectious and PPE must be worn with any contact to bodily fluids. HIV cannot be transmitted through casual contact.

Exposure to body fluids infected with HIV poses a small risk of infection with HIV. The risk of developing an HIV infection from a contaminated needlestick is 0.3%.

Significant bloodborne exposures warrant documentation and medical follow-up. The source patient's blood should be drawn (with consent) and tested for HIV. An HIV baseline test should be performed within 7-10 after exposure with repeat tests at 3 and 6 months. HIV is typically not detected until 6 weeks post-exposure. Blood test results at 3 months are 94% accurate.

Initial signs and symptoms of HIV infection may mimic a flu-like infection. Major signs and symptoms of HIV are usually associated with the development of AIDS and include, weight loss, cough and development of opportunistic infections. The incubation period for HIV-AIDS may last from 2-10 years.

Prophylactic administration of anti-viral therapy must be considered early in order for the therapies to be most effective. However, the side effects of treatment are significant and warrant careful consideration and discussion with a healthcare professional.

## **HEPATITIS B AND C FACT SHEET**

The hepatitis B and C viruses are found in all body secretions and excretions. Both viruses attack and inflame the liver. This chronic inflammation results in a high chance for developing liver failure.

Hepatitis B can live outside of the body for extended periods but is inactivated by 1:10 bleach solutions. Individuals susceptible to Hepatitis B and C include intravenous drug users, transfusion recipients, medical care workers, and dialysis patients. Hepatitis B can also be transmitted through sexual contact.

Signs and symptoms of hepatitis may include fever, lack of appetite, nausea, aches and pains, jaundice (yellow skin), upper abdominal pain and clay-colored stools. 40-75% of patients infected with hepatitis C are asymptomatic.

The incubation period for hepatitis B is 40-180 days with a 1 in 6 chance for developing the disease. The incubation period for hepatitis C is 2 weeks – 6 months (typically is ranges from 6-9 weeks) and the rate of infection ranges from 4-10%.

Protection from hepatitis B and C include the use of gloves, careful handling and disposal of contaminated sharps, effective hand washing techniques and routine disinfection of patient care areas. The hepatitis B vaccine is also effective and has been found to remain effective for 7-10 years after administration.

Significant bloodborne exposures warrant documentation and medical follow-up. The source patient's blood should be drawn (with consent) and tested for HBV and HCV. If you have received the HBV vaccination series over a year before the exposure, then a blood test should be performed to determine whether the antibodies are present. If antibodies are present, then the chance for developing HBV is highly unlikely. If the test reveals low levels of the antibodies, then a booster of the vaccine should be administered with a follow-up titer test performed within 1-2 months.

There is currently no vaccine for HCV. Follow-up HCV testing should be performed at 6 and again between 9-12 months.

## **EMT Program—Contact Information**

### **Gary Heigel, Department Head / Full-time Faculty / Advisor**

Office Location: Table Rock Campus, Rm. 117-G

Phone: 541-245-7967

Fax: 541-774-4230

Email Address: [gheigel@roguecc.edu](mailto:gheigel@roguecc.edu)

Mailing Address: 7800 Pacific Avenue, White City, OR 97503-1060

### **Jim Shaw, Full-time Faculty / Advisor**

Office Location: Table Rock Campus, Rm. 117-H

Phone: 541-245-7969

Fax: 541-774-4230

Email Address: [jshaw@roguecc.edu](mailto:jshaw@roguecc.edu)

Mailing Address: 7800 Pacific Avenue, White City, OR 97503-1060

### **Valerie Wallace, Secretary**

Office Location: Table Rock Campus, Rm. 117-F

Phone: 541-245-7965

Fax: 541-774-4230

Email Address: [vwallace@roguecc.edu](mailto:vwallace@roguecc.edu)

Mailing Address: 7800 Pacific Avenue, White City, OR 97503-1060

All program applications can be downloaded at our web site: <http://learn.roguecc.edu/ems>