



**Red Rocks Community College**  
**IV Approval for EMTs**  
**Spring 2018 Information**



The IV Approval for EMTs course at Red Rocks Community College is designed for Colorado certified EMTs to be able to include this skill in their practice. It follows the Colorado state approved curriculum for IV approval. It is also one of the courses in the Advanced EMT program.

The course consists of 24 hours of classroom instruction (lecture and skills) and one or more clinical shifts in a hospital. Upon successful completion of the course, EMTs who are working in the field may be authorized by their medical director to initiate IV therapy and administer fluids or and certain medications to patients.

**Course Options:**

<b>Section</b>	<b>Days of the Week</b>	<b>Class Times</b>	<b>Course Dates</b>
EMS 130 Section 003	Wednesday	8:00 am – 11:45 am	1/17/2018 – 5/8/2018

EMS 130 sections 001 and 002 are restriction to registration in the associated AEMT cohort

**Prerequisites:**

- Proof of age 18 by the first day of class (no exceptions)
- Current EMT certification or documentation of enrollment, and satisfactory progress, in an EMT course.
- The student must be eligible to enroll in ENG 121 or provide proof of completion of ENG 121, or its equivalent, with a grade of C or higher

**Co-requisites:**

It is highly recommended that you take the Basic EKG Interpretation course (HPR 190) during this semester as most employers require completion of both IV authorization and EKG as minimum requirements of employment.

**Registration:**

Registration for the spring 2018 semester will start on November 6<sup>th</sup>, 2017. Students with all of the required pre-requisites are admitted to the program on a first-come, first-served basis. Students must meet with an EMS faculty member. For more information, or to schedule an individual enrollment appointment, please contact Steven Brown, at [steven.brown@rrcc.edu](mailto:steven.brown@rrcc.edu) , Robert Vroman, at [Robert.vroman@rrcc.edu](mailto:Robert.vroman@rrcc.edu), or Lou Hren at [Louis.Hren@rrcc.edu](mailto:Louis.Hren@rrcc.edu)

## Clinical Requirements:

- **Bring the following information to the first day of class**
- Proof of current EMT certification from the Colorado Department of Public Health
- Proof of completion of a background check, including a urinalysis based drug screening through CastleBranch (use attached form)
- A completed Physical Examination form, signed by a health care provider, documenting that you do not have any condition that would endanger your health or that of your patients during EMT training
- Proof of vaccinations and a TB test within 12 months are also required.
- The physical form and vaccinations can be completed by the student's primary care physician, or at the Red Rocks student health clinic.
- Proof of healthcare insurance coverage
- A CPR card demonstrating completion of a CPR course at either the *Healthcare Provider* or *BLS Provider* level. This is a one day course offered at Red Rocks Community College as HPR 102. It may also be taken at any CPR training center.

## Program Cost:

Colorado resident tuition and fees for the IV course are approx. \$575 with COF applied. Costs for required textbooks and equipment are approximately \$200. There are costs for the physical exam and vaccinations, as well as the background investigation.

**All tuition and costs listed are approximate and subject to change.**

## Required Textbooks:

*Intravenous Therapy for Prehospital Providers 2<sup>nd</sup> Ed.*, Jones and Bartlett, Kennamer and Andolsek, 2015

**To ensure you receive the correct book we recommend purchasing your textbooks at the Red Rocks Community College Bookstore**

## Background Check

The background check is completed by an external company, CastleBranch, and is mandatory for all students participating in a healthcare program. Background checks must have been completed within the last 12 months, and cannot be transferred from another school.

Please visit the [CastleBranch website](#) to complete the background check.

Background check process:

- On the home screen please click on “Place Order”
- Click on “Red Rocks Community College” on the page requesting you to select your school
- From the dropdown box choose “EMS Program”
- From the next dropdown box that appears on that page choose the appropriate option
- Do not click anything, just wait for the page to reload
- Confirm your order, click the box at the bottom indicating you have read the terms and conditions, and click on “Continue Order”
- Complete the following screens providing the requested information. You will also be required to complete a drug test via urinalysis. Follow the appropriate instructions for completing this

Be sure your information is correct. It is not possible to make changes to your order after it has been submitted. IF your order is submitted with incorrect information you will need to submit another background check with additional fees.

