



EMT 104 – Basic Emergency Medical Technician

ADVISEMENT PACKET SPRING 2010

SPRING 2010 CLASS SCHEDULE

<u>CLASS #</u>	<u>DAYS</u>	<u>TIMES</u>	<u>INSTRUCTOR</u>	<u>START/END</u>
53795	M/W	5:00P – 8:30P	B. Curley	1/20-5/14/10
50730	T/R	5:30P – 9:00P	S. Nygaard	1/19-5/14/10
50762	W/F	8:30A – 12:40P	D. Sargent	1/27-5/14/10
50732	SAT	8:30A – 3:30P	J. Collier	1/16-5/14/10

REQUIREMENTS FOR EMT104 CLASS

A. REQUIRED to obtain a registration signature from Department:

(Contact Laura Van Meter to set up an appointment to obtain your registration signature:
480-423-6225, or laura.vanmeter@sccmail.maricopa.edu)

1. Current Healthcare Provider or equivalent CPR card.

- CPR for Healthcare Provider
- CPR Pro w/AED
- CPR for Professional Rescuer

2. Minimum score on a basic reading comprehension exam:

- ASSET = 41 or COMPASS = 82
- Exams may be taken in the SCC Testing Center – 480-423-6433

3. Fingerprint clearance card meeting regulation #ASRA#41-1758

- Copy of front AND back of current fingerprint clearance card.

--- OR ---

- Completed DPS Fingerprint Application and certified check or money order payable to DPS
- DPS Fingerprint Application packets available:
 - * SB132 Information Wall in the Social/Behavioral Building
 - * SCC General Advisement Center

4. Proof of two (2) MMR injections --- OR --- positive titers for Rubeola, Rubella and Mumps.

5. Proof of two (2) Varicella injections – OR – positive titer for Varicella.

6. Proof of 2-Step TB Skin Tests (#1 and #2) --- OR --- Chest x-ray done within last 2 years.

- Skin Test #1 must be read within 48-72 hours of injection.
- Skin Test #2 must be given 1-3 weeks after Test #1 and must be read within 48-72 hours of injection.
- See page 5 for more detailed info.

B. Substance Abuse Screening (to be done at department 's direction)

- Students will be given a Drug Screening Authorization form prior to the start of class.
- Student's final drug screening report must come back "negative."
- Positive drug screen will result in being dropped/withdrawn from class.

FAILURE TO MEET ALL REQUIREMENTS WILL RESULT IN WITHDRAWAL FROM EMT104 CLASS.



ADDITIONAL COURSE INFORMATION

I. COSTS OF COURSE: -- ALL costs are as of 9/2009 and are subject to change.

A. Payable at registration:

- 1. Tuition – 8 cr. Hours @ \$71/cr. Hr. \$ 568.00 (subject to change)
- 2. SCC Registration Fee 15.00
- 3. EMT104 Course Supplies Fee 25.00

B. Payable before end of class:

- 1. Natl. Registry Testing Fee \$ 50.00 (subject to Governing Board approval)

C. Other:

- 1. Fingerprint Clearance Card Application Fee \$65.00
- 2. Fingerprint "inking" \$10.00
- 2. Substance Abuse Screening Fee \$44.00

D. Student Immunization Resources:

- 1. List of Immunization Clinics on page 3.
- 2. Approximate prices from several clinics as of 9/2009 – see below.
 (SUBJECT TO CHANGE!)

Student Immunization Clinics and approximate prices as of 9/2009

Agency	MMR Titer	MMR Vac. (2 per lifetime)	Varicella Titer	Varicella Vac. (2 injections)	TB 2-step (2 injections)	HepB (optional) (3 shots)
EVVAX (East Valley Vaccin/Exam. Center	NA	\$67 ea.	\$60	\$98 ea.	\$20 ea.	\$60 ea.
Baywood Occup. Health Desert Sam Occup. Health Good Sam Occup. Health Thundrbrd. Occup. Health Estrella Occup. Health	\$75	\$75 ea.	\$50	\$115 ea.	\$25 ea.	\$88 ea.
Maricopa Co. Dept. of Public Health (\$30 per visit)	NA	\$85 ea.	NA	\$114 ea.	\$36 ea.	\$92 ea.
Community Health Services – Sctsd. (\$50 admin. Fee)	\$125	\$50 ea.	\$35	\$110 ea.	\$20 ea.	\$45 ea.



