NYU Langone Health Institute of Emergency Care

Emergency Medical Technician – Basic Life Support

Academic Policies and Procedures Manual

NYU Langone Health Institute of Emergency Care

150 55th Street

Brooklyn, NY 11220

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To Be Completed by the Health Care Provider

Required Two-Step Mantoux PPD: (second test 1-3 weeks after 1st PPD or 1st PPD within the year & 2nd PPD must be current)

Date Given: _____ Date Read: _____ Result: _____ Signature: _____

Date Given: _____ Date Read: _____ Result: _____ Signature: _____

OR

QuantiFERON ®-TB Gold: Date: _____ Results: _____ Signature: _____

For a positive PPD: A Chest X-ray is required (submit copy of radiological report).

Date: _____ Result: _____

*An annual symptom screen must be completed every year.

*Repeat Chest X-rays are only necessary if the symptom screen is positive.

Positive PPD Symptom Screen

Does the patient have:

	Yes	No		Yes	No
Feelings of sickness			Night Sweats		
Weakness			Coughing		
Weight Loss			Chest Pain		
Fever			Coughing up blood		

Required IGG Titers (attach a copy of lab reports)*

Measles (IGG): _____ Mumps (IGG): _____ Rubella (IGG): _____ Varicella (IGG): _____
Date Date Date Date

*All negative or equivocal IGG titer results require immunization and a repeat titer. If the titer is not positive, you **MUST** receive the corresponding immunization(s) and a repeat titer 2-3 months after re-immunization.

Required Hepatitis B (satisfy either 1 or 2 below):

1. Titer (Hepatitis B surface Ab) results showing immunity (attach copy of lab report)
   Date of Titer: _____ Result: _____
   If negative, Hepatitis B vaccination is required until proof of immunity can be confirmed.
2. Signed waiver to accompany this form.

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Required Tdap (Tetanus/Diphtheria/Pertussis) Immunization within 10 Years:

Name of Immunization: _____ Date: _____

Required Influenza Vaccine: Lot #: _____ Expiration Date: _____

Required COVID-19 Vaccine: Copy of verification of COVID-19 and, if required, boosters.

Physical Examination

Must be done annually – ALL AREAS MUST BE COMPLETED

Height: _____ Weight: _____ Skin: _____

Ears: R: _____ L: _____ Lymph Nodes: _____

Vision (with glasses): R: _____ L: _____ Nose: _____

Teeth: _____ Throat: _____

Thyroid: _____ Lungs: _____

Blood Pressure: _____ Heart: _____

Abdomen: _____ Hernia: _____

Neurological Exam: _____

Extremities: _____

Previous Psychiatric Treatment: _____

Health Care Provider's Statement:

□I performed the above medical examination and found, to the best of my knowledge, they are to be free from physical or mental impairment including habituation or addition to depressants, stimulants, narcotics, alcohol, or other behavior-altering substances which might interfere with the performance of their duties or would impose potential risk to patients or personnel.

□ The following active problems were identified, which might interfere with the performance of his/her duties: _____

_____
Healthcare Provider's Signature

_____ _____
Date Phone Number Physician/Office/Agency Stamp

Form will not be accepted without Physician's Stamp.

GENERAL INFORMATION

Introduction

The NYU Langone Health Institute of Emergency Care (NYUHIEC) is a New York State Department of Health, Bureau of Emergency Medical Services and Trauma Systems Course Sponsor. As a Course Sponsor, the Institute conducts training programs in the Boro of Kings County. This Academic Policies and Procedures Manual has been developed to ensure that all students, instructors, and administration adhere to the same rules and regulations by outlining the various course policies for participation in these training programs. Any changes to these policies and procedures will be provided to the student in writing.

The Academic Policies and Procedures Manual includes sections to inform students about program instructors, important contact information, course completion requirements, and program expectations. It details the classroom, laboratory, and clinical/field rotation phases of the program along with necessary policies and procedures for each phase. In order to participate in training at the Institute, students are required to sign an attestation indicating that the policies and procedures have been read and understood.

Goals, Philosophy, and Mission

The goal of the NYU Langone Health Institute of Emergency Care is to graduate competent and highly skilled New York State emergency medical services providers. Upon completion of the training program, graduates will demonstrate the necessary knowledge, technical skills, and clinical competencies necessary to fulfill the role of an entry-level emergency medical services provider as per the National Emergency Medical Services Education Standards and the New York State guidelines and curriculum. At the end of the program, students will demonstrate personal and professional behaviors expected of a health care professional. The program strives to create a stimulating academic environment devoted to high academic standards via a commitment to ensuring a dynamic, engaging learning experience that attends to student needs, fosters academic growth, and promotes lifelong learning.

Expectations

In order to achieve an engaging, dynamic, and collaborative learning environment, the Institute maintains certain expectations of both instructors and students. It is expected that teaching faculty will share a breadth and depth of didactic knowledge and clinical experience with students. Students can also expect faculty to commit to listening to their needs as learners by providing guidance, study tips, and high quality learning opportunities to help the student achieve success.

In turn, students are expected to commit themselves to their studies. This includes being prepared for class on a daily basis, completing assignments and studying, participating in classroom discussions, and approaching faculty or staff regarding academic concerns or any other problem encountered during the program. The student is expected to be committed to achieving the highest level of achievement to both their studies and to the performance of patient care.

Faculty and Staff

Medical Director

Reed Caldwell, M.D.

Course Sponsor Administrator

Danielle Moulton, EMT CIC

Course Sponsor Administrator Liaison

Melville Maurice, EMT-P CIC

CEO

Mitchell Powell

Clinical Rotation Coordinator

Dale Garcia, EMT-P

ADMISSION PROCESS

The NYU Health Institute of Emergency Care is committed to preparing individuals to be highly qualified members of the workforce. All applicants receive consideration for admission without regard to race, color, national origin, sex, age, political affiliation, disability, handicap, sexual orientation, or any other non-merit factor.

Course Registration

1. As per NYS-DOH rules and regulations, candidates **MUST BE** a minimum of seventeen (17) years of age by the last day of the month in which the course ends.
2. Students must provide **a valid driver's license, state-issued identification card, or valid passport**. If any of these are unavailable, other government issued photo IDs will be accepted.

Criminal Convictions Policy

In accordance with the provisions of the State Emergency Medical Services Code, 10 NYCRR Part 800, applicants for EMS certification or recertification must not have been convicted of certain misdemeanors or felonies. The Department of Health will review all criminal convictions from any federal, military, state, and/or local jurisdiction to determine if such convictions fall within the scope of those specified in Part 800. If the applicant has been convicted of one (1) or more criminal offenses, the Department of Health will consider the eight (8) factors listed under New York State Corrections Law, Section 753, to determine if the applicant represents an unreasonable risk to property or the safety or welfare of the general public.

Certain Family Court or other designated governmental agency findings are also subject to review by the Department of Health. If an applicant is unsure of the status of <u>any</u> court proceeding, they **SHOULD NOT** sign the "Applications for Emergency Services Certification" (DOH-65).

The regulation does not prevent a candidate with a criminal conviction from attending and completing all of the requirements of an Emergency Medical Services course; however, it may prevent the candidate from becoming certified in New York State until NYS-DOH has reviewed the circumstances of the conviction(s) and made a determination that the candidate does not demonstrate a risk or danger to patients. If NYS-DOH makes such a determination, the candidate will be eligible to take the NYS Practical and Written Certification Examinations, if otherwise qualified. All candidates should be fully informed of these requirements by the Certified Instructor Coordinator (CIC) at the beginning of the course.

Candidates **WILL NOT** be permitted to take the NYS Practical Examination until the background review and investigation is completed and a determination is made **in writing from the NYS-DOH Bureau of Emergency Medical Services and Trauma Systems.**

Candidates in a refresher course will also not be authorized to take the Challenge Practical and Written Examinations if they are unable to sign the EMS application.

For further information, visit: https://www.health.ny.gov/professionals/ems/pdf/18-01.pdf

Required Medical Documentation

Students must provide the following medical documentation to be eligible to participate in the course. All documentation must be dated **NO LATER THAN THREE (3) MONTHS PRIOR TO THE BEGINNING OF THE COURSE.**

1. **Proof of a basic physical exam**, signed by a physician. The report must specify that you have no physical limitations that would impede participation in the Program.
2. **Documentation of the following immunizations, complete with Titers/Lab Results and/or documentation of a recent booster shot:**
    a. Hepatitis B vaccine/immunity. Must provide a Hepatitis B Surface titer or a signed declination waiver form.
    b. Positive MMR titers.
    c. Positive Varicella titers.
    d. tDap vaccine within the last ten (10) years.
    e. Influenza vaccine.
    f. COVID-19 vaccine.
    g. Tuberculosis:
        i. Two-Step Mantoux PPD (second test 1-3 weeks after first PPD, OR first PPD within the year and second PPD must be current), ***OR***
        ii. QuantiFERON-TB Gold, ***OR***
        iii. If a positive result, copies of the radiological report of a chest x-ray within the past three (3) years.
3. **Documentation of an N95 Fit Test.**
4. **Documentation of an active health insurance policy.**

Technology Required for Class

Access to a computer with reliable internet is required in order to complete online quizzes, homework, and mandatory FEMA classes. Each student will be given access to the Learning Management Site, which will contain necessary learning materials, as well as a copy of the Academic Policies & Procedures Manual for student reference.

Students must also have a valid email address to receive course communications, as well as to register for the NYS Written Examination.

REFRESHER COURSES

Eligibility

In order to register for a refresher course, eligible students must meet one of the following criteria:

- Has once held the certification in question;
- Has successfully passed an original course but failed either the NYS Practical or Written Examination. Any student who has failed the NYS Practical or Written Examination has to complete a refresher course within one (1) year of the original course's End of Course Date.

Students who have never been certified as an EMT in New York State are not eligible to take the challenge written and/or practical exams.

Challenge Written Examination (EMT-B)

Eligible students will take a written exam during the first class session. This exam is broken into content areas to determine each students' didactic needs which will be used to develop individualized learning contracts. Students will be exempt from attending class sessions for which they obtain an 80% or better on the affiliated content area on the challenge exam. Students will be required to attend class sessions for any content area in which they do not receive an 80% or better.

Mandatory Sessions

Mandatory class sessions will be outlined in each student's learning contract. Students will be required to attend the class(es) of the respective content areas of which they did not score a minimum of 80% on the challenge exam. Each student is responsible to successfully attend and complete assignments related to the mandatory didactic sessions The passing score for content area exams is 70%. Students will have one (1) additional attempt to meet the minimum score; failure to do so will result in dismissal from the refresher course.

Challenge Practical Skills Examination (EMT-B)

The EMT Challenge Practical Skills Examination will be announced on the course application. Students **MUST** pre-register, if required on the course application, for the Challenge Practical Skills Examination **before** the date of the exam.

The EMT Challenge Practical Skills Examination is conducted in the exact same manner as the End-of-Course Final Practical Skills Examination for an original EMT course.

There will be no retesting conducted at this practical. Any student who fails one (1) or two (2) EMT practical skills station(s) will be allowed to retest the station(s) at the end of the course. They will not be required to repeat the stations they already passed. The student will be required to attend the associated class sessions of the course related to the skills station(s) failed. **For each station failed at the Challenge Practical Skills Examination, students will only receive two (2) retests, at the Final Practical Skills Examination.**

If a student fails three (3) or more EMT practical skills stations, the student will be required to retake all of the EMT practical skills stations at the end of the course. The student will be required to attend all practical skills sessions of the refresher course. The Final Practical Skills Examination is not considered a retest, they will be starting the practical as if it was their first attempt and will be granted all the retest opportunities allowed for a Final Practical Skills Examination.

In addition to the content class session written exams, EMT refresher students **MUST** have a minimum of three (3) signatures on the individual Practical Skills Completion Record for each station required in their individual learning contract. **Failure to meet this requirement constitutes failure of the course.**

Cheating will NOT be tolerated. Any student found cheating will be dropped from the course immediately.

TUITION AND FINANCIAL CONSIDERATIONS

A copy of the New York State Bureau of EMS *Verification of Membership in an EMS Agency* form is included with the course application. All students, regardless of payment type, must fill out this form.

Tuition-Waivered Courses

Students participating in NYU Langone Health Institute of Emergency Care Tuition-Waivered courses will be responsible for a deposit to hold their seat in the class. This deposit is equal to the current market price of the required textbook.

A student is entitled to a full reimbursement of their deposit if they withdraw from a course within the first week of class and **ONLY** if the textbook and any other distributed NYU-issued items (i.e. uniform shirts, apparel) is returned in original condition with an unredeemed website code.

Membership Verification

If the student is a member of a New York State Certified EMS agency, they will fill out the top portion of the *Verification of Membership in an EMS Agency* form, sign the bottom portion, and have an officer of their agency fill out the bottom half. This form **MUST** be properly completed, signed by an authorized official of their agency (Chief, Training Officer, etc.) and returned when the student registers for the course. If this form is not properly completed, the student will be responsible for applying for a tuition waiver or paying the appropriate tuition costs. All arrangements must be completed prior to the first class session.

- Any student that voluntarily or involuntarily leaves a sponsoring agency before the course end date will be responsible for the total cost of the course unless the student is able to be sponsored by another NYS Certified Agency or applies for a tuition waiver.
- Candidates must use the same agency code for the *New York State Application for Emergency Medical Services Certification* form and the *Verification of Membership in an EMS Agency* form. This form **MUST** be returned immediately, properly completed, signed by the student and the authorized official from the agency.

Self-Pay

Self-pay students will fill out the *Verification of Membership in an EMS Agency* form and sign the bottom portion of the form. Tuition costs are listed on the course application and are subject to change.

Arrangements for applying for a tuition waiver or payment of tuition must be completed before the first class session. Payment can be made via Bank Check, Money Order, or Credit Card to NYU Langone Health Institute of Emergency Care. All self-pay students must be paid in full or enrolled in a payment plan prior to the first class session.

A student is entitled to a full tuition reimbursement if they withdraw from a course within the first week of class and **ONLY** if the textbook and any other distributed NYU-issued items (i.e. uniform shirts, apparel) is returned in original condition with an unredeemed website code.

