

THE CHARLOTTE HUNGERFORD HOSPITAL
POLICY MANUAL

EMERGENCY DEPARTMENT

POLICY NO: 11.E6

SUBJECT: EMS Observation and Clinical Rotations in the
Emergency Department

DATE OF ORIGIN: 12/18/1995

DATE REVIEWED: 03/07/2017

DATE REVISED: 04/13/2017

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Background

The Connecticut Department of Public Health, Office of Emergency Medical Services (the “Department”), is responsible for the oversight of Emergency Medical Services (EMS) education and training programs. EMS certification and recertification courses are required to incorporate clinical observation and rotation opportunities for students. Recognizing its charitable mission and the importance of providing training and educational opportunities for EMS personnel, Charlotte Hungerford Hospital (the “Hospital”) has established an “Observation Program” and a “Clinical Rotation Program” whereby the Hospital makes its emergency department available for EMS Providers to complete the clinical observation and rotation requirements of EMS education and training programs. EMS Providers participating in Hospital-sponsored EMS education and training programs are permitted to observe various procedures and interact with physicians at the Hospital.

Purpose

This policy is intended to outline the prerequisites and general requirements of the Observation Program and Clinical Rotation Program at the Hospital, which allow EMS Providers to complete their clinical observation and/or clinical rotation objectives that lead to EMS certification or recertification. These programs further permit EMS Providers to complete necessary training requirements.

I. Observation Program

EMS Providers who participate in Hospital-sponsored EMS programs may observe in the Hospital’s emergency department as part of their certification and recertification process.

A. Prerequisites

Prior to the commencement of the Observation Program, each EMS Provider shall provide to the Hospital:

- i) Proof that the EMS Provider is a member, volunteer, or is otherwise covered by an agreement, which the Hospital has entered into with an EMS agency, and is in substantially the same form as the agreement, attached hereto as Exhibit A, and/or a signed copy of the Hospital’s “EMS Observation / Clinical Program / Student Agreement,” attached hereto as Exhibit B, at the Hospital’s sole discretion;
- ii) Proof of enrollment in a Department-approved EMS training program;

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- vi) The results of a criminal background check performed no longer than one (1) year
- iii) A valid state-issued photo identification card;
- iv) Written evidence that each participating EMS Provider satisfies the Hospital's health screening requirements attached hereto as Exhibit C;
- v) Written evidence of health insurance coverage; prior to the date on which the Hospital-affiliated EMS agency identifies the EMS Provider or the date on which the EMS Provider commences participation in the Observation Program, whichever is shorter;
- vii) A signed copy of the Hospital's Confidentiality Agreement attached hereto as Exhibit D; and
- viii) A signed and completed copy of any and all documents or forms provided by the Hospital, including, but not limited to, the Hospital's Health Questionnaire, attached hereto as Exhibit E, and the "Student / Outside Vendor Orientation Packet" attached hereto as Exhibit F.

EMS Providers participating in the Observation Program shall notify the Hospital immediately of any changes in the above information.

B. General Program Requirements

Once enrolled in the Observation Program, each EMS Provider *shall*:

- i) Only observe the performance of clinical procedures at the Hospital;
- ii) Be under the supervision of Hospital physicians and/or staff and comply with physician and/or staff directions and instructions at all times while on the Hospital's premises;
- iii) Comply with all Hospital policies and procedures to preserve the confidentiality of any confidential Hospital or patient information the EMS Provider comes into contact with during the course of the Observation Program;
- iv) Carry health insurance while participating in the Observation Program and inform the Hospital immediately of any change in the EMS Provider's health insurance coverage during the course of the Observation Program;
- v) Provide, upon request, information regarding the EMS Provider's qualifications to participate in the Observation Program;
- vi) Wear a Hospital photo identification badge and return it at the end of each shift;

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- vii) Dress in accordance with the Hospital's Dress Code attached hereto as Exhibit G; and
- viii) Comply with all Hospital rules, regulations, policies, and procedures while on the Hospital's premises and participating in the Observation Program.

