

**A RESOLUTION AUTHORIZING THE EXECUTION OF THE NORTHWEST  
COMMUNITY HEALTHCARE PROVIDER PARAMEDIC FIELD TRAINING  
SERVICES AGREEMENT**

**WHEREAS**, the Northwest Community Hospital (“NCH” offers paramedic training to students of Harper College; and

**WHEREAS**, as part of the students’ training, NCH has requested the City to permit students to accompany the City’s paramedics in ambulances.

**NOW, THEREFORE, BE IT RESOLVED** by the City Council of the City of Rolling Meadows, Cook County, Illinois, that the Mayor and Deputy City Clerk are hereby authorized and directed to execute and deliver, on behalf of the City, the Northwest Community Healthcare Paramedic Program Field Training Services Agreement, a copy of which is attached hereto as Exhibit “A”.

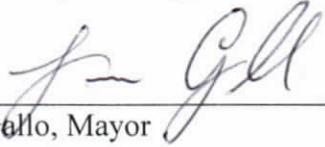
YEAS: D' Astice, Sanoica, Budmats, O' Brien, Bisesi

NAYS: 0

Abstain: Vinezeano

ABSENT: Cannon

Passed and approved this 28<sup>th</sup> day January, 2020.

  
\_\_\_\_\_  
Joe Gallo, Mayor

ATTEST:

  
\_\_\_\_\_  
Judith Brose, Deputy City Clerk

**NORTHWEST COMMUNITY HEALTHCARE  
PARAMEDIC PROGRAM  
FIELD TRAINING SERVICES AGREEMENT**

**THIS NORTHWEST COMMUNITY HEALTHCARE PARAMEDIC PROGRAM FIELD TRAINING SERVICES AGREEMENT** (the "Agreement") is made as of this \_\_\_\_\_ day of \_\_\_\_\_ 2020 and effective as of March 1, 2020 (the "Effective Date") by and between the **CITY OF ROLLING MEADOWS** ("City") and **NORTHWEST COMMUNITY HOSPITAL ("NCH")**, an Illinois not-for-profit corporation that operates a hospital at 800 West Central Road, Arlington Heights, Illinois ("Hospital").

**WHEREAS**, NCH, as part of its mission to promote the health of the community, arranges for the provision of a variety of services including operation of the Northwest Community EMS System (the "System");

**WHEREAS**, NCH, through the System and together with William Rainey Harper College ("Harper College"), offers a program of paramedic education and training services (the "Training Program") to Harper College paramedic students (the "Students");

**WHEREAS**, under Illinois law, 210 ILCS 50/3.55, the Students must fulfill clinical training and in-field supervised experience requirements mandated for licensing and approval by the System and the Illinois Department of Health;

**WHEREAS**, a critical component of the NCH Training Program requires Students to participate in a field internship in which Students receive training on certain EMS operations and functions at various participating fire departments and ambulance services in cities, townships and villages within the System ("Field Internship"), as more fully described in Exhibit A.

**WHEREAS**, NCH and City wish to work together to provide the Field Internship opportunity to Students.

**NOW, THEREFORE**, in consideration of the mutual promises, covenants and agreements hereinafter described, NCH and City agree as follows:

**I. RESPONSIBILITIES OF NCH**

- 1.1** NCH will provide its paramedic training and education services (the "Training Services") to the Students in a manner that meets or exceeds the National EMS Standards. NCH represents that the Training Services provided through NCH's Training Program meets all requirements of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) and is approved by the Illinois Department of Public Health.
- 1.2** NCH shall only permit Students to participate in the Field Internship who meet Field Internship program criteria and have completed the requisite course work described in Exhibit A and the Ride-Along MOU agreement attached as Exhibit B, *Paramedic Student/Provider Agency Memo of Understanding*.
- 1.3** The parties acknowledge that a stipend of \$1,500 (One thousand five hundred dollars) ("Stipend") shall be assessed to the Student and collected by Harper College to compensate the City for providing preceptor oversight during the Field Internship. Upon request of City, NCH will distribute the Stipend to City by: (1) issuing a check directly to the preceptor identified more fully in Section 2.1 of this Agreement; (2) issuing a check to City; or (3) holding the funds in escrow for City to offset future EMS System billing (for example, In-station costs, Image Trend fees).
- 1.4** NCH shall designate an employee of NCH as the Program Director of the Training Program.

## **II. RESPONSIBILITIES OF CITY**

**2.1** City shall permit Students, the number of which shall be mutually agreed upon between NCH and City, the opportunity to participate in the Field Internship provided by NCH working together with the City's Fire Department. Specifically, Students will be permitted to observe and participate in certain EMS operations and functions under the supervision of a preceptor, as described more fully in and in accordance with *Northwest Community EMS Preceptor Agreement* attached as Exhibit C. Under the supervision of a preceptor, Students will be permitted to ride in a City ambulance and practice EMS skills required in the Scope of Practice for a paramedic, in accordance with the *Field Internship Services* listed in Exhibit A. City agrees to provide a minimum of three hundred and eight (308) hours and/or 3.5 months of Field Internship supervision during the time of each Student's Field Internship.

**2.2** In the event City elects for any one or more of its City employees to participate as Students in the Training Program, City agrees that all such employees shall meet the Student criteria for participation in the Training Program and comply with all applicable policies and procedures, attached as Group Exhibit D.

**2.3** City shall designate an employee of City as its Provider EMS Coordinator for the Training Program and as such, to represent City to the NCH in the day-to-day activities and contacts regarding the Training Program, the Training Services and the Field Internships.

## **III. TERM AND TERMINATION**

**3.1.** The term of this Agreement shall begin on March 1, 2020 stated hereinabove and shall expire one (1) calendar year thereafter. Notwithstanding the foregoing or any other provision of this Agreement to the contrary, either party may terminate this Agreement for any reason, with or without cause, by giving thirty (30) days' written notice to the other party.

