



Emergency Medical Services Technician-Paramedic Program

Student Handbook
Academic Year 2026-2027



School of Health Sciences
500 Galliher Dr, Fairmont, WV 26554

MISSION: "To provide accessible, responsive, comprehensive education that works."

VISION: "To empower individuals and strengthen communities through exceptional training and educational pathways."

Welcome

Welcome to the Pierpont Community & Technical College (PCTC) Emergency Medical Services (EMS) Paramedic Program. We are glad you have chosen to pursue your Paramedic education here, and we commend your decision to enter this demanding and rewarding profession.

As a Paramedic, you will deliver life-saving care at the highest level of prehospital practice. Our job is to prepare you to do that with skill, judgment, and integrity, and to hold you to those same standards throughout your training. The program requires significant commitment, discipline, and personal responsibility. Much of your clinical work is conducted under an honor system, so your character and professionalism matter as much as your clinical knowledge.

This handbook applies only to the Paramedic portion of the EMS Program, which begins after EMT certification. It contains the program's expectations, requirements, policies, and procedures. Please read it thoroughly and review these expectations with family, employers, and anyone directly affected by the program's time and commitment demands. You will sign the Student Agreement at the end of this handbook and return it during the first week of class.

Information not contained in this handbook can be found in the Pierpont Catalog at <https://catalog.pierpont.edu/>

Welcome to the program. Please reach out with any questions.

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Section 1 | About the Program

1.1 Pierpont Community & Technical College Mission

The mission of Pierpont Community & Technical College is to provide opportunities for learning, training, and further education that enrich the lives of individuals and promote the economic growth of our service region and state.

Pierpont strives to enhance the quality of life for people of north central West Virginia through accessible, affordable, comprehensive, and responsive workforce-related training and quality higher education opportunities. To fulfill this mission, Pierpont:

- Provides career and technical education at the certificate and associate degree levels, developed in partnership with employers and industry
- Offers transfer education opportunities leading to baccalaureate programs
- Provides pathways from certificates to associate and baccalaureate degrees
- Delivers developmental education for students who need academic support to succeed in higher education
- Provides continuing and community education throughout North Central West Virginia, including lifelong learning, occupational recertification, and dual enrollment opportunities for secondary students
- Delivers workforce training and economic development activities aligned with regional needs

The College focuses its resources on its students, many of whom are first-generation college students, adult learners, or transfers. Students pursuing a degree engage in a general education program designed to expand their knowledge of civilization, society, scientific inquiry, and artistic expression. Pierpont maintains partnerships with business, industry, public schools, and government agencies that contribute to economic development across the region.

1.2 EMS Program Mission

The Pierpont Community & Technical College Paramedic Program provides individuals with the knowledge, skills, and attributes to provide Advanced Life Support (ALS) care for patients who access the emergency medical system. The program develops leaders through a commitment to integrity, respect, motivation, dedication, and discipline.

1.3 Program Values

The EMS Program is built on five core values:

Integrity. Honesty and ethical conduct in every setting, especially where work is unsupervised.

Respect. For patients, peers, preceptors, faculty, and the profession.

Motivation. Ownership of one's learning and performance.

Dedication. Commitment to the program, to patients, and to the work required to become a competent Paramedic.

Discipline. Consistent adherence to standards of professionalism, safety, and clinical practice.

Every student is expected to demonstrate these values in the classroom, the lab, clinical rotations, field experience, and capstone field internship.

1.4 Program Description

The Paramedic Program leads to a Certificate of Applied Science (CAS). Graduates are eligible to take the National Registry of Emergency Medical Technicians (NREMT) Paramedic certification examination. Employment opportunities include emergency medical services, fire departments, rescue agencies, hospital specialty areas, industrial settings, education, and government agencies.

1.5 Program Goals

Minimum Expected Program Goal

“To prepare Paramedics who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession.”

Additional Program Objectives

Beyond the minimum expected goal above, the PCTC EMS Program has adopted the following additional, measurable objectives. These objectives are approved by the Program Medical Director and reviewed annually by the Program Advisory Committee:

1. Graduates will meet or exceed established outcome thresholds for National Registry Paramedic credentialing examination success, programmatic retention, and positive placement.
2. Graduates will be recognized by employers and medical directors as prepared to function as competent Paramedics in entry-level practice settings.
3. Students who complete the Fall and Spring terms are eligible to sit for the National Registry AEMT certification examination as an optional exit point during the program.

Section 2 | Accreditation

2.1 Institutional Accreditation

Pierpont Community & Technical College is accredited by the Higher Learning Commission, a regional accrediting body recognized by the Council for Higher Education Accreditation and the U.S. Department of Education. Institutional accreditation affirms that the College's educational programs and services have been evaluated through a peer review process for quality and continuous improvement.

Higher Learning Commission

230 South LaSalle Street, Suite 7-500

Chicago, IL 60604

800.621.7440

www.hlcommission.org

2.2 Programmatic Accreditation

The Pierpont Community & Technical College Paramedic program is accredited by the Commission on Accreditation of Allied Health Education Programs (www.caahep.org) upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).

Commission on Accreditation of Allied Health Education Programs

727.210.2350

www.caahep.org

To contact CoAEMSP:

214.703.8445

www.coaemsp.org

2.3 National Certification Eligibility

Graduates of the PCTC Paramedic program are eligible to take the National Registry of Emergency Medical Technicians (NREMT) Paramedic certification examination. Successful completion of a nationally accredited program is a prerequisite for National EMS Certification at the Paramedic level.

Students who complete the Fall and Spring terms are eligible to sit for the NREMT Advanced Emergency Medical Technician (AEMT) certification examination as an optional exit point during the program.

National Registry of Emergency Medical Technicians

Rocco V. Morando Building

6610 Busch Boulevard

Columbus, OH 43229

614.888.4484

www.nremt.org

2.4 Complaints Regarding Accreditation

A student or other interested party who wishes to file a complaint regarding the Paramedic program's compliance with accreditation standards may contact the programmatic accreditor at the address above. Submit complaints in writing and signed. Complaints regarding the program should first be addressed through the program's internal grievance procedure (see Section 8), which provides the most direct path to resolution.

Section 3 | Admission, Advanced Placement, and Reinstatement

3.1 Admission Requirements

To be admitted to the Paramedic Program, the prospective student must:

1. Be admitted to Pierpont Community & Technical College.
2. Hold current certification as a National Registry EMT and/or West Virginia EMT by the first day of the Paramedic cohort.
3. Complete all assignments and requirements within the program orientation course by the due dates assigned.

Information on transfer credits for general education coursework is available at [Prior Credit - Pierpont Community and Technical College](#). Additional institutional admission requirements are listed in the Pierpont Catalog at <https://catalog.pierpont.edu/>

3.2 Advanced Placement for AEMTs

The PCTC EMS Program offers advanced placement exclusively to individuals holding current certification as an Advanced Emergency Medical Technician (AEMT) in the state of West Virginia.

Advanced placement entry is limited to the Summer Capstone semester of the Paramedic cohort.

3.2.1 Eligibility Requirements

Applicants for advanced placement must:

1. Hold current certification as a West Virginia AEMT.
2. Provide current certification cards for all of the following: Basic Life Support (BLS), Advanced Cardiovascular Life Support (ACLS), Pediatric Advanced Life Support (PALS), Prehospital Trauma Life Support (PHTLS), and Advanced Medical Life Support (AMLS).
3. Provide verifiable documentation of the clinical hours, patient assessments, and skills competencies completed either during the applicant's AEMT course or through verified patient care experience while functioning as an AEMT in the field.
4. Complete the Advanced Placement application and all associated requirements by the deadline published by the Program Director.

Acceptance for advanced placement does not waive any institutional admission requirements.