C. Prohibitions

Once enrolled in the Observation Program, each EMS Provider *shall not*:

- i) Participate in any clinical procedures;
- ii) Have any physical contact with patients while at the Hospital; or
- ii) Enter any patient rooms requiring airborne, droplet, and/or contact precautions.

II. Clinical Rotation Program

EMS agencies affiliated with the Hospital may send their EMS personnel to the Hospital to complete clinical rotations required for training and/or educational purposes. The Hospital permits these EMS providers to perform certain medical procedures, identified on Exhibit H attached hereto, on Hospital patients in the Hospital's emergency department under the supervision of Hospital physician or nursing staff, as applicable, for training purposes (the "Procedures"). There must be a clinical agreement for each specific EMS agency sending EMS personnel to the Hospital for clinical rotations and all requirements in the "Clinical Agreement" must be satisfied. Lastly, no more than one (1) EMS provider shall be permitted to perform the Procedures at any time.

A. Prerequisites

Prior to the commencement of an EMS Provider's participation in clinical rotations, the Hospital-affiliated EMS agency shall provide to the Hospital:

- i) A signed copy of the agreement between the Hospital and the EMS agency in substantially the same form as the agreement attached hereto as Exhibit A;
- ii) Proof that each EMS Provider is a member, volunteer, or otherwise covered by an agreement, which the Hospital has entered into and is in substantially the same form as the agreement attached hereto as Exhibit A;
- iii) A valid state-issued photo identification card of each participating EMS Provider;

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- iv) Written evidence of health insurance coverage for each participating EMS Provider;
- v) The results of a criminal background check for each participating EMS Provider performed no longer than one (1) year prior to the date on which the Hospital-affiliated EMS agency identifies the EMS Provider;
- vi) Written evidence that each participating EMS Provider satisfies the Hospital's health screening requirements attached hereto as Exhibit C;
- vii) The current CPR card of each participating EMS Provider indicating that the EMS Provider has successfully completed CPR training;
- viii) A copy of a current and valid Connecticut emergency medical technician certification for each participating EMS Provider;
- ix) A signed copy of the Hospital's Confidentiality Agreement, attached hereto as Exhibit D, for each participating EMS Provider;
- x) Proof of successful completion of the Hospital's IV orientation program, which is coordinated through the EMS coordinator, for each participating EMS Provider; and
- xi) A signed and completed copy of any and all documents or forms provided by the Hospital, including, but not limited to, the Hospital's Health Questionnaire attached hereto as Exhibit E and the "Student / Outside Vendor Orientation Packet" attached hereto as Exhibit F.

The Hospital-affiliated EMS agency shall notify the Hospital of any changes in the above information within five (5) calendar days.

B. General Requirements

While participating in clinical rotations at the Hospital, each EMS Provider *shall*:

- i) Only perform the Procedures under the supervision of an assigned RN, or other assigned staff member, and comply with physician and/or staff directions and instructions at all times while on the Hospital's premises;
- ii) Only perform the Procedures within the scope of practice of the EMS provider, or the scope of the educational program the EMS provider is participating in, and in accordance with any and all laws, regulations, accreditation standards, and Hospital policies and procedures;

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- ii) Comply with all Hospital policies and procedures to preserve the confidentiality of any confidential Hospital or patient information the EMS Provider comes into contact with during clinical rotations;
- iv) Carry health insurance while participating in the Clinical Rotation Program and inform the Hospital immediately of any change in the EMS Provider's health insurance coverage during the course of the Clinical Rotation Program;
- v) Dress in accordance with the Hospital's Dress Code attached hereto as Exhibit G;
- vi) Wear a Hospital photo identification badge and return it at the end of each shift;
- vii) Provide, upon request, information regarding the EMS Provider's qualifications to participate in the Clinical Rotation Program;
- viii) Not enter any patient rooms requiring airborne, droplet, and/or contact precautions; and
- ix) Comply with all Hospital rules, regulations, policies, and procedures while on the Hospital's premises and participating in the Clinical Rotation Program.