**3.2.** Either party may terminate this Agreement for breach after giving the breaching party thirty (30) days' prior written notice of the termination, describing in reasonable detail the nature of the breach, and affording the breaching party thirty (30) days within which to cure that breach. For purposes thereof, notice shall be deemed given as provided in Section V of this Agreement. No notice of termination shall be given by facsimile or electronic transmission.

## **IV. CONFIDENTIALITY**

Both parties, their elected officials, officers, employees, subcontractors, representatives and/or agents, including the Students, shall treat and maintain as confidential information, any information regarding the other party's programs, processes, costs, equipment, operations or customers which may be disclosed to or come within the knowledge of the parties, their elected officials, officers, employees, subcontractors, representatives and/or agents, including the Students, in the performance of this Agreement, and shall not use or disclose its confidential information to the other party except as is necessary to perform the Training Program, the Training Services and Field Internships. For purposes of this Section IV, the Students are the agents of NCH.

The provisions of this Section IV shall not apply to any information referred to in this Section which either party establishes (1) has been published and has become part of the public domain other than by acts or omissions of the other party, its employees, representatives or agents; (2) has been furnished or made known to the other party by third parties as matter of legal right and without restriction on disclosure or use; (3) was in the other party's possession prior to disclosure by such parties and was not acquired by the other party, its employees and agents directly or indirectly from the other party; or (4) is required to be disclosed under the Freedom of Information Act (5 ILCS 140/1 *et seq.*) or other law, rule or order mandating disclosure.

Except as otherwise permitted by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the rules promulgated thereunder, neither party nor any of its employees,

representatives, or agents, including the Students, may use or disclose any individually identifiable health information ("PHI") acquired in the performance of this Agreement, including the Training Program, the Training Services and the Field Internships. "Individually identifiable health information" means "information, including demographic data that relates to an individual's past, present or future physical or mental health condition, the provision of health care to the individual, where that information identifies the individual being treated or for which there is a reasonable basis to believe it can be used to identify the individual," for example, name, address, date of birth and social security number. <http://www.hhs.gov/ocr/privacy/index.html>

**V. NOTICES**

Except as otherwise specifically provided in this Agreement, any notice required or permitted to be given under this Agreement shall be in writing and (1) delivered in person, which delivery the recipient agrees to acknowledge in writing; (2) deposited with the United States Postal Service, having first-class, registered or certified mail return receipt requested postage fee prepaid; or (3) sent via a nationally recognized overnight courier service. Such notice must be addressed as follows, or to such other address or individual as either party may specify from time to time by written notice given by such party.

If to **City**, it shall be addressed to:

**City of Rolling Meadows**

Attention: Chief Terry Valentino  
Address: 2455 Plum Grove Rd, Rolling Meadows IL 60008  
Phone: 847.870.2990  
Email: [valentinot@cityrm.org](mailto:valentinot@cityrm.org)

If to **NCH**, it shall be addressed to:

**Northwest Community Healthcare**

Attn: Connie J. Mattera, MS, RN, LP  
EMS Administrative Director and Paramedic Program Director  
901 W. Kirchoff  
Arlington Heights, IL 60005  
Phone: 847-618-4485  
Fax: 847-618-4489  
[cmattera@nch.org](mailto:cmattera@nch.org)

**VI. ASSIGNMENT/NO THIRD PARTY BENEFICIARIES**

Neither party may assign, subcontract, delegate or otherwise transfer this Agreement or any obligations or responsibilities hereunder without the other party's prior written consent. The parties agree that such consent shall not be unreasonably withheld. This Agreement is not intended to confer upon any person other than the parties to this Agreement any rights or remedies hereunder.

**VII. ENTIRE AGREEMENT**

This Agreement and each of its Exhibits incorporated as though fully set forth herein sets forth the entire agreement between City and NCH with respect to the subject matter hereof. All prior negotiations and dealings regarding this Agreement and the subject matter hereof, whether oral or written, shall be deemed superseded by and merged into this Agreement.

## VIII. INSURANCE REQUIREMENTS

The NCH shall procure and maintain for the duration of the Agreement insurance against claims for injuries to persons or damages to property that may arise from or in connection with the performance of the Training Program, the Training Services and/or the Field Internships by the NCH, its agents, representatives, employees or subcontractors, including students and preceptors.

**8.1. Minimum Scope of Insurance.** Coverage shall be at least as broad as:

- (1) Healthcare Professional Liability
- (2) General Liability

**8.2 Minimum Limits of Insurance.** The NCH shall maintain limits no less than:

- (1) Healthcare Professional Liability and General Liability: Per occurrence: \$3,000,000 (PL) Per occurrence: \$1,000,000 (GL); Aggregate: Not Applicable (PL) Aggregate: \$3,000,000 (GL)
- (2) Excess Healthcare Professional Liability and General Liability: Per occurrence: \$2,000,000; Aggregate: \$2,000,000
- (3) Buffer Healthcare Professional Liability: \$1,000,000 per occurrence and in the aggregate \$2,000,000.

**8.3 Deductibles and Self-Insured Retentions.** NCH's obligation hereunder may be satisfied through a self-insurance trust maintained by NCH or its affiliates.

**8.4 Other Insurance Provisions.** The policies are to contain, or be endorsed to contain, the following provisions:

- (1) Commercial General Liability Coverages:
  - a. City, its officials, employees and volunteers are to be covered as named insureds with respect to liability arising out of preceptor services, the Training Program, the Training Services or the Field Internships performed by or on behalf of the NCH, including its Students and preceptors, as well as equipment procured, owned, leased, hired or borrowed by the NCH in the Training Program. The coverage shall contain no special limits on the scope of the protection afforded to City, its elected officials, officers, employees, subcontractors, representatives and/or agents.
  - b. The NCH's insurance coverage shall be primary insurance as respects City, its elected officials, officers, employees, subcontractors, representatives and/or agents. Any insurance or self-insurance maintained by City, its elected officials, officers, employees, subcontractors, representatives and/or agents shall be in excess of the NCH's insurance and shall not contribute with it.
  - c. Any failure to comply with reporting provisions of the policies shall not affect coverage provided to City, its elected officials, officers, employees, subcontractors, representatives and/or agents.
  - d. Coverage shall expressly state that the NCH's insurance shall apply separately to each insured against whom claim is made or suit is brought, except with respect to the limits of the insurer's liability.