Please contact CastleBranch at 1-888-723-4263 or [customerexp.cu@castlebranch.com](mailto:customerexp.cu@castlebranch.com) with any questions or if you experience any problems with the ordering process.

If the investigation reveals information that could be relevant to the application, the designated individual responsible for background checks may request additional information from the applicant. The offense shall be reviewed on a case by case basis.

Students who have successfully completed the terms of a deferred adjudication agreement will not be disqualified.

If any applicant feels the criminal background check is inaccurate, they may appeal the decision and request a review with the specific community college applied at. It is the applicant’s burden to produce substantial evidence that proves the crimes charged are incorrect.

## Disqualifying offenses:

Any conviction of the following criminal offenses appearing on a criminal background check will disqualify an applicant for admission to a CCCS Health Program.

- Any violent felony convictions of homicide
- Crimes of violence (assault, sexual offense, arson, kidnapping, any crime against an at-risk adult or juvenile, etc.) as defined in section 18-1.3-406 C.R.S. in the 7 years immediately preceding the submittal of application
- Any offense involving unlawful sexual behavior in the 7 years immediately preceding the submittal of application
- Any offense of which the underlying basis has been found by the court on the record to include an act of domestic violence, as defined in section 18-6-800.3 C.R.S. in the 7 years immediately preceding the submittal of application
- Any crime of child abuse, as defined in section 18-6-401 C.R.S. in the 7 years immediately preceding the submittal of application
- Any crime related to the sale, possession, distribution or transfer of narcotics or controlled substances in the 7 years immediately preceding the submittal of application
- Any felony crimes of theft in the 7 years immediately preceding the submittal of application
- Any misdemeanor crimes of theft in the 5 years immediately preceding the submittal of application
- Any offense of sexual assault on a client by a psychotherapist, as defined in section 18-3-405.5 C.R.S. in the 7 years immediately preceding the submittal of application
- Crimes of moral turpitude (prostitution, public lewdness/exposure, etc.) in the 7 years immediately preceding the submittal of application
- Registered sex offenders (No time limit)
- More than one (1) D.U.I. in the 7 years immediately preceding the submittal of application
- Any offense in another state, the elements which are substantially similar to the elements of any of the above offenses

Approved CCCS 6/8/2007. Re-approved 4/12/2012. Reviewed and amended 6/15/2015

## Acceptable BCLS Cards for Colorado EMS Certification

As stated in Colorado Board of Health Rules 6-CCR-1015-3, Chapter 1- EMS Rules CPR at the healthcare provider level is required to be an EMT in the state of Colorado. Moreover most of the EMS agencies and hospitals we utilize for the clinical and internship portions of our programs require CPR for the Healthcare Provider or BLS provider from the American Heart Association. Therefore the following CPR cards are the only ones that will be accepted by the RRCC EMS Program.

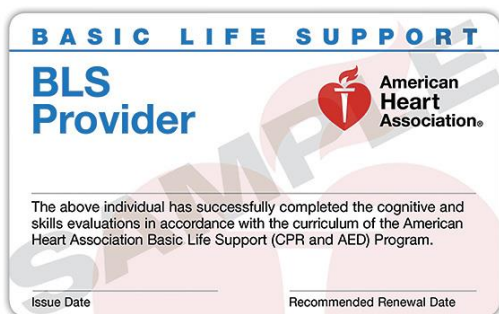
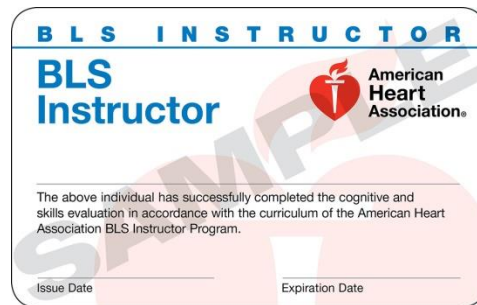
### American Heart Association

- Healthcare Provider
- BLS Provider
- BLS Instructor
- BLS Training Center Faculty

The BLS Provider course is a one day course offered at Red Rocks Community College as HPR 102

The exact card issued may look like one of the examples on this page or may vary based on when it was issued.