3.2.2 Credit Awarded

Upon verification of prior learning, AEMT advanced placement students receive credit for the following. Specific credits are detailed in the Advanced Placement Policy, available from the Program Director.

Clinical hours credited:

- Emergency Department rotation hours
- Field Evaluation hours

Patient assessments, skills, and field evaluations are credited toward the program minimums listed in Section 9 of this handbook, based on documented evidence. Skills completed within the

past two years before enrollment may be credited with verification through a HIPAA-compliant patient care report. Clinical hours completed within the past two years may be credited with appropriate verification.

3.2.3 Requirements That Cannot Be Waived

Regardless of advanced placement credit awarded, every Paramedic student must complete a Capstone Field Internship to be eligible for program completion and to sit for the National Registry Paramedic examination. This requirement is consistent with accreditation policy and applies to all students.

Advanced placement students must also meet all remaining program minimums for patient assessments, skills, team leads, and simulations before program completion.

3.2.4 Cohort Participation

All advanced placement students are considered part of the Paramedic cohort and are documented as such in program records. Advanced placement of students is held to the same standards of conduct, attendance, and academic performance as all other students in the cohort.

3.3 Reinstatement

A student who does not complete the program has the following options for reinstatement:

1. Apply as a new student. Complete all Paramedic coursework from the beginning alongside a new cohort.
2. Apply as a continuing student. Submit a written request to the Program Director that addresses the reason the student was unsuccessful in prior coursework, and assurance that the reason has been addressed and will not affect future performance. Continuing student reinstatement is limited to the next available Paramedic cohort and is contingent upon prior credits remaining current and aligning with the new cohort sequence.
3. Pass a comprehensive cognitive and psychomotor examination at the student's previous exit point before re-enrollment.

The Program Director, in consultation with Pierpont administration and the Medical Director, will review each reinstatement request and determine whether space is available in the next cohort. Reinstatement is not guaranteed.

Section 4 | Tuition, Costs, Insurance, and Immunizations

4.1 Tuition and Fees

Current tuition and fees for Pierpont Community & Technical College are published at https://www.pierpont.edu/financial-aid/explore-costs/tuition_fees. Students are responsible for reviewing current tuition rates each term.

4.2 Refund Policy

Pierpont Community & Technical College's institutional tuition refund policy is published at [Cost - Pierpont Community & Technical College](#). Students who withdraw from the Paramedic program are subject to the institutional refund schedule in effect at the time of withdrawal.

4.3 Additional Costs

The following costs are the responsibility of the student:

1. Immunizations and vaccinations required for clinical participation.
2. Medical physical examination.
3. Drug screening.
4. Criminal background check, if required by a clinical or field site.
5. Dark blue or black slacks and black footwear meeting the Dress Code (see Section 8).
6. Travel to and from clinical rotation and field internship locations, including fuel, lodging, and meals.
7. Textbooks, notebooks, pens, and other instructional supplies.
8. West Virginia Office of Emergency Medical Services (WVOEMS) certification fees, or equivalent.
9. National Registry of Emergency Medical Technicians (NREMT) examination fees.
10. Prerequisite certification cards (BLS, ACLS, PALS, PHTLS, AMLS) for Advanced Placement applicants.

4.4 Health and Liability Insurance

Pierpont Community & Technical College does not provide individual health or accident insurance for students. Students should maintain personal health insurance coverage before entering the EMS program and throughout their enrollment. Students are responsible for all expenses incurred as a result of illness or injury sustained at any phase of the program, including during clinical rotations and field internships.

Pierpont provides professional liability insurance coverage for its EMS students through the West Virginia Board of Risk and Insurance Management (WV BRIM). Coverage is \$1,000,000 per occurrence. The College covers the full cost of this coverage on behalf of the student.

4.5 Immunizations and Health Clearances

Each student must have current immunizations on file with the PCTC EMS Program before participation in any clinical rotation or field internship. Required immunizations are established by the Program Director in consultation with clinical affiliate requirements and may include, but are not limited to:

1. Measles, Mumps, Rubella (MMR)
2. Varicella
3. Hepatitis B series
4. Tetanus, Diphtheria, Pertussis (Tdap)
5. Seasonal influenza
6. Tuberculosis screening
7. Other immunizations required by specific clinical or field affiliates

Clinical and field affiliates may have additional health clearance, immunization, or screening requirements beyond those listed above. Students are responsible for meeting any affiliate-specific requirements before beginning a rotation at that site.

4.6 Medical, Physical, and Drug Screening

Each student must complete an approved medical physical examination and obtain a clear drug screening before performing field internships and clinical rotations. Documentation must be on file with the PCTC EMS Program before the student begins any off-campus clinical activity.

Students may be required to submit to additional drug screening by a clinical or field affiliate as a condition of participation at that site. Refusal to consent to a drug screening or to update immunizations as requested by an agency representative may result in immediate dismissal from the program.

4.7 Post-Exposure and Injury Process

In the event of a needlestick, sharps injury, body fluid exposure, or other occupational injury sustained during a clinical rotation or field internship, the student must:

1. Notify the preceptor and the on-duty supervisor at the clinical or field site immediately.
2. Follow the site's post-exposure or injury protocol, including any required testing, prophylaxis, or evaluation.
3. Notify the Clinical Coordinator by phone or email within 24 hours of the event.
4. Submit written documentation of the event to the Clinical Coordinator within 72 hours.

Medical treatment and follow-up care associated with an occupational exposure or injury are the financial responsibility of the student. Students are strongly encouraged to review their personal health insurance coverage in advance of clinical participation.

Section 5 | Technical Standards and Essential Functions

The following technical standards and essential functions describe the physical, cognitive, and behavioral capabilities required of a Paramedic student at PCTC. Students must be able to perform all of the functions in this section, with or without reasonable accommodation, to participate in the program and be eligible for entry-level employment as a Paramedic. Students who believe they may need accommodation to meet any requirement in this section should review information at [Equal Opportunity and Non-Discrimination Statement - Pierpont Community & Technical College](#)

5.1 Physical Requirements

5.1.1 Vision

1. See objects up to 20 inches away, such as computer text, syringe calibrations, and monitor displays.
2. See objects up to 20 feet away, such as the presence of individuals nearby, hazards, and scene conditions.
3. Distinguish color and shading, such as color-coded supplies, medication labels, and skin signs.

5.1.2 Hearing

1. Hear and distinguish sounds ranging in intensity from faint to loud.
2. Hear and distinguish sounds through a stethoscope, including lung sounds, heart tones, and bowel sounds.
3. Communicate effectively by radio and telephone.

5.1.3 Tactile

1. Perceive vibration from faint (such as pulses or veins) to strong.
2. Perceive temperature changes on skin and in the environment.
3. Perceive differences in surface characteristics during palpation of anatomic landmarks.

5.1.4 Smell

1. Perceive odors ranging from faint to noxious, including smoke, fuel, alcohol, and body substances.

5.1.5 Strength and Endurance

1. Lift and support up to 125 pounds, with assistance as appropriate for team lifts.
2. Push or pull 25 pounds.
3. Move and carry objects weighing up to 50 pounds.
4. Perform repetitive movements, such as chest compressions, for sustained periods.
5. Maintain physical tolerance to deliver patient care effectively and safely for the duration of assigned shifts.
6. Work in outdoor environments with extremes of weather, including heat, cold, rain, and snow.
7. Ride in all positions (sitting sideways, backwards, or forwards) in an ambulance or response unit without compromising the ability to deliver patient care.

5.1.6 Agility and Motor Function

1. Twist, bend, squat, and kneel as required by patient care activities.
2. Climb non-technical terrain, stairs, and apparatus.
3. Move with sufficient speed to respond to an emergency.
4. Move over uneven, wet, or slippery terrain.
5. Maintain balance while sitting, standing, and moving.
6. Reach above the shoulders and below the waist.
7. Move within confined spaces.
8. Grasp and manipulate objects with the hands.
9. Pinch or squeeze with the hands or fingers.
10. Write legibly.
11. Operate keypads, buttons, and electronic equipment.
12. Turn knobs and tighten fittings.