(2) Workers' Compensation and Employers' Liability Coverage:

The NCH insurer shall agree to waive all rights of subrogation against City, its elected officials, officers, employees, subcontractors and/or agents for losses arising from the Training Program, the Training Services or Field Internships performed by the NCH for City.

(3) All Coverages

Each insurance policy required by this clause shall be endorsed to state that the coverage shall not be suspended, voided, canceled, reduced in coverage or in limits except after thirty (30) days' prior written notice by certified mail, return receipt requested, has been given to City.

(4) Certificate of Insurance

NCH shall furnish City with Certificates of Insurance naming all members of the Northwest Community EMS System, their officials, agents, employees and volunteers as additional insureds, and with original endorsements affecting coverage required by this clause. The certificates and endorsements for each insurance policy, including the Certificates of Insurance evidencing coverage in favor of each Student, are to be signed by a person authorized by that insurer to bind coverage on its behalf. **THE CERTIFICATES AND ENDORSEMENTS, INCLUDING THOSE EVIDENCING THE STUDENTS' INSURANCE COVERAGE, MUST BE RECEIVED AND APPROVED BY CITY BEFORE ANY STUDENT BEGINS ANY TRAINING SERVICES OR FIELD INTERNSHIP.** These Certificates and endorsements may be on forms provided by the City. City reserves the right to request full, certified copies of the insurance policies.

In the event of the expiration of the policy period for any one or more of the NCH insurance policies on which the City, its officials, agents, employees and volunteers has been named pursuant to this Agreement, NCH shall promptly furnish City with current Certificates of Insurance evidencing the continued coverage of the City, its officials, agents, employees and volunteers as required by this Agreement.

## IX. REPRESENTATIONS AND WARRANTIES

**9.1** NCH represents and warrants that NCH, and its officers and directors are:

**9.1.1** Not delinquent in the payment of taxes to the Illinois Department of Revenue in accordance with 65 ILCS 5/11-42.1-1;

**9.1.2** Not barred from contracting as a result of a violation of either Section 33E-3 (bid-rigging) or 33E-4 (bid-totaling) of the Criminal Code of 1961 (720 ILCS 5/33E-3 and 5/33E-4); and

**9.1.3** Not in default, as defined in 5 ILCS 385/2, on an educational loan, as defined in 5 ILCS 385/1.

## X. EQUAL EMPLOYMENT OPPORTUNITY

During the performance of this Agreement, the NCH shall:

**10.1** Not discriminate against any student or preceptor because of race, color, religion, sex, sexual orientation, marital status, national origin or ancestry, age, physical or mental handicap unrelated to ability, an unfavorable discharge from military service, or on the basis of genetic information; and further that it will examine all job classifications to determine if minority persons or women are underutilized and will take appropriate affirmative action to rectify any such underutilization.

**10.2** If NCH hires additional employees in order to perform this agreement or any portion hereof, it will determine the availability of minorities and women in the area(s) from which it may reasonably recruit and it will hire for each job classification for which employees are hired in such a way that minorities and women are not underutilized.

**10.3** In all solicitations or advertisements for employees placed by it or on its behalf, it will state that all applicants will be afforded equal opportunity without discrimination because of race, color, religion, sex, sexual orientation, marital status, national origin or ancestry, age, physical or mental handicap unrelated to ability, an unfavorable discharge from military service or on the basis of genetic information.

**10.4** Send to each labor organization or representative of workers with which it has or is bound by a collective bargaining or other agreement or understanding, a notice advising such labor organization or representative of the NCH's obligations under the Illinois Human Rights Act and the Illinois Department of Human Rights Rules and Regulations. If any such labor organization or representative fails or refuses to cooperate with the NCH in its efforts to comply with such Act and Rules and Regulations, the NCH will promptly so notify the Illinois Department of Human Rights; and the contracting agency and will recruit employees from other sources when necessary to fulfill its obligations thereunder.

**10.5** Submit reports as required by the Illinois Department of Human Rights Rules and Regulations, furnish all relevant information as may from time to time be requested by the Department or City, and in all respects comply with the Illinois Human Rights Act and the Department's Rules and Regulations.

**10.6** Permit access to all relevant books, records, accounts and work sites by personnel of the City and the Illinois Department of Human Rights for purposes of investigation to ascertain compliance with the Illinois Human Rights Act and the Department's Rules and Regulations.

**10.7** Include verbatim or by reference provisions of this clause in every subcontract it awards under which any portion of the contract obligations are undertaken or assumed so that such or provisions of this contract will be binding upon such subcontractor. In the same manner as with other provisions of this contract, the NCH will be liable for compliance with applicable provisions of this clause by such subcontractor; and further it will promptly notify City and the Illinois Department of Human Rights in the event any subcontractor fails or refuses to comply therewith. In addition, the NCH will not utilize any subcontractor declared by the Illinois Human Rights Commission to be ineligible for contracts or subcontracts with the State of Illinois or any of its political subdivisions or municipal corporations.

In the event of the NCH's non-compliance with the provisions of this section X the Illinois Human Rights Act or the Illinois Department of Human Rights Rules and Regulations, the NCH may be declared ineligible for future contracts or subcontracts with City, and the Agreement may be cancelled or voided in whole or in part; and such other sanctions or penalties may be imposed or remedies invoked as provided by statute or regulation.

## **XI. NONDISCRIMINATION**

NCH shall not, through its policies, procedures, employees, agents or otherwise, discriminate against anyone on the basis of sex, race, national origin, color, religion, disability, handicap, age, sexual orientation, ability to pay, insurance carrier/payer, or other legally protected status.