FEDERAL EDUCATIONAL REGULATIONS

Americans with Disabilities Act (ADA)

The Department of Health offers reasonable and appropriate accommodations for certification exams for those persons with documented disabilities, as required by the Americans with Disabilities Act (ADA). The Department of Health will review each request on an individual basis and make its decisions relative to appropriate accommodations based on the following guidelines:

1. An individual requesting an accommodation under ADA must present adequate documentation demonstrating that their condition substantially limits one (1) or more major life activities.
2. Requested accommodations must be reasonable and appropriate for the documented disability and must not fundamentally alter the examination's effectiveness in assessing the essential functions of pre-hospital care, which the examinations are designed to measure.
3. Professionals conducting assessments, rendering diagnoses of specific disabilities and/or making recommendations for appropriate accommodations must be qualified to do so.
4. All documentation submitted in support of a requested accommodation will be kept in confidence and will be disclosed to Institute faculty, staff, and consultants only to the extent necessary to evaluate and/or provide the accommodations. No information concerning an accommodation request will be released to third parties without written permission from the candidate.

There will be **NO** accommodations made for the New York State Practical Skills Examination.

Requests for ADA accommodations can be sent to EMS.ADA.testing@health.ny.gov or electronically through the ADA portal at https://apps.health.ny.gov/pubpal/builder/survey/adarequest

Requests should include the following information:

1. Individual's first and last name.
2. Individual's mailing address.
3. Individual's telephone number and email address.

4. Course number the individual is enrolled in (may be obtained from the CIC).
5. What accommodations the individual is requesting.
6. Any documentation from professionals who have conducted assessments or who have rendered diagnoses to support the accommodation request.
    a. In many cases, this can be in the form of an Individualized Education Program (IEP), a formal psycho-educational evaluation.

Family Educational Rights and Privacy Act (FERPA)

The Federal Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; CFR Part 99) is a Federal law intended to protect the privacy of student educational records. The law requires that an educational institution obtain written consent from the **eligible student** to release any information from a student's educational record.

FERPA gives parents of minor students certain rights to their children's education records. These rights transfer to the **eligible student** when he or she turns 18 or attends a school beyond the high school level. These rights include:

1. The right to inspect and review education records maintained by the school. Schools are not required to provide copies of records unless extenuating circumstances make it impossible for eligible students to review the records. Schools may charge a fee for copies.
2. The right to request that a school correct records which they believe to be inaccurate or misleading. If the school decides to not amend the record, the parent or eligible student maintains the right to a formal hearing. If the school decides to not amend the record after the hearing, the parent or eligible student has the right to place a statement with the record stating his or her view about the contested information.
3. Generally, schools must have written permission from the parent or eligible student to release any information from a student's education record. FERPA allows schools to disclose education records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):
    a. School officials with legitimate educational interest;
    b. Other schools to which a student is transferring;
    c. Specified officials for audit or evaluation purposes;
    d. Appropriate parties in connection with financial aid to a student;
    e. Organizations conducting certain studies for or on behalf of the school;
    f. Accrediting organizations;
    g. To comply with a judicial order or lawfully issued subpoena;
    h. Appropriate officials in cases of health and safety emergencies;
    i. State and local authorities, within a juvenile justice system, pursuant to State la;
    j. "Directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance.
        i. Parents and/or eligible students must be notified of the intention to publish directory and provided reasonable time to request that the school not disclose director information.

Student Correspondence with the Institute

All communications concerning a student's status in the course, either verbal or written, will occur in accordance with FERPA guidelines. If a student is less than eighteen (18)

years of age, they will be required to designate a parent or legal guardian to serve as their advocate to communicate with Institute staff.

ACADEMIC POLICIES & PROCEDURES

Students will be provided with a hard copy of the academic policies and procedures at the beginning of the course. This important document explains what is required to successfully complete the course and addresses many common questions and issues. Each student will be responsible for reading and understanding its content. Each student will be asked to sign an attestation form stating that they have read the policies and procedures manual, understand its content, and are bound by the outlined rules and regulations. Any questions should be directed to the Certified Instructor Coordinator (CIC).

Attendance Requirements

As per NYS DOH policy, all students are required to sign in and out on the class attendance sheet. It is the responsibility of the student to be recorded as present. Each lecture, laboratory, or exam day begins and ends at the times indicated on the syllabus unless otherwise directed by an authorized faculty or staff member. Students are expected to arrive on time and not leave until dismissed by their instructor. NYS DOH policy mandates that successful completion of an emergency medical services course requires attendance at all sessions.

Absences

Anticipated absences must be reported to the course CIC via email **BEFORE** the scheduled time of the class. Unauthorized absences will not be tolerated and may constitute grounds for a student to be dismissed from the course.

Authorized Absence

The CIC of the course arranges for the student to make up the missed session(s). Assignments are at the discretion of the course CIC. The class/session must be made up before the section exam for that portion of the course. The student may use a maximum of eight (8) hours for make-up didactic classwork in an original EMT course. Skills labs are not to be made up in this manner. Failure to make up the missed class/session will result in the student receiving an unauthorized absence.

Unauthorized Absence

The student fails to make up the missed session(s). The student will be responsible to complete a homework assignment provided by the CIC. The student will receive a learning contract with a deadline for the homework assignment. Each student is permitted no more than eighteen (18) hours of unauthorized absences in an EMT original course. If the student fails to submit the assignment or the assignment falls below the accepted minimum standards, the student may be terminated from the course.

Absence Compliance

1. A written warning may be issued after eight (8) hours of unauthorized or authorized absences.
2. A second written warning may be issued after twelve (12) hours of unauthorized or authorized absences.

3. A third and final written warning may be issued after sixteen (16) hours of unauthorized or authorized absences.
4. A written notice of probation may be issued if a student fails to complete assigned make-up work.
5. A student may be dismissed from the program for having more than eighteen (18) hours of unauthorized or authorized absences.
    a. The student may be dismissed from the program for attendance regardless of whether or not an Attendance Warning Notice was issued.

Lateness

Lateness disrupts the continuity of the class and negatively impacts the learning experience of others. Anticipated lateness must be reported to the course CIC via email **BEFORE** the scheduled time of the class. Students are expected to make up any work that is missed due to their lateness. Chronic lateness, defined as more than four (4) occurrences, is unacceptable and may constitute grounds for a student to be dismissed from the course.

Self-Dismissal/Early Exit

In addition, students that need to leave early must inform the CIC at the beginning of the individual class of their request. Students who need to leave early are expected to make up all work that is missed. Chronic early departures, defined as more than four (4) occurrences, may constitute grounds for a student to be dismissed from the course.

Medical Documentation/Clearance

For all absences due to a medical reason, medical documentation stating that you are cleared and medically able to participate in all lectures, labs, and rotations, is required. Students with a physical injury precluding them from participating in rotations may be allowed to attend class with appropriate medical documentation clearing them for participation. Additional medical clearance documentation will be required to return to rotations.

Extended Absence

Extenuating circumstances may necessitate a lengthy absence from class. Documentation **MUST** be provided and each case will be reviewed on an individual basis. In the event of an extensive absence, students may be transferred to a subsequent class.

Bereavement Absence

A student who wishes to take time off due to the death of an immediate family member should notify the CIC and Program Director immediately. Bereavement leave will normally be granted unless there are unusual circumstances such as the course final exam or final skills evaluation.

Students are allowed up to three (3) consecutive days (three (3) class sessions) off from regularly scheduled classes. These days are not applicable towards the permitted eighteen hour (18) absences. Students must supply documentation from a licensed funeral director attesting to their attendance at funeral services for a deceased relative.

Class Cancelation

All class cancelations are the responsibility of the NYU Langone Health Institute of Emergency Care Program Director in conjunction with the course CIC. At the time of cancelation, students will be notified that the course is canceled via email.

Academic Requirements

The NYU Langone Health Institute of Emergency Care strives to provide each student with a solid foundation of learning to ensure adequate preparation as an entry-level provider. The program follows the paradigm of lecture, laboratory, and rotation to integrate and solidify knowledge and concepts. Students are given assignments on the course syllabus that must be completed prior to attending class. Each topic is thoroughly covered by a knowledgeable instructor using a variety of educational modalities such as lecture, discussion, debate, and small group activities. Written quizzes and exams allows students to demonstrate their didactic competency.

Students also participate in practical skills labs where they are presented with a demonstration of new skills, instructed how to properly perform the skill, and allowed adequate time to practice until competency is achieved. In class, students are expected to meet the practical skills standards set by the NYS DOH EMS and/or NREMT.

Didactic knowledge and practical skills are reinforced during field rotations under the direct supervision of NYS certified EMTs acting in the role of field preceptors.

Daily Expectations

1. Students must check their email every day for class updates and respond when requested.
2. Students must read the assigned textbook chapter **PRIOR** to the class lecture.

Student Study Habit Expectations

In order to successfully complete the reading assignments and master the course curriculum, students **MUST** allocate study periods between class sessions. The amount of independent study time required will vary with each student. Students must also set aside additional time for skills practice.

The CIC will provide students with progress conferences when necessary during the course. It is the responsibility of the student to consult with the CIC and arrange for additional instruction and remediation. Students may inquire to voice record the didactic portion of the class/session. This requires prior authorization from the CIC for each class/session they are requesting to voice record.

Required Textbooks

The textbook used for the EMT program is written at a high school reading level. Students must have an English reading comprehension at that level.

1. Current textbook with active online code (provides access to the Learning Management System);
2. American Heart Association Basic Life Support Provider Book

3. Necessary Manuals (accessible via the Learning Management System):
    a. Clinical Paperwork;
    b. NYS DOH-BEMS&TS Protocol Manual
    c. NYU Langone Health Institute of Emergency Care Academic Policies & Procedures Manual.

Assignments

1. Reading Assignments. Textbook chapters for each class session are assigned on the course syllabus. It is the student's responsibility to read all assigned material prior to coming to class.
2. Homework Assignments. Additional assignments may be assigned for specific topics during the class. These assignments are due on the date/time designated by the CIC for the specific assignment. Late assignments are not accepted; five (5) incomplete or missing homework assignments may constitute grounds for dismissal from the course.

Class Examinations

Written examinations and certification exams are given throughout each course. These tests are intended to provide students and instructors quantitative feedback regarding the retention of course material and to evaluate if learning has occurred. As outlined in the ***Competencies and Standards – Professional Attributes*** section of this policy, **any form of academic dishonesty, including cheating, will not be tolerated and will result in an immediate dismissal from the course.**

Quizzes

Quizzes will be given on material that has been covered in assigned readings, homework, lectures, or labs. Students must achieve an overall average quiz grade of 70% or better to maintain academic eligibility.

Written Section Examinations

A passing grade of 70% must be achieved on all section exams, as well as the midterm exam and final exam. In the event of a section exam failure, the student will be offered remediation prior to sitting for the retest exam. The retest exam must be scheduled prior to the next scheduled class session.

Written Section Retests

If a passing grade of 70% or better is not achieved on the retest, the student is subject to dismissal from the course. The student has the right to initiate the appeals process, which is outlined in the next section.

Missed Exam

A student is not allowed to miss a section exam. Any student who is absent on the day of a section exam will be given one (1) attempt on the exam to demonstrate competency. There will be no retest administered. If the student fails the section exam, they will be

dismissed from the program. Extenuating circumstances or unusual circumstances will be reviewed on an individual basis by the Program Director and Medical Director.

CPR Certification

The New York State Department of Health Bureau of EMS and Trauma Systems requires that all students pass the performance and written CPR examinations of the AHA as part of the course. Passing for the AHA CPR written examination is an 84% or better. Any student unable to pass will be dismissed from the course.

Midterm Examination

This is a cumulative examination covering all topics presented in the first half of the course, giving students the opportunity to demonstrate minimum competency. Students must pass the midterm with a 70% or better prior to continuation in the program. The student will be permitted one (1) opportunity for a retest.

Midterm Examination Retest

If a student fails the midterm exam, they will have one retest opportunity to obtain the required 70% or better on the exam. The retest exam must be scheduled prior to the next scheduled class session. The student must pass the retest in order to continue in the course. Failing to obtain a 70% or better will result in dismissal from the course.

Final Examination

This is a cumulative examination covering all topics presented in the course, giving students the opportunity to demonstrate minimum competency with the EMT curriculum. Students must pass the midterm prior to continuation in the program. Students must pass the final exam with a 70% or better prior to continuation in the program. The student will be permitted one (1) opportunity for a retest.

Final Examination Retest

If a student fails the final exam, they will have one (1) retest opportunity to obtain the required 70% or better on the exam. The retest exam must be scheduled prior to the NYS Practical Skills Examination. Failing to obtain a 70% or better will result in dismissal from the course.

Learning Contracts

In instances of poor academic standing, written learning contracts may be developed to ensure that the student, faculty, and administrators all agree to the student's requirements to complete the course. Learning contracts may also be used for a behavioral warning.

Written learning contracts may also be developed for refresher classes and/or students with advanced standing to ensure that students, faculty, and administration all agree to the student's requirements to complete the course.

Course Completion Eligibility for Certifying Examinations

Students must achieve an overall final average or 70% or better to be eligible to participate in the New York State Final Practical Skills Examination. This average includes all section exams, the midterm exam, and the final exam.

Additional requirements for successful course completion include:

1. A proper attendance record;
2. Satisfactory classroom skills performance;
3. CPR certification;
4. Successful completion of NYS prerequisite FEMA classes, due 2 months after course commencement:
    a. NIMS 100
    b. NIMS 200
    c. NIMS 700
    d. AWR 160
5. Satisfactory written examination grades; and
6. Completion of all clinical requirements.

Successful completion of the Practical Skills Examination will qualify the student to take the New York State Written Certifying Examination.

NEW YORK STATE TESTING

NYS Practical Skills Examination

All students are pre-registered for a Final Practical Skills Examination date on the course application. This date is also listed on the course syllabus. Any student who is unable to make the pre-scheduled Final Practical Skills Examination date must notify the Program Director no later than eight (8) weeks prior to that date. Students will receive the Practical Skills Examination sheets at least two (2) weeks prior to the exam.

EMT-Basic

Any EMT candidate who fails one (1) or two (2) stations of the New York State Final Practical Skills Examination may be retested on those stations. Failure of three (3) or more practical skills stations constitutes a failure of the Practical Skills Examination.

A student failing one (1) or two (2) practical skills stations is eligible to take two (2) retests on the stations(s) failed. The first retest must occur on the same day as the initial skills examination. A different examiner will administer the retest. The second retest will be conducted on another date that is mutually agreed upon by the student and the Practical Skills Examination Coordinator. The candidate must be provided with remedial instruction. Failure of a second retest constitutes a failure of the examination.

Candidates who fail the NYS Final Practical Skills Examination must compete a refresher course or another original course before being admitted to another NYS Final Practical Skills Examination. EMT-Original course students may take an EMT Refresher course as long as the refresher course is within one (1) year or the original course end date.

NYS Written Examination

NYS EMS certification examinations are only available through Computer Based Examination (CBT) at a PSI testing center. CBT remote proctoring may be available for EMT certification examinations. Examination fees are paid directly to PSI testing services at the time of registration.