5.2 Cognitive Requirements

5.2.1 General

1. Apply knowledge across different clinical situations.
2. Recall information by accessing both short-term and long-term memory.
3. Tell time accurately, including elapsed time and intervals.
4. Read and interpret digital readouts and displays on patient care equipment.
5. Read and comprehend multimodal information, such as illustrated instructions, charts, and graphs.

5.2.2 Mathematics

1. Perform accurate measurements of weight, temperature, volume, and time.
2. Count events or instances, including pulse rate and drip rate.
3. Perform arithmetic, including fractions, and convert between the metric system and U.S. customary units.
4. Perform basic dosage calculations without reliance on a calculator. Calculator-assisted verification is permitted for complex dosage calculations during patient care.

5.2.3 Reading and Writing

1. Read and comprehend English, including medical terminology.
2. Note pertinent details in written instructions and protocols.
3. Accurately perceive and transcribe numbers.
4. Convey information accurately through written English, including patient care reports.

5.2.4 Speech and Communication

1. Convey information accurately through spoken English to a variety of audiences, including patients, family members, bystanders, and other medical professionals.
2. Convey information accurately in English using telecommunication devices, including radios and telephones.

3. Comprehend information delivered in spoken English.

5.2.5 Critical Thinking and Clinical Judgment

1. Prioritize and plan information and tasks, including delegation to other providers.
2. Consider deadlines, scene timing, and transport decisions.
3. Process and sequence information under time pressure.
4. Evaluate and sequence possible outcomes.
5. Identify cause and effect relationships.
6. Solve problems using clinical reasoning.
7. Interpret electrocardiograms (ECGs) and other monitoring data.
8. Select and apply appropriate advanced life support interventions within the Paramedic scope of practice, under medical oversight.
9. Recognize and respond to overdose, poisoning, and other toxicologic emergencies.
10. Maintain current knowledge of pharmacology and medication interactions, including special considerations for pediatric, geriatric, and pregnant patients.

5.3 Behavioral and Affective Requirements

1. Maintain concentration on the situation and assigned tasks.
2. Maintain professional demeanor in all interactions, in and out of the classroom.
3. Maintain professional therapeutic boundaries with patients, coworkers, and classmates.
4. Adapt to sudden or unexpected change.
5. Make sound judgments and decisions based on sensory data, clinical reasoning, and verifiable criteria.
6. Respond appropriately to stress and strong emotions, both personal and those of others.
7. Negotiate interpersonal conflict to successful resolution.
8. Demonstrate respect, patience, and compassion.
9. Establish rapport with patients, bystanders, classmates, and coworkers.
10. Appreciate and value diversity across social, cultural, spiritual, and other dimensions.
11. Recognize emotions in self and others.
12. Provide emotional support to patients and others as appropriate.
13. Value and demonstrate honesty, integrity, and justice.
14. Demonstrate professional ethics and adhere to ethical standards in all situations.
15. Document patient care accurately and thoroughly, including medication administration.
16. Maintain accurate records of controlled substances and unused medications.
17. Confidently lead and take responsibility in high-pressure situations.
18. Function independently and adapt in unstructured environments.
19. Interview hostile or uncooperative patients while maintaining personal safety and appropriate distances.

Section 6 | Curriculum and Completion Requirements

6.1 Program Prerequisites

Admission to the Paramedic Program requires current certification as a National Registry EMT and/or West Virginia EMT by the first day of the cohort. See Section 3 for complete admission requirements.

6.2 Certificate of Applied Science (CAS) Model Schedule

The CAS in Emergency Medical Services requires a total of 42 credit hours. The CAS includes the Paramedic professional coursework only, completed in one academic year.

Year 1, Fall (18 credit hours)

Course	Title	Credits
EMMS 1106	Emergency Medical Services Practicum I	2
EMMS 1107	Basic Trauma Life Support	1
EMMS 1110	Introduction to ALS Skills Lab	3
EMMS 2207	Airway Management and Patient Assessment	2
EMMS 2208	Shock Trauma Resuscitation	3
EMMS 2228	Medical Patient Emergencies I	4
ENGL 1104	Written English	3 to 4

Year 1, Spring (18 credit hours)

Course	Title	Credits
EMMS 1100	Introduction to EMS	2
EMMS 1104	Emergency Medical Services Operations	2
EMMS 2203	ALS Skills Lab	2
EMMS 2209	Emergency Medical Services Practicum II	4
EMMS 2229	Medical Patient Emergencies II	4
EMMS 2230	EMS Cardiology	3
MTH 1207	Fundamental Concepts of Math	3 to 4

Year 1, Summer (6 credit hours)

Course	Title	Credits
EMMS 2214	Emergency Medical Services Practicum IV	3
EMMS 2232	Assessment-Based Pharmacology	1

Course	Title	Credits
EMMS 2995	Assessment-Based Management	2

Upon successful completion of all CAS coursework, graduates are eligible to take the National Registry Paramedic certification examination.

6.3 Required Textbooks

Students are required to obtain the following textbooks and certification course materials. Editions and ISBNs are current as of the publication date of this handbook. Certification course manuals (ACLS, PALS, AMLS) are revised as new material is released; students should purchase the edition listed by the Pierpont bookstore at the time of the course.

Used throughout the program

Title	Edition	ISBN 13
Paramedic Care: Principles and Practice, Volume 1 (Bledsoe)	6th	9780136895299
Paramedic Care: Principles and Practice, Volume 2 (Bledsoe)	6th	9780136914778

Fall semester

Title	Edition	Course code
Prehospital Trauma Life Support (PHTLS), print with course manual eBook	10th	9781284272253

Spring semester

Title	Edition	Course code
Basic Arrhythmias	current	9780134380995
Advanced Cardiac Life Support (ACLS) Provider Manual	current	20-1106
Pediatric Advanced Life Support (PALS) Provider Manual	current	20-1119

Summer semester

Title	Edition	Course code
Advanced Medical Life Support (AMLS)	current	9781284196115

6.4 Academic Progression Requirements

1. Students must earn a grade of "C" (70 percent) or higher in every Paramedic professional course (EMMS prefix) to continue in the program. A grade below "C" in any

EMMS course will result in dismissal from the program. See Section 7 for the grading scale.

2. Students must complete all patient assessment, skill, and team lead minimums listed in Section 9 for each semester within that semester. Students who do not complete semester minimums by the end of the term are not permitted to progress to the next semester of the cohort. See Section 9 for progression options in that situation.
3. Students must maintain current certification as a National Registry and/or West Virginia EMT throughout the Fall and Spring semesters. Students who allow their EMT certification to lapse are not permitted to participate in clinical rotations or field experience until certification is restored.
4. Students must maintain current immunizations, medical physical, and drug screening documentation on file with the program as described in Section 4.

6.5 Program Completion Requirements

To be eligible for program completion and to sit for the National Registry Paramedic certification examination, the student must:

1. Complete all EMMS coursework with a grade of “C” or higher in each course.
2. Complete all clinical rotation and field experience requirements described in Section 9, including all patient assessment, skill, and team lead minimums.
3. Complete the Capstone Field Internship as described in Section 9. Regardless of any advanced placement credit awarded, every student must complete the Capstone Field Internship.
4. Successfully complete all required simulations listed in Appendix C.
5. Complete all affective domain evaluations at a satisfactory level.
6. Hold current certification cards in CPR, ACLS, PALS, PHTLS, and AMLS at the time of program completion.

Program completion is verified by the Program Director and Medical Director prior to the student being attested as eligible for the National Registry examination.