Immunization Clinic Locations & General Information

The following tables list various local agencies that offer immunization services. You may also contact your own personal physician to obtain these services.

<p align="center">Adult Community Clinic Maricopa Co. Dept. of Public Health. Svcs. 1825 E. Roosevelt or 1645 E. Roosevelt Phoenix, AZ 85006 (602) 506-6068</p>	<ul style="list-style-type: none"> •Open Every Wednesday, 2 pm - 4 pm •This is not a foreign Travel Immun. Clinic. •No Appt. is needed. •Ages 18 and over. •Cash, Credit and Debit cards are accepted. •No checks please.
<p align="center">Baywood Occupational Health Clinic 6553 E. Baywood Ave., Ste 104 Mesa, AZ 85206 (602) 747-3511</p>	<ul style="list-style-type: none"> •Open M-F, 7 am to 6 pm •Appointments are required, walk-ins are taken first come first served. •Bring your immunization rec. w/you. •Fees are due at time of service. •Insurance is not accepted.
<p align="center">Community Health Services 8117 E. Roosevelt (SE corner of Hayden and Roosevelt) Scottsdale, AZ 85267 (480) 941-9283</p>	<ul style="list-style-type: none"> •Open M-F, 8 am to 5 pm. •Office closed daily from Noon until 1:00 pm. •Clinic is run by Nurse Practitioner at ASU
<p align="center">Desert Sam. Occupational Health Clinic 2225 W. Southern Ave. Mesa, AZ 85202 (602) 747-3511</p>	<ul style="list-style-type: none"> •Open M-F, 7 am to 6 pm •Appointments are required, walk-ins are taken first come first served. •Bring your immunization rec. w/you. •Fees are due at time of service. •Insurance is not accepted.
<p align="center">Estrella Occupational Health Center 9305 W. Thomas Rd. Suite 235 Phoenix, AZ 85037 (602) 747-3511</p>	<ul style="list-style-type: none"> •Open M-F, 7 am to 6 pm •Appointments are required, walk-ins are taken first come first served. •Bring your immunization rec. w/you. •Fees are due at time of service. •Insurance is not accepted.
<p align="center">E.V.V.A.X. East Valley Vaccination and Examination Center, LLC 110 S. Mesa Drive Suite 2 Mesa, AZ 85210 (480) 833-0554 www.evvax.com</p>	<ul style="list-style-type: none"> •Open M-F, 10AM to 6PM; (other hours available by arrangement) •We also do foreign travel immunizations •Appointments appreciated, walk-ins welcome •Insurance is not accepted •Fees due at time of service •Cash, MC, VISA; no checks •Call for prices
<p align="center">Good Samaritan Occupational Health Clinic 1300 N. 12th St., Suite 407 Phoenix, AZ 85006 (602) 747-3511</p>	<ul style="list-style-type: none"> •Open 24 hrs, 7 days a week •Appointments are required, walk-ins are taken first come first served. •Bring your immunization rec. w/you. •Fees are due at time of service. •Insurance is not accepted.
<p align="center">Maricopa Co. Dept of Public Health 1825 E. Roosevelt or 1645 E. Roosevelt Phoenix, AZ 85006 Or 67th Ave and Peoria (602) 506-6068 Voice Mail Only</p>	<ul style="list-style-type: none"> •Adult Immun. Walk-In Clinic •Open every Wednesday, 1 pm - 4 pm •There is a \$30.00 Admin. Fee per person, per visit. •Payment by Cash or MC/Visa Only. •X-rays are done: M, T, Th, F: 8am - 11am & 1pm to 4pm. Wednesdays: 9am - 11am & 1pm to 4pm. •Closed weekends and holidays.
<p align="center">Thunderbird Occupational Health Clinic 5601 W. Eugie Ave., Ste 213 Glendale, AZ 853004 (602) 747-3511</p>	<ul style="list-style-type: none"> •Open M-F, 7 am to 6 pm •Appointments are required, walk-ins are taken first come first served. •Bring you immunization rec. w/you. •Fees are due at time of service. •Insurance not accepted.