Students are required to register to take their NYS Written Examination within thirty (30) days from their course end date.

It is the student's responsibility to complete the PSI Registration for EMS Examination Test Scheduling Request in accordance with the instructions sent by PSI. The registration will be validated and the student will receive confirmation to register for a New York State Written Examination with PSI.

Registration is completed via a link emailed directly from PSI/AMP customer service to students within two (2) weeks after successful completion of the NYS Practical Skills Examination and the course end date. In the event of a missing registration email, students are encouraged to check their spam/junk folder before attempting to register on the PSI website at schedule@goAMP.com. If a student is still unable to register on the testing website, they should contact the Course Sponsor Administrator for assistance with filling out the DOH-4245 "Registration for Emergency Medical Technicians' Exam Test Scheduling Request" form.

Results of the NYS Written Examination

In-Person Testing: Students who pass the certification examination at a PSI testing center will receive a temporary certification document.

Remote Proctoring: Students who pass the certification examination taken through remote proctoring will not receive a temporary certification document. **DO NOT CALL** the NYU Langone Health Institute for Emergency Care or the NYS DOH Bureau of EMS and Trauma Systems for the results of the NYS Written Examination The NYS DOHBEMSTS will notify students by mail approximately eight (8) to twelve (12) weeks after the examination. Certification status can be verified using the NYS DOH's online Health Commerce System (HCS) website utilizing the EMT Certification Search application.

If a Student Fails: **If a candidate fails the first NYS Written Examination, they will have two (2) additional attempts to pass the written exam.**

Note: Students should wait five (5) days after an unsuccessful attempt to reschedule and exam to allow the PSI System to process the request.

If a student is unsuccessful in their first attempt at the NYS Written Examination, they must go back to the original website they used to schedule the first attempt and register for a second attempt.

If a student is unsuccessful in their second attempt at the NYS Written Examination, they will have a third and final attempt **to pass the written examination. The candidate must go back to the original website they used to schedule previous attempts to register for a final attempt.**

In the event of a third failure, candidates MUST **complete an EMT Refresher course** BEFORE **being qualified to attempt the NYS Written Certification Examination again.**

The refresher course must take place within one (1) year of the original course's end date.

Students have one (1) year from the final end date of the course and must make all attempts within this time period. Therefore, students should not wait to test.

CLINICAL ROTATION REQUIREMENTS

Clinical experience is an invaluable learning tool but is directly related to student effort. Students should actively pursue clinical staff and request opportunities to participate in hospital or field activities. Students must remember that they are to act within their scope of practice and current didactic and practical skills knowledge.

The EMT candidate is required to complete a minimum of ten (10) documented patient contacts during their clinical time. The intent of the clinical time is that each student be offered the opportunity to perform their required minimum ten (10) documented patient contacts in at least one (1) emergent setting including a hospital emergency room or an ambulance.

Prior Authorization

Students must receive prior authorization to participate in clinical rotations. The following requirements must be met in order to obtain authorization:

1. Submit a current medical packet;
2. Successfully complete a Bloodborne Pathogens program in the course;
3. Successfully complete a HIPAA Program in the course;
4. Receive approval from the CIC to begin clinical rotations;
5. Meet any additional requirements deemed necessary by specific clinical sites.

Personal Equipment for Clinical Rotations

Students **must** bring the following to each clinical rotation:

1. Stethoscope
2. Bandage Shears
3. Penlight
4. Watch with second display
5. Pen

Completion Requirements

1. All clinical rotation time, regardless of setting, **must** be recorded on the EMT Clinical Evaluation Form.
2. Students must ensure that the clinical evaluation form is appropriately documented. This includes securing the printed name and signature of the preceptor at the conclusion of the rotation. The EMT Clinical Evaluation Form **must** be signed by the preceptor of the rotation to be considered complete. The rotation preceptor may be the supervising nurse, paramedic, or EMT.
    a. Under no circumstances may an EMT student participate in assisted medication administration or medication administration without the direct supervision of a hospital or certified EMS Preceptor.

3. The EMT Clinical Evaluation Form **must** be completed in full and submitted to the CIC of the course. Incomplete forms will be returned to the student and will not count toward the course requirement.
4. All clinical paperwork **must** be handed in to the CIC no later than two (2) days prior to the NYS Final Practical Skills Examination. This date is also outlined on the course syllabus. Failure to complete the clinical requirement by this deadline will result in the student being ineligible to take the Practical Skills Examination.
5. Students are **not permitted** to schedule clinical time at sites that are not contracted and/or authorized by the NYU Langone Health Institute of Emergency Care as a clinical site.
    a. No student may continue to ride as an EMT student or participate in clinical hospital rotations after the clinical requirement period is over.
    b. Student IDs **MUST** be returned to the CIC no later than the last day of scheduled class.

Students must also meet all dress code, hygiene, and professional conduct requirements.

Required Conduct

Students are expected to behave in a professional and courteous manner at all times during clinical rotations. Failure to exhibit appropriate behavior will result in the preceptor dismissing the student from the rotation site. Students must immediately comply.

In such instances, the Student must notify the Clinical Coordinator and/or Program Director immediately. The preceptor shall report the nature of the problem to the Clinical Coordinator and/or Program Director. The student will not receive credit for any rotation from which they have been asked to leave. The Clinical Coordinator and Program Director shall investigate the incident and determine what further action will be taken in accordance with the Program's policies and procedures.

Injuries, Incidents, and Unusual Occurrences Policy

Any student injuries or illnesses that occur during clinical rotations **must** be reported to your preceptor and medical attention must be sought immediately. After stabilization and as soon as possible after the incident, the Institute administration must be notified via phone or via email after hours. A written incident report must also be submitted on the next class day.

All students are required to maintain an active health insurance policy for the duration of the course. The Institute and its affiliates are not responsible for any costs due to injury or illness that occurs in the scope of training.

Involvement in any unusual or notable incidents must be reported immediately to the Clinical Coordinator and Program Director. Unusual or notable incidents include:

- Anything inconsistent with routine EMS operations,
- Anything inconsistent with clinical operations,
- An incident that may have or did cause harm to the student, a patient, or any other person.

Infection Control & Bloodborne Pathogens Policy

Operating in an EMS setting may expose students to persons who have, or are suspected of having infectious and/or communicable diseases. Students are at risk of exposure during training because they may:

- Have direct physical contact with patients,
- Work with blood and other bodily fluids,
- Potentially have any contact with blood and bodily fluids.

Exposures are defined as a specific eye, mouth, mucous membrane, non-intact skin, or parenteral (piercing of the skin barrier via needle sticks, human bites, cuts, and abrasions) contact with blood or other potentially infectious materials that result from the performance of EMS duties. Exposure also includes all hazardous materials or contaminants that may be present at the scene of an assignment, on a patient, and/or in the hospital.

The regulations set forth in OSHA Standard 29 CFR § 1910.1030 Bloodborne Pathogens provide the guidelines necessary to minimize or eliminate workplace exposure using a combination of work practice controls, personal protective clothing and equipment, training, medical surveillance, HBV vaccination, signs and labels, and other provisions. It is the obligation of the student to review and understand these regulations and to be familiar with such procedures and the clinical rotation site to provide the necessary personal protective equipment.

All incidents of contamination and/or exposures must be reported to clinical preceptor immediately. In the case of a serious incident or “at risk” exposure, the Clinical Coordinator and Program Director should be notified immediately.

Students understand that these guidelines are in place for their protection and in many instances, there are prophylactic treatments that will be offered to prevent infection and contamination.

Universal or Standard Precautions

1. Universal or standard precautions must be taken when in contact with patients and when there is a potential for contact with bodily fluids. Appropriate barrier precautions must be used to prevent skin and mucus membrane exposure to blood and other bodily fluids.
2. Gloves must be worn for:
    a. Touching blood and/or bodily fluids, mucus membranes, or non-intact skin of all patents.
    b. Performing venipunctures, IM medication administrations, and finger sticks.
    c. Protection of cuts or open lesions on the hands of the healthcare provider.
    d. Gloves must be changed when soiled, torn, or punctured, as well as after contact with each patient.
3. Protective eyewear must be worn during tasks that are likely to generate droplets of blood, saliva, sputum, or other bodily fluids.
4. Appropriate respiratory protection (i.e. surgical mask, N95) must be worn during patient contact and tasks that are likely to generate droplets or aerosolization of blood, saliva, sputum, or other bodily fluids.

5. Protective barriers, such as pocket masks or BVM, must be used to minimize the need for emergency mouth-to-mouth resuscitation.
6. Puncture-resistant sharps containers must be used to dispose of needles and other disposable sharp implements.
7. During the cleaning of blood or other bodily fluid spills:
    a. Gloves must be worn.
    b. Spill should be wiped up with a clean, dry absorbent material, then discarded in a biohazard container.
    c. Contaminated surface must be vigorously wiped with an approved alcohol, bleach, or equivalent disinfectant for a minimum of 30 seconds.

Safe Work Practices

Safe work practices are designed to minimize the chance of exposure to bloodborne diseases.

1. Students who currently have or recently had any type of infectious disease should refrain from participatory skills until they are no longer considered contagious. Examples include:
    a. Open cuts, weeping skin lesions, sores on the face, mouth, or hands.
    b. Active, acute hepatitis.
    c. Mononucleosis.
    d. Tuberculosis.
    e. Active infections such as herpes, shingles, or conjunctivitis.
2. Hands and other applicable skin surfaces must be washed:
    a. Before and after direct patient contact,
    b. After removal of gloves,
    c. After any accidental contamination with blood or other bodily fluids.
3. Students must wear appropriate personal protective equipment according to guidelines established by the NYU Langone Health Institute for Emergency Care, clinical site, or EMS agency.
4. Procedures must be performed in a manner that decreases the likelihood of splashing or spraying of blood and/or other bodily fluids.
5. Used needles, scalpels, and other disposable sharp equipment must be put in available puncture-proof sharps containers. Needles and other sharp instruments shall not be recapped, bent, broken, removed from disposable syringes, or otherwise manipulated by hand.
6. Reusable instruments contaminated by blood or other bodily fluids must be decontaminated as per the clinical site's policies and procedures.

Infection Control Education and Training

Students must successfully complete the Bloodborne Pathogens training prior to their first clinical rotation. The program provides necessary information regarding the modes of transmission of HBV and HIV, the symptoms of HBV and HIV, Infection control methods (universal precautions, work practices, personal protective equipment), and the method of reporting an exposure incident and follow-up.

Evaluation of Exposure Occurrences and Follow-Up

It is the student's responsibility to follow safe work practices and infection control guidelines. As detailed in the ***Infection Control & Bloodborne Pathogens Policy***, exposures must be reported immediately to the clinical preceptor, Clinical Coordinator, and Program Director. An unusual occurrence report must be completed, in writing, by the exposed student within 24 hours, or as soon as possible, after the incident detailing the route and circumstances of exposure. Students must also comply with all hospital and/or EMS agency reporting policies.

Appropriate medical evaluation and testing will be performed according to current Centers for Disease Control Guidelines, current medical standard of care for infectious disease exposure, or hospital policy.

COMPETENCIES AND STANDARDS

It is the goal of the NYU Langone Health Institute of Emergency Care to prepare competent, entry-level EMS professionals. Competency must be demonstrated in three learning domains: the cognitive (knowledge), psychomotor (skills), and affective (behavior).

Cognitive: Upon completion of the program, all students will demonstrate the ability to comprehend, apply, analyze, and evaluate information relevant to their role as entry-level EMS professionals.

Psychomotor: Upon completion of the program, all students will demonstrate technical proficiency in all essential skills necessary to fulfill the role of entry-level EMS professionals.

Affective: Upon completion of the program, all students will demonstrate personal behaviors consistent with professional and employer expectations of the entry-level EMS professional.

Entry-Level Competencies

To fulfill their role as entry-level EMS professionals, successful students are expected to exhibit competency in a number of characteristics. These attributes align with the attributes expected by employers, communities, and stakeholders served by emergency medical services providers. These attributes are essential for the successful completion of the course and are based on nationally-accepted competencies for EMS professionals. Failure to meet these competencies may result in dismissal from the program.

Professional Attributes

The faculty for every EMS training program will make every effort to maintain an environment conducive to learning. Disruptive behavior, lack of respect for staff or guests,

vulgar language, physical violence, lack of maturity in a crisis and/or patient care situations, and other inappropriate behaviors may result in disciplinary actions or being dismissed from the program. Additional expectations are defined in the following sections.

Professionalism

- Demonstrates professional conduct and ethical practice in the classroom and in the clinical setting.
    - Interacts with patients in an accepting, non-judgmental manner.
    - When necessary, advocates for the needs of the patient.
    - Uses discretion regarding statements and behaviors in the presence of the patient, family, significant others, members of the public, or other emergency services and/or healthcare personnel.
    - Refrains from speaking to or about patients, families, colleagues, or associates in depreciating, mocking, disrespectful, or malicious manners.
    - Shows compassion for others, empathetically responds to the emotional response of patients and family members, and provides support and reassurance as necessary and when appropriate.
    - Demonstrates awareness of personal and professional abilities and limitations.
    - Maintains confidentiality of patient information.
    - Follows uniform and grooming policies.
    - Follows classroom, clinical, and administrative policies and procedures.
    - Understands and respects the administrative chain of command and the role of medical control.
    - Attempts to resolve ethical issues by acting in the best interest of the patient.

Interpersonal Skills and Interaction

- Demonstrates interpersonal skills necessary to effectively perform job tasks in emergent and inter-facility settings.
    - Communicates in an open, honest, an effective manner.
    - Coordinates and collaborates with members of other agencies and other individuals involved in the care and transport of the patient.
    - Establishes positive working relationships with patients, peers, and others participating in the care and transport of the patient.
    - Involves other significant to the patient.
    - Instills confidence in the patient, their family, and bystanders.
    - Demonstrates awareness and empathy of the impact on others.

- Responds appropriately to the sense of crisis exhibited by the patient and significant others.
- Accepts direction when appropriate.
- Demonstrates the ability to effectively and appropriately function as both a team member and a team leader.

Patient Care

- Quickly and accurately performs a primary survey to recognize patients with immediately life-threatening disorders involving airway, breathing, or circulation.
- Initiates immediate life-saving interventions, including rapid extrication and transport, if appropriate.
- Obtains information rapidly and accurately through the following methods:
  - Observation of the environment,
  - Interviewing the patient and/or others,
  - Performing a secondary survey, including a pertinent history, physical examination, and vital signs based on the patient's chief complaint.
- Possesses sufficient knowledge to their level of training of anatomy, physiology, pathology, pathophysiology, and pharmacology to perform the following tasks:
  - Gather appropriate data,
  - Evaluate patients for emergency interventions,
  - Assign priorities for care,
  - Develop a working diagnosis,
  - Obtain additional guidance via medical control, when appropriate,
  - Implement initial and continuing emergency and/or inter-facility patient management.