6.6 Academic Calendar

The Paramedic Program follows the Pierpont Community & Technical College academic calendar, published at [Calendar - Pierpont Community & Technical College](#). Clinical rotations and field experience shifts occur outside of classroom hours and continue during academic breaks as scheduled by the student in consultation with the Clinical Coordinator.

Section 7 | Attendance, Grading, and Academic Policies

7.1 Class Meetings

The Paramedic Program is delivered in person at the Caperton Center, 501 West Main Street, Clarksburg, WV. Classes meet on Tuesday or Thursday, 9:00 AM to 6:00 PM, during the Fall and Spring semesters. During the Summer semester, classes meet on Tuesday or Thursday beginning at 9:00 AM, with ending times varying by course.

Occasional weekend sessions or sessions outside the standard meeting days may be required for certification courses, examinations, or skills practice. Students will be notified of alternate meeting times at least 30 days in advance. In the event a scheduled class cannot be held in person, alternate arrangements will be communicated by the instructor.

7.2 Flipped Classroom Format

The Paramedic Program uses a flipped classroom format. Students are expected to complete all assigned reading, videos, quizzes, and other preparation before the scheduled class meeting. Class time is used for discussion, skills practice, case-based learning, and application of concepts the student has already reviewed.

Assignments are due on the date published in the course syllabus or learning management system. Late assignments are not accepted unless an extension is granted in advance by the instructor.

7.3 Attendance

7.3.1 Class Attendance

Students are expected to attend every scheduled class meeting. Some class days cannot be missed regardless of reason, including days designated for certification testing (ACLS, PALS, PHTLS, AMLS), program examinations, and summative skills evaluations. These dates will be identified in the course syllabus.

Students must notify the instructor of any anticipated absence before the start of the missed class by Pierpont student email or phone. Excessive absences will result in dismissal from the program. The instructor may grant an excused absence at their discretion based on the nature and timing of the absence.

7.3.2 Clinical Rotation and Field Experience Attendance

Attendance at scheduled clinical rotation and field experience shifts is mandatory. Absences and tardiness are tracked and may result in disciplinary action. See Section 9 for complete attendance requirements at clinical and field sites, including the 72-hour notification requirement for schedule changes.

7.4 Grading Scale

Paramedic courses are graded on the following numerical and letter scale:

Grade	Percentage
A	90 to 100 percent
B	80 to 89 percent
C	70 to 79 percent
D	60 to 69 percent
F	Below 60 percent

Students must earn a grade of “C” (70 percent) or higher in every EMMS course to continue in the program. A grade below “C” in any EMMS course results in dismissal from the program.

7.5 Student Assessment

Students are assessed in three domains of learning: cognitive (knowledge), psychomotor (skills), and affective (behavior).

7.5.1 Cognitive Assessment

Cognitive knowledge is assessed through:

1. Quizzes and examinations are administered in class and through the learning management system.
2. Written assignments and case studies.
3. Scenario-based application in laboratory sessions, including recognition of signs and symptoms, formulation of a treatment plan, and execution of that plan.

7.5.2 Psychomotor Assessment

Psychomotor skills are assessed through:

1. Formative practice in skills lab under instructor supervision.
2. Summative skills evaluations that require the student to demonstrate consistent proficiency using appropriate equipment safely and appropriately.
3. Documented skills performance during clinical rotations, field experience, and the Capstone Field Internship.

Students must demonstrate consistent proficiency in all skills required by the PCTC EMS Program and the National Registry of Emergency Medical Technicians.

7.5.3 Affective Assessment

Affective behaviors are the attitudes, values, and professional conduct expected of a Paramedic. Students are assessed on affective behaviors throughout the program, including:

1. Integrity
2. Respect
3. Self-motivation
4. Empathy

5. Patient advocacy
6. Self-confidence
7. Communication
8. Time management
9. Teamwork and diplomacy

Examples of affective evaluation include, but are not limited to:

Tardiness. Excessive tardiness or absenteeism during the program is taken as a predictor of future workplace behavior.

Safety. A student who is unsafe with equipment or medications in the classroom or lab is presumed to carry that behavior into the field.

Responsibility. A student who misses clinical shifts and fails to communicate with the instructor on time is shifting responsibility onto others.

Ethical standards. A student who cannot demonstrate acceptable ethical standards in the classroom is unlikely to perform ethically in the field, where supervision is reduced.

Students must be able to assess patients, develop an appropriate treatment plan, and implement that plan promptly for the benefit of the patient. A student who cannot perform in the classroom is unprepared to function as an EMS provider in the field.

7.6 Academic Advising

Each student will meet with faculty at least once per semester to review academic, clinical, and behavioral performance. Advising meetings may occur:

1. By schedule at least once per semester with the Program Director, Clinical Coordinator, or teaching faculty.
2. When academic, clinical, or behavioral performance falls below minimum standards.
3. At the request of the student.
4. At the request of an instructor, preceptor, the Program Director, or the Clinical Coordinator.

Advising may occur in person, by phone, or through Pierpont student email.

7.7 Student Grievances and Appeals

A student who has a complaint, grievance, or concern related to the Paramedic Program should make an official written communication of that concern. Grievances are handled in the following order:

1. Informal resolution. The student should first attempt to resolve the matter directly with the instructor, preceptor, or staff member involved.
2. Program-level review. If informal resolution is not successful, or if the nature of the concern makes informal resolution inappropriate, the student submits a written grievance by Pierpont student email to the Clinical Coordinator and the Program Director. The grievance must describe the concern, the individuals involved, the date or dates of occurrence, and the resolution sought.
3. Program Director response. The Program Director will respond in writing within 10 business days, either with a resolution or with a description of the next steps in the review.

4. Institutional appeal. If the student is not satisfied with the Program Director's response, the student may appeal through the institutional appeals process described in the Pierpont Student Handbook and the Pierpont Catalog.

Concerns regarding accreditation may be directed to the programmatic accreditor as described in Section 2.4. Programmatic accreditation complaints are reviewed only after the program and institutional appeal processes have been followed.

Complaints alleging a violation of the Pierpont Student Code of Conduct by a student, faculty member, or staff member are submitted to the Office of Academic Affairs, 500 Galiher Drive, Fairmont, WV 26554 or 304.367.4907, and are reviewed under the institutional judicial process described in the Pierpont Student Code of Conduct. Program grievances under Section 7.7 and Student Code of Conduct complaints are separate processes and may run in parallel.

Section 8 | Code of Conduct

Paramedic students represent the PCTC EMS Program, Pierpont Community & Technical College, and the EMS profession in every setting they enter. The expectations in this section apply in the classroom, in the skills lab, in clinical rotations, in field experience, and the Capstone Field Internship, on College property, and in any online or social media setting where the student is identifiable as a PCTC Paramedic student.

8.1 Professional Behavior

Students are expected to conduct themselves with honesty, respect, and integrity at all times. This includes:

1. Being truthful in all program communications, clinical documentation, and academic work.
2. Treating patients, families, bystanders, preceptors, clinical staff, faculty, and fellow students with respect and courtesy.
3. Maintaining professional therapeutic boundaries with patients.
4. Arriving on time, prepared, and ready to participate.
5. Following the directions of faculty, preceptors, and site staff.
6. Taking personal responsibility for mistakes and errors.

Dishonesty, disrespect, or failure to maintain professional conduct may result in disciplinary action up to and including dismissal from the program. See Section 8.8 for the progression of disciplinary actions.

8.2 Personal Appearance

Appearance is an important aspect of the EMS profession, and cleanliness and personal hygiene are critical to the control of infectious disease. Any instructor or preceptor may refuse entry to class, lab, clinical rotation, or field experience if the student's appearance does not meet program standards.