### **NON-SEGREGATED FACILITIES**

The NCH shall not maintain or provide for its employees any segregated facilities at any of its establishments, and not permit its employees to perform their services at any location, under its control, where segregated facilities are maintained. As used in this subparagraph, the term

"segregated facilities" means any waiting rooms, work areas, restrooms and washrooms, cafeterias and other eating areas, time clocks, locker rooms and other storage or dressing areas, parking lots, drinking fountains, recreation or entertainment areas, transportation, and housing facilities provided for employees which are segregated by explicit directive or are in fact segregated on the basis of race, creed, color, or national origin, because of habit, local custom, or otherwise.

**XII. SEXUAL HARASSMENT POLICY**

The NCH has and will have in place and will enforce a written sexual harassment policy in compliance with 775 ILCS 5/2-105(A)(4).

**XIII. RECORDS RETENTION**

The NCH and all subcontractors shall maintain books and records relating to the performance of this Agreement in compliance with the requirements of the Local Records Act (50 ILCS 205/1 *et seq.*) and the Freedom of Information Act (5 ILCS 140/1 *et seq.*) until written approval for the disposal of such records is obtained from the Local Records Commission. All books and records required to be maintained by the NCH shall be available for review and audit by City. The NCH shall comply (a) with any request for public records made pursuant to the Freedom of Information Act (5 ILCS 140/1 *et seq.*); (b) with any request for public records made pursuant to any audit; and (c) by providing full access to and copying of all relevant books and records within a time period which allows City to timely comply with the time limits imposed on it by the Freedom of Information Act (5 ILCS 140/1 *et seq.*). Failure by the NCH to maintain the books, records and supporting documents required by this section or the failure by the NCH to provide full access to and copying of all relevant books and records within a time period which allows City to comply timely with the time limits imposed by the Freedom of Information Act (5 ILCS 140/1 *et seq.*) shall establish a presumption in favor of City for the recovery from NCH of any funds that the City may be required to pay for any penalties or attorney's fees imposed by the Freedom of Information Act (5 ILCS 140/1 *et seq.*). The obligations imposed by this section shall survive the termination of all other obligations imposed by this Agreement.

**XIV. INDEMNIFICATION**

The NCH shall defend, indemnify and hold harmless City, its elected officials, officers, employees, subcontractors, representatives and/or agents against all injuries, deaths, loss, damages, claims, suits, liabilities, judgments, costs and expenses whatsoever which may in any way accrue against City, its elected officials, officers, employees, subcontractors, representatives and/or agents, arising in whole or in part in consequence of reckless actions, negligence, or willful misconduct by the NCH, its employees and its agents, including the Students and the preceptors, in performance of the Training Program, the Training Services or the Field Internships or which may in any way result therefrom, except for that arising out of the sole negligence or willful act of City, its elected officials, officers, employees other than those acting as preceptors, subcontractors, representatives and/or agents

**XV. LAWS TO BE OBSERVED**

The NCH shall at all times observe and comply with all federal and state laws, local laws, ordinances, and regulations which in any manner may affect the performance of this Agreement including, but not limited to, all such enactments as exist at the present and those which may be enacted later by legislative bodies or tribunals having legal jurisdiction or which may have effect over the performance of this Agreement. The NCH shall indemnify and hold harmless City and all of its elected officials, officers, employees, subcontractors, representatives and agents against any claim or liability arising from or based on the violation of such law, ordinance, regulation, order or enactment, whether by the NCH or anyone subject to the control of the NCH.

**XVI. SEVERABILITY**

If any term, covenant, or condition of this Agreement or the application thereof to any person or circumstance shall, to any extent, be declared by a court of competent jurisdiction to be invalid, void or unenforceable, the remainder of this Agreement or such other documents, or the applications of such term, covenant or condition, to persons or circumstances other than those as to which it held invalid or unenforceable shall not be affected thereby; and each term, covenant or condition of this Agreement or such other document shall be valid and shall be enforced to the fullest extent permitted by law.

**XVII. WAIVER**

No failure or delay in exercising any right, power or privilege under this Agreement shall operate as a waiver or estoppel thereof or with respect to any subsequent violation or breach of any of the provisions hereof, and no waiver or modification hereof shall be effective, unless in writing and signed by the City.

**XVIII. APPLICABLE STATE LAW**

This Agreement shall be construed under and governed by the laws of the State of Illinois, and all actions brought to enforce any item of this Agreement shall be so brought in the Circuit Court of Cook County, Illinois.

**XIX. CORPORATE AUTHORITY**

Each party represents and warrants that the person whose name appears on the signature page below has or has been delegated the lawful and corporate authority to enter into this Agreement on behalf of that party.

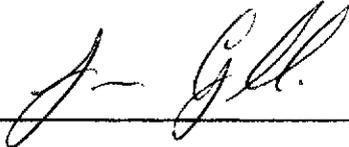
**NORTHWEST COMMUNITY HOSPITAL**

BY: \_\_\_\_\_

DATE: \_\_\_\_\_

ITS: \_\_\_\_\_

CITY

BY: 

DATE: 1-28-2020

ITS: Mayor

**WILLIAM RAINEY HARPER COLLEGE  
HEALTH CAREERS DIVISION  
NORTHWEST COMMUNITY HEALTHCARE PARAMEDIC PROGRAM  
COURSE SYLLABUS**

**EXHIBIT A**

EMS Course Prefix	215 Course Number	PARAMEDIC: FIELD INTERNSHIP Course Title	(0 / 20) (Lec-Lab)	4 Credit Hours
		<p>Connie J. Mattera, M.S., R.N., PM Program Director</p> <p>Michael Gentile, BA, PM; Lead Instructor Northwest Community Hospital (NCH) 800 W. Central Rd; EMS Offices in Behavioral Health/901 Kirchoff Center Arlington Heights, IL 60005 Office hours: M-F 0800-1700 Phone: 847.618.4482 (Secretary) #4490 (Mr. Gentile) <a href="mailto:cmattera@nch.org">cmattera@nch.org</a> or <a href="mailto:mgentile@nch.org">mgentile@nch.org</a></p>		
<p><b>Dates: February 28- May 15, 2020</b> and/or until all objectives and patient care contacts are achieved; no later than June 10, 2020 unless an extension is granted</p> <p>Time &amp; location of classes: EMS agencies within the Northwest Community EMS System Class days: Dates and times variable depending on preceptor schedules and agency policies</p>				

**COURSE DESCRIPTION**

This course integrates the theoretical concepts and practical skills acquired during EMS 210, 211, 212, 213, 217, and 218 and requires students to use higher order thinking and critical reasoning to safely care for patients in the out of hospital environment under the direct supervision of an approved paramedic preceptor. The internship is divided into two phases of ascending mastery and accountability with each having a minimum number of patient care contacts and competencies. A full description of the objectives and expectations is contained in the NCH Paramedic Program Student Handbook and on the internship forms. (NOTE: This course has an additional fee of \$1500 to cover the cost of preceptor supervision.)