Recordkeeping and Communications

- Documents patient information, observations, and occurrences in an accurate, complete, concise, legible, logical, and unbiased manner.
- Communicates pertinent patient information to others involved in patient care, including, but not limited to, other EMS professionals, family, medical control, and hospital staff in a logical, understandable, thorough, and accurate manner.

Occupational Health and Safety

- Is conscious and aware of safety concerns for self and others, including patients, family, other responders, and specialty equipment.
- Recognizes and takes appropriate action in potentially hazardous circumstances.

- Complies with infection control principles, including appropriate use of universal precautions, aseptic technique, the cleaning of the vehicle and equipment, and during potentially invasive patient care operations.
- Uses good body mechanics while handling patients and equipment.
- Demonstrates an understanding of psychological hazards of providing pre-hospital care. Understands and utilizes positive techniques for stress recognition and reduction.

Physical Condition

- Demonstrates ability to lift, carry, and balance patients and patient care equipment to meet functional position description minimums.
- Demonstrates physical and mental endurance necessary to function effectively throughout an entire work shift.
- Demonstrates manual dexterity necessary to perform all required tasks.
- Demonstrates mental dexterity to operate in a dynamic, ever-changing work environment.
- Understands and acknowledged physical limitations as not to put the patient or other responders in hazardous working conditions.

Dress Code and Hygiene

- Dresses in a clean, neat, and professionally appropriate manner aligned with weather conditions, job tasks, and work environment.
- Wears photo ID in a clearly visible location on the outer-most article of clothing/uniform. Photo ID is available upon request at clinical rotation sites.
- Demonstrates an understanding of necessary personal hygiene and grooming necessary for working in patient-facing environments and smaller work spaces. This includes, but is not limited to:
    - Avoidance of strong scents (perfume, cologne, body lotions) which may become offensive, irritating, or trigger allergies,
    - Clean and properly secured hair,
    - Use of deodorant or antiperspirant,
    - Maintenance of neat and trim fingernails in compliance with JCAHO standards,
    - Appropriate dental hygiene.
    - Facial hair complies with OSHA regulations for N95 respirator use.
- Complies with all smoking and vaping policies for Institute, clinical, and ambulance locations.

UNIFORM POLICY

Students must wear the designated NYU Langone Health Institute of Emergency Care uniform during all class-related activities including lectures, lab sessions, hospital rotations, and ambulance rotations. The outermost garment must identify the student's affiliation with the NYU Langone Health Institute of Emergency Care and the student's photo ID must be clearly visible.

The following is considered appropriate uniform attire:

- NYU Langone Health Institute of Emergency Care shirt/polo (must be tucked into pants),
- NYU Langone Health Institute of Emergency Care job shirt or outer jacket,
- Navy blue uniform pants (chino or BDU style) with black leather or nylon style belt,
- Black tied boots,
- NYU Langone Health Institute of Emergency Care winter hat or baseball cap (not to be worn indoors).

CODE OF CONDUCT

NYU Langone Health's Code of Conduct is a key element of our Corporate Compliance Program. It works together with our Mission, Values, and Policies to promote conduct that is honest, ethical and lawful. It is important that all staff understand their personal obligations under the Code of Conduct.

NYU Langone has a long-standing commitment of demonstrating the highest level of ethical and legal conduct and daily decision making when interacting with our patients, our colleagues, our community, and our business partners. The Code of Conduct Handbook explains this commitment in greater detail and provides guidance on how to make ethical decisions that are reflective of our core principles. The Code of Conduct Handbook is available online or from the Office of Compliance.

Responsible HR Department: Employee & Labor Relations – (212) 404-3787

All members of the NYU Langone Health community are protected from retaliation if in good faith and with reasonable belief, you report violations of this Code, NYU Langone Health policies, or federal, state, and local laws.

There will be no retaliation against you if in your reasonable belief you raise concerns or questions about misconduct or report violations of this Code, NYU Langone Health policies, or federal, state, and local laws. Reported compliance concerns are considered to be made in bad faith if they are reported maliciously (with ill intent) or with reckless disregard for their truth or falsity. Individuals making reports in bad faith may be subject to disciplinary or other employment action by NYU Langone Health and may also be subject to legal claims by the individual about whom the bad faith reports were made.

If you report a violation and believe you are experiencing retaliation, you have the right to report this situation to the Office of Compliance or Human Resources. Anyone who retaliates against someone who has raised a concern or reported a violation of the Code will be subject to disciplinary action, including possible termination.

Who is Covered by Policy

All employees, faculty, medical staff, residents, fellows, and volunteers.

Key Definitions

Retaliation is when an employee is subjected to a negative action for engaging in protected activity under our policies. Examples of retaliation include, but are not limited to:

- Termination of employment,
- Unjustified negative performance reviews,
- Harassment,
- Exclusion from department meetings or social activities.

Step-by-Step Procedure

1. Any suspected concerns or violations of the Code of Conduct can be reported in person, by telephone, or in writing to any of the following:
    a. Your Supervisor,
    b. Office of Compliance: (212) 404-4079
    c. The Compliance Helpline: (866) NYU-1212
    d. Human Resources Department – Employee & Labor Relations: (212) 404-3787
    e. Office of Legal Counsel: (212) 404-4075
    f. Patient Relations: (212) 263-6906
2. Reports of suspected violations will be investigated by authorized NYU Langone personnel or other person(s) designated by NYU Langone Health. Officers, managers, and supervisors have a special duty to adhere to the principles of the Code, to ensure that their subordinates do so, and to recognize and report suspected violations. Each of us is required to cooperate fully with any investigation undertaken.
3. If it is determined that a violation has occurred, NYU Langone Health reserves the right to take corrective action against any person who was involved in the violation or who allowed it to occur or persist due to a failure to report it as a violation or failure to exercise reasonable diligence.
4. Corrective action up to and including termination will be taken for violations of the Code of Conduct. Corrective actions will be in accordance with any applicable handbook, contract, by-laws, rules and regulations, policies and procedures. NYU Langone Health also may make disclosures to governmental agencies (including law enforcement authorities) as appropriate.
5. If you report a violation and believe you are experiencing retaliation, you have the right to report this situation to the Office of Compliance or Human Resources. Anyone who retaliates against someone who has raised a concern or reported a violation of the Code will be subject to disciplinary action, including possible termination.

Related Policies: 3-21: Rules of Conduct and Corrective Action Guidelines

ETHICAL STANDARDS OF CONDUCT

Due to the high standards of the program and the EMS profession, student conduct must reflect professionalism, integrity, and responsibility at all times. Students are expected to meet the following ethical standards while in the program.

1. EMS providers are heath care professionals, regardless of whether or not they receive monetary compensation for their work. All EMS providers are bound by the highest standards of professional conduct and ethics. A breach of these standards will not be tolerated and may subject the student to immediate dismissal without progressive

discipline. Students must conduct themselves in an ethical manner in all classroom and clinical settings. Violation of these standards includes, but is not limited to:

a. Physical violence,
b. Intimidation,
c. Bullying,
d. Sexual harassment,
e. Stealing,
f. Lying,
g. Vandalism and/or destruction of property,
h. Cheating,
i. Breach of patient confidentiality

2. Consumption of alcoholic beverages or the use of illegal drugs is **prohibited.** Any student suspected of attending class or clinical rotations under the influence of such substances will be asked to leave the class or clinical site and such action will constitute grounds for the student to be dismissed from the program.
3. NYU Langone Health Institute of Emergency Care does not condone the carrying of any weapons in class or rotations. If a student or instructor must carry a weapon for professional reasons, they must make a request to the Program Director at the time of registration for a course. Every effort should be made to secure weapons prior to entering class.

SOCIAL MEDIA, PHOTOGRAPHY, AND ELECTRONIC DEVICES POLICY

The same policies and standard of conduct rules apply to NYU Langone Health Institute of Emergency Care students engaging in communication through blogs, social networking sites, and text messages as in other areas of their classroom and clinical rotation conduct. This encompasses all electronic media, but specifically, “social media” includes, but is not limited to, postings in online forums, blogs, microblogs, wikis, and social networking sites such as Twitter, Facebook, Instagram, SnapChat, YouTube, and TikTok.

NYU Langone Health Institute of Emergency Care recognizes that social media web sites can be useful communication tools and that they provide an inexpensive, informal, and timely way to participate in an exchange of ideas and information. However, information posted on a website is available to the public so any content posted to a social media site must not violate this policy. Using social media or text messaging to harass, bully, intimidate, defame, or embarrass NYU Langone Health Institute of Emergency Care, the administration, faculty, clinical affiliates, employees, or fellow students is inconsistent with the Institute’s standards of conduct and will subject the student to dismissal. NYU Langone Health Institute of Emergency care reserves the right to monitor students’ activity with regard to social networking, blogging, and electronic communications and apply corrective action should it be determined that a student’s conduct is not aligned with our policies.

The following activities are specifically prohibited under this policy:

- Sharing Protected Health Information (PHI). PHI includes, but is not limited to, the patient’s name, photograph, social security number, address, age, race, extent or nature of illness or injury, diagnosis or prognosis, hospital destination, treatment, date or admission or discharge, or any other identifying information which may be protected by HIPAA, FERPA, and other federal, state, or local regulations.

- Posting photos, videos, or images of any kind which could potentially identify patients, addresses, vehicle license plate numbers, incident scenes, any other PHI, or crew member names.
- Posting any photos, videos, or images except where authorized by the NYU Langone Health Institute of Emergency Care photography policy.
- Sharing confidential or proprietary Institute information including logos, trademarks, strategic plans, project interests, outlines, handouts, or study guides issued either electronically or given to students for classroom use.
- Posting or other online activities who are inconsistent with, misrepresent, or would otherwise negatively impact the Institutes reputation.
- Posting of statements or content that are discriminatory, retaliatory, threatening, harassing, vulgar, abusive, derogatory, inflammatory, disrespectful, personal attacks of any kind, or offensive terms targeting individuals or groups.

Violation of the policy will be reviewed by the Program Director and the Institute administration and may lead to suspension or dismissal from the program.

Photography

No photographs or recordings may be taken on Institute property, while on clinical rotations, or during ambulance rotations. Any photographs or recordings taken at a clinical site will subject the student to dismissal from the program. This includes all affiliated facilities, ambulances, and clinical spaces associated with program-related activities.

Any patient photographs are considered a HIPAA violation and will subject the student to dismissal from the program as well as any applicable civil or criminal charges or penalties.

Photography or recording during lecture and/or lab sessions is only allowed with the permission of the assigned faculty or Institute administrators.

Electronic Devices

The use of cell phones or the use of any electronic device during class time are grounds for verbal and/or written discipline. All pagers and cell phones will be silenced at the start of class and remain silenced until the end of class. The use of cell phones, cameras, tablets, laptops, or any other electronic device without permission or while not on an actual student break is against NYU Langone Health Institute of Emergency Care policy and may lead to dismissal from the program.

The CIC or a staff member, has the authority to remove the student from the class or rotation when the incident occurs. Depending upon the time of the occurrence(s), this may count as either an unexcused absence or lateness infraction.

In cases of emergencies, in which the student must use their cell phone to make a phone call or send a text message, the faculty must be made aware either before or after the incident. The student must inform the faculty of the “nature of the emergency” and to whom the message was placed to.

DISCIPLINARY ACTIONS & APPEALS

EMS providers are health care professionals and are bound to the highest standards of professional conduct and ethics. Safe, professional behavior is expected from every student for

the duration of the program and throughout all aspects of the learning experience. Inappropriate behavior will result in dismissal from the program.

The following behaviors are considered inappropriate and may result in disciplinary action or being dismissed from the program:

- Unsafe behavior (physical violence, horseplay, inappropriate use of equipment),
- Vulgarity,
- Unlawful behavior,
- Abuse of illicit drugs or alcohol during class, during clinical assignments, or at any time that may affect the student's performance or that of the class,
- Disruptive behavior that impedes learning in the classroom or clinical setting,
- Excessive absenteeism or lateness,
- Divulging confidential information,
- Other acts of unprofessional behavior (sleeping in class, unauthorized cell phone use in class, confrontations with other students or staff members, taking photographs/videos),
- Harassment,
- Discrimination,
- Any student in possession of, using or distributing any questions from the publisher's test bank of the course textbook or prior course exams/quizzes.

Disciplinary Procedure

Situations which may require disciplinary action will be handled on an individual case basis. Each student is entitled to a fair representation of the facts and due process.

At the time of the first occurrence, the student will be advised that they are not acting in accordance with the policies and procedures manual. The student will be advised of the inappropriate behavior and directed to cease such behavior. If warranted by the situation, the CIC may ask the student to leave the classroom. Additional infractions may result in further disciplinary action along the following process:

1. Written warning and counseling for the **initial infraction** with a copy of such warning submitted to the Program Director and included in the student's file.
2. A second written warning and counseling for **subsequent infraction** with a copy of each submitted to the Program Director and included in the student's file.
3. Students who have not taken the necessary corrective actions for previous infractions after receiving two (2) written warning notices will be dismissed from the program.

In the even a student takes any action deemed to be of a **serious nature**, the student may be dropped from the program without previous warning.

Appeals Process

During the appeals process, the student will be allowed to continue in the course unless the process poses a danger or distraction to the instructors or other members of the course.

1. The Appeals Process begins with a written request by the student to the Program Director who will arrange a conference with the student.
2. Within thirty (30) days of this conference, the Program Director will issue a decision in writing to the student, the student's CIC, and the EMS System Medical Director.

3. If the student wishes to appeal the decision of the Program Director, a conference will be arranged with the EMS System Medical Director, who will have the ultimate authority to make a determination.
4. The student may appeal the decision to the regional representative of the New York State Department of Health Bureau of EMS and Trauma Systems.
    a. To contact the NYS DOHBEMSTS, please call (212) 417-4455 or write to: New York State Department of Health Bureau of EMS and Trauma Systems, 145 Huguenot Street, 6th Floor, Room 603, New Rochelle, NY 10801, ATTN: Regional Representative.