8.2.1 Classroom and Lab

1. Clothing must be neat, clean, and appropriate for the activity.
2. Clothing that reveals undergarments, cleavage, or genitalia, or that is otherwise inappropriate for a professional educational setting, is not permitted.
3. Students whose attire does not meet these standards may be dismissed from class and recorded as absent, or may be required to wear clothing provided by the program.
4. Personal hygiene includes control of body odor, neatly groomed hair, and neatly groomed facial hair.

8.2.2 Clinical Rotation and Field Experience Uniform

The required uniform for clinical rotations and field experience is:

1. PCTC EMS-issued student polo shirt.
2. Dark blue or black slacks. Denim material is not permitted.
3. Black shoes or boots.
4. Black belt.

5. PCTC student identification name tag, worn visibly.

Individual clinical and field affiliates may have additional or different uniform requirements. Students must comply with affiliate requirements when present at that site.

8.3 Conduct During Class and Lab

1. Students shall participate actively in classroom and lab activities.
2. Students shall treat instructors, fellow students, simulated patients, and lab equipment with respect.
3. Portable radios and pagers shall be turned off during class time.
4. Computers, tablets, and phones may be used in class for class-related purposes only. These devices are not permitted during quizzes or examinations. Inappropriate use may result in loss of the privilege for the remainder of the course.
5. Cell phones shall be placed on silent during class. A student who must take a call or respond to a message shall excuse themselves from the classroom.

8.4 Conduct During Clinical Rotation and Field Experience

Clinical and field sites host PCTC students as a courtesy to the EMS program and to support the education of future Paramedics. Students must understand and respect their status as guests at each site.

1. The student shall function professionally at all times while at the site.
2. The student shall serve as part of the medical team in their assigned setting.
3. The student shall perform duties only under the supervision of an approved preceptor.
4. The student shall remain at the site for the entire scheduled shift unless otherwise authorized in communication with the Clinical Coordinator.
5. The student shall not operate department apparatus, vehicles, or equipment unless specifically authorized and trained.
6. The student shall not use any equipment they are not authorized or trained to use.
7. The student shall follow all site-specific policies and procedures, in addition to the policies in this handbook.

See Section 9 for complete clinical and field requirements, including documentation, attendance, and preceptor requirements.

8.5 Social Media and Electronic Communication

1. Students shall not post, share, or discuss information about any clinical rotation, field experience, or Capstone Field Internship on any social media platform.
2. Students shall not post, share, or discuss information about any patient, family member, bystander, clinical site, affiliate agency, or affiliate staff member on any social media platform.
3. This prohibition applies whether the post identifies the patient or site by name or not, whether the information seems sensitive or not, and whether the student's account is public or private.
4. Photographs or videos taken at a clinical or field site, including "selfies" in uniform on site, are not permitted except as expressly authorized by the site and the Program Director.

5. Violation of this policy may result in disciplinary action up to and including dismissal from the program and may constitute a violation of federal patient privacy law (HIPAA).

8.6 Academic Integrity

The EMS profession depends on honest, accurate documentation. Academic integrity in the classroom establishes the foundation for honest clinical documentation in the field.

Academic integrity violations include, but are not limited to:

1. Cheating on quizzes, examinations, or skills evaluations.
2. Plagiarism in written work.
3. Falsification of academic records, attendance records, clinical documentation, preceptor signatures, or patient care reports.
4. Submitting another student's work as one's own.
5. Collaborating on work designated as individual work.
6. Providing or receiving unauthorized assistance during an evaluation.

Academic integrity violations are grounds for disciplinary action up to and including dismissal from the program, in addition to any institutional sanctions imposed by Pierpont Community & Technical College.

8.7 Equal Opportunity and Non-Discrimination Statement

Pierpont Community and Technical College is an Equal Opportunity Institution and does not discriminate based on race, sex, pregnancy, sexual orientation, age, disability, veteran status, religion, color, or age in admission, employment, or educational programs and activities; nor does it discriminate based on genetic information in employment or employee health benefits. Faculty, staff, students, and applicants are protected from retaliation for making complaints or assisting in investigations of discrimination. Inquiries regarding nondiscrimination policies may be directed to any of the following: [Equal Opportunity and Non-Discrimination Statement - Pierpont Community & Technical College](#)

Title VI Coordinator

George H. Perich

Vice President, Human Resources and Organizational Development

500 Galiher Drive, Fairmont, WV 26554

681.753.5712 | gperich@pierpont.edu

Title IX Coordinator

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Suzan Walsh Clemens, Ph.D.

Director, Support Services

500 Galiher Drive, Fairmont, WV 26554

304.367.4073 | sclemens2@pierpont.edu

TTY: 304.367.4906

8.8 Discipline

A student's conduct must meet the standards of the PCTC EMS Program and the Pierpont Student Code of Conduct. The Student Code of Conduct applies to conduct on any Pierpont campus and to conduct related to a Pierpont program, even when that conduct occurs off campus. Clinical rotation, field experience, and Capstone Field Internship sites are considered extensions of the Pierpont campus for purposes of the Student Code of Conduct.

Failure to comply with the expectations in this handbook or with the Pierpont Student Code of Conduct may result in disciplinary action ranging from verbal reprimand to dismissal from the program.

Self-reporting: Students must self-report any arrest or conviction for any criminal offense, excluding minor traffic violations, that occurs while enrolled at Pierpont. Reports are made to the Office of Academic Affairs, 500 Galiher Drive, Fairmont, WV 26554 or 304.367.4907.

The Program Director, in consultation with Pierpont administration and the Medical Director, determines the level of program discipline based on the nature of the conduct, its impact, and the student's record. Conduct that may violate the institutional Student Code of Conduct is reported to the student conduct officer through the Office of Academic Affairs for review under the institutional judicial process.

Grounds for disciplinary action include, but are not limited to:

1. Personal conduct that interferes with successful performance in the program.
2. Excessive or chronic absenteeism.
3. Falsification of records or reports, including academic records, clinical documentation, and patient care reports.
4. Cheating or other academic integrity violations.
5. Illegal or unprofessional behavior, in or out of the classroom.
6. Violation of the Pierpont Student Code of Conduct.
7. Violation of the social media policy in Section 8.5.
8. Violation of a clinical or field affiliate's policy, resulting in the affiliate refusing to host the student.

Disciplinary actions may include verbal warning, written warning, probation, suspension from clinical or field activities, and dismissal from the program.

Appeals. A student who wishes to appeal a disciplinary sanction imposed under the Pierpont Student Code of Conduct has five business days from the date of the outcome letter to submit a written appeal to the Vice President of Academic Affairs. The institutional appeals process, including review by the Student Hearing Board and final appeal to the College President, is described in the Pierpont Student Code of Conduct.

Section 9 | Clinical Rotations, Field Experience, and Capstone Field Internship

9.1 Definitions

The PCTC Paramedic Program uses the following terms with specific meanings. Students should understand the distinction between these terms because the requirements for each are different.

Clinical Experience. Planned, scheduled, educational student activity with patient contact in a setting such as a hospital, clinic, free-standing emergency center, operating room, or similar environment. Clinical experience hours are scheduled by the student through Fisdap in coordination with the Clinical Coordinator.

Field Experience. Planned, scheduled, educational student time on an Advanced Life Support (ALS) EMS unit, which may include observation and skill development. During field experience, the student may function as a team member or as a team leader under the supervision of an approved preceptor. Field experience is not the Capstone Field Internship.

Capstone Field Internship. Planned, scheduled, educational student time on an Advanced Life Support (ALS) ambulance during which the student progresses to the role of team leader. The Capstone Field Internship occurs only after all core didactic, laboratory, and clinical experiences have been completed. The Capstone Field Internship is a graduation requirement and cannot be waived by advanced placement or any other mechanism.