**Prerequisites for release to Field Internship:**

- Successful completion of EMS 213
- All initial Hospital clinical rotations (EMS 217 & 218) done except for the elective; paperwork approved by J. Dyer
- \*All Fisdap entries for labs and EMS 217 and 218 entered by student and approved by J. Dyer
- All class-required simulated runs completed by student, submitted to and approved by J. Albert
- Eligible preceptor(s) identified by agency, approved by hospital educator, & paperwork submitted to M. Gentile
- Agency agreement to host students signed by authorized administrator and submitted to C. Mattera
- Hold harmless statement signed by student and forwarded to agency

**TOPICAL OUTLINE**

Students shall complete a minimum of the following:

- I. Orientation to the internship
- II. Phase 1; **Team member** with an emphasis on enhancing assessment and intervention skills.
- III. Phase 2: "Capstone" experience, where students, in an end-of-program sequence field internship, do work that gets assessed against the desired overall course outcomes. They are expected to demonstrate competency as a **team leader**.
- IV. Mandatory actual and/or simulated skills/patient care contacts

**METHODS OF PRESENTATION**

- Progression of learning typically sequences from didactic/theory to laboratory practice followed by hospital clinical experience, followed by the field internship.
- While in the field, students are awarded temporary ALS privileges and will perform to that scope of practice as a team member and then leader under the direct supervision of an approved preceptor for a minimum of 300 hours.
- Each phase of the internship has specific objectives, expected outcomes, and forms on which to evaluate the learning experience. A complete description of the Internship is found in the NCH Paramedic Student Handbook.
- Students use independent inquiry to research pathophysiology and drug profiles for patient contacts.

**Learning GOAL:** To develop conceptual, contextual, technical, integrative, and adaptive competencies required of an entry-level Paramedic in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains. Level of competency to achieve by domain: Cognitive (creating); Psychomotor (precision); and Affective (characterization).

**STUDENT OUTCOMES – THE NCH Paramedic program is a bridge to developing:**

- Lifelong learners
- Knowledge with deep understanding
- Complex thinkers
- Creative persons
- Active investigators
- Effective communicators
- Reflective and self-directed learners

**OBJECTIVES:** By the completion of EMS 215, the student will consistently demonstrate entry-level competency for each of these without critical error:

1. Demonstrate conceptual; technical; contextual; integrative; and adaptive competency as an entry-level Paramedic in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains as defined in the Phase One, Phase Two and Summative capstone evaluation instruments.
2. Assess scene safety and demonstrate effective situational awareness.
3. Appropriately gain patient access using a variety of tools and techniques.
4. Perform assessments using appropriate technique, sequence and timing; recognize alterations from health, set appropriate care priorities and coordinate efforts with other agencies and practitioners.
5. Communicate effectively using verbal, behavioral and written means with a sense of purpose and audience.
6. Establish rapport with patients and significant others to meet emotional as well as physical needs.
7. Provide care on a continuum from basic through advanced life support within the guidelines prescribed by the EMS MD.
8. Use quantitative and scientific reasoning to solve problems effectively.
9. Think critically and apply these skills appropriately and in various situations.
10. Be technologically literate and thoroughly and accurately document an electronic patient care report using ImageTrend software per System policy.
11. Maintain ambulance inventories per the System Drug and Supply list and prepare equipment and supplies before and after each call.
12. Characterize professional behaviors through actions, speech, communication and interactions with instructors, preceptors, peers, patients, public safety personnel, and members of the public.
13. Be committed to life-long healthy living and well-being

**METHODS OF EVALUATION**

1. Formative evaluations are conducted by the Field Preceptors using forms prepared by the Program to rate student achievement of cognitive, psychomotor and affective objectives after each call. These are discussed with the student, Preceptor and EMS Coordinator/educator (EMSC) during Phase meetings.
2. The program uses a computer based tracking system (FISDAP) that incorporates the program-defined minimum numbers of encounters/competencies required for each of the defined exposure groups and patient ages (pediatric subgroups include newborn, infant, toddler, preschooler, school-ager, and adolescent), pathologies, complaints, and interventions. The tracking system clearly identifies those students not meeting the program minimum numbers.
3. The program evaluates at least annually that the established minimums are adequate to achieve competency. Terminal competency is validated by the Program Medical Director's signature.
4. **Student evaluations of preceptors** and internship process
5. **Employer evaluations** of student readiness to work completed six months after graduation

**COMPLETION OPTIONS:** To successfully pass EMS 215, students must demonstrate *entry-level* mastery of EMS knowledge, skills, and behaviors as measured by satisfactorily completed all objectives in the Field Internship instruction plan. A summative evaluation is conducted with the student, their primary Field Preceptor, PEMSC and hospital EMSC/educator when all objectives have been achieved. They may select from three options at the end of the first 300 field internship hours:

1. **Objectives fully achieved:** Graduate; recommend for terminal certifying exam and licensure without restriction.
2. **Objectives minimally achieved:** Graduate; recommend for terminal certifying exam; and licensure with restriction in the form of a probationary status where the new licensee shall continue providing ALS care under the direct supervision of an approved preceptor with periodic meetings with the EMSC/educator for an agreed-upon period of time. If this option is selected, the hospital EMSC/educator must specify in detail the rationale and objectives for the probationary status in an education action plan (EAP) and the EMS agency chief/administrator and EMS Medical Director must agree to the plan. A copy shall be forwarded to the Course Coordinator for the student's file.
3. **Objectives not achieved:** The student is given an incomplete at the end of the regularly scheduled Field Internship. If this option is selected, the hospital EMSC/educator must specify the cause in detail and an EAP must be established between the student, the primary preceptor, the PEMSC and the hospital EMSC/Educator. A copy shall be forwarded to the Course Coordinator for the student's file. The student may continue in EMS 215 with an incomplete for a maximum of one month after the class graduation date unless alternative provisions are made. If licensure cannot be recommended at the end of one month, the hospital EMSC/educator must specify in detail the student's inability to meet the objectives and the EMS agency PEMSC and chief/administrator must be informed of the determination. The EMS MD must be consulted about the final assessment and agree with the findings. A copy of the final report shall be forwarded to the Course Coordinator for the student's file. The student will be given an F for EMS 215 and may attempt to re-enroll the next time EMS 215 is offered.

**GRADING:** Students receive a pass/fail grade for this course based on accomplishment of the objectives.

**TIME REQUIREMENTS:** Varies from student to student as each phase is competency rather than time-based. Students are required to ride a minimum of 300 state-required hours, but may extend to 768 hours as there are 32 possible 24 hour shift days within the full internship time. Eight additional hours are allowed for phase or coaching meetings. Internship time may be extended a maximum of 45 days after the scheduled end of EMS 215 based on limited patient contact opportunities and slow but steady student progress. It will not be extended due to irresponsible student behavior or lack of progress in meeting an IEP. Specific internship attendance requirements and consequences of failing to meet those requirements are specified in the NCH Paramedic Student Handbook.

**ATTENDANCE POLICY:** Students are to be present, duty ready, and have reported to the shift commander/preceptor at least 15 minutes prior to the start of a shift. At a minimum, students are expected to ride an entire day and evening shift extending until the time set by the EMS agency on days that coincide with their preceptor's work schedule. Optimally, this includes a 24 hour shift every three days. Students shall not leave in the middle of a shift except for illness or an emergency, and their early departure must be approved in advance by the Course Coordinator or Clinical Coordinator. No more than one third of the total hours may be completed from 11 pm to 7 am.

### **STUDENT BEHAVIOR**

Information relative to civil, courteous and professional behaviors including, but not limited to, integrity, honesty, empathy, self-motivation, appearance and personal hygiene, self-confidence, communication, time management, teamwork, diplomacy, attitude, respect, patient advocacy, and use of electronic and social media, is specified in the NCH Paramedic Program Student Handbook at [www.nwcemss.org](http://www.nwcemss.org) and Harper College Student Handbook at <https://myharper.harpercollege.edu/pls/portal/url/ITEM/937272F78B81316DE0402E0A0A2A3059>.

Information relative to guided study, corrective coaching, disciplinary procedures, and student resources is also included in the NCH Paramedic Student Handbook.

**INSTRUCTIONAL MATERIALS:** Northwest Community EMS System Standards of Practice: Standard Operating Procedures (SOPs), Policy Manual, Procedure Manual, and Drug and Supply List; NCH Paramedic Program Field Internship paperwork.

### **EQUAL OPPORTUNITY**

The Paramedic Program does not discriminate on the basis of race, color, religion, sex, national origin, ancestry, age, marital status, sexual orientation, disability, or unfavorable discharge from military service as long as the candidate meets statutory requirements of licensure as a paramedic and is able to perform all the essential functions of the paramedic profession during the course with or without reasonable accommodation.

**STUDENTS WITH DISABILITIES and Accommodations**

If you have a disability (learning, ADHD, physical, psychological or other) and are requesting any accommodation during this course, please contact the Course Lead Instructor at the *beginning* of the course to discuss. Students with disabilities must contact Access and Disability Services (ADS) to discuss requesting reasonable accommodations. Students will not be provided with any accommodations during the Field Internship that are not available to a licensed EMS practitioner during usual and customary EMS employment situations. Students must fully be able to perform the essential job functions as listed in the Student handbook. Access and Disability Services is located in Building D, D119; on the Harper College campus; 847.925.6266 (voice) or 224.836.5048 (videophone for deaf and hard of hearing callers only).

**STUDENT E-MAIL NOTIFICATIONS**

All notifications related to student registration or other Harper College business activities are sent to students via G-mail account that is assigned to students upon registration. Students access the G-mail account via an icon in the student portal (where you registered for classes). Please check this e-mail frequently. To forward e-mails from this account to a personal e-mail account please follow the instructions for forwarding Harper e-mail available to <http://harper.blackboard.com/>. Students must provide the NWC EMSS office with an e-mail address to be used for all direct correspondence relative to class academic and clinical activities.



Paramedic Student/Provider Agency
Memo of Understanding
EMS 215 Field Internship Student Attestations

Student name (PRINT): \_\_\_\_\_

Provider Agency: \_\_\_\_\_

The NCH Paramedic Program student agrees to abide by the following requirements while riding with the hosting provider agency during EMS 215 (Field Internship):

- Adhere to provider agency rules and regulations regarding appearance, dress, hair style, body art and jewelry requirements/restrictions.
Comply with provider agency criminal background check requirements.
Comply with provider agency behavior/conduct rules and regulations.
Comply with provider agency student performance expectations throughout each phase of the internship.
Comply with provider agency procedures and policy related to preceptor assignment and intern sponsorship acceptance/denial criteria.
Comply with provider agency restrictions regarding ride time/visitor hours.
Comply with any and all "Hold Harmless" agreements/contracts or liability waivers in place between NCH and the Provider Agency and others as required by the agency.
Review and comply with provider agency's Paramedic Job Description parameters.

Student initials indicate that requirements have been explained by the Provider Agency and understood by the student.