III. Miscellaneous

The EMS Coordinator will document compliance with Connecticut OSHA guidelines prior to EMS Providers' observation and clinical rotations and schedule EMS Providers' observation and clinical rotations. No more than one (1) EMS Provider per 4-8 hour block per day will be permitted. Upon arrival, the EMS Provider will report to the ED Charge Nurse and be assigned an RN to shadow.

EMS Providers must introduce themselves to patients and maintain a professional demeanor at all times.

EMS Providers must understand that the Hospital is not providing, and that they are not covered by, the Hospital's professional or general liability insurance.

EMS Providers are responsible for transportation, meals, parking, and other expenses incurred while participating in the Observation or Clinical Programs.

An EMS Provider who does not satisfy the above requirements, or is deemed unqualified for participation, may be prohibited from participating in the Observation Program or the Clinical Rotation Program by the Hospital in its sole discretion. Furthermore, a violation of any of the above prohibitions, an instruction by a supervising Hospital physician or nurse, or any Hospital

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rule, regulation, policy, or procedure, is grounds for immediate removal from the Hospital and/or the Observation or Clinical Rotation Programs.

EMS Providers participating in the Observation Program or Clinical Rotation Program shall not be considered volunteers, employees, or agents of the Hospital for any reason; notwithstanding, the EMS Providers shall be considered trainees of the Hospital for purposes of complying with the Health Insurance Portability and Accountability Act of 1996.

Exhibit A

DATE

Chief/President Name Here

Address

EMS organization Name

Reference: Performance of Procedures for Training Purposes

Dear Chief / President:

This letter is intended to set forth the terms of the Agreement between _____ Ambulance Association Inc. (the "Department") and Charlotte Hungerford Hospital (the "Hospital") pursuant to which the Hospital has agreed to permit certain emergency medical technicians identified by the Department (the "EMTs") to perform certain medical procedures, identified on Schedule 1 attached here to, on Hospital patients in the Hospital's emergency department under the supervision of Hospital physician or nursing staff, as applicable, for training purposes (the "Procedures"). Specifically, the Department engages the Hospital to (i) provide training opportunities for EMTs to perform the Procedures and (ii) supervise the EMTs in the provision of the Procedures (collectively, the "Hospital Services").

The Hospital and the Department recognize that in order for the Department to provide quality emergency medical services and patient care to the local community, the EMTs must be trained in the performance of certain procedures. In light of the charitable mission of the Hospital, the Department's volunteer membership, and the important community need and patient care issues identified by the parties, the Hospital agrees not to charge a fee for the Hospital Services, provided that the volume of the Hospital Services requested by the Department remains reasonable as determined by the Hospital in its sole discretion. In the event the Hospital believes that a fee is required, the Hospital shall notify the Department in advance of the fee and the Department shall have the right to decline the Hospital Services.

The Department and the Hospital shall agree in advance which Procedures a particular EMT may perform. Each EMT will document Procedures performed and Hospital staff will confirm by signature that such Procedures were performed. The Hospital makes no guaranty or warranty of the availability of Procedures or the performance of the Procedures by the EMTs in the future. The Department agrees that EMTs shall be permitted to perform the Procedures only at mutually agreeable times and that no more than one (1) EMT shall be permitted to perform the Procedures at any time. Each EMT must perform the Procedures within the scope of practice of the EMT, or the scope of the educational program the EMT is participating in, and in accordance with any and all laws, regulations, accreditation standards and Hospital policies and procedures.