Team Lead. A team lead occurs during the Capstone Field Internship when the student applies the knowledge, skills, and behaviors acquired during the program to manage a prehospital patient from first contact through transfer of care, termination of care, or patient refusal. A successful team lead requires that the student has conducted a comprehensive assessment, formulated a field impression, determined patient acuity, directed the treatment plan, and directed transport or disposition with minimal to no prompting from the preceptor. Team leads cannot be accomplished through simulation. A written definition of a successful team lead is provided to students and preceptors in the preceptor manual and on the field evaluation form.

Preceptor. An individual approved by the PCTC EMS Program and by the employing agency to supervise a PCTC Paramedic student during clinical rotation, field experience, or the Capstone Field Internship. Preceptor requirements are described in Section 9.4.

9.2 Clinical Rotation Sites

Each student participates in clinical rotations in the following settings during the Fall and Spring semesters:

1. Emergency Department. The primary clinical rotation site. Students rotate through affiliated hospital emergency departments for a total of 120 hours across Fall and Spring.
2. Morgue (online). A four-hour online module completed in the Fall.
3. Pediatrics. An eight-hour clinical rotation completed in the Spring.
4. Respiratory Therapy (online). An eight-hour online module completed in the Summer.
5. Patient Documentation. Program-led documentation practice is distributed across all three semesters.

Additional clinical rotation settings may be added on a case-by-case basis by the Clinical Coordinator. The student may be required to complete additional clinical settings to meet program minimums if field experience opportunities are insufficient.

9.3 Field Experience and Capstone Field Internship Sites

The student performs field experience on ALS EMS units during the Fall and Spring semesters, and the Capstone Field Internship on an ALS ambulance during the Summer semester. All field shifts must occur on an ALS unit. BLS units do not count toward field experience hours or program minimums.

For every field shift, the student:

1. Functions as a minimum of the third person on the ambulance crew.
2. Does not function as the primary attendant of the patient except during the Capstone Field Internship under the team lead role.
3. Complies with the PCTC Paramedic student uniform policy in Section 8.2.2, in addition to any uniform requirements of the host agency.
4. Works only under the direct, immediate supervision of an approved Paramedic preceptor.

Signed affiliation agreements between Pierpont Community and Technical College and the host EMS agency must be on file with the PCTC EMS Program before any field shift is conducted with that agency.

9.4 Preceptor Requirements

All preceptors supervising PCTC Paramedic students must be approved by both the host agency and the PCTC EMS Program. The following minimum requirements apply:

9.4.1 Clinical Rotation Preceptors

1. Current licensure or certification in the discipline of the rotation (for example, RN, RT, MD, DO, PA, NP, or Paramedic).
2. Employment or privileges at the host facility in good standing.
3. Approval by the host facility to supervise students.

9.4.2 Field Experience and Capstone Field Internship Preceptors

1. Current certification as a Paramedic at the National Registry or state level.
2. Minimum of two years of Paramedic field experience.
3. Employed by an agency with a current affiliation agreement with PCTC.
4. Approval by the employing agency to function as a preceptor.
5. Completion of PCTC preceptor training before supervising a PCTC student.

In limited circumstances and with prior approval of the Clinical Coordinator, a non-paramedic supervisor may sign documentation for a shift. The Clinical Coordinator must be notified by email prior to the student locking the shift in Fisdap.

9.5 Attendance and Scheduling

Clinical rotation and field experience shifts are scheduled by the student outside of scheduled class hours. Students are responsible for scheduling sufficient shifts each semester to complete the semester's minimum requirements.

Scheduling. Shifts are scheduled through Fisdap or directly with the host EMS agency, depending on site procedures. The Clinical Coordinator approves or schedules Emergency Department and other clinical rotation shifts.

Changes to a scheduled shift. If a scheduled shift must be changed or cancelled, the student must notify the Clinical Coordinator at least 72 hours before the start of the shift.

Absences due to illness or emergency. A physician's excuse may be required for any shift missed due to illness. The Clinical Coordinator and Program Director may make exceptions for genuine emergencies on a case-by-case basis.

Tardiness. Arriving late to a clinical or field shift is not acceptable. Tardiness is tracked and may result in disciplinary action.

Unexcused absence. An unexcused absence from a clinical or field shift may result in disciplinary action, up to and including dismissal from the program.

Shift duration. Students are expected to remain for the entire scheduled shift, unless otherwise authorized in communication with the Clinical Coordinator.

9.6 Documentation

All clinical rotation, field experience, and Capstone Field Internship shifts must be documented in Fisdap. Fisdap is the required documentation system for the program.

9.6.1 Documentation Requirements

For each shift, the student records in Fisdap:

- Start and end times
- Location and site identifier
- Preceptor name and contact
- Each patient encounter, including chief complaint, age, gender, assessments performed, skills performed, medications administered, and the final field impression
- Any notes required by the program

The student obtains the preceptor's signature on the shift documentation before leaving the site. Digital signature through Fisdap is acceptable where supported.

Associated paperwork, excluding student evaluation forms, must be scanned and attached to the Fisdap shift record before locking the shift.

The student submits and locks the shift record in Fisdap within five days of the end of the shift. Shifts not locked within five days will not be counted toward program minimums.

9.6.2 Preceptor Evaluations

Preceptor evaluations of the student are confidential. Evaluations are reviewed by the Clinical Coordinator and Program Director. A preceptor may choose to review their evaluation with the student at the end of a shift, but is not required to do so.

9.6.3 Patient Privacy

Student documentation must comply with federal patient privacy law (HIPAA) and the privacy policies of each clinical or field affiliate. Student Fisdap records must not include patient identifiers such as name, date of birth, Social Security number, or other protected health information. The student's patient care report at the host agency remains the property of the host agency.

9.7 Clinical and Field Hours Per Semester

The program schedules a total of 436 hours of clinical and field education, distributed across three semesters.

Site or activity	Fall	Spring	Summer	Total
Emergency Department	48	72		120
Morgue (online)	4			4
Pediatrics		8		8
Respiratory Therapy (online)			8	8
Field Evaluation	48	96		144
Capstone Field Internship			120	120
Patient Documentation	10	10	12	32
Total	110	186	140	436

Practicum courses associated with each semester are EMMS 1106 Practicum I (Fall), EMMS 2209 Practicum II (Spring), and EMMS 2214 Practicum IV (Summer).

9.8 Program Minimums

To be eligible for program completion, each student must complete the following minimums in addition to the hours requirement in Section 9.7. These minimums are tracked in Fisdap and reviewed by the Clinical Coordinator and Program Director on an ongoing basis.

9.8.1 Patient Assessment Minimums by Age

Each patient encounter counts toward one age category. A patient encounter requires a comprehensive primary and secondary assessment, development of a management plan, and competency evaluation by the preceptor.

Age Category	Minimum
Neonate (birth to 30 days)	2
Infant (1 month to 12 months)	2
Toddler (1 to 2 years)	2
Preschool (3 to 5 years)	2
School Age (6 to 12 years)	2
Adolescent (13 to 18 years)	2
Pediatric Total (sum of the above, inclusive)	30
Adult (19 to 65 years)	60
Geriatric (older than 65 years)	18

The Pediatric Total of 30 includes the 12 minimum encounters across the six pediatric age bands, plus additional pediatric patient encounters to reach the total.

9.8.2 Patient Assessment Minimums by Pathology or Complaint

Each patient encounter counts toward one pathology or complaint category based on the primary presentation.