II. PAYMENT PLAN/PURGE:

- A. SCC has an online payment plan. Check out the info on www.my.maricopa.edu
- B. Check your “my.maricopa” account for payment amount and due date.
If payment is not received by due date, you will be purged and there is no guarantee we can get you back into the class.

III. COURSE ATTENDANCE:

- A. Attendance at first class is REQUIRED. You may be dropped for not showing up at first class.
- B. Attendance at all EMT104 classes is necessary to ensure your success in the class. The instructor will hand out a class syllabus and activity schedule the first day of class; please make sure you can attend all classes.

IV. NREMT Skills Practicum:

At the end of the semester, you will be taking the NREMT Skills Practicum exam for National Registry. There is a testing fee that you will need to pay before the NREMT Skills Practicum. Your instructor will give you payment date info and test info later in the semester.

V. OTHER:

- A. No uniform required for this class.
- B. Stethoscope, pen light and stop watch w/2nd hand are required. Do not purchase before first class meeting.

QUESTIONS???

Call Laura Van Meter (480-423-6225) or send me an e-mail at:
Laura.vanmeter@sccmail.maricopa.edu



EMT HEALTH REQUIREMENTS DOCUMENTATION CHECKLIST

Applicant: _____ Student ID _____ Date: _____

A. MMR (Measles/Rubeola, Mumps, Rubella):

Requires documented proof of two MMRs in lifetime or a positive titer for each of these diseases.

Options (choose 1 or 2):

- 1. 1st MMR Injection date _____ and 2nd MMR Injection date _____
2. Titer results/date of: a)Measles/Rubeola _____ b)Mumps _____ c)Rubella _____

I have attached documented proof as specified above.

B. Varicella (Chickenpox): Requires documented proof of two (2) vaccinations or positive IgG titer.

Options (choose 1 or 2):

- 1. 1st Varicella Injection date _____ and 2nd Varicella Injection date _____
2. Titer results/date of IgG titer _____

I have attached documented proof as specified above.

C. Tuberculosis:

Documentation of an initial Two-Step (2 parts ea.) TB skin test (PPD) and annual update if initial 2-step is not within the last year..
If the skin test is positive, provide documentation of chest X-ray within the last 2 years

All skin testing must have been completed within the last year.

Options (choose 1, 2 or 3):

- 1. Two-Step TB Skin Test (PPD) (TWO injections& readings done 1-3 weeks apart)
#1 TB Skin Test #1: Injection Date _____ Date of Reading _____ Results: Negative OR Positive
#2 TB Skin Test #2: Injection date _____ Date of Reading _____ Results: Negative OR Positive

Annual 2-Step Update: (required if initial 2-step is not within last year.)

Update (if required: Injection Date:_____ Date of Reading _____ Results: Negative –OR–Positive

OR

- 2. Chest X-ray: Date _____ Results _____ Date of Symptom Sheet _____

I have attached documented proof as specified above.

D. Hepatitis B:

Documented evidence of completed series or positive antibody titer. If beginning series, first injection must be prior to admission, the second in one month and third in 5 months – OR – signed HBV Declination Form:

Options (choose 1, 2, or 3):

- 1. Signed/dated HBV Vaccination Declination Form: Date of Injection _____
2. Injection#1 _____ Injection #2: _____ Injection #3 _____
3. Hep B Titer Date _____

I have attached documented proof as specified above.

E. Flu Shot: -- OR -- signed declination.

Options (choose 1 or 2):

- 1. Signed/dated Flu Declination Statement _____
2. Date of Flu Shot _____

I have attached documented proof as specified above.



**INSTRUCTIONS FOR COMPLETING
HEALTH REQUIREMENTS DOCUMENTATION CHECKLIST**

IMPORTANT: All students registered in the EMT104 class must provide documentation of compliance of the vaccinations and TB testing required to protect patient safety. The EMT Department will accept only photocopies of all documentation of health related materials. Students are responsible for maintaining their records and must submit documentation when due. All immunization records must include your name and signature of the healthcare provider.