In connection with the provision of the Hospital Services, the Department shall identify to the Hospital, in writing, those EMTs that it desires to have perform the Procedures. At the Department's sole expense, and with respect to each EMT identified by the Department, the Department shall provide to the Hospital:

- i) A valid state-issued photo identification card;
- ii) The results of a criminal background check performed no longer than one (1) year prior to the date on which the Department identifies the EMT to the Hospital;
- iii) Written evidence that the EMT satisfies the Hospital's health screening requirements attached hereto as Exhibit C;
- iv) Verification of flu vaccine

- v) The current CPR card of the EMT indicating that the EMT has successfully completed CPR training;
- vi) Enrollment in an EMT Course affiliated with Ambulance Association Inc. here
- vii) Proof of affiliation, and is active with the EMS Agency that this agreement is being signed
- viii) by;
- ix) A signed copy of the Hospital's orientation packet.

The Department shall notify the Hospital of any changes in the above information that occur during the term of this Agreement within five (5) calendar days.

The Department acknowledges and understands that (i) each EMT must wear an identification badge issued by the Hospital at all times while the EMT is on Hospital premises, and (ii) violation of any requirement of this Agreement, Hospital policy, rule or regulation or instruction by a supervising Hospital physician or nurse shall be grounds, in the Hospital's sole discretion, for immediate removal of the EMT from the Hospital and prohibition from performing future Procedures.

The Department represents and warrants that (i) all EMTs identified by the Department to provide Procedures are employees, members or volunteers of the Department or are emergency medical technician students sponsored by the Department; (ii) only those EMTs that meet the qualifications outlined above will be permitted perform the Procedures at the Hospital; and (iii) all EMTs will perform the Procedures only under the supervision of Hospital emergency department physicians or nursing staff, as applicable.

The Department shall maintain, during the term of this Agreement and for three (3) years thereafter, general commercial liability insurance to cover claims of injuries or damages resulting or arising from the Department's or any EMT's actions or inactions during the course of this Agreement, including on the premises of the Hospital, in an amount not less than one million dollars (\$1,000,000.00) for each occurrence and three million dollars (\$3,000,000.00) in the aggregate. The Department shall notify the Hospital immediately of any and all changes in insurance coverage.

The Department agrees that it will indemnify, defend and hold harmless the Hospital and its directors, officers, employees, medical staff members, contractors and agents from and against all claims, losses, damages and expenses (including reasonable attorneys' fees) resulting or arising from acts or omissions of the Department or its directors, officers, employees, members, volunteers, contractors or agents, including, but not limited to, the EMTs, with respect to this Agreement and the provision of Procedures.

The Department agrees that during and after the term of this Agreement the Department and the EMTs will not directly or indirectly disclose to any person or entity, or use or cause to be used in any manner adverse to the Hospital, any confidential or proprietary information relating to the Hospital or its departments, programs or patients, except as required by law.

This Agreement is effective from July __, 2017 through July _____, 2017 and will automatically renew for consecutive one (1) year terms unless either party provides written notice of non-renewal at least thirty (30) days prior to the end of the then present term. Either party may terminate this Agreement at any time for any reason upon thirty (30) days prior written notice to the other party and in such event no obligations will be due under this Agreement. Notwithstanding the above, this Agreement may be terminated immediately by the Hospital in the event it determines that such immediate termination is in order to (i) protect the health and safety of the Hospital's patients, employees, medical staff members, volunteers or agents, (ii) protect the health and safety of the Department's employees, members, volunteers or agents including, but not limited to, the EMTs, or (iii) comply with any law, regulation or accreditation requirement.

Neither party shall be deemed to be the representative or agent of the other for any purpose whatsoever and neither party shall create any obligation on behalf of the other or bind the other in any respect. The Department further acknowledges and agrees that the Department and its volunteers, members, employees and agents, including, but not limited to, the **EMTs**, shall not be considered volunteers, employees or agents of the Hospital for any reason; notwithstanding, the **EMTs** shall be considered trainees of the Hospital for purposes of complying with the Health Insurance Portability and Accountability Act of 1996.

This Agreement supersedes all prior agreements between the parties. This Agreement may only be amended by mutual agreement of the parties in writing. This Agreement may not be assigned by either party without the express written consent of the other party.