\_\_\_\_\_

Student signature: \_\_\_\_\_

Agency representative name (PRINT) \_\_\_\_\_

Agency rep signature \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Northwest Community Healthcare Paramedic Program  
Preceptor Application 2020**

**EXHIBIT C**

Name:	Employer:
Phone #:	Shift: <input type="checkbox"/> 1 <sup>st</sup> /Black <input type="checkbox"/> 2 <sup>nd</sup> /Red <input type="checkbox"/> 3 <sup>rd</sup> /Gold
e-mail address:	Date of original EMT-P/PHRN licensure:
Original EMS education site:	Date of NWC EMSS entry:

Prior teaching experience (EMS or other) and additional certifications (Submit current card/license if applicable)		
<input type="checkbox"/> CPR instructor	<input type="checkbox"/> Fire fighter instructor	<input type="checkbox"/> Community educator
<input type="checkbox"/> ACLS, ITLS, PHTLS Instr.	<input type="checkbox"/> Illinois Lead Instructor	<input type="checkbox"/> Preceptor for PM classes
<input type="checkbox"/> PALS/PEPP Instructor	<input type="checkbox"/> Peer I and II educator	<input type="checkbox"/> Peer III or IV educator
<input type="checkbox"/> Other: Last served as a Field Preceptor (years)		
<b>Preceptor applicant:</b> Please give a brief description of why you would like to be accepted as a Field Training Officer/Preceptor.		
Previously completed the NWC EMSS Field Preceptor course? <span style="float:right">Date of last attendance:</span>		

<b>I recommend this candidate for preceptor status in the NWC EMSS.</b>	
Signature Chief/EMS CEO or ED supervisor::	Date:

**Forward to assigned System hospital EMS Coordinator/Educator.**

Qualifications	RN verification
Currently licensed as a Paramedic/PHRN in good standing in the NWC EMSS	
Peer I and II (or higher) educator unless previously approved as a Field Preceptor since 2018	
No sustained complaints relative to patient care or allegations of ethical violations that would suggest high risk behavior in the past year per Policy G-1	
Has 2 years' experience as a Paramedic/PHRN in the NWC EMSS meeting all System requirements	
Has had direct patient care in at least 6 of the last 12 months. (If they have not provided direct patient care during that time, submit how they have maintained full knowledge and competency of EMS principles and skills.)	

KEY: SA: Strongly agree    A: Agree    D: Disagree    SD: Strongly disagree

Rating of recommended qualifications:	SA	A	D	SD
Skilled in EMS care; adherence to best practice care guidelines and System standards				
Good to excellent critical thinking skills: Makes effective decisions; able to articulate reasons for actions while performing them; flexibility to change; and ability to adapt to new situations				
Excellent interpersonal skills (emotional intelligence): maintains positive working relationships; non-judgmental attitude toward co-workers;				
Shows genuine interest in others and a willingness to teach; displays sincere interest in professional development for self and others				
Skilled in peer evaluation: Ability to evaluate performance and coach behavior in an effective manner				
Patience				

<b>This candidate is qualified and appropriate for preceptor status in the NWC EMSS.</b>	<b>Yes</b>	<b>No</b>
Signature of Hospital EMSC/educator	Date:	

**If YES: Forward to Mike Gentile ([mgentile@nch.org](mailto:mgentile@nch.org)); fax: 847-618-4489    If NO: Continue on back.**

If a concern is raised by the Hospital EMSC/Educator that a candidate may not be qualified or appropriate based on program guidelines, a discussion shall take place between the hospital EMSC/educator and the Agency Chief/EMS CEO or his or her designee to clarify the objections and reach consensus.

Summary of discussion:

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If they cannot reach consensus, the concerns will be forwarded to the Program Director or her designee to discuss with the Agency Chief/EMS CEO.

Summary of discussion:

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Outcome:

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\_\_\_\_\_  
Program Director Signature

\_\_\_\_\_  
Date:

**Northwest Community Healthcare Paramedic Program  
PRECEPTOR AGREEMENT – 2020**

**EXHIBIT C**

Initials	Statements of affirmation
	<p><b>Qualifications</b></p> <p>1. I have been a licensed paramedic in the Northwest Community EMS System for a minimum of two years, am currently in good standing, and fully meet the preceptor qualifications as specified in System policy.</p>
	<p>2. If a new Field Preceptor, I understand that I must hold Peer I and II certifications in the NWC EMSS and complete a Preceptor orientation class given by the Resource Hospital prior to the first preceptor assignment and again at least every two years or more often if changes in practice or field internship processes have occurred.</p>
	<p>3. I affirm that I meet the required characteristics of an effective preceptor: Skilled in EMS care; communicates effectively; maintains positive working relationships; makes effective decisions; skilled in peer evaluation; shows genuine interest in others; displays sincere interest in professional development for self and others; able to articulate reasons for actions while performing them; and provides constructive criticism in an effective manner.</p>
	<p><b>Prior to the onset of the internship</b></p> <p>4. I have consulted with my (Provider) EMS Coordinator regarding the Paramedic student assigned to me. I am familiar with the student objectives and my role as a Preceptor as outlined in the NWC EMSS Policy P-1 (E-7) and preceptor education materials. I have reviewed the guidelines for preceptors and agree to comply with them.</p>
	<p>5. I have a copy or have access to the current NWC EMSS SOPs, Policy Manual and Procedure manual. It is my responsibility to understand and perform in compliance with these documents when providing patient care and when providing direct oversight and mentoring of the student.</p>
	<p><b>During the internship</b></p> <p>6. I understand that by law, a Paramedic student is considered to be an EMT and that all Advanced Life Support assessments and skills performed by the student must be done under my direct supervision or the supervision of another System-approved Preceptor to ensure patient and responder safety. I further understand that it my responsibility to ensure that all patient care reports completed by the student are factual, accurate, complete, and timely. I further understand that I am responsible for cross-checking all ambulance/equipment cleaning and restocking performed by the student to ensure an appropriate environment of care and duty readiness.</p>
	<p>7. I understand that the student must submit mandatory paperwork and formative evaluations completed by me and other approved preceptors during the internship. I understand that I am responsible for completing an evaluation of the student's knowledge, skills and achievement of affective objectives on each of the submitted runs in a timely manner as defined in the field internship requirements.</p>
	<p>8. I understand that I must meet with the designed Hospital EMSC/Educator for a minimum of two Phase meetings during the internship to discuss the student's progress in achieving the objectives for each Phase</p>
	<p>9. I further agree to ensure that the student is well-coached and prepared to discuss all calls and/or simulations completed; including the patient's history, significant assessment findings, all treatments rendered including medication profiles for EMS delivered and prescription drugs the patient is taking, interventions that were or should have been instituted per SOPs, the paramedic impression and the general pathophysiology of that disease or injury.</p>
	<p>10. I further agree to actively participate in the creation and execution of any Individual Education Plan that may be necessary to help the student succeed.</p>
	<p>11. I further understand that I must complete a summative final evaluation of the student's achievement of the objectives and make a determination as to whether it is my opinion based on direct evaluation that the student has demonstrated competency as a safe, entry level paramedic. These documents shall be submitted to the Hospital EMSC/Educator who facilitates the performance reviews at least one week in advance of the meetings.</p>

