EMT Student Requirements while Participating in Healthcare Facilities

Proof of the following documentation will be submitted to and on file in the Porterville College Health Careers Department prior to entering the program and any clinical training facility or ambulance provider:

A. Current American Heart Association (AHA) Healthcare Provider BLS card.
B. Annual tuberculosis skin test and/or chest x-ray.
C. Clearance from Healthcare Provider – fit to work in clinical settings
D. Proof of Safety Education/Training
E. Signed agreement to comply with Confidentiality and Reporting Responsibilities (HIPPA).
F. Signed agreements to comply with Child, Elder and Dependent Adult Abuse reporting.
G. Signed Sexual Harassment policy

Conform to all applicable HEALTHCARE FACILITY/AMBULANCE PROVIDER policies, procedures, and regulations, and such other requirements and restrictions as may be mutually specified and agreed upon by the designated representative of HEALTHCARE FACILITY/AMBULANCE and SCHOOL.

Print Name

________________________________________
Signature                                      Date
Porterville College
Health Careers Programs
Confidentiality Statement

In the normal course of business, any person connected with an organization has the potential to come into contact with confidential information. In some cases, exposure to such information is coincidental or incidental; in others it is an integral part of the job function. This information may be personal, clinical, financial, or other. It may be computerized (that is, in electronic form), or in hard copy, or even oral in nature.

Examples of such confidential information include, but are not limited to: medical records, employee records, financial records and reports, information distributed to committee members to inform deliberation and decision making, and information found accidentally. It also includes information gained through discussion in committees, from employees, from patients and their families or friends, from external agencies, the media, or the medical staff, and so on.

It is the policy of the Porterville College Health Careers Programs to maintain confidential information in strict confidence, both while at clinic and when off duty. Therefore, all students/staff who have access to confidential information are prohibited from disclosing such information in any unauthorized manner. They must use this information only in ways that are consistent with this commitment to confidentiality. Consistent with the principle of “need to know”, it is also incumbent on all who are exposed to confidential information to see that they use only as much of such information as is needed to their job or perform their function.

It is policy of the Porterville College Health Careers Programs to maintain all aspects of confidentiality. Students are accountable for being aware of the legal implications in respecting the rights of others, especially the right to privacy. The following guidelines are strictly adhered to as per HIPPA.

- Confidentiality of client information must never be violated.
- Client personal, family or health related information may not be removed from the healthcare setting.
- Any written assignments must not have any client identifying information on them and are to be treated with confidentiality, i.e. do not share any of the information or paperwork with others.

It is also the responsibility of any who have contact with confidential information to preserve such records against loss, destruction, tampering and inappropriate access and use, including inappropriate disposal. Any breach of confidentiality represents a failure to meet the legal, professional and ethical standards expected, and constitutes a violation of this policy. A breach need not take the form of a deliberate attempt to violate confidentially, but includes any unnecessary or unauthorized use or disclosure of confidential information due to carelessness, curiosity or concern, or for personal gain or malice, including but not restricted to informal discussion. Such breaches may result in discipline and/or civil or criminal penalties.

Confidentiality Agreement

I understand the above statement of confidentiality and agree to fulfill its expectations in my treatment of confidential information. Further, I understand that a violation or breach of this commitment to confidentiality will be investigated and responded to in a manner to prevent a reoccurrence. I understand that I could also be subjected to disciplinary action that may include legal action.

__________________________________

Name – please print

__________________________________  _________________

Signature  Date
Section 11166 of the Penal Code requires any child care custodian, medical practitioner, nonmedical practitioner, or employee of a child protective agency who has knowledge of or observes a child in his or her professional capacity or with the scope of his or her employment whom he or she knows or reasonably suspects has been the victim of a child abuse to report the known or suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone and to prepare, and send a written report thereof within 36 hours of receiving the information concerning the incident.

“Child care custodian” includes teachers, administrative officers, supervisors of child welfare and attendance, or certified pupil personnel employees of any public or private schools; administrators of a public or private day camp; licensed day care workers; administrators of community care facilities licensed to care for children; Head Start teachers; licensing workers or licensing evaluators; public assistance workers; employees of a child care institution, including, but not limited to, foster parents, group home personnel, and personnel of residential care facilities; and social workers or probation officers.

“Medical practitioner” includes physicians and surgeons, psychiatrists, psychologists, dentists, residents, interns, podiatrists, chiropractor, licensed nurses, dental hygienists, or any other person who is licensed under Division 2 (commencing with Section 500) of the Business and Profession Code.

“Nonmedical practitioner” includes state or county health employees who treat minors for venereal disease or any other condition; coroners; marriage, family or child counselors; and religious practitioners who diagnose, examine, or treat children.

Such reports are made to

**TULARE**

Director, Tulare County CWS Agency  
5957 South. Mooney Blvd  
Visalia, CA 93277  
800-331-1585

**KERN**

Director, Kern County CWS Agency  
PO Box 511  
Bakersfield, CA 93302  
661-631-6011

or to the appropriate law enforcement office.