DISCRIMINATION AND SEXUAL HARASSMENT POLICY

NYU Langone Health is committed to a work environment in which all individuals are treated with respect and dignity. Each individual has the right to work in a professional atmosphere that promotes equal employment opportunities and prohibits discriminatory practices, including harassment and sexual harassment. Accordingly, NYU Langone prohibits and will not tolerate discrimination or harassment based on race, color, creed, religion, sex, sexual orientation, gender, gender identity or expression, transgender status, gender dysphoria, genetic information, marital status, partnership status, caregiver status, familial status, age, national origin, citizenship status, disability, military or veteran status, or any other protected class as established by law.

The NYU Langone Health Institute of Emergency Care has a zero tolerance policy for all types of discrimination and sexual harassment. **This applies to all instructors and students.** ***These acts are unlawful and will not be tolerated under any circumstance.***

Individuals and Conduct Covered by Harassment Policies

All employees of NYU Langone, regardless of position, are covered by, and expected to comply with, this policy and to take appropriate measures to ensure that prohibited conduct does not occur. NYU Langone's policy against harassment and sexual harassment also covers other individuals who have a relationship with NYU Langone which enables the institution to exercise some control over the individual's conduct in places and activities that relate to NYU Langone's work, which may include: officers, independent contractors, voluntary medical staff, vendors, clients, interns (paid or unpaid), externs, and customers.

Harassment and sexual harassment will not be tolerated. Any employee or individual covered by this policy who engages in harassment, sexual harassment, or retaliation will be subject to remedial and/or disciplinary action, up to and including termination, as will any supervisor or manager who knowingly allows such behavior to continue. While this policy sets forth NYU Langone's goals of promoting a workplace that is free of harassment, including sexual harassment, the policy is not designed or intended to limit NYU Langone's authority to discipline or take remedial action for workplace conduct which it deems unacceptable, regardless of whether that conduct satisfies the definition of sexual or unlawful harassment.

Conduct prohibited by these policies is unacceptable in the workplace and in any work-related setting outside the workplace, such as during business trips, business meetings, and business-related social events.

These policies should not, and may not, be used as a basis for excluding or separating individuals of a particular gender, or any other protected class, from participating in business or work-related social activities or discussions in order to avoid allegations of harassment.

This policy also extends to use of NYU Langone property, including, but not limited to, its telephone, copy machines, facsimile machines, and computers and computer applications, such as email and Internet access, which may not be used to engage in conduct that violates this policy.

Definition of Discrimination

Discrimination includes differential treatment with respect to the terms and conditions of employment because of an employee's membership in a protected class, as defined below, as well as the adverse impact of employment-related decisions, actions, plans, etc., whether intentional or unintentional, on any protected class.

Definition of Harassment

Harassment is a form of prohibited discrimination. Harassment includes verbal and physical conduct that denigrates or shows hostility or aversion toward an individual because of his or her race, color, religion, gender, gender identity, status of being transgender, sexual orientation, age, national origin, disability, military service, marital status, or membership of any other protected class as established by law. Harassment:

1. Has the purpose or effect of unreasonably interfering with an individual's work performance;
2. Has the purpose or effect of creating an intimidating, hostile, or offensive working environment; or
3. Otherwise adversely affects an individual's employment opportunities.

Harassing conduct includes, but is not limited to:

- Verbal abuse or hostile behavior, such as insulting, teasing, mocking, degrading, or ridiculing another person or group.
- Unwelcome or inappropriate physical conduct, comments, questions, advances, jokes, epithets, or demands.
- Displaying, e-mailing, or circulating derogatory, demeaning, or hostile materials.
- Negative stereotyping and threatening, intimidating, or hostile acts.
- Denigrating jokes.

Sexual Harassment

Sexual harassment of employees that occurs in the workplace, or in other settings in connection with their employment, is unlawful and will not be tolerated by NYU Langone. Sexual harassment is defined as unwelcome sexual advances, requests for sexual favors, and other verbal and physical conduct of a sexual nature where:

1. Submission to such conduct is made, either explicitly or implicitly, a term or condition of an individual's employment.

2. Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; or
3. Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

While it is not possible to list all circumstances that may constitute sexual harassment, the following are some examples of conduct which may constitute sexual harassment depending on the totality of the circumstances:

- Unwelcome sexual advances which may or may not involve physical contact;
- Requests for sexual favors;
- Sexual epithets, jokes, written or oral references to sexual conduct, gossip regarding one's sex life;
- Comments about an individual's body, sexual activity, deficiencies or prowess;
- Leering, catcalls, touching, insulting or obscene comments or gestures;
- Displaying sexually suggestive objects or pictures (including through e-mail, internet, or computer usage);
- Sexually explicit derogatory statements or sexually discriminatory remarks;
- Inquiries or communications regarding sexual activity;
- Hostile actions taken against an individual because of their gender, gender identity, status of being transgender, or sexual orientation.

Sexual harassment is not limited to prohibited behavior by a male employee toward a female or by a supervisory employee toward a non-supervisory employee.

- A male, as well as a female, may be the victim of sexual harassment; a female as well as a male may be the harasser.
- The harasser does not have to be the victim's supervisor. The harasser may also be an agent of the employer, a supervisory employee who does not supervise the victim, or a non-supervisory employee (co-worker).
- The victim may be the same sex as the harasser.
- A third-party coming into the workplace such as a contractor, vendor, or service provider may be a harasser or victim.
- The victim does not have to be the person towards whom the unwelcome sexual conduct is directed. The victim may also be someone who is affected by such conduct when it is directed toward another person. For example:
    - The sexual harassment of one employee may create an intimidating, hostile, or offensive working environment for another co-worker, or may interfere with the co-worker's work performance.

- An employee who is forced to work in an environment where preferential treatment is given to those who respond favorably to sexual advances may be adversely affected by such conduct.

In addition, the dissemination of sexually explicit voice mail, e-mail, graphics, downloaded material, or websites in the workplace, whether or not it results in sexual harassment, is strictly prohibited and may result in discipline, up to and including, termination of employment.

Training

NYU Langone recognizes the importance of educating and training its employees on recognition and prevention of harassment in the workplace and will provide training on these matters on an ongoing basis.

Reporting an Incident of Discrimination, Harassment, or Retaliation

It is NYU Langone policy that all incidents of discrimination, harassment, or retaliation must be reported, regardless of the offender's identity or position. Individuals who believe they have been subject to sexual harassment, or who have concerns about such matters, have the right to file a complaint.

Employee Relations is always available to discuss the concerns and receive complaints and also to provide information about the NYU Langone policy on harassment and the complaint process. Additionally, employees raising concerns involving sexual harassment may discuss these issues directly with a supervisor or a member of the management team. Individuals should not feel obligated to file their complaints with their immediate supervisor before bringing the matter to the attention of one of the other NYU Langone designated representatives identified above. Nothing in this policy should be construed as requiring an employee who believes that he or she is the victim of discrimination, harassment, or retaliation to complain directly to the person alleged to be the harasser – such complaints should be made directly to Employee Relations or an uninvolved member of the management team.

Reports may be done in writing or orally. A form of submission of a written complaint is attached to this Policy and all employees have the option of using this complaint form. Employees who are reporting conduct on behalf of other employees can also use the complaint form and note that it is on another employee's behalf.

Early reporting and intervention have proven to be the most effective tools in resolving actual or perceived incidents of discrimination, harassment, or retaliation. Therefore, while no fixed reporting period has been established, NYU Langone strongly urges that complaints or concerns be reported immediately so that prompt and appropriate action can be taken. Individuals with supervisory authority who are made aware of discriminatory, harassing, or retaliatory behavior have an obligation to contact Employee Relations.

The availability of this complaint procedures does not preclude individuals who believe they are being subjected to offending conduct from promptly advising the offender that his or her behavior is unwelcome and requesting that it be discontinued.

Individuals who wish to report a claim anonymously may do so by contacting NYU Langone's reporting hotline:

- NYU Langone Compliance Hotline: 1-866-NYU-1212

Investigation

All reported allegations of discrimination, harassment, or retaliation, whether made verbally or in writing, will be promptly investigated in a fair, impartial, and expeditious manner to all parties involved. The investigation may include individual interviews with the parties involved and, as deemed appropriate by NYU Langone, individuals who may have observed the alleged conduct or may have other relevant information. Confidentiality will be maintained throughout the investigatory process to the extent it is consistent with performing an adequate investigation and taking appropriate corrective action. Employees may be disciplined for refusing to cooperate in an investigation.

Investigations will be done in accordance with the following steps:

- Upon receipt of a complaint, Employee Relations will conduct an immediate review of the allegations and take any interim actions, as appropriate;
- Request and review all relevant documents, if any;
- Conduct any necessary witness interviews;
- Keep the parties updated on the status of the investigation.

Responsive Action

If it is deemed that inappropriate conduct has occurred by an NYU Langone employee or third party entering our workspace, NYU Langone will take such action as is appropriate under the circumstances, as determined in its sole discretion. Responsive action may range from counseling to termination of employment, and may include other forms of disciplinary action as deemed appropriate under the circumstances.

Retaliation Prohibited

NYU Langone prohibits retaliation against any individual who, in good faith, reports discrimination or harassment or participates in an investigation or proceeding of such reports. Retaliation against such an individual is unlawful, a violation of this policy, and will be subject to disciplinary action, up to and including termination of employment.

Federal and State Law on Harassment

Discrimination, harassment, and sexual harassment are not only prohibited by NYU Langone but are also prohibited by state, federal, and where applicable, local law. NYU Langone has an internal process for employees to address claims of harassment of sexual harassment. Employees may also seek redress, either administratively or judicially, as outlined below.

New York State Division of Human Rights

The Human Rights Law (HRL), codified as N.Y. Executive Law art. 15, Section 290 et seq., applies to employers in New York State, and, with regard to sexual harassment,

protects employees, paid or unpaid interns, and non-employees. A complaint alleging a violation of the Human Rights Law may be filed either with the DHR or in New York State Supreme Court.

Individuals who believe they have experienced sexual harassment in the workplace can call 1-800-HARASS-3 (1-800-427-2773). Complaints with DHR may be filed any time within one year of the harassment.

An individual can sue directly in state court under the HRL within three years of the alleged discrimination. An individual may not file with the DHR if they have already filed a complaint in state court.

If the DHE determines that there is probable cause to believe that discrimination has occurred, the case is forwarded to a public hearing before an administrative law judge. The DHR has the power to award injunctive relief, monetary damages, and attorneys' fees.

New York City Commission on Human Rights (CHR)

The CHR enforces The New York City Human Rights Law (CHRL), codified as N.Y.C. Administrative Code, Title 8, Sections 8-107, which prohibits sexual harassment in New York City. A complaint alleging a violation of the CHRL may be filed with the CHR. Complaints alleging gender-based harassment may be filed at any time within three years of the alleged harassment.

If the CHR determines that there is probably cause to believe that discrimination has occurred, the case is forwarded to the Office of Administrative Trials and Hearings (OATH) for a proceeding before an administrative law judge. The CHR has the power to award civil penalties, monetary damages, and attorneys' fees.

United States Equal Employment Opportunity Commission

The EEOC enforces Title VII of the Civil Rights Act of 1964, which prohibits sexual harassment. An individual can file a complaint with the EEOC anytime within 300 days from the harassment. The EEOC will investigate the complaint and determine whether there is reasonable cause to believe that discrimination has occurred, at which point the EEOC will issue a right to sue letter permitting the individual to file a complaint in federal court. The EEOC does not award relief but may pursue claims in federal court on behalf of complaining parties. Federal courts may award remedies if discrimination is found to have occurred.

Local Protections

Many localities enforce laws protecting individuals from sexual harassment and discrimination. Depending on where you work or live, there may be additional laws prohibiting sexual harassment and discrimination and/or agencies that investigate such claims. Local police departments may also enforce certain types of harassment claims.

The Institute strictly forbids any student or instructor from engaging in any of the aforementioned conduct. Anyone found to have engaged in discrimination or sexual harassment will be subject to disciplinary action, including dismissal from the course.

STUDENT COMMENTS, CONCERNS, & COMPLAINTS

Occasionally, situations involving other students, faculty, or the way the course is being conducted may arise that require resolution or arbitration. Comments, concerns, and complaints should immediately be brought to the CIC's attention for prompt resolution so the class may resume the primary goal of teaching and learning.

In the even that a student is unable to address a concern in this manner or if the concern is not resolved the Program Director should be contacted. The Program Director will personally review the matter and refer the student or CIC to additional resources to address the student's concerns. This includes other EMS training staff members, Regional Faculty, or the Regional Emergency Medical Services Council (REMSCO). If necessary, the EMS System Medical Director can address the issue or the NYS DOH staff can be consulted.

All concerns should be addressed in escalating order:

1. Class instructors,
2. Class CIC,
3. Program Director,
4. EMS System Medical Director,
5. NYS DOH Staff.

QUALITY COURSE EVALUATIONS

Course quality can only be improved using the input and honest assessment of students participating in the course.

1. Students enrolled in an EMT original course will receive course evaluations at mid-term and at the end of course. Students will be asked to rate and comment on such subjects as: time allocation during lecture and labs, level of instruction, quality of instructor presentations, training aids, equipment, support services, learning environment and outcomes.
2. Instructor Performance – including teaching quality, student feedback, and adherence to instructional standards.
3. Academic Material – including curriculum relevance, protocol accuracy, and alignment with NYS DOH and REMAC guidelines will be reviewed by the CIC and Medical Director.
4. Mid/End of Course Findings, along with student attrition rate and NYS DOH pass rate will be documented in a summary report; where areas for improvement are identified, specific recommendations will be made.

The goal is to foster a culture of excellence, responsiveness, and continuous improvement.

TRANSFERRING COURSES

On a case by case basis, the NYU Langone Health Institute of Emergency Care may allow students to transfer from one current course into another course (i.e.: concurrent or subsequent course). In order to initiate the process, the Institute must receive **in writing** a transfer request from the student stating the reason for transfer.

The student must be in good standing in their current course, have passed all section exams, and have submitted all required paperwork to be considered for a transfer. The current CIC will be contacted and asked to submit any counseling records, if they exist.

If authorized, the student will need to attend all classes in the new course. There will be no advanced standing in the didactic material. Medical clearance and clinical rotations may be transferred from the previous course. All attendance records and test scores will be transferred to the new course. The CIC of the prospective course may decide to honor completed skills from the previous class. Transfer students will receive a learning contract detailing which practical skills signatures will be required.

If approved for a course transfer, the student will be required to complete and submit a new "New York State Application for Emergency Medical Services Certification" application in person at the NYU Langone Health Institute of Emergency Care office.