This Agreement shall be interpreted, construed, and governed according to the laws of Connecticut. The parties agree that venue shall lie in Federal and State courts in Connecticut, without regard to its conflicts of law principles, regarding any and all disputes arising from this Agreement.

If you agree with the terms and conditions set forth above, please indicate your acceptance by signing below and returning an original to me. In the meantime, should you have any questions, please do not hesitate to call.

Sincerely,

John J. Capobianco
Vice President, Operations

Ambulance Service Name Here

Signature

Date

Exhibit B

Charlotte Hungerford Hospital EMT Observation Program Student Agreement

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Charlotte Hungerford Hospital (the “Hospital”) provides clinical observation opportunities for students participating in local emergency medical technician training and educational programs. As a student in one of these programs, you will spend time, as mutually agreed upon between you and the Hospital, at the Hospital observing various procedures and interacting with Hospital physicians and staff. The portion of your program that will occur at the Hospital is referred to in this agreement as the “Observation Program.” Prior to participating in the Observation Program, you must carefully review and sign this agreement. If you have any questions about this agreement, please contact Paul Rabeuf EMS Coordinator (860)-496-6656.

1. I understand that I am to only observe the performance of various clinical procedures at the Hospital and that I am not to participate in any such procedures.
2. I understand that I will be under the supervision of Hospital physicians and/or staff and that I must comply with physician and/or staff directions and instructions at all times while on the Hospital’s premises.
3. I understand that I am not to have any physical contact with patients while at the Hospital.
4. I understand that I may come into contact with confidential Hospital or patient information during the course of the Observation Program. I agree to comply with all Hospital policies and procedures to preserve the confidentiality of such information. I further understand that I must sign a copy of the Hospital’s Confidentiality Agreement before participating in the Observation Program.
5. I understand that as a participant in the Observation Program, I must dress in accordance with the Hospital’s dress code and that any violation of the dress code may be grounds for my removal from the Hospital or the Observation Program.
6. I understand that I must carry health insurance while participating in the Observation Program. I agree to provide written evidence of such insurance coverage to the Hospital prior to commencement of the Observation Program and to inform the Hospital immediately of any change in my health insurance coverage.
7. I understand that the Hospital is not providing, and that I am not covered by, the Hospital’s professional or general liability insurance.
8. I understand that I am responsible for transportation, meals, parking and other expenses incurred while participating in the Observation Program.
9. I understand that I must comply with all Hospital rules, regulations, policies and procedures while on the Hospital’s premises and participating in the Observation Program, and that violation of any such rule, regulation, policy or procedure is grounds for removal from the Hospital and/or the Observation Program.

Exhibit B

**Charlotte Hungerford Hospital
EMT Observation Program Student Agreement**

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10. I understand that I must complete and return to the Hospital any and all documents or forms provided to me by the Hospital, including, but not limited to, the Hospital's Required Paperwork for Outside Vendors and Students, before participating in the Observation Program.
11. I understand that the Hospital may request certain information regarding my qualifications to participate in the Observation Program and that if I do not meet the Hospital's requirements, I may be prohibited from participating in the Observation Program by the Hospital in its sole discretion.
12. I hereby indemnify, release and hold the Hospital, and its employees, medical staff, directors, officers and agents, harmless from any claim, damage or liability incurred as a result of, or arising from, my participation in the Observation Program.
13. I understand that the health care environment presents risks and I agree not to bring any claim against the Hospital as a result of my participation in the Observation Program.
14. I understand that I am not an employee or agent of the Hospital and will receive no compensation or reimbursement from my participation in the Observation Program.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND AGREE TO ABIDE BY THIS AGREEMENT AND ITS REQUIREMENTS. I UNDERSTAND THAT VIOLATION OF THIS AGREEMENT MAY RESULT IN MY REMOVAL FROM THE HOSPITAL AND/OR TERMINATION FROM THE OBSERVATION PROGRAM.

