

RED ROCKS COMMUNITY COLLEGE IV APPROVAL FOR EMTS FALL 2015 COURSE 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 OFFERINGS:

Section 001	М	8:00 – 12:00 pm	August 24 th – October 12 th *
Section 002	T, R	6:00 – 8:00 pm	August 25 th – October 13 th *

*Clinical rotations are required after the end of the classroom portion of the course

TUITION AND FEES:

Course costs are based upon 2 credits, plus additional fees for clinicals and insurance. The total for spring 2014 will be approximately \$385.00 with COF applied. The textbook costs \$52.00 in the Red Rocks Community College bookstore. The background check that includes a drug screen costs \$63.00. There also may be costs associated with the physical exam, vaccinations, and CPR certification if the student has not completed them previously. (*Costs are estimated and subject to change*)

PREREQUISITES:

- Current EMT certification or documentation of enrollment and satisfactory progress in an EMT course as evidenced by a letter from the applicants EMT instructor
- Documentation of ACCUPLACER scores showing a reading comprehension score of 80 or higher and sentence skills score of 95 or higher, or equivalent

CLINICAL REQUIREMENTS: (BRING THESE ITEMS TO THE FIRST DAY OF CLASS)

- Current CPR card at the Healthcare Provider or Professional Rescuer level
- Submission of a background check through Certified Background
- Submission of a drug screen through Certified Background
- A completed physical exam form and proof of vaccinations
- Proof of healthcare coverage.

Enrollment in the I V course is by permission only. The only prerequisite for application is a current Colorado EMT Certificate. The course is not open to other healthcare providers. Students interested in attending the course should email the Program Director at <u>robert.vroman@rrcc.edu</u> to schedule an enrollment appointment.

DISQUALIFYING OFFENSES:

Any conviction or deferred adjudication of the following criminal offenses, whether felony or misdemeanor, appearing on a criminal background check will disqualify an applicant for admission to a CCCS Health Program.

Crimes against persons (physical or sexual abuse, neglect, assault, murder, etc.) as defined in section 18 1.3-406 C.R.S.

- I. Crimes against persons (physical or sexual abuse, neglect, assault, murder, crimes against an at risk adult or juvenile, etc.) as defined in section 18-1.3-406 C.R.S.
- II. Any offense involving unlawful sexual behavior.
- III. 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.
- IV. Any crime of child abuse, as defined in section 18-6-401 C.R.S.
- V. Any crime related to the sale, possession, distribution or transfer of narcotics or controlled substances.
- VI. Crimes of theft.
- VII. Any offense of sexual assault on a client by a psychotherapist, as defined in section 18-3-405.5 C.R.S.
- VIII. Crimes of moral turpitude (prostitution, public lewdness/exposure, etc.).
 - IX. Registered sex offenders.
 - X. More than one (1) D.U.I. in the 7 years immediately preceding the submittal of application
 - XI. Any offense in another state, the elements which are substantially similar to the elements of any of the above offenses.

Students who have completed the terms of a deferred adjudication agreement will not be disqualified on the basis of those crimes.

BACKGROUND CHECK:

The background check is completed by an external company, Certified Background, and is mandatory for all 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 <u>http://cccs.certifiedbackground.com/</u> 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 EMT Advanced
- 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. As an advanced student 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 Certified Background at 1-888-666-7788 or <u>customerservice@certifiedbackground.com</u> with any questions or if you experience any problems with the ordering process.

ACCEPTABLE BCLS CARDS FOR COLORADO EMS CERTIFICATION

The Colorado EMTS section has evaluated BLS/CPR and ACLS education programs for satisfaction of Colorado EMS provider certification/recertification requirements. The following organizations' courses are the ONLY programs that will be recognized by the department as satisfying the requirements as stated in Colorado Board of Health Rules 6-CCR-1015-3, Chapter 1- EMS Rules.

American Heart Association

American Heart	AHA Region
Healthcare Prover	
This card certifies that the above individed a sub- completed the national cognitive and skills evaluations in accordance with the curriculum of the American Heat Association for the BLS for Heatthcare Providers (CPR & AED) Program.	Instructor Holder's
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Healthcare Provider BLS Instructor BLS Training Center Faculty

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

American Red Cross (ARC)



CPR/ AED for the Professional Rescuer

American Safety and Health Institute (ASHI)



BLS for Healthcare Providers and First Responders

CPR Pro for Healthcare Providers and First Responders

CPR Pro for the Professional Rescuer

BLS Instructor

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

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.

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 HEALTH CARE 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.	4. Tuberculosis Testing (PPD only acceptable test, less than one year old)				
	Date Tested: Date Read: _	Positive/Negative (circle one)			
	If positive , date re-tested:	Date Read: Positive/Negative (circle o	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 st vaccine received	Titer Date (if applicable):			
	Date 2 nd vaccine received	Results:			
	Date 3 rd vaccine received	-			
6. 8	Seasonal Influenza Vaccine Date	of vaccination:			
	Signature of provider	Date			

Printed name and Professional Degree of provider

Telephone number