Pathology or Complaint	Minimum
Trauma, total	27
Pediatric trauma (subset of total)	6
Geriatric trauma (subset of total)	6
Psychiatric and behavioral emergencies	18
Obstetric delivery with normal newborn care	6
Complicated obstetric delivery	4
Distressed neonate (birth to 30 days)	4
Cardiac pathologies or complaints (e.g., acute coronary syndrome, cardiac chest pain)	18
Cardiac arrest	3
Cardiac dysrhythmias	16
Medical neurologic (e.g., TIA, stroke, syncope, altered mental status)	12
Respiratory pathologies or complaints	12
Other medical conditions or complaints	18

Notes on pathology minimums:

1. Obstetric delivery, complicated obstetric delivery, and distressed neonate encounters may be completed in part through simulation where permitted. Simulation is a last resort when live patient encounters are not available. Refer to Section 9.9 for required simulations.
2. Cardiac arrest encounters may include at least one simulation when a live encounter cannot be achieved.
3. Pediatric and geriatric trauma subsets count toward the Trauma total and toward the appropriate age category. A single pediatric trauma encounter counts toward Trauma, Pediatric trauma, and the relevant pediatric age band.

9.8.3 Skills and Interventions Minimums

The following minimum successful skills must be documented on a live patient during clinical rotation, field experience, or the Capstone Field Internship. Simulation may be used only where specifically permitted, and only as a last resort where live patient opportunities are not available.

Skill	Lab (formative)	Patient (competency)	Total
Establish IV access	2	25	27
Administer IV bolus medication	2	10	12
Administer IV infusion medication	2	2	4
Administer IM injection	2	2	4
Establish IO access	4	2	6
Perform positive pressure ventilation with BVM	4	10	14
Perform oral endotracheal intubation	2	10	12
Perform endotracheal suctioning	2	2	4
Perform foreign body airway obstruction removal with Magill forceps	2	2	4
Perform cricothyrotomy	2	2	4
Insert supraglottic airway	2	10	12
Perform needle decompression of the chest	2	2	4
Perform synchronized cardioversion	2	2	4
Perform defibrillation	2	2	4
Perform transcutaneous pacing	2	2	4
Perform chest compressions	2	2	4

Success rate tracking. Success rate is tracked and reported for the following skills: IV access, IV bolus medication administration, and oral endotracheal intubation.

Simulation of patient performance. For skills where live patient performance cannot reasonably be achieved (for example, cricothyrotomy, needle decompression, synchronized cardioversion, transcutaneous pacing), simulation may be substituted in place of the patient column on a case-by-case basis with approval of the Program Director and Medical Director. Simulation use must be documented in Fisdap.

9.8.4 Field Evaluations and Team Leads

Field evaluations and team leads are distributed across the three semesters:

Semester	Requirement
Fall	10 field evaluations, including 5 field evaluations of BLS acuity patient encounters (all completed on an ALS unit)
Spring	15 field evaluations
Summer	25 team leads completed during the Capstone Field Internship
Total	50 field evaluations and team leads

ALS call definition for field evaluations. A field evaluation documents an ALS call. An ALS call is defined as an emergency response with patient interview and physical exam, plus at least one of the following:

1. Successful IV access and ECG, or
2. Medication administration (IV, IO, or IN) and ECG, or
3. Successful ALS medication administration.

Oxygen, ondansetron ODT, and 10 cc IV flush do not count as ALS medications for this purpose.

Team Lead requirements. Team leads occur only during the Capstone Field Internship. Team leads cannot be accomplished through simulation. See Section 9.1 for the definition of a successful team lead.

9.9 Required Simulations Before the Capstone Field Internship

In addition to the patient minimums above, each student must complete the following simulated scenarios before beginning the Capstone Field Internship:

1. One (1) pediatric trauma simulation
2. One (1) adult trauma simulation
3. One (1) psychiatric simulation
4. Two (2) complicated obstetric delivery simulations, including one prolapsed cord and one breech delivery
5. One (1) distressed neonate following delivery simulation
6. One (1) cardiac-related chest pain simulation
7. One (1) cardiac arrest simulation
8. One (1) geriatric stroke simulation
9. One (1) pediatric respiratory distress or failure simulation
10. One (1) geriatric respiratory distress or failure simulation
11. One (1) geriatric sepsis simulation
12. One (1) pediatric endotracheal intubation simulation

Successful completion of each simulation is documented in the student's program record. A student who has not completed all 12 simulations will not be cleared to begin the Capstone Field Internship. See Appendix C for the simulation completion checklist.

9.10 Program Minimums Checkpoint

Program minimums listed in Section 9.8.1, 9.8.2, and 9.8.3 must be completed before beginning the Capstone Field Internship in the Summer term.

A student who has not completed the prerequisite minimums by the end of the Spring term will not be permitted to begin the Capstone Field Internship with the cohort. See Section 9.11 for progression options in that situation.

9.11 Progression and Completion

9.11.1 Semester Progression

Students must complete all required patient assessments, skills, field evaluations, and hours by the end of each semester to progress to the next semester of the cohort.

A student who does not complete the Fall or Spring semester minimums by the end of the term must complete those requirements before beginning the next semester. If completion is not possible within the original cohort's schedule, the student may continue by enrolling in the next year's cohort at the semester where they left off, provided their prior credits remain current.

9.11.2 Capstone Field Internship Completion

If a student does not complete the Capstone Field Internship requirements by the end of the Summer term, they have up to eight weeks beyond the end of the Summer term to complete the remaining requirements. Extensions beyond eight weeks may be granted by the Program Director on a case-by-case basis.

9.11.3 Early Completion

If a student completes all program minimums for skills, interventions, and assessments before completing the hours listed in Section 9.7, the student's remaining requirements will be decided collaboratively by the Program Director, Clinical Coordinator, and Medical Director.

9.11.4 Program Completion Attestation

Program completion is attested by the Program Director and the Medical Director after verification that the student has met all requirements described in this section and in Section 6.5. No student is attested for the National Registry Paramedic examination until all minimums, simulations, team leads, hours, and the Capstone Field Internship have been completed and documented.

Section 10 | Occupational Risks and Safety

10.1 Occupational Risks

The practice of emergency medical services involves inherent occupational risks. Students entering the Paramedic Program and functioning in the clinical and field environment should be aware of these risks and prepared to manage them. Occupational risks include, but are not limited to:

1. Exposure to infectious and communicable diseases, including bloodborne and airborne pathogens.
2. Physical assault or verbal threats from patients, bystanders, or members of the public.
3. Motor vehicle crashes during emergency response and patient transport.
4. Lifting, pushing, pulling, and repetitive motion injuries.
5. Sprains, strains, and other musculoskeletal injuries.
6. Slip, trip, and fall injuries on uneven, wet, or unstable terrain.
7. Exposure to hazardous chemicals and materials at incident scenes.
8. Burns from thermal, chemical, or electrical sources.
9. Heat-related illness and cold-related injury from prolonged outdoor exposure.
10. Psychological stress, traumatic stress, and cumulative stress injury from repeated exposure to critical incidents.
11. Sleep disruption and fatigue associated with shift work.
12. Needlestick, sharps, and other percutaneous injury during patient care.

Students are expected to complete the safety training required by each clinical or field affiliate, and to apply safe practices, including personal protective equipment use, scene size up, body mechanics, and situational awareness.

10.2 Safety Expectations

Each student shall:

1. Wear appropriate personal protective equipment for the activity and environment.
2. Apply principles of body mechanics and team lifting to reduce injury risk.
3. Complete a scene size-up before committing to patient care at an incident scene.
4. Maintain situational awareness of the patient, bystanders, and environment.
5. Report unsafe conditions, equipment failures, and near-miss events to the preceptor, site supervisor, and Clinical Coordinator.
6. Do not perform skills or tasks for which the student has not been trained and approved.
7. Not operate apparatus or emergency response vehicles during clinical or field shifts unless specifically authorized and trained.

10.3 Exposure and Injury Reporting

A student who sustains an exposure, injury, or acute illness during a clinical rotation, field experience, or Capstone Field Internship shift must follow the exposure and injury reporting procedure in Section 4.7. Additional affiliate-specific reporting may be required at the site.