APPENDICES

A. HIPAA Privacy Policies, Procedures, and Documentation

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Policy Statement 00-10: Functional Position Description

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Policy Statement 06-02: Required CPR Testing

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Part 800.8: Recertification Requirements

E. Student Medical Forms

F. Student Clinical Rotation Form

APPENDIX A

HIPPA Policies, Procedures, and Documentation

Policy

NYU Langone is committed to protecting the rights of our patients. In compliance with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act ("HITECH") and applicable federal and state laws and regulations, this policy sets forth NYU Langone's practice of implementing, enforcing, updating, and documenting its compliance with the HIPAA Privacy Policies and Procedures.

- NYU Langone will implement policies and procedures that are reasonably designed to ensure compliance with HIPAA standards, requirements, and implementation specifications.
- NYU Langone will monitor changes to HIPAA and will promptly revise its policies and procedures and, if required, its Notice of Privacy Practices.
- NYU Langone will maintain documentation required for HIPAA compliance for a minimum period of six (6) years from the date of the creation of the document or the date the document was last in effect, whichever is later. Documentation will be retained in written or electronic form in accordance with NYU Langone policies.

NYU Langone, as used in these policies, refers to all of the following entities and workforce members of those entities: NYU Hospitals Center ("NYUHC"), NYU School of Medicine, an administrative division of New York University ("NYUSOM"), Lutheran Augustana CECR ("Augustana"), Lutheran Certified Home Health Agency ("CHHA"), Community Care Organization ("CCO"), Sunset Park Health Council (d/b/a NYU Lutheran Family Health Centers) ("FHC"), Southwest Brooklyn Dental Practice ("SBDP"), and the NYU Langone Health System ("System").

For HIPAA purposes, NYUHC, NYUSOM, Augustana, CHHA, and CCO are designated as a single Affiliated Covered Entity ("ACE"). The ACE also participates in an Organized Health Care Arrangement ("OHCA") with the FHC and the SBDP. With respect to the applicability of these policies to the FHC and SBDP, the appropriate FHC committee and board has approved. The NYU Langone Health System is a Business Associate of the covered entities in the OHCA.

Some entities may also have additional operational procedures that are site specific, in order to properly implement these privacy practices.

Applicability

These HIPAA Privacy Policies and Procedures apply to all members of the NYU Langone community, including employees, trustees, officers, faculty, medical staff, residents, fellows, students, volunteers, trainees, vendors, contractors, consultants, and agents of NYU Langone. Policies that address patients' rights apply for any patient of NYU Langone (as defined herein) at any of its locations.

Enforcement

NYU Langone's Privacy Officer has general responsibility for implementation of all Internal Audit, Compliance, and Enterprise Risk Management ("IACERM") HIPAA Privacy Policies and Procedures.

Individuals who are found to be noncompliant with HIPAA Privacy Policies and Procedures may be subject to disciplinary action up to and including termination of employment or medical staff privileges. Having knowledge of inappropriate conduct and choosing not to report it is, in itself, a violation of this Policy.

These policies shall remain in effect unless terminated or superseded by a revised and/or updated policy issued by IACERM.

Related Documents

All HIPAA Privacy Policies and Procedures
Medical Center Information Technology Security Policies
Medical Center Information Technology Workforce Members IT Policy
NYU Langone Notice of Privacy Practices
Privacy, Information Security, and Confidentiality Statement

Legal Reference
45 CFR § 164.530(i)
45 CFR § 164.530(j)

APPENDIX B

Infection Control Policy

Purpose

This policy and procedures purpose is to prevent or minimize the transmission of nosocomial infections to both patients and staff members.

Definitions

Nosocomial Infections*:* hospital-acquired infections that are caused by viral, bacterial, and fungal pathogens.

Scope

This policy and procedures applies to all NYU Langone Hospitals EMS Staff.

Policy

NYU Langone Hospitals EMS environment constitutes as an area where patients with undissolved infections arrive, assessed, and treated. It is the policy of this department to provide a safe environment for both patients and healthcare workers. Therefore, it is necessary for all employees of this department to observe the procedures to protect themselves, and the patient by minimizing the transmission of infections.

Education

1. All newly hired NYU Langone Hospitals EMS Staff will attend an infection control orientation.
2. Annual infection control training will be mandatory for all NYU Langone Hospitals EMS Staff for the purpose of updating the staff on current infection control practices.

Personal Hygiene:

Good personal hygiene is the single most important aspect of health.

Hands:

- Handwashing is the most important means of preventing transmission of infection. Hands will be washed before and after all patient contact, after coming into contact with infective or soiled materials and after glove removal.
- Hands will be washed before and after lavatory, eating, or drinking.
- Nails will be clean and no longer than ¼ inch in length past the fingertip. Artificial, nail enhancers, fillers, gels, shellacs, etc. are prohibited.

Standard Precautions:

Standard precautions are to be utilized with all patients regardless of their diagnosis. Standard precautions mandate the use of personal protective equipment (PPE) while performing certain tasks.

Personal Protective Equipment (PPE):

Gloves: will be worn if there will be hand contact with blood/body fluids or contaminated objects.

Masks/Eye Protection: will be worn if there is potential for splattering of blood/body fluids to the eyes, nose or mouth.

Gowns: will be worn if there is the potential for contamination to clothing.

Employee Health:

1. A pre-employment physical is required of all Emergency Department Personnel. The employee will be tested for measles, mumps, rubella, and varicella titers. If any titer results come back negative, the employee will be offered the vaccine free of charge.
2. A two-step tuberculin skin test (TST) will be placed at the time of the pre-employment physical.
3. The Hepatitis B Vaccine will be offered free of charge to all employees who are at risk of exposure to blood or other body fluids. If the employee is offered the vaccine and they do not wish to receive it, they must be asked to sign a declination statement.
4. All NYU Langone Hospitals EMS staff will be required to submit an annual health assessment form, as well as a TST, annually.
5. All NYU Langone Hospitals EMS staff will be fit tested upon hire and as per Federal, State, and City regulations. Any employee who has facial surgery, dental surgery, weight gain or loss greater than 10 pounds must be re-fit tested.

Sharps Handling:

All sharps including (but not limited to) scissors, blades, needles, syringes, glass, will be disposed of in a designated rigid, leak proof container labeled BIOHAZARD. This will preclude their re-use and prevent injury and/or contamination to others. All sharps containers that are carried in portable technician bags or onboard a NYU Langone Hospitals EMS vehicle must be covered when not in use to insure the safety of our staff, patients, and by-standers.

Procedures

Office and Supply Areas:

- All NYU Langone Hospitals EMS Crew Room's floors and horizontal surfaces will be cleaned daily and when visibly soiled with an approved EPA disinfectant by cleaned by NYU Langone Hospitals Building Services.
- All trash will be removed from the room each night by NYU Langone Hospitals Building Services.
- All paper signs will be laminated.
- All sterile items that have been compromised will be discarded in appropriate bins.

- Medications will be kept clean and checked daily.
- Medication restock room will be kept clean and tidy, all medications and floor stocks will be checked for expiration dates and sterility.
- Dirty work environments will be kept clean. Regulated medical waste will be disposed of with red bags when returning to corresponding NYU Langone Hospitals campuses.
- Supply room will be kept clean and neat, items or boxes will not be stored on the floor and no items will be stored to the ceiling.

Equipment:

- All stretchers, mattresses, and stair chairs will be cleaned with an approved EPA disinfectant daily and when visibly soiled.
- Clean sheet will be placed on stretcher/stair chair between each patient use.
- BVMs will be discarded after each patient use.
- Oxygen tubing will be discarded after each patient use.
- Flow meters will be cleaned with an appropriate disinfectant before each patient use.
- All reusable equipment (i.e. laryngoscope handles, blades, etc.) will be rinsed before being sent to CPD for sterilization.
- All suction catheters used for suctioning will be used once and then discarded.

Suspected Communicable Infection:

- Patients with a known or suspected communicable disease will be isolated as soon as possible. Isolation precautions will be followed when indicated (refer to infection control manual). NYU Langone Hospitals EMS staff will insure that all Infection Control and PPE are placed on the ambulance at the start of shift when completing a mandatory NYS DOH 800 Checklist.
- Careful screening criteria for identification and triage of patients with communicable diseases will be established with the assistance of the ICP.
- By interviewing the patients anyone with an active cough, hemoptysis, night- sweat, weight loss, HIV risk behavior, or homelessness will be placed on **AIRBORNE PRECAUTIONS** to rule out tuberculosis.
- Patients who are present to EMS staff with elevated temperature, stiff neck, altered sensory, petechial and/or ecchymiotic rash or other signs of meningitis will be placed on **DROPLET PRECAUTIONS**.
- Patients who are present to EMS staff with a vesicular rash and Varicella (chickenpox) and suspected will be placed on AIRBORNE and **CONTACT PRECAUTIONS**.
- Patients who are present to EMS staff with fever, maculopapular rash, coryza, conjunctivitis, small spots with white or bluish white centers on an erythematous base on the buccal mucosa and Rubeola (measles) is suspected will be placed on **AIRBORNE PRECAUTIONS**.

- Patients who are present to EMS staff with mild fever, diffuse punctate and maculopapular rash, mild coryza and conjunctivitis and Rubella (German measles) are suspected will be placed on **CONTACT PRECAUTIONS**.
- Patients who are present to EMS staff with sudden onset of explosive diarrhea, with nausea and/or vomiting, or abdominal pain and suspect Norovirus will be on **CONTACT and DROPLET PRECAUTIONS**.
- Patients who are present to EMS staff with URI, fever and body aches and Flu is suspected will be placed on **DROPLET PRECAUTIONS**.
- Patients who are present to EMS staff with diarrhea, suspected diagnosis of hepatitis, or bleeding will be managed by following **STANDARD PRECAUTIONS**.
- Patients with recent travel history from South Africa and complaining of fever, malaise, muscle aches, headache, abdominal pain, nausea, vomiting, diarrhea, unexplained bleeding, will be placed in on **AIRBORNE and CONTACT PRECAUTIONS**, and follow appropriate policy and procedures for Ebola Virus Disease.
- All communicable diseases will be reported to the New York State Department of Health.
- All animal bites will be reported to the Department of Health.

NYU Langone Hospitals EMS Vehicles & Equipment:

- All horizontal surfaces, floor, counters, squad seat, and stretcher mattress in an ambulance will be cleaned with an approved EPA disinfectant.
- All stretcher linen will be changed between each patient.
- All reusable equipment will be cleaned with an appropriate disinfectant according to manufactures guidelines.
- Critical devices (those that enter sterile tissue or vascular system) will be cleaned prior to sending to CPD for sterilization.
- Semi- critical equipment (contact with mucous membranes) will be disinfected with an approved EPA disinfectant between each patient use.
- Non- critical equipment (contact with intact skin e.g. blood pressure cuffs) will be cleaned with an appropriate disinfectant between each patient use.
- All disposable equipment will be used once and then discarded.
- All sharps will be disposed of in rigid, puncture-resistant, leaf proof container.
- After thorough cleaning the ambulance unit will be restocked. All sterile items that have been compromised will be discarded. Expiration dates of supplies will be monitored.
- Stock rotation will be maintained.

References:

New York State Department of Health
Bureau of Emergency Medical Services
Policy Statement 88-22
Infection Control / Barrier Precautions and Recommendations

Centers for Disease Control and Prevention
Infection Prevention and Control Recommendations for Hospitalized Patients with Known or Suspected Ebola Virus Disease in U.S. Hospitals

NYU Lutheran Hospital

APPENDIX C

Respiratory Protection and Grooming

Purpose

The purpose of this policy is to comply with existing laws that protect the health of employees, students and employee candidates who may be exposed to hazardous atmospheres while performing their work duties and to provide appropriate protection from these hazards without creating new ones. Keeping this goal in mind, NYU Langone Hospitals EMS has established a uniform protocol to insure a high level of respiratory Protection.

Guidelines and procedures have been established for the use of National Institute of Occupational Safety and Health (NIOSH) approved respirators as required by Occupational Safety and Health Administration (OSHA) standards and New York State Department of Health Bureau of Emergency Medical Services (NYS DOH BEMS).

The New York City Fire Department Bureau of Emergency Medical Services Operating Guides (FDNY EMS OPGs) requires voluntary hospitals to train their employees based on the 911 System Provider Guide. Such requirements can be found in:

FDNY EMS OPG 101-11: *EMS Grooming Standards*

FDNY EMS OPG 125-09: *Respiratory Protection Program*

FDNY EMS OPG 200-11: *Voluntary Hospital Ambulance Administration*

Scope

This policy and procedures applies to all NYU Langone Hospitals EMS Personnel and Authorized Students.

Policy

EMS Providers should be aware of the signs and symptoms of infectious respiratory diseases and the procedures necessary for protecting themselves. Not all respiratory infection are transmitted in the same way. Transmission can occur from direct or indirect contact, large or small droplet nuclei. The mode of transmission will depend on the etiological agent. When encountering patients with symptoms of potentially infectious respiratory illness, the CDC recommends the use of surgical masks. Certain procedures can also impact transmission of infectious agents by producing aerosols. These are deemed “high risk respiratory procedures” and include intubation, extubation, deep tracheal suctioning, nebulized respiratory treatments and bronchoscopy. When performing these high risk procedures, the CDC recommends the use of appropriate and/or adequate "NIOSH APPROVED / RATED" respirators. The use of NIOSH approved respiratory protection may be required under pandemic influenza or other emerging disease alerts issued by CDC. More often in the field of emergency medicine, the etiologic agents of infections are unknown. Given this, it is paramount that good infection control practices be followed for contact with all patients.

NYU Langone Hospitals EMS provides all employees and authorized students with Personnel Protective Equipment (PPE) necessary to perform their specific work duties. In the case of respiratory equipment, it includes both general guidelines for respiratory protection as well as

protocols for the use of job specific equipment. Therefore all employees shall wear the appropriate PPE (i.e. N-95s, Escape Hoods, etc.) when indicated.

Procedures

All NYU Langone Hospitals EMS Personnel and Approved Students are individually responsible for compliance of this policy and procedures.

The pre-employment and student physical exam requires the completion of the following as a condition of employment respiratory fit testing:

Any employee who has had the following, must be re-fit-tested:

- Facial Surgery
- Dental Surgery
- Weight Gain >10 lbs
- Weight Loss <10 lbs

All NYU Langone Hospitals EMS Personnel and Approved Students must follow the grooming standards as outlined in the NYU Langone Hospitals EMS Uniform Policy, NYU Langone Hospitals Policy and Procedures and, FDNY EMS OPGs.

All NYU Langone Hospitals EMS Personnel and Approved Students must follow Respiratory Protection Guidelines as defined in Occupational Safety and Health Standards (OSHA), NYU Langone Hospitals EMS Policy and Procedures, NYU Langone Hospitals Policy and Procedures, Federal, State, and Local Policies.