_____________________________________
Print Name

_____________________________________
Signature  
Date
Section 15630 of the Welfare and Institutions Code states:
“Any person who has assumed full or intermittent responsibility for care or custody of an elder or dependent adult, whether or not that person receives compensation, including administrators, supervisors, and any licensed staff of a public or private facility that provides care or services for elder or dependent adults, or any elder or dependent adult care custodian, health practitioner, or employee of a county adult protective services agency or a local law enforcement agency is a mandated reporter.”

“Any mandated reporter, who is in his or her professional capacity, or within the scope of his or her employment, has observed or has knowledge of an incident that reasonably appears to by physical abuse, abandonment, isolation, financial abuse, or neglect, or reasonably suspects abuse shall report the known or suspected instance of abuse by telephone immediately or as soon as practically possible, and by written report sent within two working days.”

Reports of elder and dependent adult abuse to persons in their own homes are to be made to the

Tulare County
ADULT PROTECTIVE SERVICES
713-3020 during business hours
733-6877 after hours
Or your local law enforcement agency

Kern County
Kern County Aging and Adult Services Department
Adult Protective Services, 5357 Truxtun Avenue, Bakersfield, CA 93309
(661) 868-1006 or toll free at (800) 277-7866.
Both numbers are accessible 24 hours per day, seven days per week.
FAX number for Aging and Adult Services is (661) 868-1001.

_____________________________________
Print Name

_____________________________________
Signature Date
Sexual Harassment
Kern Community college District Board Policy Manual
Section 11A2

The Board of Trustees of the Kern Community College District will not tolerate any behavior which constitutes sexual harassment of staff or student. It is the policy of the Kern Community College District that members of the college community, including visitors, guests and contractors, may not sexually harass another person. For the purpose of this policy, sexual harassment is defined as unwelcome sexual advances; requests for sexual favors; and/or verbal, physical conduct, or written communication of intimidating, hostile, or offensive sexual nature where:

- Submission to such conduct is made either explicitly or implicitly a term or condition of employment or a student’s status in a course, program, or activity;
- Submission to or rejection of such conduct is used as a basis for employment decisions or as a basis for academic or other decision, affecting a student; or
- Such conduct has the purpose or effect of substantially interfering with an employee’s work performance or student’s educational experience, or creates an intimidating, hostile or offensive working or academic environment.

The Kern Community College District is committed to maintaining a working and education environment free of sexual harassment.

When an allegation of sexual harassment is brought to the attention of a supervisor, whether reported by the individual who is subject of the alleged harassment, or by a witness, the supervisor shall report the allegation to the college personnel officer. The college personnel officer shall investigate the allegation according to Procedure 11D4A. An employee or student may be subject to disciplinary action for violation of this policy.

I have read, understand, and will comply with the above.

__________________________________________
Name (Please Print)

______________________________   _______________________
Signature                             Date
CERTIFICATION OF STUDENT INSTRUCTION
IN SAFETY EDUCATION

This is to verify that I have been instructed in the following healthcare safety practices specific to the agency where I am assigned for clinical practice. When applicable, I have shown competency by return demonstration.

SAFETY EDUCATION COMPETENCY CHECKLIST

Security Codes and Procedures
- Cardiopulmonary Resuscitation
- Fire
- Bomb
- Security
- Disaster

Back Injury Prevention

Infection Control/Bloodbourne Pathogens

Chemical Safety/Material Safety Data Sheets

Radiation Safety

Electrical Safety

Location of Safety Manual, Fire Extinguishers, Evacuation Exits

Unusual Occurrence Reporting

I AGREE to comply with all safety procedures established by each healthcare agency where I am assigned. I understand that non-compliance with safety regulations established by the agency may constitute grounds for dismissal from the agency and/or the Porterville College Health Careers Program.

____________________________________
Print Name

____________________________________
Signature/Date
Drug and Alcohol Screening Policy Agreement

I agree to submit to immediate drug and alcohol testing upon request of a nursing program instructor and/or the director of the program at any time while a student in the program.

I understand that drug and alcohol testing shall be requested whenever there is a reasonable suspicion or probably cause to believe that I am under the influence of drugs or alcohol.

I also understand that all information regarding drug and alcohol testing results will be kept confidential and released only with my written consent.

____________________________________
Student name (print)

____________________________________  _________________________
Student signature                      Date
PORTERVILLE COLLEGE
HEALTH CAREERS PROGRAMS

STUDENT POLICIES AGREEMENT

Student Name: ________________________________ PT VN RN EMT (circle one)

STUDENT HANDBOOK POLICIES

I have read the Health Careers Student Handbooks. I certify that I understand the policies and agree to abide by them while a student in the program.

______________________________        ________________________________
Signature                                      Date

STUDENT CONDUCT STATEMENT

I have read the Health Careers Department student conduct policies. I certify that I understand the student conduct policies and agree to adhere to such policies at all times. To not do so would be a serious violation of my responsibility.

______________________________        ________________________________
Signature                                      Date

RELEASE OF INFORMATION

I authorize Porterville College’s Health Careers Department to disclose health & safety records via email, facsimile, or copies to clinical sites in which I will be training during my enrollment in the PT/VN/RN/EMT program.

______________________________        ________________________________
Signature                                      Date

Notice to Student:
This agreement will become part of your student file in the Health Careers Office.