REQUIREMENTS

A. MMR (measles/rubeola, mumps, rubella)

Options to meet this requirement:

- a. Attach a copy of proof of two previous MMR vaccinations to the health declaration form.

OR

- b. If you had all three illnesses OR you have received the vaccinations but have no documented proof, you must have a titer drawn for each illness.

1. If the titer results are POSITIVE, attach a copy of the results to the health declaration form.
2. If the titer results are NEGATIVE, you must get your first MMR vaccination and attach documentation to the health declaration form. The second MMR must be completed within one month and proof submitted to the nursing department.

B. Varicella (chickenpox)

Options to meet this requirement:

- a. Attach a copy of proof of a positive IgG titer for varicella.

OR

- b. If the titer is NEGATIVE, attach a copy of proof to the health declaration form that you received the first vaccination. Complete the second vaccination in 4 to 8 weeks and submit proof to the nursing department.

C. Tuberculosis (TB)

- a. Attach a copy of proof of an initial two-step TB skin test (PPD). Submit the initial result and the 2nd result of test given 1 to 3 weeks later. If you have the initial 2-step test, include the annual update within the last year. Records for skin testing for TB require name and signature of the healthcare provider.

Source: *Core Curriculum on Tuberculosis What the Clinician Should Know*, Dept of Health and Human Services, Center for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Division of Tuberculosis Elimination, Atlanta, Georgia, 4th Ed. 2000.

OR

- b. If positive skin test, provide documentation of chest X-ray within the last 2 years and annual documentation of a TB disease free status by completing the Tuberculosis Screening Questionnaire.

D. Hepatitis B

If you have not received the injections in the past, do not test for titer. You must obtain the first injection and attach a copy of proof of the injection to the health declaration form. You must receive the 2nd injection in one month and the 3rd five months after the second. Submit documentation to the nursing department.

- a. Attach a copy of proof of completion of three Hepatitis B injections to the health declaration form.

OR

- b. If received entire series, attach a copy of proof of a positive HbsAB antibody titer to the health declaration form.

OR

- c. Signed Hepatitis B Virus (HBV) Vaccination Declination Form

E. Flu Shot or signed Declination:

- a. Attach a copy of the document showing date you received the Flu Shot.

OR

- b. Attach your Flu Shot Declination Statement.



EMT 104 DECLINATION FORMS

**HEPATITIS B VIRUS (HBV) VACCINATION
DECLINATION FORM**

STUDENT NAME (print): _____ **Date:** _____

I understand that because of my potential exposure to infectious materials during the clinical portion of my EMT class, I may be at risk of acquiring the Hepatitis B virus (HBV) infection.

The EMT program includes the Hepatitis B vaccination series as part of the health requirements. However, I decline the Hepatitis B Vaccination at this time. I understand that by declining this vaccine, I continue to be a risk of acquiring Hepatitis B, a serious and potentially life-threatening disease.

By signing this form, I agree to assume the risk of potential exposure to Hepatitis B virus and hold the EMT program as well as all health care facilities I attend as part of my clinical experiences harmless from liability in the event I contract the Hepatitis B virus.

Student Signature

Date

**ANNUAL INFLUENZA VACCINE DECLINATION
(Mandatory)**

I understand that influenza ("flu") vaccination is recommended by the Advisory Committee on Immunization Practices/CDC for all health care workers and students for the prevention of influenza. I also understand that the influenza vaccination is a requirement for the Centers for Medicare and Medicaid Services Accreditation Committee. The purpose of the influenza immunization is to prevent transmission of these diseases to patients, family, friends, and to the general public.

However, I decline the influenza vaccination at this time.

THE REASON FOR DECLINATION IS REQUIRED BY REGULATORY AND ACCREDITATION AGENCIES:
Reason for declination of influenza vaccination (Please check all that apply):
1. _____ **Medical** 2. _____ **Personal** 3. _____ **Other**

Once completed, please give this form to the EMT Program Office to be housed with your health and safety records (such as immunizations).

Student Name (PRINTED) Scottsdale Community College
School Name

Student Signature _____
Today's Date