Responsibilities of NYU Langone Hospitals EMS Personnel and Approved Students

Universal precautions must be met whenever conditions indicate that the employee may be treating patient(s) who may have (but not limited to):

- Infectious Tuberculosis
- SARS
- Environmental Exposures
- Other Febrile Respiratory Illness

These conditions may include (but not limited to):

- A patient who has unusual weight loss, night sweats or persistent cough lasting longer than 48 hours.
- A patient removed from one of the following locations:
- Shelters
    - Known drug locations
    - Correctional facilities
    - Single room occupancies
- Any assignments in which the members suspects the possibility of infectious diseases
- Patients receiving aerosol nebulized treatments or ventilations with a BVM.
- Transportation of a patient who is confirmed or suspected to have a febrile respiratory illness of any kind, the patient should be fitted for a respiratory mask if it is not medically contraindicated.

All NYU Langone Hospitals EMS Personnel and Approved Students must comply with NYU Langone Hospitals Occupational Health Services Policy and Procedures, NYU Langone Hospitals EMS Policy and Procedures and, FDNY EMS OPGs.

All NYU Langone Hospitals EMS Personnel and Approved Students must comply with a fit test and training program as scheduled.

In order to accomplish a successful fit testing, all NYU Langone Hospitals EMS Personnel and Approved Students must,

- Pass an initial fit test as part of the OHS pre-employment medical assessment.
- Wear respirators as outlined in Universal Precautions, NYS DOH BEMS Protocols, Policy Statements, and OSHA Regulations.

In order to accomplish a successful fit testing, all NYU Langone Hospitals EMS Personnel and Approved Students must follow grooming standards,

Hair

- Keep hair tapered to the general shape of the head, not reaching below the collar.
- Hair that normally extends below the collar, shall be tied up or arranged in a manner which will conform to the general shape of the head and keep hair above the collar.

Facial Hair:

- Moustaches are permitted however the following guideline must be adhered to:
- They must be closely trimmed.
- They must not extend beyond the corners of the mouth.
- They must not extend below any portion of the upper lip.
- Beards are not permitted.
- Goatees must be closely trimmed and must not interfere with the seal of an N-95 Mask.

NOTE: FACIAL HAIR IS PERMITTED ONLY FOR RELIGIOUS OBSERVANCES. A PAPR MUST BE UTILIZED, BUT ONLY WHEN PROPERLY TRAINED.

Sideburns

- Shall be kept neatly trimmed and close to the face to avoid any possibility of an improper seals with the NIOSH approved respirator.
- Shall not extend below the extremity of the ear.
- Members shall be otherwise freshly shaven when reporting for duty.

Employees or Approved Students who are unable to be fit-tested will be restricted from providing patient care until such time that a fit-test can be performed successfully.

All NYU Langone Hospitals EMS Personnel must ensure that the proper PPE (N-95, Escape Hood, etc.) is on the vehicle when completing a NYS DOH BEMS 800 Vehicle Checklist.

Immediately report any problems or concerns regarding respirator use to a NYU Langone Hospitals EMS Supervisor.

Responsibilities of NYU Langone Hospitals EMS Supervisors

- To ensure that any problems or concerns associated with respirator use are immediately addressed and the employee is referred to NYU Langone Hospitals OHS for evaluation.
- Must ensure that any NYU Langone Hospitals EMS Employee Candidate reports to OHS for fit-test clearance.
- To ensure that all employees are compliant with the Respiratory Protection and Grooming Policy.
- To ensure that all sizes of N-95 Respirator Masks and Escape Hoods are available in the restock rooms at all locations.
- To ensure that all NYU Langone Hospitals EMS Personnel is sent to NYU Langone Hospitals OHS and/or the ER after an exposure.

References

New York City Fire Department
Bureau of Emergency Medical Services
EMSC-OPG
FDNY 911 Providers Guide

New York State Department of Health
Bureau of Emergency Medical Service
Policy Statement 13-05
Respiratory Disease Precautions

NYU Langone Hospitals
Department of Emergency Medical Services
General Operation Guidelines

APPENDIX D

NYS DOH EMS POLICIES AND REGULATIONS

Policy Statement 00-10: Functional Position Description EMT-B/AEMT

Functional Position Description

Emergency Medical Technician – Basic (EMT-B)

Advanced Emergency Medical Technician (AEMT)

Purpose

Provide a guide for those who are interested in understanding what qualifications, competencies, and tasks are expected of the EMT-B and/or the AEMT.

Qualifications

- Complete the Application for Emergency Medical Services Certifications (DOH-65), including affirmation regarding criminal convictions
- Successfully complete an approved New York State EMT-B or AEMT course
- Achieve a passing score on the practical and written certifications examinations
- Must be at least 17 years of age by the end of the month in which they are scheduled to take the written certification examination
- Knowledge and Skills required show need for high school or equivalent education
- Ability to communicate effectively via telephone and radio equipment
- Ability to lift, carry, and balance up to 125 pounds (250 pounds with assistance)
- Ability to interpret oral, written, and diagnostic form instructions
- Ability to use good judgement and remain calm in high stress situations
- Ability to be unaffected by loud noises and flashing lights
- Ability to function efficiently without interruption throughout an entire work shift
- Ability to calculate weight and volume ratios
- Ability to read English language, manuals, and road maps
- Ability to accurately discern street signs and addresses
- Ability to interview patients, patient family members, and bystanders
- Ability to document, in writing, all relevant information in prescribed format in light of legal ramifications of such
- Ability to converse, in English, with coworkers and hospital staff with regard to the status of the patient
- Possesses good manual dexterity with ability to perform all tasks related to the highest quality of patient care
- Ability to bend, stoop, and crawl on uneven terrain
- Ability to withstand varied environmental conditions such as extreme heat, cold, and moisture
- Ability to work in low-light situations and confined spaces
- Ability to work with other providers to make appropriate patient care decisions

Competency Areas

The EMT-B

Must demonstrate competency in assessment of a patient, handling emergencies using Basic Life Support equipment and techniques. Must be able to perform CPR, control bleeding, provide non-invasive treatment of hypoperfusion, stabilize/immobilize injured bones and the spine, and manage environmental emergencies and emergency childbirth. Must be able to use a semi-automatic defibrillator. Must be able to assist patients with self-administration or administer emergency medications as described in state and local protocol.

The AEMT-Intermediate

Must demonstrate competency in all EMT-B skills and equipment usage. Must be able to provide Advanced Life Support using intravenous therapy, defibrillator, and advanced airway adjuncts to control the airway in cases of respiratory and cardiac arrest.

The AEMT-Critical Care

Must demonstrate competency in all EMT-B skills and equipment usage. Must be able to provide Advanced Life support using the AEMT-Intermediate skills and equipment. Must be able to administer appropriate medications.

The EMT-Paramedic

Must be capable of utilizing all EMT-B and AEMT-Intermediate skills and equipment. Must be able to perform under Advanced Cardiac Life Support (ACLS) and Basic Trauma Life Support (BTLS) standards. Must be knowledgeable and competent in the use of a cardiac monitor/defibrillator and intravenous drugs and fluids. The EMT-Paramedic has reached the highest level of pre-hospital care certification.

Description of Tasks

Responds to calls when dispatched. Reads maps, may drive ambulance to emergency site using most expeditious route permitted by weather and road conditions. Observes all traffic ordinances and regulations. Uses appropriate body substance isolation procedures. Assesses the safety of the scene, gains access to the patient, assesses extent of injury/illness. Extricates patient from entrapment. Communicates with dispatcher requesting additional assistance or services as necessary. Determines nature of illness or injury. Visually inspects for medical identification emblems to aid in care (medical bracelet, charm, etc.). Uses prescribed techniques and equipment to provide patient care. Provides additional emergency care following established protocols. Assesses and monitors vital signs and general appearance of the patient for change. Makes determination regarding patient status and priority for emergency care using established criteria. Reassures patient, family members, and bystanders.

Assists with lifting, carrying, and properly loading patient into the ambulance. Avoids mishandling patient and undue haste. Determines appropriate medical facility to which patient will be transported. Transports patient to medical facility providing ongoing medical care as necessary en route. Reports nature of injury or illness to receiving facility. Asks for medical direction from medical control physician and carries out medical control orders as appropriate. Assists in moving patient from ambulance into medical facility. Reports verbally and in writing observations of the patient’s emergency and care provided (including written report(s) and care

provided by Certified First Responders prior to EMT-B/AEMT arrival on scene) to emergency department staff and assists staff as required.

Complies with regulations in handling deceased, notifies authorities and arranges for protection of property and evidence at scene. Replaces supplies, properly disposes of medical waste. Properly cleans contaminated equipment according to established guidelines. Checks all equipment for future readinesss. Maintains ambulance in operable condition. Ensures cleanliness and organization of ambulance, its equipment, and supplies. Determines vehicle readiness by checking operator maintainable fluid, fuel, and air pressure levels. Maintains familiarity with specialized equipment.

Policy Statement 18-01: Certification for Individuals with Criminal Convictions

On May 6, 2015, Title 10 of the New York Codes, Rules, and Regulations Part 800 were amended as they related to certification, recertification, and continuing medical education recertification requirements. These sections reflect New York State's policy of removing barriers to the licensure and employment of persons previously convicted of one or more criminal offences and incorporate Article 23-A of the Corrections Law into the review of an applicants' prior criminal offenses.

The following provisions are contained in Part 800:

…if the applicant has been convicted of one or more criminal offenses, as defined in §800.3(ak), be found eligible after a balancing of the factors set out in Article 23-A of Corrections Law. In accordance with that Article, no application for a license shall be denied by reason of the applicant having been previously convicted of one or more criminal offenses unless (i) there is a direct relationship between one or more of the previous criminal offenses and duties required of this certificate or (ii) certifying the applicant would involve an unreasonable risk to property or the safety or welfare of a specific individual or the general public. In determining these questions, the agency will look at the eight factors listed under New York State Corrections Law Section 753.

…not have been found guilty or in violation, in any jurisdiction, of any other non-criminal offense or statutory and/or regulatory violation, as those terms are defined in Section 800.3 of this Part, relating to patient safety unless the department determines such applicant would not involve an unreasonable risk to property or the safety or welfare of a specific individual or the general public.

Purpose

This policy specifies the process for the review of applicants seeking Emergency Medical Services (EMS) certification with a history of criminal convictions. It also describes the responsibilities of the applicant, the Certified Instructor Coordinator (CIC), and the Department of Health.

Applications for Original EMS Certification or Recertification:

In accordance with the provisions of the State Emergency Medical Services Code, 10 NYCRR Part 800, applicants for EMS certification or recertification must not have been convicted of certain misdemeanors or felonies. The Department will review **all** criminal convictions from any federal, military, state, and/or local jurisdiction to determine if such convictions fall within the scope of those specified in Part 800. If the applicant has been convicted of one or more criminal offenses, the Department will consider the eight factors listed under New York State Corrections Law Section 753 to determine if the applicant represents an unreasonable risk to property or the safety or welfare of the general public.

Certain Family Court or other designated governmental agency findings are also subject to review by the Department. If an applicant is unsure as to the status of any court proceeding, he/she **SHOULD NOT** sign the Application for Emergency Medical Services Certification (DOH-65).

10 NYCRR Part 800 does not prevent an applicant with a criminal conviction from attending and completing all of the training requirements of an EMS certification course. However, it may

prevent the applicant from becoming certified in New York State until the Department has conduction a review and investigation of the circumstances of the conviction(s) and made a determination that the applicant does not represent an unreasonable risk to property or welfare of the general public.

If the Department makes a determination allowing certification, the applicant will be eligible to take the applicable New York State practical and written certification examinations, if otherwise qualified. All applicants must be fully informed of these requirements by the Certified Instructor Coordinator (CIC) at the beginning of the course.

Applicants will not be permitted to take the NYS practical or written certification examination until the background review and investigation is completed and a final written determination is received by the applicant.

The Certification Application

All applicants applying to for NYS EMS certification at any level must complete the Application for Emergency Medical Services Certification (DOH-65). The bottom of the application contains an affirmation that states "Do not sign this if you have any convictions." **Under no circumstances should an applicant sign this application if he or she has a criminal conviction of any type.**

The CIC must identify all unsigned applications and send them with the course memorandum and all other applications to the Department immediately after the second class session. The CIC should include a separate memorandum or examination ticket until cleared in writing by Department. The applicant(s) will be listed on the class list but **will not** be issued an examination ticket until cleared in writing by the Department. It is the responsibility of the applicant to understand this policy, gather the required documentation, and provide it to the Department. An EMS representative from the Department may conduct an interview. This may take the form of a personal meeting or telephone interview. In an effort to permit a timely review and determination, the applicant must provide all the required documentation within 30 days of the initial Department contact. If the applicant does not provide documentation, the investigatory review will be closed and the applicant will not be able to seek EMS certification.

The applicant should not contact the Bureau of EMS (BEMS) directly. Upon the receipt and processing of the unsigned DOH-65 application form, the applicant will be sent a package of information outlining the investigative process, the required information to be supplied, and the contact name and telephone number of the Bureau of EMS Representative reviewing their case.

The Department will only discuss issues related to criminal convictions with the applicant or their legal representative. **There is no requirement or need for the applicant to disclose the circumstances of any conviction(s) with the CIC.**

The Review Process:

All applicants entered in the review process will need to provide the following written documentation concerning all convictions. This information must be sent directly to the Department regional office as detailed in the letter sent to the applicant.

1. A notarized sworn affidavit stating that the applicant has not had any conviction(s) for a crime or crimes other than those currently identified.