**I affirm that the information attested to above is true and agree to comply with the above conditions and provisions and understand that any deviations from the stated preceptor expectations may result in the termination of my Preceptor status in the Northwest Community EMS System pending a review and communication with my Chief/Supervisor or his/her designee.**

\_\_\_\_\_  
Preceptor name: Please print

\_\_\_\_\_  
Signature of Preceptor

\_\_\_\_\_  
Signature of Hospital EMSC/ Educator (in witness)

\_\_\_\_\_  
Date

cc: Provider EMS Coordinator (PEMSC); Hospital EMS Coordinator/educator  
Preceptor file

My initials and signature on this learning contract acknowledge that I have received, read, understand, and agree to comply with the expectations and restrictions specified in the NCH Paramedic Program student policies and procedures and guidelines of Harper College. The terms of this agreement extend from **August 30, 2019 until my date of graduation.**

<b>Initials</b>	<p><b><u>Criteria required to retain student status includes but may not be limited to the following:</u></b></p> <ul style="list-style-type: none"> <li>• Current AHA CPR for Healthcare professional credentials</li> <li>• Current unencumbered EMT, AEMT, or EMT-I license until licensed as a paramedic</li> <li>• Completing health requirements, immunizations, and providing required documentation on time</li> <li>• Satisfying required criminal background and urine drug screening clearance</li> <li>• Verifying personal health insurance that remains in full faith and force throughout the student tenure</li> <li>• Completing and documenting required hospital clinical and field internship assignments and patient care contacts in compliance with Program instruction plans</li> <li>• Completing all evaluations on time in compliance with Program instruction throughout scheduled course and up to 6 months post-graduation.</li> <li>• Maintaining HIPAA and confidentiality standards and universal standard precautions at all times, plus contact and/or droplet precautions as indicated during class labs as well as in the clinical settings</li> </ul>
	<p><b><u>Student behavior and conduct:</u></b></p> <ul style="list-style-type: none"> <li>• Demonstrating principles of professionalism and complying with the codes of conduct in achieving the affective objectives as defined by the program.</li> <li>• Complying with principles of ethical behavior as defined by the Harper College Code of Conduct, NWC EMSS Ethics policy, program guidelines and course syllabus.</li> <li>• Assuming an active role for learning through engagement and compliance with course requirements.</li> <li>• Being respectful of hospital property and adhering to rules of use for them.</li> <li>• Refraining from recording or photographing lectures or class activities without the instructor's permission.</li> </ul>
	I affirm that I have received a copy or have been directed to electronic access to the NCH Paramedic Program Student Handbook, NWC EMSS Standard Operating Procedures, Policy Manual, Procedure Manual and Standard Drug & Supply list. I understand that I am accountable for fully reading each and acting in compliance with the standards and requirements set forth in each.
	I affirm that I have received a class academic calendar as currently planned. I understand that it may change for cause and it is my responsibility to check the System website for updates and to attend all classes, labs, examinations, and clinical experiences and to complete all assignments in compliance with Program policies.
	I understand that failure to comply with Program policies in compliance with quality and time standards will trigger corrective action and disciplinary consequences as specified in the student handbook. I understand that if my behavior results in a clinical agency refusing to allow me to return, the program/college are not obligated to find an alternate site, which will affect my continued participation in the program.
	I understand that under the Family Educational Rights and Privacy Act (FERPA) I have access to my student records and that the Program will hold my records confidential under the Act unless I consent to their release.
	I affirm that I have been informed my IDPH EMT license number will be required on every quiz and exam scannable answer sheet as it will serve as my unique identifier for the grading software. Furthermore, I am aware that failure to provide this number WILL NOT be considered an extenuating circumstance that would allow a make-up exam.
	I understand that courses within this program are pre-registered by Harper College each semester and if any of these courses are failed, I acknowledge that I am responsible for complying with Harper College's withdrawal and refund dates in order to receive reimbursement for any courses that I am ineligible to attend.
	<p><b><u>Furthermore, I also understand that:</u></b></p> <ul style="list-style-type: none"> <li>• The Program reserves the right to change class policies or requirements without prior notification and that the Program will inform me of those changes.</li> <li>• This signed document will be placed in my student records.</li> <li>• My social security number may be disclosed as required for regulatory and licensure requirements.</li> </ul>

I release and fully discharge NCH, and its employees, agents, and representatives, from any claim, damages, liability, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this agreement. I represent and certify that my true age is at least 18 years old and am competent to contract in my own name. I have read this entire Student Agreement. I fully understand the contents, meaning, and impact and agree to be bound by it.

\_\_\_\_\_  
Student name (PLEASE PRINT)

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
NCH Paramedic Program representative

\_\_\_\_\_  
Date