The decisions of the RRCC clinical coordinator regarding whether or not a course meets the RRCC clinical requirements is final



# Health Care Provider's Certification of New Student's Health

## Instructions for Providers

The person bearing this form has been extended an offer of admission to one of the following programs at Red Rocks Community College:

- Emergency Medical Technician
- IV Training for EMT
- Advanced Emergency Medical Technician
- Emergency Medical Technician Intermediate

To matriculate in the program, it is necessary for the candidate to demonstrate that he or she is free of any medical conditions that could endanger the health or well-being of patients or other students, or prevent him/her from performing the physical tasks of emergency medical care. Generally, the following tasks are required:

- Ability to be fitted with a respirator mask in case of continued exposure to an airborne pathogen;
- Ability to lift, carry and balance heavy loads;
- Ability to interpret written and oral instructions, calculate weight and volumes ratios, and read small print, all under threatening time constraints;
- Ability to use good judgment and remain calm in high stress situations;
- Ability to work effectively in an environment with loud noises and flashing lights;
- Ability to function efficiently throughout an entire work shift;
- Good manual dexterity, with ability to perform tasks related to patient care.
- Ability to bend, stoop, and crawl on uneven terrain; and the ability to withstand varied environmental conditions such as extreme heat, cold, and moisture.
- Ability to work in low light, confined spaces and other dangerous environments.

At the expense of the student, please interview and examine this prospective student, and complete the form below. In the event you feel the student *does* have a health condition which could endanger the health or well-being of patients, faculty or students, please discuss that condition with the student and instruct the student to call the Red Rocks Community College Emergency Medical Services program director at 303-914-6552 for further instructions.

This form is valid for 12 calendar months.

You are welcome to call the Program Director with any questions at 303-914-6552. Please complete and sign the back of this sheet. Thank you!

# Statement of HealthCare Provider

**NAME OF PATIENT:** \_\_\_\_\_

I understand the above-named patient has been tentatively extended an offer of admission to Emergency Medical Services training program.

Following an appropriate history and physical examination, it is my opinion the above-named patient:

\_\_\_ Does *not* have a health condition which could endanger the health or well-being of patients, faculty or students, including the patient himself/herself.

\_\_\_ Does appear to have a health condition which could endanger the health or well-being of patients, faculty or students, including the patient himself/herself.

## Additional Requirements:

Please also provide documentation of the following tests/vaccinations:

1. Chicken pox or Varivax vaccination Date of illness or vaccination: \_\_\_\_\_
2. Tetanus Date of last vaccination or booster: \_\_\_\_\_
3. MMR Date of last vaccination or booster: \_\_\_\_\_
4. Tuberculosis Testing ( less than one year old)

Date Tested: \_\_\_\_\_ Date Read: \_\_\_\_\_ Positive/Negative (circle one)

If **positive**, date re-tested: \_\_\_\_\_ Date Read: \_\_\_\_\_ Positive/Negative (circle one)

If **positive**, date of Chest X-Ray: \_\_\_\_\_

If **positive**, start date/end date of treatment: \_\_\_\_\_

5. Hepatitis B Vaccine (3-shot series)

Date 1<sup>st</sup> vaccine received \_\_\_\_\_ Titer Date (if applicable): \_\_\_\_\_  
Date 2<sup>nd</sup> vaccine received \_\_\_\_\_ Results: \_\_\_\_\_  
Date 3<sup>rd</sup> vaccine received \_\_\_\_\_

6. Seasonal Influenza Vaccine Date of vaccination: \_\_\_\_\_

\_\_\_\_\_  
*Signature of provider*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed name and Professional Degree of provider*

\_\_\_\_\_  
*Telephone number*