2. If the applicant is recertifying and has signed previous certification applications, he/she must provide an explanation as to why these applications were signed.
3. A signed and dated statement describing the reason that they are seeking EMS certification.
4. A signed and dated written narrative of the circumstances leading to and surrounding each conviction.
5. An original or certified copy of the certificate of disposition from the court. A Certificate of Relief from Disabilities does not fulfill this documentation report. If these items are not available, an original letter from the court must be supplied attesting that the documentation does not exist or is no longer available. Please note that the applicant may be responsible for the cost of obtaining these documents.
6. A letter from the applicant's probation/parole officer (if applicable) documenting compliance with their probation/parole. A copy of the final probation/parole report must also be included.
7. If the applicant's conviction resulted in any court ordered therapy, clinical evaluations or counseling, a letter or report from the organization or individual who provided the evaluation, counseling, or therapy is required. The letter or report should indicate if treatment is ongoing or if it has been completed and whether or not it was considered to have been successful. The letter should also indicate that the counselor/therapist believes that the applicant is suitable to perform patient care in a prehospital setting.
8. The applicant is required to submit letters from the administration of each EMS agency with whom they are affiliated. These letters must be on official letterhead and presented to the Department of EMS Representative in a sealed and signed envelope. These letters must describe any involvement in EMS or other health care settings, the length of affiliation with the agency, an awareness of the specific conviction(s), the circumstances and the agency's willingness to monitor the individual during the performance of his/her EMS duties.
9. The applicant should submit other letters of recommendation. These letters must also be presented to the EMS Representative in a sealed and signed envelope. These recommendations must include a description of the relationship with the applicant, have knowledge of the conviction, an understanding of the EMS environment, and can attest to the applicant's good character. The letters may include, but not be limited to:
    a. Current employers;
    b. Health care professionals;
    c. Community leaders (i.e. clergy, law enforcement or educators)
10. Each applicant may have a personal interview with a Department EMS Representative after all the documentation requirements have been met. A telephone interview may be conducted in place of a personal meeting. Upon completion of the investigation and review, the applicant will be notified in writing of the Department's decision.
    While the investigation and review is ongoing, an applicant may attend all classes. However, the applicant will be prevented from taking any NYS certifying examinations, including the challenge practical skills examination at the beginning of the refresher program, the practical examination at the conclusion of the training program, and the final written certification examination, until all course requirements are completed and a favorable determination is made in writing by the Department.
    Applicants possessing a current NYS EMS certification will be afforded a hearing in accordance with the provisions of Section 12-a of the Public Health Law if the Department seeks suspension, revocation, or any other legal action.

Policy Statement 06-02: Required CPR Testing

Required CPR testing for all CFR and EMT/AEMT original and refresher courses.

The new guidelines for cardiopulmonary resuscitation (CPR) were published in the American Heart Association Guidelines 2015 for CPR and ECC. The State EMS Council has voted to adopt these new standards for all NYS EMS Courses and Public Access Defibrillation entities. Any other policy statements or SEMAC Advisories concerning CPR and/or PAD entities are still in effect unless otherwise stated.

At the September 8, 1993 meeting of the State EMS Council, the Council passed a motion to rescind their September 6, 1990 policy (Policy Statement 91-01) which allowed course sponsors to waive CPR testing for students with AHA/ARC CPR certification which is less than one year old at the time of the State final practical skills examination.

Please note: for all courses starting on or after January 1, 1994, the sponsor must conduct, and the student must successfully pas, CPR testing prior to admission to the State final practical skills examination.

In order to be admitted to the State final practical skills examination, all CFR, EMT, and/or Advanced EMT students must pass CPR testing based on the criteria published in the American Heart Association's "Guidelines 2015 for CPR and ECC." Testing must include adult and infant obstructed airway procedures, adult 1 and 2 rescuer CRP, child and infant CPR, and be made part of the student record.

The course sponsor may use CPR educational materials from the American Heart Association, American Red Cross, National Safety Council, or other equivalent educational material which meets AHA Guidelines 2015.

Part 800.6: Initial Certification Requirements

To qualify for initial certification, an applicant shall:

1. File a completed application bearing the applicant's original signature in ink, or an electronic application approved by the department.
2. Be at least 17 years of age prior to the last day or the month in which he/she is scheduled to take the written certification examination for the course in which they are enrolled, except that an applicant for certified first responder must be at least 16 years of age prior to the last day of the month in which he/she is scheduled to take the written certification examination.
3. Satisfactorily complete the requirements of a state-approved course given by a state-approved course sponsor at one of the following levels for which certification is available:
    a. Certified first responder (CFR);
    b. Emergency medical technician (EMT);
    c. Advanced emergency medical technician;
    d. Emergency medical technician-critical care (EMT-CC);
    e. Emergency medical technician-paramedic (EMT-P);
    f. Certified laboratory instructor (CLI); or
    g. Certified instructor coordinator (CIC).
4. Pass the State practical skills examination for the level at which certification is sought within one year of the scheduled written examination date for the course.
5. After passing the practical skills examination, pass the State written certification examination for the level at which certification is sought within one year of the scheduled written examination date for the course, except at the certified instructor coordinator level and certified lab instructor level; and
6. If the applicant has been convicted of one or more criminal offenses, as defined in §800.3(ak), be found eligible after balancing of the factors set out in Article 23-A of Corrections Law. In accordance with that Article, no application for a license shall be denied by reason of the applicant having been previously convicted of one or more criminal offenses unless (i) there is a direct relationship between one or more of the previous criminal offenses and duties required of this certificate or (ii) certifying the applicant would involve an unreasonable risk to property or the safety or welfare of a specific individual or the general public. In determining these questions, the agency will look at the eight factors listed in under New York State Corrections Law Section 753.
7. Not have been found guilty or in violation, in any jurisdiction, of any other non-criminal offense or statutory and/or regulatory violation, as those terms are defined in Section 800.3 of this Part, relating to patient safety unless the department determines such applicant would not involve an unreasonable risk to property or the safety or welfare of a specific individual or the general public.

Part 800.7: Reexaminations – Applicants for Initial Certification

1. Candidates who have failed the practical skills examination must complete a refresher or an original certification course for the level of certification sought prior to being admitted to another practical skills examination at the same level of certification. Such candidates may be admitted once to a practical skills examination at a lower level of certification within one year after the last attempt at the level originally sought.
2. Candidates who have failed the written certification exam after two attempts must complete a refresher or original certification course at the appropriate level prior to being admitted to another written certification examination at the same level of certification. Such candidates may be admitted once to a written certification examination at a lower level of certification, within one year after the last attempt at the level originally sought.

Part 800.8: Recertification Requirements

Applicants for recertification must comply with either section 800.8 or 800.9. To qualify for recertification under this section, an applicant shall:

1. File with the Department a completed Department-approved application form bearing the applicant's original signature in ink or an electronic application approved by the Department.
2. Have previously held New York State Certification at or above the level at which recertification is sought except as provided in section 800.18 of these regulation.
3. Enroll in a recertification course provided by an approved course sponsor (800.20) and complete the requirements for recertification at the level at which recertification is sought.
4. Pass the State practical skills examination for the level at which recertification is sought within one year of the scheduled written examination date for the course.
5. After passing the practical skills examination, pass the State written certification examination for the level at which certification is sought within one year of the scheduled written examination date for the course, except at the certified instructor coordinator level and certified lab instructor level.
6. If the applicant has been convicted of one or more criminal offenses, as defined in §800.3(ak), be found eligible after balancing of the factors set out in Article 23-A of Corrections Law. In accordance with that Article, no application for a license shall be denied by reason of the applicant having been previously convicted of one or more criminal offenses unless (i) there is a direct relationship between one or more of the previous criminal offenses and duties required of this certificate or (ii) certifying the applicant would involve an unreasonable risk to property or the safety or welfare of a specific individual or the general public. In determining these questions, the agency will look at the eight factors listed in under New York State Corrections Law Section 753.
7. Not have been found guilty or in violation, in any jurisdiction, of any other non-criminal offense or statutory and/or regulatory violation, as those terms are defined in Section 800.3 of this Part, relating to patient safety unless the department determines such applicant would not involve an unreasonable risk to property or the safety or welfare of a specific individual or the general public.

APPENDIX E

Student Medical Forms

Confidential Health Certificate
Health History and Medical Record
NYU Langone Health Institute of Emergency Care

Name: _____ Student ID#: _____

Maiden Name: _____ Phone #: _____

Address: _____

Certification Course: _____ Date of Entry: _____

Emergency Contact Name: _____

Phone #: _____ Relationship: _____

Health History

(To Be Completed by Student)

DO YOU HAVE (Please Check):

	Yes	No		Yes	No
Alcohol/Drug Dependency			G.I. Problems		
Allergic Reaction			Joint Disease		
Asthma			Kidney Disease		
Diabetes			Rheumatic Fever		
Difficulty with Coordination			Seizure Disorder		
Emotional Disorder			Severe Hearing Loss		
Heart Disease			Vision that cannot be corrected with glasses		
Back Problems			Tuberculosis		
Surgery within Last Year			Any other health problem not listed here.		
Hospitalization within past 5 years					
Other:					

Do you take any medications on a regular basis? Yes No

Please explain all **YES** answers. _____

_____

N95 Fit Test: Model: _____ Size: _____

Fit Test Examiner (Print): _____

Signature: _____

Confidential Health Certificate
Health History and Medical Record
NYU Langone Health Institute of Emergency Care

To Be Completed by the Health Care Provider

Required Two-Step Mantoux PPD: (second test 1-3 weeks after 1st PPD or 1st PPD within the year & 2nd PPD must be current)

Date Given: _____ Date Read: _____ Result: _____ Signature: _____

Date Given: _____ Date Read: _____ Result: _____ Signature: _____

OR

QuantiFERON ®-TB Gold: Date: _____ Results: _____ Signature: _____

For a positive PPD: A Chest X-ray is required (submit copy of radiological report).

Date: _____ Result: _____

*An annual symptom screen must be completed every year.

*Repeat Chest X-rays are only necessary if the symptom screen is positive.

Positive PPD Symptom Screen

Does the patient have:

	Yes	No		Yes	No
Feelings of sickness			Night Sweats		
Weakness			Coughing		
Weight Loss			Chest Pain		
Fever			Coughing up blood		

Required IGG Titers (attach a copy of lab reports)*

Measles (IGG): _____ Mumps (IGG): _____ Rubella (IGG): _____ Varicella (IGG): _____
Date Date Date Date

*All negative or equivocal IGG titer results require immunization and a repeat titer. If the titer is not positive, you **MUST** receive the corresponding immunization(s) and a repeat titer 2-3 months after re-immunization.

Required Hepatitis B (satisfy either 1 or 2 below):

1. Titer (Hepatitis B surface Ab) results showing immunity (attach copy of lab report)
   Date of Titer: _____ Result: _____
   If negative, Hepatitis B vaccination is required until proof of immunity can be confirmed.
2. Signed waiver to accompany this form.

Confidential Health Certificate
Health History and Medical Record
NYU Langone Health Institute of Emergency Care

Required Tdap (Tetanus/Diphtheria/Pertussis) Immunization within 10 Years:

Name of Immunization: _____ Date: _____

Required Influenza Vaccine: Lot #: _____ Expiration Date: _____

Required COVID-19 Vaccine: Copy of verification of COVID-19 and, if required, boosters.

Physical Examination

Must be done annually – ALL AREAS MUST BE COMPLETED

Height: _____ Weight: _____ Skin: _____

Ears: R: _____ L: _____ Lymph Nodes: _____

Vision (with glasses): R: _____ L: _____ Nose: _____

Teeth: _____ Throat: _____

Thyroid: _____ Lungs: _____

Blood Pressure: _____ Heart: _____

Abdomen: _____ Hernia: _____

Neurological Exam: _____

Extremities: _____

Previous Psychiatric Treatment: _____

Health Care Provider's Statement:

□I performed the above medical examination and found, to the best of my knowledge, they are to be free from physical or mental impairment including habituation or addition to depressants, stimulants, narcotics, alcohol, or other behavior-altering substances which might interfere with the performance of their duties or would impose potential risk to patients or personnel.

□ The following active problems were identified, which might interfere with the performance of his/her duties: _____

_____
Healthcare Provider's Signature

_____ _____
Date Phone Number Physician/Office/Agency Stamp

Form will not be accepted without Physician's Stamp.

APPENDIX F

Student Clinical Rotation Forms

Confidential Health Certificate
Health History and Medical Record
NYU Langone Health Institute of Emergency Care

Name: _____ Date: _____

Rotation Site/Ambulance: _____ Course CIC: _____

Student Arrival Time: _____ Student Departure Time: _____

Rating Key: 1: Needs Improvement – Student **did not** meet the minimum standard of performance.
2: Satisfactory – Student met the minimum standard, but required guidance or assistance.
3: Very Good – Student performed the minimum standard without guidance or assistance.
4: Excellent – Student shows mastery level and was able to function independently.

Please use the back of this form for any additional comments.			
Skills Performed	**# of times**	**Overall Rating (Circle)**	**Preceptor Comments/Recommendations for Student Improvement**
		1 2 3 4	
		1 2 3 4	
		1 2 3 4	
		1 2 3 4	
		1 2 3 4	
		1 2 3 4	
		1 2 3 4	
		1 2 3 4	
		1 2 3 4	
		1 2 3 4	
		1 2 3 4	

Confidential Health Certificate
Health History and Medical Record
NYU Langone Health Institute of Emergency Care

Operational Objectives Evaluation
Ambulance Rotations Only

Pre-Call Activities	**Yes**	**No**
Arrived on time with all necessary equipment.		
Describe procedures of how calls are received by the ambulance service.		
Describe procedures for responding to a call.		
Explain and demonstrated appropriate procedures for checking and restocking ambulance.		
Discuss infection control procedures.		
During Call Activities		
Describe appropriate communication procedures for ambulance to dispatch before and during a call.		
Observe/participate in the assessment/management of the patient ad directed by the preceptor or protocols.		
Demonstrate how to don/doff personal protective equipment and supplies for BSI.		
Discuss potential hazards to the EMT and bystanders at the scene and how they are controlled.		
Explain or demonstrate the proper procedures for vehicle/equipment decontamination.		
Demonstrate the procedures for making up the stretcher with appropriate linens and where supplies are.		
General Observation Activities.		
Demonstrate proper procedures for loading and unloading the stretcher.		
Demonstrate how to use patient carrying devices (i.e. stair chair, backboard, etc.)		
Describe how the ambulance service interfaces with police and fire personnel, as well as other EMS agencies.		
Explain the procedures for Incident Command and MCI management.		

Confidential Health Certificate
Health History and Medical Record
NYU Langone Health Institute of Emergency Care

NYU Langone Health Institute of Emergency Care Clinical Evaluation Form

Preceptor: Please mark YES only if skill was done correctly.

Patient #	Age	Sex	Vitals Taken?	HPI Taken?	PMH Taken?	Primary Impression of Patient: Student	Primary Impression of Patient: Preceptor
1			Y / N	Y / N	Y / N		
2			Y / N	Y / N	Y / N		
3			Y / N	Y / N	Y / N		
4			Y / N	Y / N	Y / N		
5			Y / N	Y / N	Y / N		
6			Y / N	Y / N	Y / N		
7			Y / N	Y / N	Y / N		
8			Y / N	Y / N	Y / N		
9			Y / N	Y / N	Y / N		
10			Y / N	Y / N	Y / N		

Evaluator (Print): _____ **Signature:** _____ **Date:** _____

Student (Print): _____ **Signature:** _____ **Date:** _____