Print Name Date

Signature

If you are under the age of 18, a parent or legal guardian must sign and date below:

Print Name Date

Signature

Relationship to Student

Exhibit C
Health Screening Requirements

The Charlotte Hungerford Hospital
EMS Clinical Program

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HEALTH FORM

Name _____

Physical requirements: Sits, stands, bends, lifts and moves intermittently. Must be able to push, pull and do heavy lifting without restrictions. Must be able to assist in the evacuation of residents in emergency situations.

Immunization

Clinical sites require that any student/instructor born on or after January 1, 1957 be protected against measles and rubella (MMR). Please complete your immunization history.

MMR Required: Proof of two (2) doses of the measles vaccine, with at least one (1) dose being given after 1980 and proof of one(1) dose of the rubella (German Measles) vaccine administered after the student's first birthday.

#1 _____
Date

#2 _____
Date

If you have no MMR vaccine, then you must report your rubeola and rubella titers:

Rubeola titer Date

Rubella titer Date

VARICELLA (Chicken Pox) History of Disease: Yes: ____ Date _____
No: ____ If no, Titer must be reported

Varicella Titer _____
Results Date

Date(s) of Immunization: _____

Seasonal Flu Vaccine - Date: _____

Exhibit C
Health Screening Requirements

The Charlotte Hungerford Hospital
EMS Clinical Program

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HEALTH FORM

TUBERCULOSIS

PPD: NEGATIVE _____ POSITIVE _____ Done by: _____
Must be completed within past 3 months

Date: _____ signature / title: _____

If positive, results of chest x-ray (within past 6 months)

****A copy of the X-ray report must be submitted with this form****
Results Date

HEPATITIS B Hepatitis vaccination is recommended but not required. You should discuss the option with your physician and either begin vaccination or sign waiver. Employers may provide opportunity for vaccination upon hire.

#1	#2	#3
Date	Date	Date

I waive Hepatitis B vaccination at this time:
Signature _____ Date: _____

TO THE EXAMINING PHYSICIAN/HEALTHCARE PROVIDER: Date of Exam: _____

On the basis of my health assessment, physical exam, and review of medications (if any) being taken by the EMS

Provider/student:

EMS Provider/Student has medical clearance to participate in clinical allied health courses with no restrictions, (please check) **yes** **no**

IF NO, please explain the nature of the restrictions/limitations related to the delivery of patient care: -

Healthcare Providers	Signature	Date
Name (Print) (MD, APRN or PA)		

Phone	Address
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Exhibit D

[Hospital's Confidentiality Agreement.]

Exhibit E

[“Student / Outside Vendor Orientation Packet.”]

Exhibit F

DRESS CODE POLICY (NO. 100.U2)

Exhibit G

EMR

1. Vital signs (respiratory rate, pulse, blood pressure, temperature) EMT
2. Vital signs (respiratory rate, pulse, blood pressure, temperature)
3. Pulse oximetry
4. Assessment of breath sounds
5. 12 Lead EKG
6. Assist and observe with the application of Non-Invasive Ventilation
7. Blood glucose level

AEMT (1985)

1. Vital signs (respiratory rate, pulse, blood pressure, temperature)
2. Pulse oximetry
3. Assessment of breath sounds
4. 12 Lead EKG
5. Assist and observe with the application of Non-Invasive Ventilation
6. Intravenous access (over 15 years of age)
7. Blood glucose level

Paramedic

1. Vital signs (respiratory rate, pulse, blood pressure, and Pulse oximetry, temperature)
3. Patient assessment
4. 12 Lead EKG
5. Assist and observe with the application of Non-Invasive Ventilation
6. Intravenous access
7. Intubation under the direction of an Emergency Room physician or Anesthesiologist or CRNA in the OR.
8. Application of mechanical ventilation in the ICU or ED setting under the direction of a Respiratory Care Practitioner (RCP).
9. Completion of Ventilator Flow Sheet under the direction of the RCP
10. Application and administration of medication via an IV infusion pump, in the ICU or ED setting under the direction of the RN.
11. Observation for all procedures not listed.