10.4 Student Wellbeing and Critical Incident Support

The work of emergency medical services exposes providers to critical incidents that may affect mental health and well-being. Students who experience difficulty following a critical incident, or who experience cumulative stress during the program, should contact:

1. The Program Director or Clinical Coordinator for program-level support and referral.
2. The Pierpont Community and Technical College counseling or student support services for institutional resources.
3. An affiliate critical incident stress management (CISM) team, where available.
4. A personal mental health provider.

Students are encouraged to use these resources proactively. The Program Director and Clinical Coordinator will respond to requests for support confidentially and without academic or disciplinary consequences.

10.5 Substance Use and Fitness for Duty

Students must report for class, clinical rotation, field experience, and Capstone Field Internship shifts free from the effects of alcohol, illicit substances, or any substance (including prescription or over-the-counter medication) that would impair the student's ability to perform safely. A student who reports to a class or shift under the effects of such a substance may be dismissed from the activity and is subject to disciplinary action, up to and including dismissal from the program. Affiliate drug and alcohol policies apply in addition to this requirement.

Appendix A | Student Agreement

PCTC EMS Program Student Agreement

By signing this document, I, _____, agree to the following regarding the Pierpont Community and Technical College EMS Program Handbook (herein referred to as the PCTC EMS Handbook):

1. I have read and understand the PCTC EMS Handbook.
2. I agree to conduct myself in accordance with the provisions of the PCTC EMS Handbook.
3. I acknowledge and understand the expectations and requirements of my role as a Paramedic student as described in the PCTC EMS Handbook.
4. I understand that I must complete all components of the program within the guidelines outlined in the PCTC EMS Handbook.
5. I understand that any non-compliance with the PCTC EMS Handbook may result in disciplinary action, up to and including dismissal from the program.
6. I acknowledge that clinical rotation, field experience, and Capstone Field Internship sites are extensions of the Pierpont campus for purposes of the Pierpont Student Code of Conduct.
7. I agree to self-report any arrest or conviction for any criminal offense, excluding minor traffic violations, that occurs while I am enrolled at Pierpont, to the Office of Academic Affairs at 500 Galiher Drive, Fairmont, WV 26554 or 304.367.4907.

Student (Print): _____

Student (Sign): _____ Date (MM/DD/YYYY): _____

Appendix B | Authorization for Disclosure of Personal Information

Pierpont Community and Technical College Emergency Medical Services Department

I authorize the Emergency Medical Services Program of Pierpont Community and Technical College to disclose or release the following information to clinical facilities for authorization to participate in clinical education while enrolled in an EMS program:

1. Medical examination and drug screening results
2. Immunization records
3. Criminal background check results

This authorization shall remain valid from the date of signature until the release or graduation or completion of the EMS program, and may not be valid for greater than one year from the date of signature for West Virginia medical records.

I understand that after the custodian of records discloses my health information, it may no longer be protected by federal privacy laws. I further understand that this authorization is voluntary and that I may refuse to sign it. I understand that refusal to sign will affect my ability to participate in the practicum courses required to complete my chosen program of study. By signing below, I represent and warrant that I have the authority to sign this document and to authorize the use or disclosure of protected information, and that no claims or orders are pending or in effect that would prohibit, limit, or restrict my ability to authorize this use or disclosure.

Student (Print): _____

Student (Sign): _____ Date (MM/DD/YYYY): _____

You have the right to revoke this authorization by sending a written request to:

Pierpont Community and Technical College

ATTN: EMS Program

501 West Main Street

Clarksburg, WV 26301

Appendix C | Required Simulations Checklist

Simulation Completion Checklist

Each of the 12 required simulations listed below must be completed prior to the student beginning the Capstone Field Internship. Successful completion is verified by the supervising instructor and signed and dated. This form is maintained in the student's program record.

Student Name: _____

Cohort (Year): _____

#	Required Simulation	Completion Date	Instructor Signature
1	Pediatric trauma simulation		
2	Adult trauma simulation		
3	Psychiatric simulation		
4	Complicated obstetric delivery: prolapsed cord		
5	Complicated obstetric delivery: breech		
6	Distressed neonate following delivery		
7	Cardiac-related chest pain		
8	Cardiac arrest		
9	Geriatric stroke		
10	Pediatric respiratory distress or failure		
11	Geriatric respiratory distress or failure		
12	Geriatric sepsis		
13	Pediatric endotracheal intubation		

Capstone Field Internship Clearance

I have verified that the above student has completed all required simulations and is cleared to begin the Capstone Field Internship.

Program Director: _____ Date: _____

Clinical Coordinator: _____ Date: _____

Note. Item 4 in Section 9.9 lists two complicated obstetric delivery simulations (prolapsed cord and breech) together. The checklist breaks them into separate rows (rows 4 and 5) for individual sign-off. Row count is 13; total simulations required is 12 as stated in Section 9.9.

Appendix D | Program Minimums at a Glance

This appendix consolidates the program minimums described in Section 9 for program administrative and preceptor reference. Figures in this appendix mirror Section 9 and must be updated together. Where Section 9 and this appendix differ, Section 9 controls.

D.1 Hours by Semester

Site or Activity	Fall	Spring	Summer	Total
Emergency Department	48	72		120
Morgue (online)	4			4
Pediatrics		8		8
Respiratory Therapy (online)			8	8
Field Evaluation	48	96		144
Capstone Field Internship			120	120
Patient Documentation	10	10	12	32
Total	110	186	140	436

D.2 Patient Assessment Minimums by Age

Age Category	Minimum
Neonate (birth to 30 days)	2
Infant (1 month to 12 months)	2
Toddler (1 to 2 years)	2
Preschool (3 to 5 years)	2
School Age (6 to 12 years)	2
Adolescent (13 to 18 years)	2
Pediatric Total (sum inclusive)	30
Adult (19 to 65 years)	60
Geriatric (older than 65 years)	18

D.3 Patient Assessment Minimums by Pathology or Complaint

Pathology or Complaint	Minimum
Trauma, total	27
Pediatric trauma (subset of total)	6
Geriatric trauma (subset of total)	6

Pathology or Complaint	Minimum
Psychiatric and behavioral emergencies	18
Obstetric delivery with normal newborn care	6
Complicated obstetric delivery	4
Distressed neonate (birth to 30 days)	4
Cardiac pathologies or complaints	18
Cardiac arrest	3
Cardiac dysrhythmias	16
Medical neurologic	12
Respiratory pathologies or complaints	12
Other medical conditions or complaints	18

D.4 Skills and Interventions Minimums

Skill	Lab	Patient	Total
Establish IV access	2	25	27
Administer IV bolus medication	2	10	12
Administer IV infusion medication	2	2	4
Administer IM injection	2	2	4
Establish IO access	4	2	6
Perform positive pressure ventilation with BVM	4	10	14
Perform oral endotracheal intubation	2	10	12
Perform endotracheal suctioning	2	2	4
FBAO removal with Magill forceps	2	2	4
Perform cricothyrotomy	2	2	4
Insert supraglottic airway	2	10	12
Perform needle decompression of the chest	2	2	4
Perform synchronized cardioversion	2	2	4
Perform defibrillation	2	2	4
Perform transcutaneous pacing	2	2	4
Perform chest compressions	2	2	4

Success rate reported for: IV access, IV bolus medication administration, oral endotracheal intubation.

D.5 Field Evaluations and Team Leads

Semester	Requirement
Fall	10 field evaluations (including 5 BLS acuity patient encounters on an ALS unit)
Spring	15 field evaluations
Summer	25 team leads during the Capstone Field Internship
Total	50 field evaluations and team leads

D.6 Required Simulations

All 12 simulations listed in Section 9.9 must be completed before the Capstone Field Internship. See Appendix C for the completion checklist.