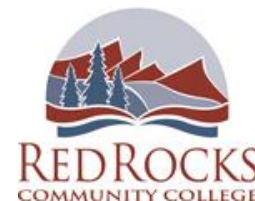




RED ROCKS COMMUNITY COLLEGE
IV APPROVAL FOR EMTs
FALL 2014 COURSE INFORMATION



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	M, W	9:00 – 11:00 pm	August 18 – October 8
Section 002	M, W	6:00 – 8:00 pm	August 18 – October 8

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 \$95.00. There also may be costs associated with the physical exam, vaccinations, and CPR certification if the student does not have them completed previously.

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 American Databank
- Submission of a drug screen through American Databank
- 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 robert.vroman@rrcc.edu 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.

DRUG SCREEN:

Drug screening is mandatory for all students who will do clinical and internship rotations

The procedure to do this is as follows:

- Go to room 1025 (Human Resources) at Red Rocks Community College. This is located next to the child care center at the east end of the building
- Pick up a Forensics Custody and Control Form
- Follow the directions on the following page “Background Check”. These are the forms that are referred to under step 4.
- Make sure you take your Custody and Control Form, receipt from American Databank, and a picture ID with you to your appointment for your drug screen
- Have your results sent to Cathy.Oconnell@rrcc.edu

BACKGROUND CHECK:

The background check is completed by an external company, American Databank and is mandatory for all students doing clinical and internship rotations.

Please visit www.healthcareEX.com to complete these requirements.

Background check process:

- On the home screen please review the 4 step process to place your order. You will be selecting Package 5: Criminal Background Check and 10-Panel Drug Screen. Be sure to click on “View Required Information” under this package so you will be sure to have everything you need to complete it.
- Click on “Click Here to Place Your Order” at the bottom of the page
- Choose Package 5 and click on “Continue With Order”
- Applicant Information Page: Read over the instructions and input your information and click on “Next”
- Read over the Disclosure and Authorization Form and then sign electronically with your mouse
- Click on “Continue To Place Order”
- Residential History Page: Input where you have lived for the last 7 years
- Employment History Page: Input your last three employers as requested
- Education History Page: Provide the highest degree achieved
- Review the information entered and select your method of payment
- Print your receipt and bring it to the Human Resources office at RRCC as described on the preceding page in order to complete your drug screen

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 American Databank at 1-800-200-0853 or support@americandatabank.com with any questions

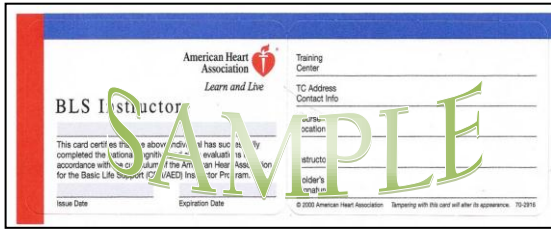
ACCEPTABLE BCLS CARDS FOR COLORADO EMS CERTIFICATION

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.

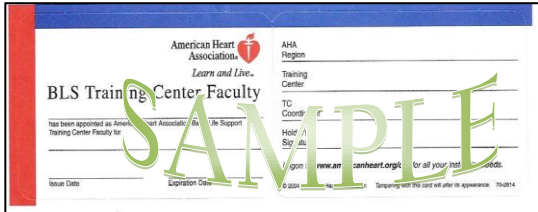
American Heart Association



Healthcare Provider
BLS Instructor
BLS Training Center Faculty



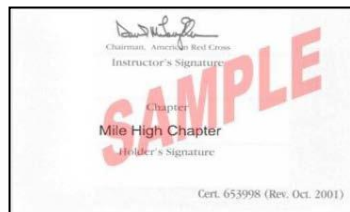
The Healthcare Provider CPR course is a one day course offered at Red Rocks Community College as HPR 102.



American Red Cross (ARC)

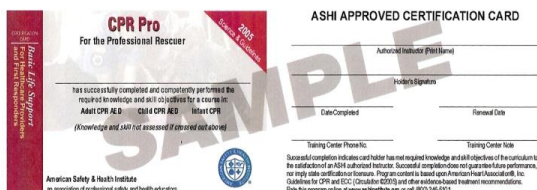


CPR/ AED for the Professional Rescuer



BLS for Healthcare Providers and First Responders

American Safety and Health Institute (ASHI)



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. 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 one)

If **positive**, date of Chest X-Ray: _____

If **positive**, start date/end date of treatment: _____

5. Hepatitis B Vaccine (3-shot series)

Date 1st vaccine received _____ Titer Date (if applicable): _____

Date 2nd vaccine received _____ Results: _____

Date 3rd vaccine received _____

6. Seasonal Influenza Vaccine Date of vaccination: _____

Signature of provider

Date

Printed name and Professional Degree of provider

Telephone number